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SEXUAL VIOLENCE RESEARCH

Findings From a Systemic Review of the Literature

2015-2019

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

This report was prepared by the Center on Gender Equity and Health (GEH) (www.geh.ucsd.edu), a research and academic center established at the University of California San Diego in 2013. A key area of focus for GEH is gender-based violence, and GEH faculty including Dr. Raj (lead author on this report) have been recognized as scientific authorities on all forms of gender based violence including intimate partner violence, sexual harassment and assault, sexual exploitation and trafficking, reproductive coercion, son preference, and child and forced marriage. GEH takes a leadership role in conducting innovative research and training in this area, striving to bridge the gap between research and implementation, and taking into account on-the-ground challenges and the lived experiences of socially vulnerable populations worldwide, with a gendered lens of analysis and in partnership with implementers.

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FEATURED CONTENT: MY FAVORITE RESOURCE

EXECUTIVE SUMMARY

This report synthesizes key findings from a comprehensive review of the peer-reviewed research literature on sexual violence in the United States published between January 2015 and March 2019 and extracted from six databases spanning a broad range of fields across the social sciences and health disciplines. The work serves as a sequel to the 2014 CALCASA report, which covered the period from 2005 to 2014. This review organizes the most recently available data into topical sections to maximize its utility for advocates, prevention practitioners, activists, policy makers and funders in identifying scientific studies that support evidence-based programming and policies for the state. The report offers an introductory overview of sexual violence in the U.S. today, followed by the key findings from our review of the literature, by the following key topics:

1. Forms of Sexual Violence
    a. Cyber Sexual Harassment
    b. Workplace Sexual Harassment
    c. Sex Trafficking
2. Risk and Protective Factors Associated with Experiencing and Committing Sexual Violence
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5. Program and Policy Solutions
    a. Criminal Justice Responses to Sexual Violence
    b. Health Systems Response to Sexual Violence
    c. Prevention of Sexual Violence

Findings from this review can offer evidence support for population priorities, advocacy missions, and program and policy solutions to prevent sexual violence and support survivors of sexual violence. These findings also offer important insight into gaps in the field, and how we should move forward to develop research and programmatic and policy to end sexual violence in one generation.

INTRODUCTION

Sexual Violence Research: Findings from a Systematic Review of the Literature 2015-2019 was commissioned by the California Coalition Against Sexual Assault (CALCASA) to highlight research articles that CALCASA believes have the potential to influence the anti-sexual violence movement. Sexual violence is preventable and in order to have a society where people are respected and valued we need to build awareness, knowledge, capacity, and investment.

This report provides a summary of the most recent research that can be used to support and advance the work of CALCASA member agencies, rape crisis centers, rape prevention programs, and other organizations/individuals committed to asserting the dignity of all people.

In addition, CALCASA has asked leading advocates and activists to share their favorite new resources. This report includes information from the leading academic journals, organizational reports, and resources used by people on the ground making change.

We encourage people to use the information from this report in their newsletters, social media, grant applications and reports. With this knowledge, we can make the necessary changes in our communities to build a society free from sexual violence and one in which healthy relationships are the norm.

Sandra Henriquez

CHIEF EXECUTIVE OFFICER,
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Raj A, Barker KM, Heskett K, Chalmiers M. Introduction. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

This report is a comprehensive resource offering the most recent available data on sexual violence, inclusive of rape, sexual coercion and sexual harassment in adolescence and adulthood, in terms of forms of sexual violence gaining attention, risk and protective factors for these abuses, population-specific issues, consequences of sexual violence, and program and system solutions.

For many years, CALCASA has released summaries of the current research on sexual violence to support advocates, prevention practitioners, activists, policy makers and funders in understanding the best available research This report serves as a sequel to the 2014 CALCASA Sexual Violence Research Review[1] and the 2015 follow-up report[2], which covered the period from 2005 to 2015.

The findings presented here integrate the results of 1424 peer-reviewed, academic journal articles that were identified through a rigorous, systematic review. Each section offers a high-level brief summation review of these papers by topic, followed by an in-depth discussion of the trends observed, and highlights especially illustrative, significant findings in concise, bulleted form. Thus, although this review is comprehensive and exhaustive, the paper has been designed to be concise, accessible and straightforward, facilitating both rapid reference and more fine-grained study.

To ensure clarity on our definitions of sexual violence, and on the scope and scale of the issue, this report starts with an overview of the prevalence on various forms of sexual violence. Following which, the findings of the review have a focus on:

1. Forms of Sexual Violence Receiving Greater Focus,
2. Risk and Protective Factors Affecting Victimization and Perpetration,
3. Populations at Risk,
4. Consequences of Sexual Violence, and
5. Programs and Solutions.

This literature review offers guidance on the state of the field and illuminates areas that can be built upon to eliminate sexual violence in one generation.

These topics were selected based on findings from the review as well as topics prioritized in the prior report. When using research summarized in this document, please cite the original study, not this document, and consult the original source before using the information for grants, community education and outreach, or other purposes. The full citation of all referenced articles are provided in a bibliography to assist with locating the research included in this report. Users who do not have a way to access scholarly literature can contact the National Sexual Violence Resource Center Library (NSVRCLibrary@nsvrc.org) to obtain any needed research article.

METHODS

The Center on Gender Equity and Health, University of California San Diego (GEH) conducted a review of the literature on sexual violence published in the period of April to June 2019. A Reference Librarian reviewed the following social science and health databases to identify peer-reviewed publications on sexual violence: PubMed, Embase, CINAHL, Women's Studies International, PsycINFO, and Family & Society Studies Worldwide. (Please See Appendix A for more details.)

Inclusion and Exclusion Criteria: The review limited inclusion of papers to those published from the period January 2015 to March 2019 and involved empirical analysis of qualitative or quantitative data with a sample residing in the United States. Only included papers in which the study sample as a majority was aged 10 or older, as we did not focus on child sexual abuse, were included. Study participants could be any gender.

- Review of Papers: The review found 13,764 papers from this review, 7938 of which were non-duplicative and thus prioritized for the next phase of screening. Trained research assistants reviewed all titles and abstracts to ensure papers met inclusion and exclusion criteria. Staff then reviewed all eligible papers (1424 papers) and extracted information on sexual violence area of focus, population characteristics, study design, and findings. Our team then synthesized these extractions from the papers and summarized the literature. We then sorted the papers by our extraction topics. Based on sorting and reviewing of papers, we iteratively identified additional topics and subtopics for the report. Resultant topics and subtopics generated from this review of the literature are noted above.

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SEXUAL VIOLENCE: DEFINITIONS AND PREVALENCE

Sexual violence involves any type of unwanted sexual activity or interaction in which consent is not obtained or given freely[1], and includes rape, sexual coercion and sexual harassment.

Rape is any completed or attempted unwanted penetrative sex act - vaginal, oral, or anal, via physical force, threats of harm, or if the victim was incapacitated and unable to provide consent.[2,3]

- 21% of women and 3% of men reported completed or attempted rape ever in their lifetime, according to national data from 2015.[3]
- 23% of women and 9% of men reported forced sexual activity ever in their lifetime, according to national data from 2019.[4]

Even for this form of sexual violence most clearly recognized as criminal, few report to the police.

- 1.4 per 1000 people (or >390,000 people) is a victim of rape/sexual assault each year, but only 0.4 per 1000 people report a rape crime to police, according to 2017 crime survey data.[2]

Forced penetration is also a form of sexual violence, and involves an individual being forced to penetrate someone else without their consent, via physical force, threat of harm, or if the victim was incapacitated and unable to consent. This includes attempts to force male victims to penetrate someone, even if penetration does not occur.[2,3] Nationally representative data from 2015 show that:

- 1% of women and 7% of men reported they were forced to penetrate someone else.[3]

Sexual coercion involves unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. This can include being worn down by someone who repeatedly asks for sex or makes them feel bad about not having sex; it can also include being misled or non-physically threatened (e.g., threats of breaking up, threats of disclosure of a secret). Additionally, it may involve sex resulting from someone misusing their authority or as quid pro quo.[2,3]

- 16.0% of women and 9.6% of men have experienced unwanted sexual penetration after being pressured in a nonphysical way, according to nationally representative data from 2015.[3]

Sexual harassment involves non-penetrative sexual acts related to unwanted sexual contact, unwanted sexual attention, and gender harassment.[5] Most commonly, this is in the form of verbal sexual harassment, but it can be more physically aggressive forms of sexual harassment such as frotteurism (rubbing against someone sexually without consent) and exhibitionism (displaying oneself sexually without consent, which may include the use of technology). According to national data from 2019:[4]

- 76% of women and 35% of men report verbal sexual harassment ever
- 58% of women and 25% of men report physically aggressive sexual harassment ever
    - 49% of women and 18% of men were sexually touched in an unwelcome way
    - 30% of women and 12% of men were flashed or shown genitals against their will

Unwanted sexual contact, coercion and assault often starts in adolescence; girls and sexual minorities are particularly vulnerable. Nationally representative data from 2017 high school students found:[6]

- 15% of girls and 4% of boys experienced sexual violence in the past 12 months
- Among sexual minorities (lesbian, gay, or bisexual), 23% of girls and 20% of boys experienced sexual violence in the past 12 months.

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FORMS OF SEXUAL VIOLENCE

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CYBER SEXUAL HARASSMENT AND OTHER FORMS OF SEXUAL VIOLENCE VIA ONLINE TECHNOLOGY

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BACKGROUND

Use of technology for sexual abuses has gained attention over the past 20 years with increasing access to and use of the internet, mobile technologies, and social media.[1,2] Cyber sexual harassment involves use of technology– typically cell phones and/or the internet– for stalking, sharing of sexual images without the recipient's permission, and sharing of an individual's sexual images without their permission or knowledge.

- Nationally representative data from 2019 reveal that this form of harassment is common, particularly among younger populations, with 40% of women and 21% of men in the United States experiencing cyber sexual harassment.[3]
- Among those 18 to 24 years old, 53% of women and 27% of men in the United States have been cyber sexually harassed.[3]

Our review of the research highlights the nature of these abuses, as well as the negative impact they can have on peer groups as well as the victims themselves.

