

Sexual Violence

Sexual violence (SV) is any sexual act that is perpetrated against someone's will. Sexual violence encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). It includes: forced or alcohol/ drug-facilitated penetration of a victim; forced or alcohol/drug-facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. All types involve victims who do not consent, or who are unable to consent or refuse to allow the act. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.¹ Sexual violence can be committed by anyone:

- A current or former intimate partner
- A family member
- A person in position of power or trust
- A friend or acquaintance
- A stranger, or someone known only by sight

A consistent definition of SV is needed to monitor the prevalence of sexual violence and examine trends over time. Primary prevention of sexual violence is defined as: "Approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization."² Sexual violence is a major public health, human rights, and social justice issue.

How does sexual violence affect the United States?

- Sexual violence is a social phenomenon that permeates all of society. No one is immune from its impact. According to the Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS):
 - One in five women and nearly one in 59 men have experienced an attempted or completed rape in their lifetime, defined as penetrating a victim by use of force or through alcohol/drug facilitation.³
 - Approximately one in 15 men (6.7%) reported that they were made to penetrate someone else during their lifetime.³
 - An estimated 12.5% of women and 5.8% of men reported sexual coercion in their lifetime (i.e., unwanted sexual penetration after being pressured in a nonphysical way).³
 - More than one-quarter of women (27.3%) and approximately one in nine men (10.8%) have experienced some form of unwanted sexual contact in their lifetime.³
 - Nearly one-third of women (32.1%) and nearly one in eight men (13.3%) experienced some type of noncontact unwanted sexual experience in their lifetime.³
 - The majority of victims of all types of sexual violence knew their perpetrators. It is estimated 46.7% of female victims of rape had at least one perpetrator who was an acquaintance, and an estimated 45.4% of female rape victims had at least one perpetrator who was an intimate partner.³
 - Twenty-nine percent of male victims of rape reported their perpetrators were an intimate partner.³
 - More than half of women who experienced alcohol/drug-facilitated penetration were victimized by an acquaintance.³
- Girls who are sexually abused are more likely to:
 - Suffer physical violence and sexual re-victimization,
 - Engage in self-harming behavior, and
 - Be a victim of intimate partner violence later in life.⁴
- Many sexual violence survivors can experience physical injury, mental health consequences such as depression, anxiety, low self-esteem, and suicide attempts, and other health consequences such as gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications. These severe

consequences can lead to hospitalization, disability, or death.⁵

How does sexual violence affect Indiana?

- The reported lifetime prevalence of rape by any perpetrator, or the proportion of residents in Indiana who have experienced this type of sexual violence, is 20.4%, with an estimated 505,000 victims.⁵
- The reported lifetime prevalence of sexual violence other than rape by any perpetrator, or the proportion of residents in Indiana who have experienced this type of sexual violence, is 43.9%, with an estimated 1,091,000 victims.⁵
- In Indiana in 2012, an estimated 125,000 Hoosiers reported unwanted sexual advances or forced sexual activity.⁶
- This startling trend is not restricted to adults. Indiana's youth are victims at high rates as well. According to the 2011 **Youth Risk Behavior Survey (YRBS)**, 14.5% of Hoosier high school-aged girls and 5.2% of Hoosier high school-aged boys report being physically forced to have unwanted sexual intercourse.⁷

How do we address this problem?

The most common sexual violence prevention strategies currently focus on the victim, the perpetrator, or bystanders. However, other promising prevention strategies include addressing social norms, policies, or laws in communities to reduce the perpetration of sexual violence across the state.

Policy:

- Congress passed the Violence Against Women Act in 1994. This landmark legislation established the Rape Prevention and Education (RPE) program at CDC. The goal of the RPE program is to strengthen sexual violence prevention efforts at the local, state, and national level. It operates in all 50 states, the District of Columbia, Puerto Rico, and four U.S. territories. **Indiana's Rape Prevention and Education (RPE) Program** is administered through the **ISDH Office of Women's Health (OWH)**
- Per Indiana Code 12-18-8-6, a county may establish a **county domestic violence fatality review team** for the purposes of reviewing a death resulting from or in connection with domestic violence (defined in IC 34-6-2-34.5).
- Emergency Nurses Association's Position Statement on the **Care of Sexual Assault and Rape Victims in the ED**: <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/SexualAssaultRapeVictims.pdf>

Data collection:

- ISDH collects sexual violence data through multiple avenues: the Uniform Crime Report, the Youth Risk Behavioral Survey, and the Behavioral Risk Factor Survey.
 - The **Uniform Crime Report (UCR)**, a national source of crime data compiled by the Federal Bureau of Investigation (FBI), is used to gather data reported by Indiana's law enforcement agencies.
 - The **Youth Risk Behavioral Survey (YRBS)** is a national school-based survey conducted at the state level and analyzed by the Centers for Disease Control and Prevention (CDC). The YRBS captures health data on youth, grades 9-12. Indiana's YRBS includes questions pertaining to physically forced or coerced sexual intercourse.
 - The **Behavioral Risk Factor Survey (BRFS)** is a national telephone health survey conducted at the state level and analyzed by the CDC. The BRFS captures health data on adults 18 years of age and older. Indiana's BRFS has questions pertaining to sexual violence victimization.
- A consistent definition is needed to monitor the prevalence of sexual violence and examine trends over time and inform prevention and intervention efforts. The CDC developed **Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements** to create consistent definitions to help in determining the magnitude of sexual violence and aids in comparing the problem across jurisdictions. Consistency also allows researchers to measure risk and protective factors for victimization in a uniform manner. Website: http://www.cdc.gov/violenceprevention/pdf/sv_surveillance_definitions-2009-a.pdf

Reporting:

- Suspected child abuse and neglect, including sexual abuse, should be reported to the **Indiana Department of Child**

Services (DCS) Abuse/ Neglect Hotline, which is a 24-hour, 7-day a week service line: **1-800-800-5556**. There is a local number for every county listed at the DCS website: <http://www.in.gov/dcs/2372.htm>.

