Understanding Sexual Violence

Fact Sheet 2014

Sexual violence refers to any sexual activity where consent is not obtained or freely given. Anyone can experience or perpetrate sexual violence. Most victims of sexual violence are female. Perpetrators are usually someone known to the victim and can be a friend, intimate partner, coworker, neighbor, or family member of the victim.

There are many types of sexual violence. It includes physical acts, such as unwanted touching and unwanted sexual penetration. Sexual violence also includes acts that do not involve physical contact between the victim and the perpetrator—for example, sexual harassment, threats, and peeping.



Why is sexual violence a public health problem?

Sexual violence is a significant problem in the United States:

- In a nationwide survey, 7.3% of high school students reported having been forced to have sex. More female (10.5%) than male (4.2%) students reported experiencing forced sex in their lifetimes.¹
- An estimated 20% to 25% of college women in the United States were victims of attempted or completed rape during their college career² and 5.2% in the past year.³
- Nearly 1 in 5 women and 1 in 59 men in the United States have been raped at some time in their lives.⁴
- 6.7% of men reported that they were made to penetrate someone else during their lifetime.⁴
- An estimated 12.5% of women and 5.8% of men have experienced sexual coercion in their lifetime; and 27.3% of women and 10.8% of men have experienced unwanted sexual contact.⁴

These numbers underestimate the problem.⁴ Many cases are not reported because victims are afraid to tell the police, friends, or family about the violence. Victims also think that their stories of abuse will not be believed and that police cannot help them. 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?

Sexual violence can negatively impact health in many ways. Some effects can lead to long-term health problems. These include but are not limited to chronic pain, headaches, stomach problems, and sexually transmitted diseases.

Sexual violence can have emotional impacts 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.

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.⁵



Who is at risk for perpetrating sexual violence?

Some factors are associated with a greater risk for perpetrating sexual violence. However, the presence of these factors does not mean that sexual violence will occur.

Some risk factors for perpetration (harm to someone else):

- Using alcohol excessively
- · Having sex at a young age
- Having sex without a personal connection and having sex with many different partners
- Acting without thinking and behaving in ways that are hostile, unfriendly, and don't consider the feelings of others
- Having friends that think it's ok to do sexual things with another person without their consent
- Witnessing or experiencing violence as a child
- Being exposed to social norms, or shared beliefs, that sexual violence is acceptable
- Accepting false ideas about rape

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



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How can we prevent sexual violence?

The ultimate goal is to stop sexual violence before it begins. Many activities are needed to accomplish this goal. Some examples include:

- Engaging middle and high school students in skill-building activities that address healthy sexuality and dating relationships.
- Helping parents identify and address violent attitudes and behaviors in their kids and model healthy relationships.
- Engaging youth and adults as positive bystanders to speak up against sexism and violence supportive behaviors, and to intervene when they see someone at risk.
- Creating and enforcing policies at work, at school, and in other places that address sexual harassment and create safer spaces for everyone.
- Implementing evidence-based prevention strategies in schools and communities.

For more Information on evidence-based approaches to sexual violence prevention, see CDC's systematic review of sexual violence prevention strategies⁷ and CDC's guide to preventing sexual violence on college campuses.⁸



How does CDC approach sexual violence prevention?

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

Step 1: Define the problem

Before we can prevent sexual violence, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

Step 2: Identify risk and protective factors

It is not enough to know that sexual violence 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 and to promote protective factors.

Step 3: Develop and test prevention strategies

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

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 more information on sexual violence prevention activities at CDC, please visit www.cdc.gov/violenceprevention/sexualviolence/index.html



Where can I learn more?

CDC Facebook Page on Violence Prevention

www.facebook.com/vetoviolence

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

Prevention Connection

www.preventconnect.org

Not Alone

www.notalone.gov



References

- Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2013. MMWR, Surveillance Summaries 2014;63(no. SS-3). Available from http:// stacks.cdc.gov/view/cdc/23483.
- Fisher BS, Cullen FT, Turner MG. The sexual victimization of college women. Washington, DC: Department of Justice, National Institute of Justice; 2000. Publication No.: NCJ 182369.
- Kilpatrick DG, Resnick HS, Ruggiero KJ, Conoscenti LM, & McCauley J. Drug-facilitated, incapacitated, and forcible rape: A national study. Charleston, SC: Medical University of South Carolina, National Crime Victims Research & Treatment Center; 2007.
- Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011. MMWR, 2014;63(No. SS-8).
- Brener ND, McMahon PM, Warren CW, Douglas KA. Forced sexual intercourse and associated health-risk behaviors among female college students in the United States. Journal of Consulting and Clinical Psychology 1999;67(2): 252-259.
- Tharp AT, DeGue S, Valle LA, Brookmeyer KA, Massetti GM, Matjasko JL. A systematic qualitative review of risk and protective factors for sexual violence perpetration. Trauma, Violence, & Abuse 2013;14(2): 133-167.
- DeGue S, Valle LA, Holt MK, Massetti GM, Matjasko JL, Tharp AT. A systematic review of primary prevention strategies for sexual violence perpetration. Aggression and Violent Behavior 2014;19(4): 346-362.
- Centers for Disease Control and Prevention. Preventing sexual violence on college campuses: Lessons from research and practice. Available from https://www.notalone.gov/assets/preventing-sexual-violence-on-college-campuses-lessons-from-research-and-practice.pdf