



April is Sexual Assault Awareness Month ***The Impact of Sexual Violence on Health and Healthcare***

Sexual violence is a serious public health issue that is widespread and underreported. The lack of timely, ongoing, comparable data has been an issue that is now being addressed by the Centers for Disease Control and Prevention (CDC) who recently released the first ever *National Intimate Partner and Sexual Violence Survey Report*.ⁱ

Over 9,000 women were interviewed in 50 states and the District of Columbia in a 2010 telephone-based survey designed to describe the prevalence and characteristics of sexual violence, stalking, and intimate partner violence, including the health consequences of these forms of violence. The findings in this report will serve as a baseline for future surveys, addressing gaps in national and state-level data.

This health note focuses on sexual violence which the report differentiates from intimate partner violence. Sexual violence includes rape, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences such as exposing or being forced to expose sexual body parts.

Scope of the Issue

Sexual violence affects women of all races/ethnicities and economic levels. Nearly **1 in 5 women** (and 1 in 71 men) in the United States **have been raped at some time in their lives**, and **1 in 2 women** (and 1 in 5 men) **experienced sexual violence** other than rape.

Those who experience sexual violence in their lifetime are often victimized early in life. In fact, approximately 80% of female victims experienced their first rape before age 25 and almost half before age 18.

The High Cost of Sexual Violence

In addition to the physical, psychological, and social toll on the victim, there is also a significant economic toll for survivors and society. Public and private funds are spent on crisis services, medical treatment, and the criminal justice responses. Work days are lost because of injury and illness. Businesses lose money through employee absences and sexual harassment suits. The cost for offender's incarceration, probation, treatment and other offender services adds to the total cost of sexual assault.ⁱⁱ

Health Consequences and Impact on the Healthcare System

Health consequences of sexual violence can have a long lasting physical, psychological, and social impact. Survivors can experience physical injury, depression, anxiety, low self-esteem, suicide attempts, and other health problems such as gastrointestinal disorders, substance abuse, sexually-transmitted diseases, and gynecological or pregnancy complications.ⁱⁱⁱ Social consequences include strained relationships, and engaging in risky health behaviors.

People who are victims of sexual violence require a range of medical services. These include emergency medical care following an assault, pregnancy testing, and STD and HIV testing. Victims make more visits to health providers, have more hospital stays, and are at risk for a wide range of physical, mental, and reproductive health consequences during their lifetime compared with non-victims.ⁱⁱⁱ

Implications for Prevention

More research is needed to develop effective interventions to prevent violence before it happens and to better serve the survivors of sexual violence. The following primary prevention strategies can potentially impact sexual violence:

- **Promote Healthy, Respectful Relationships Among Youth**
Foster healthy parent-child relationships and develop positive family dynamics and emotionally supportive environments.
- **Address Beliefs, Attitudes, and Messages that Condone, Encourage, or Facilitate Sexual Violence** – Such beliefs and social norms are reinforced by media messages that portray stereotypes about masculinity (insensitive, “macho”, emotionally and physically tough) or objectify and degrade women.

Shift social norms so that violence against women is no longer tolerated in our society. Create uniform messages that articulate violence against women as a violation of human rights, a serious public health problem, and a threat to public safety.^{iv}

Secondary and tertiary prevention programs and services are also necessary for mitigating the more immediate consequences of violence. Several strategies are to:

- **Strengthen the healthcare system’s response**
Coordinated services make it easier for survivors to navigate the system and access needed health care, legal and social services.
 - Encourage co-located, multi-disciplinary service centers that include mental health, legal, economic, housing, and other related services for survivors.
 - Train first responders such as Sexual Assault Response Teams (SARTs) on patient care issues related to sexual violence as they set the tone for the victim’s experience in the criminal justice, health care, and legal systems.
- **Increase training of health professionals**
Risky health behaviors (e.g., substance use, unprotected sex, unhealthy dieting, etc.) often are a consequence of sexual violence. Assessment of victims of sexual violence in the health care setting and referral to service to address these behaviors may prevent short-term and long-term health consequences.ⁱⁱⁱ More research is needed to determine which patients might benefit for screening for sexual violence and developing effective ways to do so.

Resources

- 2010 *National Intimate Partner and Sexual Violence Survey Report*.
<http://www.cdc.gov/violenceprevention/nisvs/index.html?source=govdelivery>
- *Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide* http://www.cdc.gov/ViolencePrevention/pub/training_guide.html
- Strategies to Promote Healthy Teen Relationships:
<http://www.cdc.gov/ViolencePrevention/DatingMatters/index.html>
<http://www.cdc.gov/chooserespect/>
- Centers for Disease Control – Sexual Violence Prevention
<http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html>
- The National Sexual Violence Resource Center collects information and resources to assist those working to prevent sexual violence and improve outreach and response strategies:
www.nsvrc.org/

24 hour Sexual Assault Hotlines:

1-800-585-6231 • 626-793-3385 • 213-626-3393 • 310-392-8381

Prevention Matters!

ⁱ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 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. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

ⁱⁱ <http://www.ucasa.org/cost-of-rape.pdf>

ⁱⁱⁱ Basile, K.C., & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5, 407–417.

^{iv} California Statewide Policy Recommendations for the Prevention of Violence Against Women: <http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/AWSPP-EPIC.pdf>