- **If you or someone you know is a victim of sexual violence:**
 - Contact the Rape, Abuse, and Incest National Network (RAINN) hotline at 1-800-656-HOPE. Help is free, confidential, and available 24/7. Website: <http://www.rainn.org/get-information>
 - Contact your local emergency services at 9-1-1.

Programs:

- Primary prevention of sexual violence targets activities that take place before sexual violence has occurred.
Prevention of sexual violence on campus can include the following activities:⁸
 - a. Identifying cultural and social norms that support sexual violence;⁸
 - b. Strengthening sense of community;⁸
 - c. Targeting entire community and engage the campus community;⁸
 - d. Linking sexual violence to alcohol use/abuse in campaigns and messaging;⁸ and
 - e. Using peer educators and leaders to spread the word about preventing sexual violence and to improve bystander efficacy and willingness to intervene.⁸
- OWH recognized the significant effect that sexual assault has had on the overall health of women in the state. Since 2008, OWH has administered the federally funded **RPE program** to help reduce and eliminate the incidence of sexual violence across the state. ISDH approaches sexual violence from a public health perspective, recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices, is essential to create a state free from violence. Public health is concerned with community and population-based approaches rather than those focused on the individual, and uses data-informed, evidence-based approaches. All sexual violence primary prevention program planning and implementation is rooted in a four-step practice in the public health approach.
- The ISDH OWH chairs and oversees the work of the **Sexual Violence Primary Prevention Council**.
- Indiana has developed its first comprehensive plan to address sexual violence across the state, entitled **Indiana's Commitment to Primary Prevention: A state free of sexual violence 2010-2015**.
- **Indiana- Multicultural Efforts to End Sexual Assault (MESA)** is a statewide program focused on including traditionally underserved and underrepresented critical populations in sexual violence prevention efforts. The agency works to organize and mobilize local communities in culturally relevant primary prevention strategies to improve the quality of life for individuals and families. For community organizations seeking to work cross-culturally in their prevention efforts, MESA provides training on outreach strategies. MESA is mobilizing Native American, Latina, immigrant, African American/Black, Asian, LGBTQ communities and college campuses in sexual violence prevention efforts. MESA is housed in the College of Agriculture at Purdue University.
- MESA, with the support of the ISDH, hosted a cultural competency workshop for medical students, staff, and faculty at the Indiana University School of Medicine in Indianapolis in March, 2014. The workshop, "LGBTQ+ Affirming Health Care: Understanding LGBTQ+ Specific Needs in Health Care," highlighted the need for cultural competency when dealing with sexual violence issues within the LGBTQ+ population. Working with medical students is an exceptionally effective method of sexual violence primary prevention because it changes the culture of medicine and health care.
- **April is Sexual Assault Awareness Month**, with the goal to raise public awareness about sexual violence and to educate communities on how to prevent it.

Measures: Healthy People 2020:

Injury and Violence Prevention (IVP)-40 (Developmental): Reduce sexual violence

IVP-40.1(Developmental): Reduce rape or attempted rape

IVP-40.2(Developmental): Reduce abusive sexual contact other than rape or attempted rape

IVP-40.3(Developmental): Reduce non-contact sexual abuse

Additional resources:

Indiana State Department of Health Office of Women's Health

2 N. Meridian Street, Section 3M

Indianapolis, Indiana 46204

<http://www.state.in.us/isdh/18061.htm>

- a. ISDH Sexual Violence Primary Prevention Program: <http://www.state.in.us/isdh/23820.htm>
- b. Indiana Coalition Against Domestic Violence: <http://www.icadvinc.org/>
- c. Stand 4 Respect: <http://www.stand4respect.org/>
- d. Indiana Criminal Justice Institute: <http://www.in.gov/cji/index.htm>
- e. Domestic Violence Network of Greater Indianapolis- www.dvnconnect.org
- f. Emergency Nurses Association (ENA)- Indiana Chapter Forensic Nursing- <http://www.indianaena.org/forensic-home/>
- g. CDC Sexual Violence: <http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html>
- h. Men Can Stop Rape: <http://www.mencanstoprape.org/>
- i. Men Stopping Violence: <http://www.menstoppingviolence.org/>
- j. National Alliance to End Sexual Violence: <http://www.endsexualviolence.org/>
- k. National Center on Domestic and Sexual Violence: <http://www.ncdsv.org/>
- l. National Center for Victims of Crime: <http://www.victimsofcrime.org/>
- m. National Sexual Violence Resource Center: <http://www.nsvrc.org>
- n. Not Alone: <https://www.notalone.gov/>
- o. Prevent Connect: <http://www.preventconnect.org/>
- p. Rape, Abuse and Incest National Network Hotline: <https://rainn.org/> or (800) 656-HOPE
- q. Rape Prevention and Education (RPE) Program: <http://www.cdc.gov/violenceprevention/rpe/index.html>
- r. Violence Against Women Network (VAWnet): www.vawnet.org
- s. United States Department of Justice Office on Violence Against Women: <http://www.justice.gov/ovw>

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