



It's time ... to talk about it! Your voice. Our future. Prevent sexual violence.

Prevention tips for medical professionals

Sexual violence is a significant public health issue with long-lasting effects on individual and community wellness. This fact sheet provides information about sexual assault and how health care professionals can prevent and respond to sexual violence. Together we can build a community working to prevent sexual assault.

What is sexual violence?

Sexual violence is a broad term and includes rape, incest, child sexual abuse, intimate partner violence, sexual exploitation, human trafficking, unwanted sexual contact, sexual harassment, exposure, and voyeurism.

Sexual violence occurs when someone is forced or manipulated into unwanted sexual activity without their consent. Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Anyone can experience sexual violence, males, females, children, teens, adults, and elders.

These violations are widespread and occur daily in our communities, homes, schools, and workplaces, but sexual violence can be prevented. Community members can work to prevent sexual violence by establishing healthy and positive relationships that are based on respect, safety, and equality.

Sexual violence at a glance

- One in five women and one in 71 men will be raped at some point in their lives (Black et al., 2011).
- One in six boys and one in four girls will experience a sexual assault before the age 18 (Dube et al., 2005).

- Research has shown that adverse childhood experiences in childhood, including child sexual abuse, have a strong correlation to poor health outcomes in adulthood (Felitti et al., 1998).
- Women and men who experienced rape in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence (Black et al., 2011).
- In the year following a rape, the average level of health care service use increases 18% over pre-rape levels; during the second year, post-rape service use increases 56%. (Koss, Koss, & Woodruff, 1991).
- Rape, childhood sexual abuse, and domestic abuse are among the most common causes of Post-Traumatic Stress Disorder (PTSD) in women. The chances that a woman will develop PTSD after being raped are between 50% and 95% (Heise, Ellsberg, & Gottemoeller, 1999).
- Research on health outcomes for Lesbian, Gay, Bisexual, Transgender and non-conforming individuals is limited, but sexual violence affects these communities at higher rates (Walters, Chen, & Breiding, 2013).
- Transgender and gender non-conforming



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people frequently experience discrimination when accessing health care, from disrespect and harassment to violence and outright denial of service. Race, income, employment status and education are also barriers in the health care setting (Grant, Mottet, & Tanis, 2010).

Your role in prevention

As a health care professional, you have a critical role in helping patients lead healthy and happy lives. You may be one of the first people a victim chooses to talk to about healthy sexual development or an experience of sexual violence. To improve the response to and prevention of sexual violence in your community:

- Learn more about the scope and impact of sexual violence. For resources, visit: www.nsvrc.org/projects/healthcare-initiative
- Enhance your ability to identify risk factors for victimization or perpetration. Develop protocols and practice comprehensive assessments of patients for sexual violence. Learn more: *Assessing patients for sexual violence: A guide for health care providers* (NSVRC 2011 www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Assessing-patients-for-sexual-violence.pdf).
- Increase the focus on sexual violence prevention within your organization and provide access to information about sexual violence and local resources. Display posters and brochures on sexual assault and local services in waiting and exam rooms. Partner with local rape crisis centers to request trainings and in-services on sexual violence for staff.

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- Develop collaborative relationships and partner with community-based sexual assault programs in order to develop your capacity to serve your community. Build a strong referral program for specialized sexual assault advocacy and services for patients by getting to know your local rape crisis center staff and the services they offer. Offer “warm” referrals by giving patients a name of an advocate or administrative person who can connect the patient to an advocate.
- Be part of the team who works to ensure people that experience sexual assault have access to quality medical care.
- Become involved in coordinated community response efforts like a local Sexual Assault Response Team (SART). Learn more: *Sexual Assault Response Team development: A guide for victim service providers* (NSVRC 2011 www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_SART-Development.pdf).
- Help sponsor or participate in sexual assault awareness and prevention events throughout the community. Connect with your local rape crisis center to do this.



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Resources

- **American Academy of Pediatrics Preventing Sexual Violence: An Educational Toolkit for Health Care Professionals**
<http://www2.aap.org/pubserv/PSVpreview/pages/main.html>
- **American College Health Association: Shifting the Paradigm: Primary Prevention of Sexual Violence Toolkit**
www.acha.org/SexualViolence/
- **Centers for Disease Control and Prevention: sexualviolence/**
www.cdc.gov/ViolencePrevention/sexualviolence/
- **International Association of Forensic Nurses:**
www.iafn.org
- **National Sexual Violence Resource Center (NSVRC):** www.nsvrc.org
- **Rape, Abuse and Incest National Network (RAINN):** www.rainn.org

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