# Preventing Sexual Violence

## What is sexual violence?

Sexual violence is sexual activity when consent in not obtained or not freely given. It is a serious public health problem in the United States. Sexual violence impacts every community and affects people of all genders, sexual orientations, and ages—anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone known to the victim, such as a friend, current or former intimate partner, coworker, neighbor, or family member.

Sexual violence is associated with several risk and protective factors. It is connected to other forms of violence, and causes serious health and economic consequences. By using a public health approach that addresses risk and protective factors for multiple types of violence, sexual violence and other forms of violence can be prevented.<sup>1</sup>

## How big is the problem?

Sexual violence affects millions of people each year in the United States. Researchers know that the numbers underestimate this significant problem as many cases go unreported. Victims may be ashamed, embarrassed, or afraid to tell the police, friends, or family about the violence. Victims may also keep quiet because they have been threatened with further harm if they tell anyone or do not think that anyone will help them.

Still, we do have data that show:

- Sexual violence is common. 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape and 1 in 14 men was made to penetrate someone (completed or attempted) during his lifetime.<sup>2</sup>
- Sexual violence starts early. 1 in 3 female rape victims experienced it for the first time between 11-17 years old and 1 in 8 reported that it occurred before age 10. Nearly 1 in 4 male rape victims experienced it for the first time between 11-17 years old and about 1 in 4 reported that it occurred before age 10.<sup>2</sup>
- **Sexual violence is costly.** Recent estimates put the cost of rape at \$122,461 per victim, including medical costs, lost productivity, criminal justice activities, and other costs.<sup>3</sup>









## What are the consequences?

The consequences of sexual violence are physical, like bruising and genital injuries, and psychological, such as depression, anxiety and suicidal thoughts.4

The consequences may also be chronic. Victims may suffer from post-traumatic stress disorder, experience re-occurring gynecological, gastrointestinal, cardiovascular and sexual health problems.4

Sexual violence is also linked to negative health behaviors. For example, victims are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.<sup>2</sup>

The trauma resulting from sexual violence can have an impact on a survivor's employment in terms of time off from work, diminished performance, job loss, or being unable to work. These disrupt earning power and have a long-term effect on the economic well-being of survivors and their families. Readjustment after victimization can be challenging: victims may have difficulty in their personal relationships, in returning to work or school, and in regaining a sense of normalcy.<sup>2</sup>

In addition, sexual violence is connected to other forms of violence. For example, girls who have been sexually abused are more likely to experience other forms of violence and additional sexual violence, and be a victim of intimate partner violence in adulthood.<sup>1</sup> Perpetrating bullying in early middle school is associated with sexual harassment perpetration in adolescence.5

## How can we stop sexual violence before it starts?

CDC developed a technical package to help communities take advantage of the best available evidence to prevent sexual violence. The strategies and approaches in the technical package are intended to impact individual behaviors as well as the relationship, family, school, community, and societal factors that influence risk and protective factors for violence.



## **Violence**

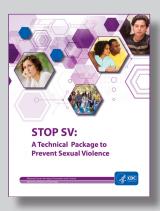
- Bystander approaches
- Mobilizing men and bovs as allies
- Violence
- Social-emotional learning
- · Teaching healthy, safe dating and intimate relationship skills to teens
- Promoting healthy sexuality
- Empowermentbased training
- Strengthening economic supports for women and families
- Strengthening leadership and opportunities for girls
- Improving safety and monitoring in schools
- Establishing and consistently applying workplace policies
- Addressing community-level risks through environmental approaches

- Victim-centered services · Treatment for
- victims of SV Treatment for
- at-risk children and families to prevent problem behavior including sex offending

### **STOP SV:**

## A Technical Package to **Prevent Sexual Violence**

A technical package is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The **strategy** lays out the direction and actions to prevent sexual violence. The **approach** includes the specific ways to advance the strategy through programs, policies and practices. The evidence for each of the approaches in preventing sexual violence and associated risk factors is also included.



## References

- 1. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. (2016). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- 2. Smith SG, Zhang X, Basile KC, Merrick MT, Wang J, Kresnow M, Chen J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief-Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 3. Peterson C, DeGue S, Florence C, Lokey C. (2017). Lifetime Economic Burden of Rape in the United States. American Journal of Preventive Medicine 52(6): 691-701.
- 4. Basile KC and Smith SG. (2011). Sexual Violence Victimization of Women: Prevalence, Characteristics, and the Role of Public Health and Prevention. American Journal of Lifestyle Medicine (5): 407-417.
- 5. Espelage DL, Basile KC, Hamburger ME. (2012). Bullying perpetration and subsequent sexual violence perpetration among middle school students. Journal of Adolescent Health 50(1): 60-65.