RISK FACTORS FOR EXPERIENCING ONLINE/CYBER HARASSMENT

Cyber sexual harassment can occur in intimate relationships, and studies with college students indicate that this more often occurs in relationships where the individual cyber harassing their partner is violent and sexually aggressive toward this partner as well.[4-6]

- Three quantitative studies with college students in a romantic relationship found that those who experienced cyber aggression from their partner had up to four times the odds of having been sexual assaulted by this partner compared to those with no cyber aggression.[4-6]
- One of these studies additionally analyzed sex differences in these experiences and found that men were more likely than women to perpetrate these abuses; they were almost nine times as likely than women to have pressured a partner into sending a sexually-explicit photograph.[6]

Vulnerability to this form of sexual abuse is particularly high among youth. Threats and manipulation to obtain sexually explicit photographs is more commonly used toward minors than adults, as is the use of sexually-explicit photographs are leverage in coercion and hars.[7] These findings correspond with research from high school students linking cyber harassment to other forms of bullying.[8-10]

- A study of high school students found that 34% of girls and 30% of boys had experienced cyber sexual harassment in the form of digital sexual coercion, and 17% of girls and 34% of boys reported perpetration of this behavior.10 Other studies with more narrow measures have found smaller prevalence estimates of this form of violence.[8,9]
- A large national study of high school students also found that those who had perpetrated sexual coercion were 7 times as likely to have bullied, and 5 times as likely to have cyber bullied, someone. Those who were victims of sexual coercion were twice as likely to have been bullied and over 3x as likely to have been cyber bullied.[11]

Sexual minority youth and younger female high school students are more likely to be cyber sexually harassed, and as seen in harassment generally, perpetrators are more likely to be male than female.

- Vulnerability to cyber sexual harassment and bulling is particularly high among sexual minorities; they are 4 times as likely as heterosexually-identified youth to report cyber harassment.[12]
- Among students who had been in a dating relationship in the past year, the highest 12-month incidence of cyber sexual harassment via texts was among 9th grade girls (21%) and the most common perpetrators were 9th grade boys (13%).[13]
- Victims of sexually harassing texts were also 1.8 times more likely to experience sexual coercion, and perpetrators of sexually harassing texts were 2.3 times more likely to perpetrate sexual coercion.[13] These types of perpetrators are also more likely to hold more traditional beliefs regarding the role of males and females in dating relationships.[14]

Online sexual predators are also a concern, often targeting adolescents or children; these predators can include individuals known or unknown to the victim.[15] Regardless of the nature of the relationship between the victim and perpetrator, studies show that cyber sexual harassment is associated with increased risk for harm from that individual, including kidnapping, trafficking, sexual assault, violence, and even death.[5,8,15-17] These findings highlight that use of technology to perpetrate sexual violence may facilitate access to and abuse of victims, typically in the context of other forms of violence.

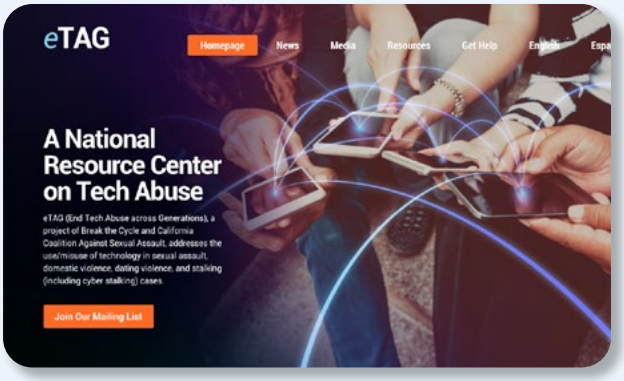
CONSEQUENCES OF ONLINE/CYBER HARASSMENT

Those who experience cyber sexual harassment suffer the same harms as those who experience in person harassment, including depression and anxiety.[3] They also tend to use the same coping strategies as victims of in-person sexual harassment, which can be grouped into problem-focused (avoidance of abusers, support seeking) and emotion-focused (positive thinking, cognitive distortion or denial, emotional avoidance) strategies.[18]

PROGRAM RESPONSES

Too often, peers are aware of cyber sexual harassment, and may even participate in the abuse by sharing images without permission, for example, but say nothing.

- In a qualitative study with high school students, the main reason for not intervening when witnessing cases of sexual harassment was a desire to avoid conflict/drama. Girls were more likely to intervene as bystanders, but such intervention was less likely when a boy was a victim and a girl the perpetrator.[19]



End Tech Abuse Across Generations

Break the Cycle and the California Coalition Against Sexual Assault have partnered to develop eTAG (End Tech Abuse Across Generations) which addresses the use/misuse of technology in sexual assault, domestic violence, dating violence, and stalking (including cyber stalking). eTAG serves as a National Resource Center on Tech (technology) abuse and aims to reach youth, adults, and professionals in the field of domestic violence, sexual violence, and stalking.

The eTAG resource center aims to change these attitudes with free, accessible toolkits, infographics, podcasts, and training materials on everything from collecting 'good evidence' from your smartphone to effective interventions.

www.endtechabuse.org

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WORKPLACE SEXUAL HARASSMENT

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Raj A, Mizrahi S. Workplace Sexual Harassment. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

A nationally representative study of sexual harassment conducted in 2019 found that 76% of women and 35% of men have been sexually harassed verbally, via catcalling or even quid pro quo sex.[1] Over half of women (58%) and 25% of men have experienced physically aggressive sexual harassment, such as being sexually touched in an unwelcome way (49% of women and 18% of men) or being flashed or shown genitals against their will (30% of women and 12% of men).[1] Most commonly, these types of harassment occur in public spaces for both women and men, but 38% of women and 14% of men have experienced these types of harassment in the workplace.1 If restricted to those who have ever been employed, these percentages are likely to increase.

An analysis of sexual harassment against women across labor sectors has found that those in service occupations and working for tips, in more isolated occupations (e.g., janitors, hotel workers), and in “rainmaker” or male dominated workplaces are more vulnerable to sexual harassment in the workplace, particularly if they are immigrants without documentation or reliant on a work visa.[2] These findings highlight that both individual level vulnerabilities and social context affect risk for sexual harassment in the workplace, findings seen in our review of the literature, as well.

PREVALENCE OF SEXUAL HARASSMENT AMONG PROFESSIONAL WORKERS AND TRAINEES

Although the above findings indicate greater risk for sexual harassment in the service and low skilled labor sectors, much of the recent research on prevalence of sexual harassment in specific sectors focuses on health professionals, and secondarily researchers.

Research with medical students, residents, and physicians demonstrate that sexual harassment in the workplace in the field of medicine is a common phenomenon, often perpetrated by someone with authority over the victim and with women more likely to be victimized than men.[3-10] The risk of sexual harassment may be higher for those in certain medical specializations; some evidence indicates greater risk for sexual harassment among those in primary care relative to surgeons, for example, possibly because of greater interface with patients who harass them.[4,5,7]

- One study of 119 medical residents working in the emergency department found that 52% had been sexually harassmed by a patient when they were working.[4]
- Among a sample of radiologists and radiology trainees, 24% of women and 4% of men had been sexually harassed at work; 29% had witnessed others being sexually harassed.[5]

The greater vulnerability to sexual harassment among front line health workers is also demonstrated in studies with home health aide workers.

- A large-scale study of home-care workers aiding aging and disabled individuals found that up to 26% of workers experience sexual harassment, and up to 13% reported sexual aggression.[11]
- A qualitative study with workers in assisted living homes also found that sexual harassment was common and even viewed as “part of the job”.[12] These abuses included sexually explicit comments, inappropriate sexual advances, and witnessing sexually explicit behavior (i.e. masturbation) while working. Because of the age and vulnerability of patients, these abuses often go unreported.[12] This population in particular may receive poor support for harassment.

A number of studies also document risk for sexual harassment for field researchers, inclusive of both trained scientists as well as students, and few ever report the harassment.[13,14]

- Social science students with field placements were surveyed on experiences with sexual harassment. Over half (56%) reported sexual harassment in the field, in the form of offensive sexual stories or jokes (28%), being stared at in a way that caused discomfort (16.4%), being “catcalled” (14%), and hearing crude and offensive sexual remarks (14%).[14] These kinds of behaviors often result in self-blame for women,[15] impeding their ability to get support.

Graduate students also report experiences of sexual harassment from faculty or staff.

- A quantitative study with graduate students found that 38% of females and 23% of males had been harassed by faculty or staff, and 58% of females and 39% of males had heard of a harassment situation among their peers.[16] Female law students were at particularly high risk for harassment.[16]

RISK FACTORS FOR EXPERIENCING WORKPLACE SEXUAL HARASSMENT

Risk factors for sexual harassment occur at multiple levels. At the individual level, research indicates that women with greater self-objectification and objectification of other women, as well as those "fast life histories," characterized by earlier in life dating and sexual relationships, are at greater risk for sexual harassment.[17,18] Possibly, these women are more likely to be in environment reinforcing objectification of women and women's value based on male interest in them. This may allow for a more tolerant or even supportive environment for harassment.

- A study of 501 female undergraduate students found that those who experienced sexual harassment were also more likely to report body surveillance (i.e., worry over one's figure and form) and objectification of other women.[17]
- A study of 460 adults, involving review and feedback on a quid pro quo sexual harassment situation, found that females and those reporting greater focus on education over relationships in late adolescence and early adulthood were significantly more likely to view the quid pro quo scenario as threatening rather than as simply a social exchange.[18]

Correspondingly, research has also found that males and females who report enjoyment of sexualization are also less likely to view scenarios of sexualization in the workplace as harassment.[19]

Factors in the workplace environment that related to increased risk for sexual harassment include a male dominant workplace setting, leadership that is tolerant of workplace abuses, and a climate that allows for biases to persist regarding what constitutes workplace sexual harassment.

- Analysis of an online survey with working adults across the United States found that employees were more likely to have a hostile work environment and experience workplace sexual harassment when leaders were passive in terms of establishing accountability for abuses.[20]

CONSEQUENCES OF WORKPLACE SEXUAL HARASSMENT

This review of the research highlights three inter-related outcomes from workplace sexual harassment: lower productivity, loss of employment, and financial stress.[9,21] Upon experiencing workplace harassment, women experience lower confidence in both career and capacity for advancement.[9]

One study indicated that victims of SH were 6.5 times as likely to change jobs, and that up to 35% of the total effect of SH on financial stress can be attributed to job change.[21]

PROGRAM AND SYSTEM RESPONSES TO ADDRESS WORKPLACE SEXUAL HARASSMENT

Research and theory suggest that workplace sexual harassment requires intervention at the individual, situational, and organizational levels, but this is rarely used by organizations in practice.[22] While workplace harassment efforts focus on bringing charges forward, this process is rarely used by workers as well, and research suggests that bringing forward allegations and proceeding with litigation can be re-traumatizing for workers.[23]

- A study comparing 1218 women in a class action law suit alleging workplace sexual harassment and discrimination against a similar sample of 465 women who did not pursue litigation were compared and then the litigating sample was followed for a period of five years. Findings reveal that over the course of the five years, the litigation process was associated with an increase in poor psychological outcomes beyond that explained by the original harassment and discrimination experience. These findings highlight that persisting in litigation for harassment cases takes a mental toll on women.[23]

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SEX TRAFFICKING

CONTENTS

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Raj-Silverman I, Raj A. Sex Trafficking. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Under United States federal law, sex trafficking is defined as the use of force, fraud, or coercion to induce individuals into commercial sex, or inducing individuals who are minors (<18 years) into commercial sex.[1] Sex trafficking is a high profit industry, making it all the more difficult to control. A 2014 study on the underground commercial sex economy in eight U.S. cities estimated that this illicit activity, often built on sex trafficking, generated between $39.9 million and $290 million in revenue depending on the city.[2] There is no clarity on the scale and scope of sex trafficking in the country, but those in socially and economically vulnerable circumstances (e.g., runaways, migrants, homeless or unaccompanied minors) are at greatest risk for sex trafficking, particularly if they are seeking escape from family or community violence.[3,4]

Most trafficked individuals are young at the time of trafficking, with 38% trafficked between ages 14 and 17 and 25% trafficked between ages 18 and 21; 95% of victims are female.[4,5] In part, this is because sex work involvement of a minor is by definition viewed as sexual exploitation or trafficking. Most victims of sex trafficking come from within the United States, and secondarily from Mexico and Central America.[4] Our review of the literature resulted in identification of 62 studies on sex trafficking, with results demonstrating risk factors for entry, resiliency factors for exit, and provider/services responses and opportunities.

RISK FACTORS FOR BEING SEX TRAFFICKED

Socially vulnerable youth are at greater risk for sex trafficking. Multiple studies show elevated rates of sex trafficking among homeless youth, with disproportionate risk among LGBTQ homeless youth.[6-8]

- In a cross-sectional survey with a convenience sample of 131 homeless youth aged 12 to 25, 41.2% of homeless youth were victims of sex trafficking. LGBTQ youth were over-represented in this sample, highlighting their greater vulnerability.[6]
- Semi-structured interviews with young women aged 18-23 recruited from a homeless youth-serving agency revealed that commercial sex work and exploitation is a common point of discussion among their peers. They report that their peers often become involved with sex work due to a lack of options, and become exploited in the process. They also report that they are recruited into sex work via peer groups and in public spaces where homeless youth congregate.[8]

Adjudicated youth and youth in welfare programs are also at greater risk for sex trafficking; this risk is tied to prior exposure to physical and/or sexual abuse, substance misuse, and runaway behavior.[9-12] Numerous studies document high rates of child abuse and particularly child sexual abuse among victims of sex trafficking in the United States.[13-18] Research also shows impeded health care access among those in child welfare and juvenile detention systems, despite increased health need.[19]

- In a study using national data from 800 adjudicated male youth, those who had experienced child sexual abuse and substance misuse were significantly more likely to have been sex trafficked as minors.[9] Another study with adjudicated young women found that many had been forced to engage in the sex trade as minors to obtain drugs and have a place to sleep.[18]
- In a study of children in the welfare system, 38 of 814 youth 10-17 years had experienced sex trafficking. Those who been trafficked were about 4.5 times more likely to have clinical substance abuse issues and were also significantly more likely to report runaway behavior.[10]
- In screenings of 918 youth aged 12-18 years in child advocacy centers in Arkansas, almost 20% were at high risk for sex trafficking. This 20% was more likely to have experienced significant trauma, with 81% of them having experienced physical or sexual abuse.[11]

Finally, because of their uniquely vulnerable position undocumented immigrants often face sex trafficking. Undocumented sex workers are often involved in sex trafficking networks that transport them to farmworkers in rural areas, sometimes with the support of the employer of the farmworkers.[20]

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ENTRY INTO SEX TRAFFICKING

One important piece to understand is how victims become trafficked. For most of these individuals, known individuals led them into being trafficked as minors.

- One qualitative study of 26 adults who had been commercially sexually exploited as minors found that 14 began in the sex trade because of the involvement of friends, 4 because of the involvement of family, and 8 because of pressure or force from their boyfriends.[21]

Both men and women engage in sex trafficking, but women traffickers may go undetected for longer. The criminal justice system is less likely to prosecute women traffickers to the same degree as they do male traffickers, but women traffickers like their male counterparts engage in very harmful practices including trickery and violence to control their victims.[22] Such control also includes social isolation, particularly as victims age and gain strength against their traffickers.[23]

- In a study of 115 sex trafficking victims, younger victims were significantly more likely to be permitted cell phone and internet access, with 15-year-olds having a 75% chance of having cell phone access versus 53% for 35-year-olds. Those who were recruited under false pretenses were significantly less likely to have cell phone and internet access, with 54% of those who were not recruited under false pretenses having internet access versus 20% of those who were.[23]

EXIT FROM SEX TRAFFICKING

Given the violence and exploitative nature of sex trafficking, exit is quite difficult. Qualitative research documents that internal motivation and external support systems are the most important elements in survivors leaving their traffickers.[24,25] Many cited support from their families as a key factor.[26] Survivors also noted the importance of comprehensive, nonjudgmental services.[27]

CONSEQUENCES OF SEX TRAFFICKING

Trafficking may have a myriad of physical, mental, and behavioral consequences for victims.[28] A number of studies have highlighted the mental health consequences, including suicidal ideation,[6,29] PTSD and depression,[30] as well as behavioral health risk in the form of substance use.[31]

- Of 128 youths aged 12-25 years experiencing homelessness, those who had experienced sex trafficking were almost four times more likely to be suicidal than homeless youth who had not experienced sex trafficking.[29]
- In a national study of 179 juvenile sex trafficking survivors, those trafficked from ages 12-14 were twice as likely to increase the amount of alcohol they consumed.[31]

The physical health risk of focus in research on sex trafficked youth is HIV/STIs, as unprotected sex among trafficking victims is common due to difficulty negotiating condom use in paid sex encounters.[32]

PROGRAM AND SYSTEM RESPONSES

It can be difficult to identify and serve sex trafficking victims and cases because of online solicitation, interstate movement, the indoor nature of trafficking, and unclear definitions of trafficking.[33] Services can also be difficult to provide because there is much diversity in the population served, by age, sex, sexual orientation, immigrant status and even to some degree income in family of origin, and youth are often distrustful of adults and the system.[34] Survivors in qualitative studies generally agreed that an important part of support was the inclusion of other survivors and a lack of judgment from all parties involved.[35,36] Nonetheless, there is agreement that the need to screen and identify victims is important, particularly for those who are minors. Unfortunately, most screening tools have not been useful.[37,38] Nonetheless, those that are able to identify victims also show the need for linkage to care [39,40].

- One screening tool which shows promise found that of 810 youth aged 11-17 with a complaint of sexual violence, 11% had experienced sex trafficking, about 84% of whom could be identified using the screening tool in multiple healthcare settings.[38]
- A study of 901 youth in the criminal justice system in Washington, DC found that those who screened positive for trafficking had higher scores on depression and other clinical symptoms.[39]
- Screening to identify victims of sex trafficking in an emergency department was shown to be more sensitive than physician concern, though less specific.[40]

Once victims are screened or otherwise identified, services can still be very difficult to provide, as there remain diverse views on best practices to support survivors of sex trafficking.[41,42] Even within the same state, there can be different perspectives in urban versus rural areas[43] and based on beliefs regarding decriminalization of sex work[44] versus beliefs that most sex workers are trafficking victims.[45] Social service providers also identified different indicators for sex trafficking than are most often used in screenings, preferring to include affect and mental health indicators[46] as well as socioeconomic and migration-related indicators,[47] which would likely inflate the number of identified victims. Standard training for social service providers, and particularly those in the welfare system, is needed to help improve identification of victims in social systems and support for survivors,[48] particularly given the evidence of the value of strong and resourced rehabilitation programs to reduce PTSD and depression, and improve self-esteem among survivors of sex trafficking.[49]

In contrast to findings on social services, research yields little indication regarding the value of the criminal justice system for trafficking. Policies do exist to support prosecution of traffickers and protection for victims. Unfortunately, trafficking cases are difficult to prosecute and victims are often reticent to testify.[33] Poor treatment of victims by the criminal justice system is also a concern.[50]

- One qualitative study revealed that court workers often describe and conceive of victims through exploitation myths, and they lack consideration of context and victim trauma.[50]
- In a qualitative study of 32 experts on Safe Harbor legislation- legislation which places victims of sex trafficking of minors into the child welfare system rather than the criminal justice system- experts noted that there was not sufficient funding in welfare services to support these victims. Consequently, youth were sometimes still placed in the criminal justice system in an attempt to give them more support than was possible through the welfare system.[51]

Stigmatization of sex workers may also affect the treatment of trafficking victims by juries as well as by courts. The general population often engages in victim blaming and dehumanizes sex trafficking survivors.[52-54] Survivors may also be treated differently based on their race/ethnicity or national origin.[55,56]

- In one qualitative study, advocates who work against human trafficking in Chicago note that the media often sensationalizes, stereotypes, and misinforms consumers on human trafficking, but that it can be a useful tool in counteracting these narratives when created by advocates themselves.[54]
- A quantitative study of 509 American adults found that participants considered the same child sex trafficking vignette in the US to be significantly more severe than one outside the US and to cause significantly more anger toward the perpetrator, and that vignettes in Western cultures were perceived as more criminal than those in Eastern cultures.[56]

The health care system can offer important support to victims of sex trafficking, particularly given the above noted findings on health consequences. Research with young victims also indicates interest in health services, particularly for sexual and mental health services, though barriers to care are also noted, including “being on the run” and traffickers prevention of clinical care seeking.[57] However, there are not tailored services for this population, and providers, school nurses, physicians, and medical students, receive little to no training on this issue[58-60] or on how to deliver trauma-informed care and empowerment for these victims.[61-63]

- In a survey of 168 medical providers, only 48% could correctly identify a minor in a vignette as a sex trafficking victim, and only 42% could distinguish a sex trafficking victim from a child abuse victim. 63% of respondents said they had never received any training on how to identify sex trafficking victims.[60]
- Sex-trafficked women in Rikers Island jail discussed recommendations for health care delivery centered mostly around the importance of understanding and empathetic relationships between providers and survivors and greater prevention programming.[64]

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RISK FACTORS AND RESILIENCE

RISK FACTORS ASSOCIATED WITH EXPERIENCING SEXUAL VIOLENCE

- Individual Risk Factors
- Community-Level Risk Factors
- Societal Risk Factors
- References

RISK FACTORS FOR COMMITTING SEXUAL VIOLENCE

- Individual Risk Factors
- Community-Level Risk Factors
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PROTECTIVE FACTORS AND RESILIENCE

- Individual Risk Factors
- Peer Influence
- Community Risk Factors and Gender Norms
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- References

RISK FACTORS ASSOCIATED WITH EXPERIENCING SEXUAL VIOLENCE

CONTENTS

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Chalmiers M, Raj A. Risk Factors Associated with Experiencing Sexual Violence. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Risk factors for experiencing sexual violence operate at multiple levels, as outlined in prior research explaining risk factors for gender-based violence using Ecological Systems Theory. [1] These levels include individual-level beliefs and experiences, as well as individual exposures attached to family and relationship dynamics. Community and peer norms and beliefs related to gender and sex and violence, inadequate legislation and handling of cases of sexual harssment and rape, and broader community violence can also reinforce acceptability of sexual violence. Finally, societal and insitutional climates of acceptability additionally maintain abuse. Importantly, as we outline below, we see many similar risk factors for experiencing and committing sexual violence.

INDIVIDUAL RISK FACTORS

Prior Exposure to Sexual Violence and Revictimization.

Experiencing sexual violence during childhood and adulthood significantly increases the likelihood of a second, subsequent assault at a later point in time.[2,3] Although one study suggested that this association may disappear after controlling for lifetime crime victimization,4 this observation only further emphasizes the multiple, overlapping nature of vulnerabilities that define the contexts in which sexual violence is most likely.[2,5-14] The consequences of sexual violence on substance use and other risk-taking behaviors—discussed in-detail within the Consequences of Sexual Violence section—further increase the probability of survivors' revictimization in a second, subsequent incidence of assault.[2,6-14]

Demographic and Social Risks. Sexual violence disproportionately affects women, sexual minorities, and those contending with financial insecurity.[15-17]

- Both women and men who endorsed high levels of economic insecurity were more than three times as likely to have experienced sexual violence in the past 12 months.[15]
- A population-based probability survey of individuals between the ages of 14 and 60 found that participants were more likely to report ever having had a "scary sexual experience" if they were female, lesbian, gay, or bisexual ($p<0.001$), or if their household income was less than $49,999 ($p=0.002$).[17]

Food insecurity and housing instability also increase risk for sexual violence, as survivors may be forced to stay with or seek support from abusive partners to secure their food or housing.

- Secondary analysis of data collected through a nationally-representative telephone survey with 9086 women and 7421 men revealed a number of associations between recent exposure to sexual violence and current housing or food insecurity.[15] Those with housing insecurity had a more than 6-fold greater risk for having experienced sexual violence in the past 12 months, regardless of sex of the respondent.
- A qualitative study of unstably-housed female veterans found that women frequently viewed their experiences of housing instability, intimate partner violence, and sexual violence as deeply connected and mutually-reinforcing.[18]
- A study with 2099 women at risk for HIV found that those with housing instability were more than twice as likely to have had a recent experience of sexual violence.[19]

Intersections of social and demographic vulnerability constitute greater risk, with greater risk seen for sexual and gender minorities [20,21] and for racial/ethnic women in terms of reported sexual violence from those in authority such as police.[22]

There is also some indication of increased risk for women working in certain occupations and industries, particularly those who are serving or providing care and are thus in close and vulnerable proximity to potential perpetrators.[23-25]

MY FAVORITE NEW RESOURCE

Nadiah Mohajir

FOUNDER AND EXECUTIVE DIRECTOR,
HEART WOMEN & GIRLS

"HEART has a number of resources specifically for Muslim communities that aim to address how cultural and religious traditions can be misused to victim-blame, protect those who do harm, and consequently, perpetuate the cycle of sexual assault. These resources challenge patriarchal and inequitable interpretations of cultural and religious traditions head on by flipping the narrative and going back to the Quran and other historical sources to correct these misperceptions. These abusive techniques are the complete antithesis to the tradition of Islam, which has compassion, justice, and accountability at the root of all its human interactions."

People, communities, and systems use many techniques to silence and blame victims, while protecting those who commit sexual violence. While victim blaming occurs across all cultural and religious communities, it's important to explore and understand the nuances that show up in specific communities. These resources by HEART explore the various ways in which religious and cultural tradition can be misused in Muslim communities to silence victims and protect those who do harm.

FEATURED RESOURCES

- Power and Control Wheel: Sexual Violence in Muslim Communities
  http://heartwomenandgirls.org/wp-content/uploads/2014/01/Power-and-Control-Wheel_final.pdf
- Facts about Sexual Violence within Muslim Communities
  http://heartwomenandgirls.org/wp-content/uploads/2014/01/Facts-about-sexual-violence.pdf

Polyvictimization.

Sexual violence is associated with risk of physical assault, bodily harm, and even death.[15-17,26,27] Secondary analysis of data collected from 27 states through the CDC's National Violent Death reporting system found that 2% of all homicides in 2015 took place during a rape or sexual assault.[26,27] While the percentage may appear relatively insignificant, this statistic represents over 21 women who were killed while being raped or sexually assaulted within a single year.[26]

Sexual Violence in Intimate Relationships. Among polyvictimized survivors, the most prevalent type of violent relationship was with an intimate partner.[5] Forms of intimate partner violence (IPV) that involve sexual assault are perceived as especially severe and damaging to survivors.[28] This observation is further supported by a study that found survivors of IPV were more likely to seek help if they were experiencing severe or frequent sexual IPV, suggesting that this form of IPV may have especially devastating effects.[26,29-31]

- Sexual IPV often takes place in settings characterized by multiple types of violence and threatening behavior. The severity of sexual victimization by an intimate partner reported by survivors of domestic violence was found to be directly correlated with their fears of future firearm violence.[30]
- Among 1008 female survivors of IPV, one study found that 80% of women had experienced strangulation or attempted strangulation by their partner.[31] Strangulation is highly associated with intimate partner violence;[27] women who had been strangled by their partner were three times more likely to have been raped or sexually assaulted by that partner.[26]

Higher rates of gender inequality, including in the social sphere but also in the context of marriage such as in cases of child and forced marriage, were associated with an increased prevalence of any form of IPV ($p<0.05$), including sexual IPV.[32-36]

Psychological Risks, Mental Health Trauma, Substance Use, and Sex Work.

Trauma and coping can affect risk for sexual violence,37,38 in part through substance use, which is in turn linked with sexual violence, directly and indirectly, among those engaging in sex work.[39,40] Some refer to these risks as syndemic.

- Sexual trauma was found to be common among an urban, vulnerable population of female methamphetamine users in San Francisco. Among this sample of 322 women, 61% reported involvement in sex work, 61% had histories of sexual trauma, 52% had experienced childhood rape, and 73% were raped as adults. [39]
- Of 117 exotic dancers surveyed in Baltimore, women with a history of sex work were 4 times more likely to report being assaulted by a client and over 3 times more likely to report intimate partner violence, including sexual violence.[39]

Beliefs and Preferences Regarding Female Sexuality.

Studies indicate that women's beliefs regarding risk for sexual violence as well as their experiences of sexual violence are associated with their beliefs and preferences related to female passivity or active engagement around sexual behavior.[37,41]

- A study conducted with 518 undergraduate women who viewed vignettes on sexual violence found that those reporting more positive female sexuality were less likely to view vignette characters as being at risk for sexual violence.[37]
- A study with 435 university undergraduates found that those with a history of sexual assault were more likely to endorse passive behavioral responses when presented with vignettes depicting women in sexual situations and potentially at risk of assault.[38]
- A study with 254 college women found that those reporting higher sexual refusal assertiveness were significantly less likely to report ever experiencing sexual assault.[42] A study of 181 female rape survivors further found that those who endorse rape myths scored significantly lower in measures of sexual refusal assertiveness.[41]

Rape Myths, Victim Blaming, and Acceptance of Male Sexual Entitlement.

The normalization of male sexual entitlement fundamentally underlies and perpetuates the tacit yet deeply held societal assumption that a woman's role is defined by her obligation to sexually please a male partner and that her value in the world depends upon her ability to do so.[43,44]

- One participant in a qualitative study expressed how deeply these cultural norms are internalized, noting that meeting a male partner's sexual needs is "kind of one of our jobs."[44]
- The failure to recognize the role of male sexual entitlement in perpetuating rape culture results in victim-blaming.[45,46]
- A qualitative study with college women observed that individuals who did not recognize gender-based violence as a manifestation of sexism were more likely to attribute their experiences of sexual violence to their own carelessness or lack of vigilance and ultimately blamed themselves for the assault.[45]

COMMUNITY-LEVEL RISK FACTORS

Local policies and laws surrounding sex education and community responses to and accountability for sexual violence are important factors.[47-49]

- An online study with 285 undergraduate students on information-seeking experiences and perceived barriers to reporting sexual victimization found that 47% of women and 57% of men had never sought information.[47] Those who sought information did so through online browsing, despite the fact that relevant content is lacking and, at times, absent from university websites. Resources aimed at men are also uncommon.[47]
- Another experimental study with college students in a large, urban, Southeastern university found that research on sexual assault can have a slightly negative impact on well-being of the research participants due to their discomfort with the topic, although these effects are temporary.[49]

Although the most egregious forms of sexual violence such as rape are nearly universally condemned, community attitudes and responses towards more minor forms of sexual violence such as verbal harassment or unwanted sexual touching may vary widely.[48]

- For example, among a sample of 153 young women who participated in an online survey, more than 75% reported experiencing unwanted sexual touching or persistent sexual advances at a bar or party.[48] Though participants employed multiple strategies to deter such behavior, including voicing their objections, evading the perpetrator, and even overt aggression, many reported ultimately needing to leave the party or bar in order to escape non-consensual sexual contact or harassment.[48]

SOCIETAL RISK FACTORS

At a time when jokes about sexual assault are dismissed as a harmless means of male bonding and establishing masculine comradery, the momentous impact of the dominant culture and political climate of #MeToo in 2019 can hardly be dismissed. While images depicting rape are used to market high-end vodka,[50] the threat of sexual violence simultaneously continues to permeate women's daily lives.[51-53]

- A survey conducted via street-intercept interviews with 343 adults in a U.S. city revealed that fear of sexual violence was more influential on women's perceived safety than any other form of violence or crime.[51,52]
- A study conducted with 6269 students at a Southeastern university found that female participants endorsed higher levels of fear of sexual assault than of murder.[53]

MY FAVORITE NEW RESOURCE

Beckie Masaki

SOCIAL JUSTICE AND
COMMUNITY BUILDING DIRECTOR,
ASIAN PACIFIC INSTITUTE
ON GENDER-BASED VIOLENCE

"For people like us working at the intersections, it's not just one story—there's a multidimensionality that we experience. There is much needed to be done to address systemic issues to interrupt the cycle of sexual violence and the culture that promotes, condones, and ignores sexual violence. Approaches that speak to this come from multiple areas, including India, for example Gandhi's philosophy of bringing the last person first, and here in the US. In the US, this includes center/margin theory by bell hooks. By centering the margins—by providing food, a place to live, a place to heal—for that last person, everyone benefits. This is very typical of 'at the margins' because of the holistic nature of the way that people see themselves."

Resonance Network is a community of people who want to experiment, learn, and move together towards a world where violence is not an expected and inevitable part of our lives. This network seeks to interrupt the roots of violence that deeply impact girls, women, and gender oppressed people.

FEATURED RESOURCES

- National Organization of Asians and Pacific Islanders Ending Sexual Violence Sexual Assault napiesv.org
- Resonance Network resonance-network.org
- Tewa Women United (TWU) tewawomenunited.org
- The Culturally Responsive Domestic Violence Network blueshieldcafoundation.org/grants/legacy-projects/culturally-responsive-domestic-violence-network

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RISK FACTORS FOR COMMITTING SEXUAL VIOLENCE

CONTENTS

BACKGROUND

Risk factors for committing sexual violence operate at multiple levels, as outlined in prior research explaining risk factors for gender-based violence using Ecological Systems Theory.[1] These levels include individual-level beliefs and experiences, as well as individual exposures attached to family and relationship dynamics. Community and peer norms and beliefs related to gender and sex and violence, inadequate legislation and handling of cases of sexual harssment and rape, and broader community violence can also reinforce acceptability of sexual violence. Finally, societal and insitutional climates of acceptability additionally maintain abuse. Importantly, as we outline below, we see many similar risk factors for experiencing and committing sexual violence.

