

Understanding Sexual Violence

Fact Sheet

2007

Sexual Violence (SV) refers to sexual activity where consent is not obtained or freely given. Anyone can experience SV, but most victims are female. The person responsible for the violence is typically male and is usually someone known to the victim. The person can be, but is not limited to, a friend, coworker, neighbor, or family member.

There are many types of SV. Not all include physical contact between the victim and the perpetrator (person who harms someone else). Examples include sexual harassment, threats, intimidation, peeping, and taking nude photos. Other SV, including unwanted touching and rape, does include physical contact.



Why is sexual violence a public health problem?

SV is a significant problem in the United States:

- Among high school students surveyed nationwide, about 8% reported having been forced to have sex. Females (11%) were more likely to report having been forced to have sex than males (4%).¹
- An estimated 20% to 25% of college women in the United States experience attempted or complete rape during their college career.²
- In the United States, 1 in 6 women and 1 in 33 men reported experiencing an attempted or completed rape at some time in their lives.³

These numbers underestimate the problem. Many cases are not reported because victims are afraid to tell the police, friends, or family about the abuse.³ Victims also think that their stories of abuse will not be believed and that police cannot help them.³ They may be ashamed or embarrassed. Victims may also keep quiet because they have been threatened with further harm if they tell anyone.



How does sexual violence affect health?

SV can impact health in many ways. Some ways are serious and can lead to long-term health problems. These include chronic pain, headaches, stomach problems, and sexually transmitted diseases. In addition, rape results in about 32,000 pregnancies each year.⁴

SV can have an emotional impact as well. Victims often are fearful and anxious. They may replay the attack over and over in their minds. They may have problems with trust and be wary of becoming involved with others. The anger and stress that victims feel may lead to eating disorders and depression. Some even think about or attempt suicide.

SV 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.



Who is at risk for sexual violence?

Certain factors can increase the risk for SV. However, the presence of these factors does not mean that SV will occur.

Risk factors for perpetration (harm to someone else):

- Being male
- Having friends that are sexually aggressive
- Witnessing or experiencing violence as a child
- Alcohol or drug use
- Being exposed to social norms, or shared beliefs, that support sexual violence

Note: This is a partial list of risk factors. For more information, see www.cdc.gov/injury.



www.cdc.gov/injury



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How can we prevent sexual violence?

The ultimate goal is to stop SV before it begins. Efforts at many levels are needed to accomplish this. Some examples include:

- Engaging high school students in mentoring programs or other skill-based activities that address healthy sexuality and dating relationships.
- Helping parents identify and address social and cultural influences that may promote attitudes and violent behaviors in their kids.
- Creating policies at work, at school, and in other places that address sexual harassment.
- Developing mass media (e.g., radio, TV, magazines, newspapers) messages that promote norms, or shared beliefs, about healthy sexual relationships.

For more examples, see *Sexual Violence Prevention: Beginning the Dialogue* (www.cdc.gov/ncipc/dvp/SVPrevention.htm).



How does CDC approach sexual violence prevention?

CDC uses a 4-step approach to address public health problems like sexual violence.

Step 1: Define the problem

Before we can prevent SV, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers use resources where needed most.

Step 2: Identify risk and protective factors

It is not enough to know that SV affects certain people in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors.

Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent SV.

Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

For a list of CDC activities, see *Preventing Violence Against Women: Program Activities Guide* (www.cdc.gov/ncipc/dvp/vawguide.htm).



Where can I learn more?

Rape, Abuse and Incest National Network Hotline

www.rainn.org or (800) 656-HOPE

National Sexual Violence Resource Center

www.nsvrc.org

Violence Against Women Network (VAWnet)

www.vawnet.org

Men Can Stop Rape

www.mencanstoprape.org

STOP IT NOW!

www.stopitnow.org



References

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4. Holmes MM, Resnick HS, Kilpatrick DG, Best CL. Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology* 1996;175:320–4.

For more information, please contact:

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