# **Understanding Sexual Violence**

### **Fact Sheet**

### 2012

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

There are many types of sexual violence. It includes physical acts, such as unwanted touching and rape. Sexual violence also includes acts that do not have 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, 8% of high school students reported having been forced to have sex. More female (11.8%) than male (4.5%) students reported experiencing forced sex in their lifetimes.<sup>1</sup>
- An estimated 20% to 25% of college women in the United States have experienced an attempted or complete rape during their college career.<sup>2</sup>
- Nearly 1 in 5 women and 1 in 71 men in the United States have been raped at some time in their lives.<sup>3</sup>

These numbers underestimate the problem.<sup>3</sup> Many cases are not reported because victims are afraid to tell the police, friends, or family about the abuse. 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 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 liked 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 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.

Risk factors for perpetration (harm to someone else):

- Alcohol and drug use
- Impulsive and antisocial tendencies
- Having friends that are sexually aggressive
- Witnessing or experiencing violence as a child
- 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/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 high school students in mentoring programs or other skill-based activities that address healthy sexuality and dating relationships.
- Helping parents identify and address violent attitudes and behaviors in their kids.
- Creating and enforcing 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 violence-free norms, or shared beliefs, about healthy sexual relationships.

For more examples, see *Sexual Violence Prevention: Beginning the Dialogue* (www.cdc.gov/ violenceprevention/pub/SVPrevention.html).



# 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 a list of CDC activities, see *Preventing Intimate Partner and Sexual Violence: Program Activities Guide* (www.cdc. gov/violenceprevention/pub/ipv\_sv\_guide.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

STOP IT NOW! www.stopitnow.org



### References

- 1. Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2011. MMWR, Surveillance Summaries 2012;61(no. SS-4). Available from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf
- 2. 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.
- Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.