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INDIVIDUAL RISK FACTORS

Mistreatment or Abuse in Childhood.

The respective risk factors associated with committing and experiencing sexual assault overlap significantly. Both survivors of and those who commit sexual assault are more likely to be exposed to multiple forms of vulnerability, particularly in early life.[2-5] Childhood sexual abuse, specifically, has been shown to be highly associated with an individual's future likelihood of committing sexual violence.[5,6] Other traumatic childhood experiences found to increase an individual's risk of committing sexual violence in the future include: exposure to parental substance abuse, mental illness affecting at least one member of the household, and incarceration of a family member.[2]

- A longitudinal study with 850 male undergraduates compared those whose sexually aggressive behavior increased to those whose sexual aggression decreased significantly over a three year period.[7] Participants reporting adverse childhood experiences (violence or trauma) were more likely to belong to the "decreasing" group, indicating a subset of individuals whose sexually violent behavior is relatively independent of their exposure to childhood risk factors.[7]

Victimization from Sexual Violence Across the Lifespan.

Overlapping traumatic experiences in childhood and particularly at the hands of caregivers perpetuate a damaging cycle in which vulnerable individuals may both exerience and enact sexual violence over the lifespan,[8,9] with each act of sexual violence committed increasing the subsequent risk of exhibiting sexually aggressive or violent behavior.[10,11] Experiencing sexual violence as an adult has also been associated with an increased risk of subsequently engaging in acts of sexual violence.[8,9]

Alcohol and Substance Use. Several studies indicate that alcohol and drug use may be correlated with the likelihood of committing sexual violence.[5,10,12]

- A quantitative study among 735 young adults recruited at a hospital in Flint, MI found that alcohol use ($p<0.01$) was associated with a higher likelihood of engaging in sexual dating violence.[12]
- Several studies have observed that acts of sexual violence are associated with adolescents' use of alcohol, prescription drugs, and anabolic steroids.[13,14]
- A study of 6548 students from 17 Minnesota universities found that marijuana use in the last 12 months was associated with an increased risk of committing sexual violence within the same time period.[5]

ANTISOCIAL BEHAVIORS AND PERSONALITY DISORDERS.

Recent studies have attempted to identify psychopathological characteristics correlated with sexually violent behavior. These include qualities classically associated with abusive behavior such as psychopathy[15], narcisscism, cynicism, and being manipulative.[16-19] They can include criminal offenses, which, when occurring in adolescence, are predictive of adult sexual violence.[20] Those who commit sexual violence are more likely to lack adaptive coping skills, such as emotion regulation, which may be predictive of future sexual violence.[21]

- A national survey with 672 adult males found no unique psychological disposition that fosters sexually violent behavior.[19] However, men who use both aggressive and coercive sexual behaviors ("polytactic") were significantly more likely to have maladaptive personality traits and to meet criteria for an Antisocial or Narcissistic Personality Disorder.[19]
    - These "polytactic" male perpetrators committed more than twice as many sexually violent acts as perpetrators who displayed only aggressive or only coercive tactics in acts sexual violence.[19]
- A study of 1982 college males from across five U.S. universities found that the minority of men engage in physically forced sex (1.5% of the total sample); verbal coercion and victim intoxication being more commonly employed (reported by 9.8% of this sample).[22] The vast majority of men in this sample reported never committing sexual violence (88.6%).
- A nationwide sample of 512 adult males found that certain personality traits (suspiciousness, grandiosity, as well as cognitive and perceptual dysregulation) exerted an indirect effect on sexually violent behavior, mediated by hostile masculinity.[17]
- While much of the research on the link between antisocial behaviors and sexual violence has focused on men, this is some evidence that these issues also hold true for females who commit violence.[23] However, this research also suggests that these sexually abusive females are less dangerous than sexually abusive males.

MY FAVORITE NEW RESOURCE

Mimi Kim

EXECUTIVE DIRECTOR AND FOUNDER, CREATIVE INTERVENTIONS

"Transformative justice seeks to support people to be loving members of communities, with an understanding that we must transcend rigid binaries that define traditional ways of thinking. All of us can be people who do harm—there aren't just innocent victims who deserve protection and harmful perpetrators who need to be locked up. It's not just female versus male. Transformative justice provides a way forward to significantly reframe that binary and to break through these rigid divides. Transformative justice is not saying nothing should be done—a lot should be done—and it should be done within a context of community and with an eye toward liberation, rather than locking people up."

These resources—a blog post by Mia Mingus and a journal article by Mimi Kim—illuminate the critical paradigm of transformative justice, and expose readers to alternatives to the way in which the state responds to violence. Transformative justice was created by and for many of the communities who are oppressed by current state responses, and who are seeking to cultivate violence prevention through alternatives to criminalization. These types of interventions offer new anti-violence options to social justice and social movements.

FEATURED RESOURCES

- Creative Interventions
  www.creative-interventions.org
- Transformative Justice:
  A Brief Description by Mia Mingus
  https://leavingevidence.wordpress.com/2019/01/09/transformative-justice-a-brief-description/
- From carceral feminism to transformative justice: Women-of-color feminism and alternatives to incarceration by Mimi E. Kim
  https://www.tandfonline.com/doi/full/10.1080/15313204.2018.1474827

Hostile Masculinity.

Adherence to specific normative gender ideologies, such as hostile sexism, has been highly correlated with the risk of committing sexual violence.[15,17,24] Studies showing that associations between problematic traits (e.g., suspiciousness, grandiosity) and sexually violent behavior are mediated by hostile masculinity indicate that cultural norms surrounding sex and gender may interact with an individual's predisposition towards sexual violence to shape sexual conduct.[17]

- Predictive models were employed to evaluate the impact of various psychological factors on the likelihood of committing sexual violence among a university sample of 556 men, and hostile masculinity was found to be the sole significant risk factor for sexual aggression against both long-term and causal intimate partners.[15]
- Among a study of 144 male undergraduates, endorsement of high levels of hostile masculinity was correlated with expressing more negative attitudes towards consent ($p<0.001$) and reporting insufficient self-control to ask for consent in sexual situations ($p<0.05$).[24]

This type of hostility can be reinforced via exposure to entertainment that promotes sexism, rape myths and misogyny,[25,26] and ultimately, sexual violence.[27]

- Within a sample of 96 undergraduates, participants who exhibited high levels of hostile sexism were more likely to demonstrated increased rape myth acceptance after exposure to sexist jokes.[26]
- Analysis of an online survey with 351 participants found a significant association between interpersonal aggression and exposure to videogames, which in turn, was found to correlate with the degree of hostile sexism exhibited by that individual.[25]
- Among 217 heterosexual male undergraduates, levels of rape myth acceptance were found to indirectly increase an individual's risk of committing sexual violence via an association with low scores on measures of comprehension of sexual consent.[27]

Impulsivity & Sensation-Seeking.

Research has also found that impulsivity mediates the correlation between exposure to childhood sexual abuse and future acts of sexual aggression.[28,29] Individuals who exhibited high levels of impulsivity were more likely to have committed multiple acts of sexual violence across the lifespan.[10,30] Coercive, rather than aggressive, sexual violence tactics appear to be associated with increased levels of disinhibition, a personality trait closely related to impulsivity.[17]

- Sensation-seeking tendencies—also associated with impulsivity—were found to increase the likelihood of engaging in sexual violence.[10]
- An experimental study sought to determine how male participants' responses to negative feedback from a woman might correlate with an individual's history of sexual aggression and impulsivity. Men who responded more aggressively were more likely to struggle with impulse control difficulties and to have committed sexual violence.[29]
- Among adolescents, those who committed sexual violence against peers or adults were found to have lower levels of sexual behavioral control.[30]

Given that impulsivity has been widely understood as a behavioral trait moderated by executive function, it is somewhat surprising that a related study with 183 adolescents did not find a significant association between executive dysfunction and sexual violence among adolescents.[31]

Attachment Style & Self-Esteem.

- Studies have found that anxious attachment style influences the likelihood of committing sexual assault18 among both men and women.[30,32] As with impulsivity, anxious attachment and attachment avoidance appear to be specifically associated with sexually coercive behavior.[33-35] In sum, the psychological risk factors of anxious attachment, "distorted sexual self-concept," and body disapproval all seem indicative of an insecure self-image and relatively low levels of self-esteem, suggesting that additional associated traits may be similarly correlated with a propensity towards sexual violence.[4,8]
- Among 325 adolescents undergoing treatment for mental health conditions, substance abuse, or sexually aggressive behavior, those who had been convicted of sexual violence against younger children were more likely to exhibit low levels of social involvement, isolation, and interpersonal inadequacy—all of which are considered indicators of anxious attachment—than adolescents who committed sexual violence against peers or older adults.[30]
- Males with high levels of body disapproval4 or "distorted sexual self-concept"[8] were more likely to have engaged in sexually aggressive behaviors.[4,8]
- A study of 193 undergraduate men found that anxious attachment was associated with committing sexual assault and positively associated with hostile masculinity, which, in turn, was shown to be predictive of sexually violent behavior.[18]

Together, the respective associations between the likelihood of committing sexual violence and impulsivity, sensation-seeking, or a lack of sexual behavioral control suggest that several very similar personality traits—all indicative of poor self-control—may overlap to characterize a specific psychological profile or personality subtype.

Research in this area has had conflicting results, with some studies supporting the theory that serial sexual offenses committed by one individual may follow particular patterns characteristic of his or her psychological profile.[36,37] Other studies did not find such patterns.[38]

- A secondary analysis of sexual crime scene characteristics observed specific serial sex offender archetypes, which remain relatively consistent over time or evolve according to a predictable pattern of change.[37]
- In contrast, a study with 1982 undergraduate men recruited from five universities found evidence for three distinct, cohesive subgroups: those unlikely to engage in sexual violence (89%), a "polytactic" (i.e., sexually aggressive and coercive, use of alcohol) abuser (10%), and a small percentage who use physical force (<2%).[38]

Stigmatization of Those Who Commit Violence and Lack of Opportunity for Restorative Justice.

While jurors are less likely to consider risk of recidivism in determining their recommendations for sentencing,[39] legislation surrounding convicted sex offenders' reintegration into society primarily seeks to minimize the risk of repeat sexual violence. However, evidence shows that current policies may be ineffective or even counterproductive in preventing recidivism.[40] Opportunity must be made available for the redemption and re-integration of individuals who have committed sexual violence and polices must be put in place to ensure support and stability throughout the period of reintegration in order to redue risk of recidivism.

- An analysis of 19 years of longitudinal data collected in 49 states via the Uniform Crime Report, found that forced rape rates were, in fact, higher when sex offenders were legally prohibited from residing in areas with vulnerable populations (school zones, etc.).[40]
- A qualitative study examined how family members of convicted sex offenders are affected by laws mandating sex offender registration. Interviews suggested that these policies have devastating effects on families, increase social isolation and rejection, and, as a consequence, impede the family's ability to re-establish a sense of security.[41]
- Similarly, the consequences of registration requirements for juvenile sex offenders have been qualitatively explored through interviews with mental and physical healthcare providers who work closely with this unique population.[42] During interviews, providers expressed a strong belief that registration requirements lead to negative outcomes in multiple dimensions of an adolescent's life, leading to instability and academic difficulties, triggering harassment and unfair treatment, and detrimentally affecting mental health outcomes.[42]

Furthermore, a qualitative study with 84 sex offenders scheduled for release in the next three months demonstrated that over one third of this population was unsure if their specific conviction would mandate that they comply with the requirements for sex offender registration.[43] Although attempts have been made to address the challenges individuals with histories of sexual aggression may face after being released from incarceration, programs such as transitional housing facilities are viewed by many of their residents as "contrary to the rehabilitative ideal" and potentially detrimental to the reintegration process.[44] In addition to socioeconomic barriers, a qualitative study suggested that the stigma associated with having committed sexual violence overlaps with forms of class-based stigma, which may exacerbate the psychosocial stress of reintegration and decrease resiliency.[45]

Successful approaches to sexual violence reduction must not only support and empower survivors but must also address the issues of instability, insecurity, and uncertainty that previously convicted sex offenders face when transitioning to life after incarceration,[43] or even life after allegations.

PEER INFLUENCE

Individuals who have committed sexual violence may share similar attitudes towards sex, women, and consent and are more likely to express empathy for the aggressor when asked to interpret rape scene vignettes.[46] Peer group pressure to have sex "with many different women"[47] or "by any means" necessary[11] may directly increase the likelihood of sexually aggressive or violent behavior and mediate the effects of other, individual-level factors correlated with sexual violence.48 Peers' support of abuse may encourage sexual aggression through effects on an individual's understanding of consent.[17]

- A community-based survey of 556 men between the ages 18 to 29 found a significant association between sexually aggressive behavior and peer group approval of forced sex.[15]
- A study of 100 male college students found that individual beliefs surrounding sexual violence and attitudes towards women were associated with a participant's perceptions of his friends' beliefs and attitudes, though not with beliefs and attitudes actually reported by peers.[49]
- Among a community sample of 423 men, those who had engaged in sexually coercive behavior in the past year were more likely to perceive peer pressure to "have sex by any means" and to employ objectifying language when describing peer conversations about women.[11]
- Within a sample of 329 heterosexual male undergraduates, individuals whose social networks included abusive males were not at increased risk of making unwanted sexual advances. However, the influence of abusive male peers was significant among participants who endorsed traditional masculine norms ("playboy," "power over women," and acceptability of violence).[48]
- A four-year, longitudinal study conducted with 1472 male undergraduates found that males who demonstrated a decline in perpetrating sexual violence over time showed significant parallel declines in their perceptions of peer pressure to have sex with many different women and in their perceptions of peers' approval of forced sex.[47]

Importantly, this research was limited to focus on heterosexual male perpetrators.

COMMUNITY RISK FACTORS AND GENDER NORMS

Relatively little is known about community-level factors that may increase the likelihood of sexual violence and aggression. However, recent studies have emphasized the important influence of community norms, in addition to peer norms, which may either implicitly condone or discourage sexual violence.[11,15,17,47-50] Gender norms and expectations are also tied to risk of committing sexual violence.

Gender norms, which guide expectations of male and female behavior, also affect how sexual violence occurs, with women more likely to be sexually objectified and with the objectification of women being used as a means of control and abuse.[51]

- For example, a study with 3044 adults on the relatively recent phenomenon of revenge porn—defined as the distribution of sexually explicit photographs of an individual without her consent— found that women were more likely to be depicted in this porn and men were more likely to circulate it as a means of abuse, to shame, humiliate and punish the victim.[51]

Paradoxically, rape culture idealizes women as sex objects while simultaneously perpetuating puritanical expectations of chastity and narrowly delimiting the bounds of appropriate female sexuality.[52] Women who violate the limits of acceptable sexual behavior are denigrated and portrayed in the media as diminished in value, a lesson conveyed, at certain times, through allegory or symbolism and, at other times, through the decidedly less subtle message that "nobody wants to date a whore."[52]

Women are also expected to be sexually ignorant or disinterested in order to maintain their image as sexually unavailable or difficult to obtain—and therefore more desirable. At the same time, males are expected to push against female resistance, negating the value of consent and female pleasure.

- Within a sample of 370 college men, those with high scores on the Token Resistance to Sex scale (which asks participants to what extent they agree with statements such as "women usually say 'no' to sex when they really mean 'yes'") were significantly less likely to recognize consent in vignettes and to exhibit attitudes supportive of sexual communication and consent.[53] A survey of 1002 college undergraduates found that men who were involved in the Greek system had significantly elevated scores on the Token Resistance to Sex Scale ($p<0.001$).[54]

In contrast to the sexual passivity demanded of women, men are subjected to quite different, opposing expectations of prolific sexual conquest, dominance, and control.[55] Within this normative model, sexually aggressive behaviors are viewed as a consequence of natural, irrepressible male impulses that cannot be controlled and may even be valued a sign of masculine sexual vigor.[56] Evidence indicates that men who espouse and aspire towards these hegemonic ideals of masculinity think less of women and are more likely to engage in sexually aggressive behavior including rape.[17,48,57]

- A study of 555 heterosexual men found that those who exhibited a misogynist masculinity were significantly more likely to report committing sexual assault than any of the three other subgroups.[57] In addition, men who were classified as endorsing Misogynist Masculinity were more likely to play informal or organized team sports, participate in computer and gaming groups, belong to fraternities, and to have ever paid for sex.[57]

Men can feel tremendous pressure to conform to hegemonic gender norms and enact a traditionally masculine sexuality. The cognitive dissonance that arises for those who feel unable to do so—termed "masculine discrepancy stress"—has also been associated with sexual aggression.[21,58,59]

- An online study of 405 men found an association between masculine discrepancy stress and sexual intimate partner violence, mediated by a lack of emotional regulation ($p=0.03$).[21]
- Similarly, a study with 208 heterosexual men age 21 to 35 found that those who endorsed anti-femininity norms—a measure that reflects a fear of being perceived as feminine, a tendency to restrict emotional expression, and portray "a façade of toughness"—were more likely to exhibit sexual aggression, particularly when placed in a subordinate position to women.[58]

In addition to their association with sexual violence, hegemonic models of masculinity also contribute to an environment in which sexual assault experienced by men is rarely recognized.60 Although a statewide, random-probability survey in Nebraska found that 94% of the 938 respondents agreed with the statement that "females can commit sex crimes,"[61] another study of 174 jurors found that women were sentenced to significantly shorter prison terms than men convicted of similar sexual offences.[62]

Victim-Blaming Rape Myths.

Misperceptions about sexual violence—also known as rape myths—play a central role in sustaining rape culture. These include the notions of female token resistance and inability for men to control their sexual and aggressive behaviors, described above. A third rape myth asserting that "she was asking for it," also persists, blaming victims based on their traits and behaviors, rather than perpetrators.[63]

- An online study with men found that participants perceived a "self-sexualized" woman (i.e. a woman wearing revealing clothing) to be more vulnerable to sexual aggression because she was more sexually open and therefore open to sexual violence as well.[63]

Victim-blaming rape myths frequently focus on the survivor's level of intoxication in evaluating to what extent he or she is responsible for any act of sexual violence that took place. Numerous studies indicate that survivors of sexual violence are more likely to be viewed negatively and to be blamed for an assault if it occurred after the survivor had been drinking.[64-67]

- When presented with vignettes describing a sexual assault, university students were more likely to blame the survivor when the vignette specified that she was drinking prior to the assault.[67]
- Among 87 male participants in a dating simulation, those who had previously assaulted a woman who had been drinking perceived their simulated date to be more disinhibited and open to sex when she was drinking alcohol.[64]
- In a sample of 183 men who self-reported a history of sexually aggressive behavior, those that had assaulted women who had been drinking were more likely to justify their actions.[65]

These myths also assume that a lack of active, physical resistance is indicative of a desire for sex, or at least indicative that a sexual assault has not occurred; correspondingly, survivors are less likely to be viewed as credible and more likely to be blamed if they did not actively resist the assault.[68] Rape myths held by potential victims of sexual violence can also affect their likelihood of active resistance.[69]

- Among 181 female rape survivors who completed an online survey, high levels of rape myth acceptance were found to significantly decrease the likelihood that survivors actively resisted the rape or acknowledged their experience as rape; all participants described events that met the study's rape-defining criteria.[69]

A CLIMATE OF ACCEPTABILITY OF SEXUAL VIOLENCE

The Role of Media.

Increasing attention has been given to the importance of cultural attitudes in fostering an environment in which all but the most egregious forms of sexual violence continue to be dismissed as normative. In particular, the sexual objectification of women in American culture has been associated with sexually coercive behavior among men.[70] This can be reinforced via sports television, reality television, and pornography that depicts women in an objectifying manner.[71]

- An online survey of 465 college students found that those who watched television sports more frequently were more likely to exhibit benevolent sexism, hostile sexism, and sexual objectification of women and, in turn, endorse rape myths such as victim blaming.[71]
- Within a sample of 283 male undergraduates, a similar study showed that time spent watching television sports, reality television, or pornography was correlated with increased acceptance of women's sexual objectification, which was subsequently revealed to predict higher levels of rape myth acceptance.[71]

Portrayal of gender and sexual imagery in the media can reinforce norms and acceptance of women's sexual degradation.72 Depictions of romantic relationships, gendered stereotypes, and sexual violence on popular television often perpetuate rape myths and victim blaming.[73]

- Among 313 college freshmen surveyed, the subset of those who frequently watched the popular crime drama CSI demonstrated decreased intention to seek consent from a sexual partner ($p<0.001$) and decreased "intention to adhere to sexual consent," e.g. to stop when a partner says no ($p<0.001$).[73]

Male dominated media outlets such as gaming and pornography reinforce attitudes of acceptability toward sexual violence and objectification of women.[74,75] The anonymous nature of some online interactions further supports these problematic attitudes[76] and ultimately harms women.[77]

- An analysis of video games found that games often portrayed sexual violence or harassment in a positive light, either romanticizing it or using it to define a player's masculinity.[74]
- Studies have shown that men who engaged with sexist games, pornography and social media are significantly more likely to report greater body evaluation of women, sexually coercive behaviors, and friendship with abusive male peers.[75,78]
- A social media use simulation experiment found that, after engaging in sexist rhetoric on social media, men were more likely to endorse hostile sexism.[76]
- Women engaged in male dominated media such as video games are at greater risk of harassment by men engaged with that same media form.[77]

The Role of Social Norms and Social Rules.

Rape myth acceptance, hostile masculinity, dysfunctional sexual beliefs, and other measures that reflect internalization of hegemonic gender norms have been highly associated with an increased likelihood of sexual aggression and violence, with alcohol being an important mediator of risk behaviors.[79-81] These findings are particularly illustrated by research with college and university students,[82-84] and is greater among those more socially and politically conservative[85] and those engaged in Greek life.[54] Findings of greater stigmatization of girlfriends/partners of male offenders among politically conservative individuals has also been seen.[86]

- A survey of 979 university students found that men exhibited significantly higher levels of rape myth acceptance than women ($p<0.05$).[82] Although this observation has been supported in several recent studies also focused on campus sexual assault,[83,84] research also indicates that this affect is mediated by demographics and binge alcohol use.[83]
- In their appraisals of a vignette describing a forcible date rape, a sample of 961 undergraduate students were more likely to view the depicted rape as acceptable behavior if they endorsed conservative economic, social, or political views; thse groups also reported higher rape myth endorsement.[85] Findings reinforce indications of a political dividing line on these issues, but there remains a lack of clarity regarding why this line exist now, when it did not historically.
- As mentioned, individuals with high levels of rape myth acceptance are more likely to engage in sexually coercive and violent behavior.[79-81] In addition, rape myth acceptance was negatively associated with bystanders' willingness to intervene in cases of sexual or dating violence.[73,87]

The Ecological Context.

Honor-related norms, beliefs, and values maintain this climate of acceptability of sexual violence, and have been positively associated with rates of sexual violence.[50] We see these norms play out differently by geographic region, with the South and the West being more high-honor states, with different opportunity for inclusion by race and indigeneity based on historic policies. In these contexts, sexual violence against women of color by White males was not viewed equivalently to sexual violence against White women by men of color due to deep racial lines, and rape myths perpetuating beliefs that rapists are people of color.[50] Hence, White men may have historically been able to act with greater impunity. Analysis of this state-focused hypothesis found that rapes by White males are 30% higher in "high-honor" states relative to those that are not "high-honor" states.[50] These findings are not conclusive, particularly given the absence of other contexts of consideration such as wealth and urbanicity, but do suggest the intersection of racial/ethnic and male sexual entitlements as contributing to a climate of sexual violence acceptability and impunity for some perpetrators.

There is also indication that environments with high rates of teen births also see higher rates of sexual coercion,[88] which corresponds with the association between early sexual activity and risk for sexual violence described in the section on individual-level risk factors for experiencing sexual violence, discussed in a prior section of this report. (See Risk Factors for Experiencing Sexual Violence section.) These ecological findings suggest that climates in which girls become sexually active earlier and have less access to and use of contraceptives may be linked to contexts more tolerant of sexual violence. Rural versus urban differences, combined with resources, may also affect these issues. An analysis of national sex crime data explored associations between resource access, economic inequality and sex crimes in or outside the home.[89] Resource disadvantage and inadequate local investment was associated with higher rates of sex crimes in the home in urban contexts and higher rates outside rural homes. These findings suggest that a combination of culture, context, norms and resources in an environment affect sexual violence rates, highlighting the need for structural, normative, and tailored interventions.

MY FAVORITE NEW RESOURCE

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CALIFORNIA SEX OFFENDER MANAGEMENT BOARD

"These findings are reassuring to those of us that dedicate ourselves to working with the challenging social problem of sexual abuse. Sexual offending problems can be treated."

Written by Theresa A. Gannon, Mark E. Olver, Jaimee S. Mallion, Mark James, this study aggregates 68 studies on 55,604 offenders and concludes definitively that treatment reduces re-offense rates. Sexual offense specific treatment was one of three specialized treatments were examined. Relative reductions in offense specific recidivism were 32.6% for sexual offense programs, 36.0% for domestic violence programs, and 24.3% for general violence programs. Findings highlight that qualified clinical staff and clinical supervision are essential ingredients of effective programming.

FEATURED RESOURCES

- Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness
  Clinical Psychology Review, Volume 73, November 2019.
  https://www.sciencedirect.com/science/article/pii/S0272735818303295

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PROTECTIVE FACTORS AND RESILIENCE

CONTENTS

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Chalmiers M, Raj A. Resilience and Protective Factors. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

While there is ample research on risk factors for sexual violence victimization and perpetration, as outlined in the prior sections, research on protective factors is limited. However, protective factors can foster resilience for survivors and reduce an individual's likelihood of committing sexual violence after exposure to known risk factors. Resilience may be related to: individual psychology, supportive relationships, community norms, and sociocultural context.

INDIVIDUAL PROTECTIVE FACTORS

Even among individuals at increased risk of committing sexual violence, several practices and character traits have been shown to mitigate this risk and foster resilience. These factors include empathy and mindfulness, as well as guilt subsequent to perpetration, and they can promote emotional well-being, improve coping skills, and foster healthy relational and communicative norms.[1-4]

- A study with 544 male undergraduates found that, among those who were exposed to known risk factors for sexual aggression, those with high levels of empathy were significantly less likely to have committed acts of sexual violence than less empathetic participants at the end of the three-year study period.[1] Empathy was also a significant moderator of associations between a number of sexual violence attitudinal and behavioral risk factors (peer approval of forced sex, hostility toward women, rape supportive beliefs, high risk alcohol use and sexual compulsivity) and sexual violence.
- A study of 735 individuals between the ages of 18 and 25 found a significant association between participants' mindfulness and their likelihood of ever having engaged in sexual dating violence ($p<0.001$).[3] This correlation may be mediated through the effects of mindfulness on other attributes such as impulsivity or anxious attachment, which have each been independently linked to an increased risk of sexual aggression.[3]

FAMILY LEVEL PROTECTIVE FACTORS

Social relationships within the family mediate effects of childhood adversity on the likelihood of sexually aggressive behavior as an adult.[5] More specifically, the combination of high levels of parental care with low levels of parental overprotection was found to be significantly protective against the increased risk of committing sexual violence following childhood trauma.[5]

- In a sample of 903 undergraduate students, participants exposed to high levels of childhood violence were less likely to demonstrate sexual aggression if they reported parental behaviors characteristic of "optimal" ($p<0.01$) and "affectionate constraint" ($p<0.01$) parenting styles.[5]

COMMUNITY-LEVEL PROTECTIVE FACTORS

Perceived peer group attitudes surrounding communication and consent may shape the norms that structure sexual behavior within a community.[6,7] For example, higher levels of peer-group approval of forced sex is associated with male-perpetrated sexual aggression against casual partners.[8]

- A study with 347 male undergraduates found that individuals who reported higher levels of social network diversity have lower risk for sexual aggression through indirect effects on participants' hostility towards women.[7] A more diverse context may allow greater empathy and perspective taking with others not like you.

Social relationships within the family mediate effects of childhood adversity on the likelihood of sexually aggressive behavior as an adult.

FOSTERING SOCIETAL RESILIENCE—A POSITIVE ROLE FOR THE MEDIA

Evaluation of mass media campaigns to promote public health demonstrate potential to improve health behavior.[9] There is growing evidence that media can be used to raise awareness of issues related to sexual violence in ways that support those who have been victimized.[10-12]

- An analysis of social media responses to online disclosure of sexual assault finds that most reactions are positive and supportive; 39% were non-supportive but were rarely critical.[10]
- Use of media including music, videos and advertising can foster greater empathy for victims and reduce acceptance of rape myths.[11,12]

Even the online comments section of media articles covering these issues can allow for productive discourse on what constitutes sexual violence, though the lack of a trained moderator allows these debates to quickly devolve into partisan bickering.[13]

MORE WORK IS NEEDED TO BUILD SOCIAL PROTECTIONS AND RESILIENCE

Despite recent increases in public awareness of the issues surrounding sexual violence and consent, a majority of 3,000 participants in a nationwide survey reported that the #MeToo movement had not changed their opinion about what counts as sexual assault and harassment (69%) or their perspective on the point at which consent is required in a sexual encounter (72%).[14] In order to harness the potential of the media to educate audiences about sexual violence and debunk rape myths, additional comparative research on the relative efficacy of various media-based approaches to health promotion and education, specifically in relation to the topics of sexual violence and consent, is urgently needed.

Overall, there remains a paucity of research on protective and resiliency factors that can reduce or eliminate sexual violence at scale. However, this review highlights that resiliency building at the individual level with vulnerable populations (e.g., those affected by adverse childhood experiences) and at the community or societal level through media campaigns and normative shifts can create change.

MY FAVORITE NEW RESOURCE

Sonya Shah

DIRECTOR,
THE AHIMSA COLLECTIVE

"Fumbling Toward Repair is written by two leaders with deep experience in doing the work for a decade and then some. The authors are graciously willing to openly share their many, many years of wisdom and experiences with us freely in service of ending sexual harm."

Written by Mariame Kaba and Shira Hassan, this workbook includes reflection questions, skill assessments, facilitation tips, helpful definitions, activities, and hard-learned lessons intended to support people who have taken on the coordination and facilitation of formal community accountability processes to address interpersonal harm & violence.

FEATURED RESOURCES

- Fumbling Towards Repair: A Workbook for Community Accountability Facilitators
  www.akpress.org/fumbling-towards-repair.html

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ADOLESCENTS

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Barker, KM, Kully G, Raj A. Adolescents. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Sexual violence most commonly occurs against adolescents, and correspondingly, adolescence is the period of first occurrence for people who have experienced this violence.

- Nationally representative data on sexual violence from 2015 indicate that, among victims of completed or attempted rape, 43% (11 million) females and 51% (1.5 million) males reported that it first occurred prior to age 18.[1]
- A nationally representative survey on sexual harassment from 2018 found that, among victims of sexual harassment, 52% of females and 77% of males were sexually harassed for the first time between the ages of 11 to 17 years.[2]
- Nationally representative data from high school students further demonstrate that prevalence of sexual violence is largely unchanged across freshman to senior years (14 to 16% across all years for females and 4-5% across all years for males), demonstrating that these abuses are occurring by mid- rather than late adolescence.[3]
    - Findings also show that much of this sexual violence is occurring in dating relationships, which is reported by 11% of all female students and 3% of all male students.[3]
    - There were no racial/ethnic differences in prevalence of sexual violence for White, Black and Hispanic students, but prevalence was lower for Asian students.[3]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

Individual Level Risk Factors.

As with other age groups, an ecological approach exposes multiple environmental risk factors associated with sexual violence. At the individual level, demographic factors, specifically sex[3-6] and age[6,7] are the strongest correlates of sexual violence, with females[3-6] and older adolescents (aged 15-19 years) relative to early adolescents (aged 10-14 years) being at greater risk.[6,7]

National data indicate no significant differences in adolescent sexual violence for under-represented minority relative to White youth, with some recently published research confirming this finding,[7] but other research suggests increased risk for under-represented minority groups.

