QUIZ: Do You Have Sexual Trauma?

ICARUS
BEHAVIORAL HEALTH

READ EACH STATEMENT AND ANSWER YES OR NO.

01	DO YOU AVOID SITUATIONS, PLACES, OR PEOPLE THAT REMIND YOU OF A PAST SEXUAL EXPERIENCE?	YES ☐	NO ☐
02	ARE YOU SUFFERING FROM NIGHTMARES OR FLASHBACKS RELATED TO A PAST SEXUAL EVENT?	YES ☐	NO ☐
03	DO YOU STRUGGLE WITH SHAME, GUILT, OR SELF-BLAME WITHOUT GOOD REASON?	YES ☐	NO ☐
04	ARE YOU HAVING DIFFICULTY TRUSTING OTHERS, ESPECIALLY INTIMATE PARTNERS?	YES ☐	NO ☐
05	DO YOU FEEL EMOTIONALLY NUMB OR DETACHED FROM YOUR FEELINGS?	YES ☐	NO ☐
06	HAVE YOU PARTICIPATED IN RISKY BEHAVIORS (E.G., SUBSTANCE ABUSE)?	YES ☐	NO ☐
07	DO YOU HAVE ANXIETY OR PANIC ATTACKS, ESPECIALLY IN INTIMATE RELATIONSHIPS?	YES ☐	NO ☐
08	DO YOU FEEL EASILY TRIGGERED BY PHYSICAL TOUCH, WORDS, OR SMELLS?	YES ☐	NO ☐

QUIZ: Do You Have Sexual Trauma?

ICARUS
BEHAVIORAL HEALTH

READ EACH STATEMENT AND ANSWER YES OR NO.

		YES	NO
09	DO YOU OFTEN FEEL LIKE YOU'RE "ZONING OUT" WHEN STRESSED?	☐	☐
10	HAVE YOU EVER HAD SUDDEN, UNEXPLAINABLE OUTBURSTS OF SADNESS, ANGER, OR FEAR?	☐	☐

SCORING YOUR RESULTS:

- Low Indication of Sexual Trauma | 0–3 'Yes' responses: Consider speaking to a counselor for any ongoing concerns or questions.
- Moderate Indication of Sexual Trauma | 4–6 'Yes' responses: Seeking therapy may help explore your experiences and find more complete healing.
- High Indication of Sexual Trauma | 7–10 'Yes' responses. Strongly consider reaching out to a trauma-informed therapist or specialist for professional help.

NOTES/REFLECTIONS: