HEALTH BASICS

Sexual assault - prevention

Sexual assault prevention combines consent, safer environments, bystander action, and access to support.

WHAT IT IS
Ways to reduce sexual violence and support safer choices

WHERE IT COMES UP
Relationships, social settings, schools, workplaces, healthcare, and online spaces

WHY IT MATTERS
Supports consent, safety planning, and timely care

WHAT IT IS NOT
Not a disease or guarantee against assault

WHO TO ASK
Sexual assault service, healthcare clinician, or trained advocate

HOW IT IS CHECKED
No test; prevention uses consent, policies, and safety planning

Overview

Sexual assault means sexual contact or activity without freely given consent. It includes rape, unwanted touching, sexual coercion, and sexual activity with someone who cannot consent.

Consent is a clear and voluntary agreement to a specific activity. It can be withdrawn at any time. A person cannot consent when asleep, unconscious, severely affected by alcohol or drugs, or below the legal age of consent. Laws and legal definitions differ by location.

Sexual assault prevention is not a medical treatment or a guarantee. It includes teaching and respecting consent, challenging harmful behaviour, making organisations safer, and helping bystanders respond. It also includes access to confidential healthcare and support.

Personal safety steps may help in some situations, but they cannot eliminate risk. The person committing the assault is responsible. Clothing, drinking alcohol, flirting, accepting a date, or going to someone's home does not make another person responsible for an assault.

If you have experienced sexual assault, it was not your fault. You can seek medical care and support whether the event was recent or happened years ago.

How it works

Prevention works at several levels rather than relying on one person to protect themselves.

In relationships and sexual situations, each person should check for consent. Consent should be active, specific, and ongoing. Silence, lack of resistance, a previous sexual relationship, or consent given on an earlier occasion is not automatic consent now. Pressure, threats, manipulation, or fear can prevent a choice from being voluntary.

Bystanders can help interrupt concerning behaviour. Depending on what feels safe, someone might speak directly, create a distraction, ask another person for help, check in afterward, or contact security or emergency services. A bystander should not take an action that puts them or someone else in greater danger.

Schools, workplaces, healthcare services, sports organisations, and social venues also have a role. Useful measures include clear conduct rules, safe ways to report concerns, trained staff, appropriate supervision, and fair responses to complaints. Prevention is stronger when leaders address harassment and coercion before behaviour escalates.

Alcohol and other drugs do not cause sexual assault. However, they can affect awareness, memory, communication, and the ability to consent. A person who targets someone affected by substances remains responsible for the assault.

Why it matters for your health

Sexual assault can be connected with physical injuries, sexually transmitted infections, pregnancy, and exposure to HIV. It may also affect sleep, concentration, relationships, and emotional health. Some people develop anxiety, depression, or post-traumatic stress disorder, which is a lasting stress response after trauma. Others have different reactions or few immediate effects.

Good prevention reduces opportunities for harm and makes respectful behaviour the expected standard. Clear reporting systems may also help identify repeated misconduct and protect other people.

Access to timely care matters after an assault. A healthcare service may offer treatment for injuries, pregnancy testing, emergency contraception, testing or preventive treatment for infections, and emotional support. Some options are time-sensitive.

HIV post-exposure prophylaxis, usually called PEP, is medicine that may prevent HIV after a possible exposure. It needs to begin as soon as possible and no later than 72 hours after the exposure. Emergency contraception can prevent pregnancy after unprotected sex; some options can be used within five days, although earlier care may provide more choices.

What can go wrong

Sexual assault is often committed by someone the person knows, including a date, partner, relative, colleague, caregiver, or acquaintance. It can also be committed by a stranger.

Related situations include:

Prevention messages can also go wrong when they focus only on what a potential victim should wear, drink, or do. These messages may create shame without addressing the behaviour of people who offend or the settings that allow abuse.

Some injuries require emergency attention. Call your local emergency number if there is immediate danger, severe bleeding, difficulty breathing, loss of consciousness, or a serious head injury. Strangulation or pressure on the neck can cause internal injury even when there are no visible marks and needs urgent medical assessment.

Possible drugging, significant pain, pregnancy risk, or possible exposure to HIV also deserves prompt medical care. These concerns are urgent because testing or preventive treatment may be time-sensitive, not because seeking care commits you to making a police report.

- Sexual coercion: pressure, threats, manipulation, or misuse of authority to obtain sexual activity
- Intimate partner sexual violence: assault or coercion by a current or former partner
- Drug-facilitated assault: assault when alcohol or another drug affects awareness or the ability to consent
- Reproductive coercion: controlling contraception, pregnancy decisions, or condom use
- Technology-facilitated abuse: threats, grooming, sexual extortion, or sharing intimate images without consent
- Institutional failures: ignored complaints, unsafe reporting systems, or retaliation against someone who reports harm

What you can do

You cannot guarantee that sexual assault will not happen. You can support consent, prepare ways to get help, and act when you notice unsafe behaviour.

Practical actions include:

If an assault may have happened, consider contacting a sexual assault service, emergency department, sexual health clinic, or other healthcare service. You can ask about a forensic

medical examination, which documents injuries and may collect evidence. The availability and timing of evidence collection differ by location.

You may be offered pregnancy and sexually transmitted infection tests. Some tests need to be repeated because an infection may not be detectable immediately. Ask which tests are being done, when results should be available, and whether follow-up testing is needed.

If you may want evidence collected, try to avoid washing, changing clothes, or deleting messages beforehand. However, you can still seek care if you have already done any of these things. Medical care should not be delayed because evidence may have been lost.

You can ask whether police involvement is required before agreeing to an examination. Rules differ by location and by age. A trained advocate may help explain local options without pressuring you to choose a particular response.

- Ask clearly before sexual activity and check in as it continues
- Stop if consent is withdrawn or the other person seems unsure
- Never initiate sexual activity with someone unable to consent
- Agree with trusted people how you will contact or find each other
- Learn your school's, workplace's, or venue's reporting options
- Save threatening messages or online records if it is safe to do so
- Ask organisations how they handle confidentiality and retaliation
- Use a safe bystander action when you witness concerning behaviour

Common questions

Does staying sober prevent sexual assault?

No. Being more aware may help someone recognise danger or seek help, but sobriety cannot guarantee safety. Alcohol does not excuse assault, and responsibility remains with the person who commits it.

Is consent assumed in a relationship?

No. Marriage, dating, previous sex, or living together does not create permanent consent. Consent is needed for each activity and can be withdrawn at any point.

What should I say if someone tells me they were assaulted?

Listen without pressing for details. You might say, "I believe you," "This was not your fault," and "What would help right now?" Offer choices, such as medical care or an advocate, while

respecting the person's decisions unless immediate safety or safeguarding laws require action.

Do I have to report an assault to receive healthcare?

Often, adults can receive care without making a police report, but local rules differ. Clinicians may have legal duties when a child or vulnerable adult is at risk. Ask what is confidential and what must be reported before sharing details.

Can anything be done if the assault happened long ago?

Yes. Healthcare, trauma-informed counselling, advocacy, and legal information may still be available. There is no time limit on asking for emotional or medical support, although legal and evidence rules vary.

Sources

- Centers for Disease Control and Prevention: About Sexual Violence
- Centers for Disease Control and Prevention: Sexual Violence Prevention
- Centers for Disease Control and Prevention: Sexual Assault and Abuse and STIs
- Centers for Disease Control and Prevention: Clinical Guidance for PEP
- World Health Organization: Violence against women
- NHS: Help after rape and sexual assault