- A nationally representative survey with 10123 adolescents age 13 to 18 found that Hispanic and Black adolescents were significantly more likely to have experienced sexual violence as compared with White adolescents.[4]

Polyvictimization—victimization from multiple forms of violence—is associated with risk for sexual violence, with many studies documenting the co-occurrence of childhood maltreatment/neglect and victimization as associated with increased risk for sexual violence in adolescence.[8-19] Similarly, having been bullied is also associated with increased risk for sexual harassment.[11,20-26] Corresponding to greater risk for other forms of violence for those who report sexual violence, research has also found that gang membership[16,27] and carrying a weapon[11] are associated with increased risk for sexual violence.

Online sexual activity is also linked with sexual violence,[28] particularly cyber sexual harassment, which is significantly associated with in person sexual harassment, often by the same perpetrator.[29] This form of sexual harassment can come from sharing of sexual images and can be used for extortion, sometimes called "sextortion", when individuals threaten the dissemination of explicit, intimate, or embarrassing images of a sexual nature without consent.[17]

- A nationally representative study of 5568 U.S. middle and high school students found that approximately 5% had been the victim of sextortion, and 3% admitted to threatening others who had shared a sexual image with them in confidence.[17] Males and non-heterosexual youth were more likely to be targeted, and males were more likely to target others.[17]

Alcohol and other substance use has been shown to place adolescents at increased risk for sexual violence.[30] This risk is even greater if alcohol is used at first intercourse,[31] used in conjunction with other drugs,[30] or if there is heavy alcohol use, as indicated by an individual having alcohol-related blackouts.[32]

- A study with 1875 adolescents found that youth engaging in alcohol and prescription drug use were 30% more likely to experience sexual violence in their intimate relationship.[30]

> **Polyvictimization—victimization from multiple forms of violence—is associated with risk for sexual violence.**

Interpersonal Risk Factors.

Risk factors at the interpersonal level are focused on partner, peer and family relationships.

In terms of partner relationships, the number of sexual partners increases risk for exposure to sexual violence[33], but the nature of sexual relationships also affects risk.

- Relationships characterized by power imbalances, such as those with age-disparate relationships (having a partner 5 years older or more),[27] a controlling[6] or emotionally abusive partner,[34] physically abusive partner,[35] and a partner unable to be sexually assertive[36] increases risk for sexual violence.
    - In such cases, the less empowered partner may at times feel obligated to comply with partner expectations for sex, though they themselves do not fully want or desire it,[37] and the partner with greater power may feel a sense of sexual entitlement to prioritize their desires over their partner's.
- However, highly intense[38] and volatile relationships[39] also increase risk for sexual violence, even when there is no clear power imbalance otherwise in the relationship.
- Pregnancy can increase fear of partner violence in these types of adolescent relationships by increasing intensity or dependence.[40]

Among peers, acceptance of sexual violence, endorsement of rape myths,[41] and bullying in the peer group[42] are associated with increased risk for sexual violence, and there is some indication that among girls, those with peers who have experienced sexual violence are also more likely to be victims.[43]

Family-level factors associated with adolescent sexual violence include violence against mothers or children,[14] financial stress and instability,[44] residential stability,[18,45-47] and greater unsupervised time for the adolescent at home.[48]

- Children with more lifetime destabilizing factors (such as having a parent in prison or living on the street) had 1.5 times the odds of experiencing sexual violence.[47]

Institutional-Level Risk Factors.

As seen at the individual level, research from schools documents that sexual harassment, bullying, school violence, and sexual violence against students cluster together, disproportionately affecting Black students,[20,49] and creating a climate of acceptability of these abuses that become woven into the school's culture,[50] such that sexual violence is seen to cluster at some schools.43 The effect of this type of school culture supports persistence of harassing, bullying and violent behaviors at school, in peer groups, and even on school buses.[20,43,51]

- A national study on school-based victimizations with 3391 5 to 17 year olds found that, while only 6% of youth had been sexually harassed, 54% of this sexual harassment was in school.[52]
- A California survey with 41,8483 participants examining school-based victimization found that Black students were 30% more likely than White and Hispanic students to experience some form of school-based victimization inclusive of verbal, sexual, or physical victimization.[20]

Youth that are engaged with the criminal justice system are also at increased risk for sexual violence, prior to detention and during detention,[53] with those reporting a history of physical and emotional abuse more likely to experience sexual violence.26 High prevalence of sexual violence among criminal justice-involved youth may normalize these abuses in juvenile detention facilities. One study found that larger facilities have a greater prevalence of sexual violence, including forced contact of juveniles with staff members, most likely because oversight is more difficult in the larger setting.[54]

- Data from a nationally-representative survey with 7073 youth aged 10 to 20 years residing in detention centers found that 4% were forced into sexual activity at their detention facility.[55] Those who had experienced sexual or physical abuse as children were more than twice as likely to experience forced sex at the facility.[55]

Research reveals that individuals within foster care may experience maltreatment:

- 10% of males and 20% of females were sexually abused in foster care.[8] Females with a history of neglect and physical abuse in childhood were at greater risk for sexual violence in foster care.[8]

Sexual abuse in the context of youth-serving organizations is rare, but can occur, from peers or from adults or older youth in authority, such as coaches, clergy, camp counselors, or scout leaders.[56]

- In aggregate data from three waves of the National Surveys of Children's Exposure to Violence (a study looking at children ages 0 to 17), the rate of abuse by persons in youth-serving organizations was 0.4% for the past year and 0.8% over the lifetime.56 Of this small percentage of any form of abuse, only 6.4% was any form of sexual violence.[56] Data were not disaggregated by age group, so adolescent-specific rates are unknown.[56]
- A study looking specifically at 15 to 19 year old girls found that 50% of the girls reported being coerced into non-penetrative sex acts, with 1 in 5 reporting such victimization by an adult male who abused his position of authority (e.g., boss, coach, teacher) as a means of sexual coercion.[57]

Societal-Level Risk Factors.

Media plays a large role in the lives of adolescents. And although it is not fully understood how viewing violence on television impacts youth, the depictions of sexual violence and abuse in television shows watched by teens and young adults is common.[58] Social norms regarding sexual behavior and gender roles also affect risk for sexual violence, as well as disclosure; a study with adolescents found that rape myths and victim-blaming persist as beliefs commonly held by adolescents.[59]

RISK FACTORS FOR COMMITTING SEXUAL VIOLENCE

Individual Level Risk Factors.

At the individual level, we find males are significantly more likely than females to commit sexual violence. Nationally representative data assessing information on perpetrators of child/adolescent sexual violence were obtained from adults reporting sexual violence prior to age 18; this study found that most perpetrators of sexual violence are male and are known to their victims.[60] A study with adolescents found that boys are also more likely than girls to report sexual violence perpetration in their dating relationships.[61]

Substance use increases the likelihood of perpetration.

- A study of 1875 youth at six Midwestern high schools (grades 9-11) found that boys who used alcohol were more than three times more likely to perpetrate sexual violence than those who did not.[30] Those reporting alcohol and prescription drug use were 50% more likely to report teen dating sexual violence perpetration, compared to those using only alcohol.[30]
- Adolescent males who used anabolic steroids were 30 times more likely to have perpetrated dating sexual violence than those who did not use these drugs.[62]

Bullying is also linked to increased risk for sexual harassment perpetration, as well as victimization (a group of individuals referred to as "bully-victims"),[25] and this risk is especially strong for girls.[11]

- Girls reporting bullying perpetration were 4.6 times more likely to perpetrate sexual abuse.[11]

Victimization from sexual violence also increases risk for perpetration of sexual violence.[7,19,63]

- Males who had been victims of sexual abuse were over 5 times more likely to have committed sexual violence, and females who had been victims of sexual abuse were twice as likely to have committed sexual violence.[19]

Inter-personal Level Risk Factors.

Family relationship issues can also increase risk for sexual violence perpetration.

- A study found that youth with low maternal responsiveness were almost three times more likely to perpetrate, and those with low mother-adolescent communication were almost twice as likely to perpetrate sexual harassment.[12]

Institutional Level Risk Factors.

Little research has focused on this level of risk factors; one study looked at the institution of sport.

- A study of high school students found that those participating in high school varsity sports had a slightly greater acceptance of rape myths and were less likely to intervene in instance of sexual violence, relative to those not participating in sports; but no difference in sexual violence behavior was seen between athletes and non-athletes.[64]

CONSEQUENCES OF SEXUAL VIOLENCE

Mental health consequences of adolescent sexual violence are well-documented in the research literature[65-69] and include depression,[45,70-72] PTSD,[66,70,73-75] mood and anxiety disorders,[4,76] and suicidality.[69,77-81] Certain factors increase trauma symptoms for adolescent survivors of sexual violence: loss of social support, self-blame, ongoing relationship with the perpetrators,[82] and low parent-child attachment.[83]

Behavioral health consequences of adolescent sexual violence include disordered eating and body dysmorphia,[84-86] alcohol and other substance use[4,30,36,69,87] including prescription drug use.[88] Substance use is linked with mental health and life satisfaction concerns.

- In a longitudinal study of female juvenile offenders, sexual coercion was found to be a significant predictor of later substance use, which may be used to cope with the psychological and emotional consequences of victimization.[36]
- A longitudinal study of 135 youth followed from 8th to 11th grade found that those with high continuous exposure to sexual harassment were more likely to report alcohol use, elevated psychological distress, diminished life satisfaction, and seriously contemplate suicide than any other group.[69]

Physical health consequences of sexual violence include urinary tract infections, genital injuries, sexually transmitted infections and HIV.[89-91] Corresponding with these findings, research has found that adolescent victims of sexual dating violence are more likely to engage in sexual behaviors that increase risk for infection, including intercourse before age 13, having four or more lifetime sexual partners, alcohol or drug use before last sexual intercourse, and no contraceptive use.[92]

Social consequences of sexual violence against adolescents include compromised academics,[9,10,93,94] risk for sexual re-victimization and, as noted above, perpetration[34,53,60] and criminal justice involvement.[19,53] Effects differ somewhat by age and sex of the victim.[95,96]

Studies show that youth contending with sexual harassment in school were more likely to report missing or avoiding school,[6,93] lower overall school satisfaction, less teacher support, less academic engagement, poorer grades, and dropout.[10,94]

A study of 3502 female and 10,111 male adolescents in juvenile detention found that males who were sexually abused were 75% more likely to have a violent offense (this association was not statistically significant for females).[19]

> **[Y]outh contending with sexual harassment in school were more likely to report missing or avoiding school, lower overall school satisfaction, less teacher support, less academic engagement, poorer grades, and dropout.**

PROGRAM AND SYSTEM RESPONSES

Criminal Justice and Health System Responses.

Adolescents generally enter into the criminal justice and health systems following disclosure to a friend.[97] Unfortunately, interfacing with the criminal justice system may not prove beneficial, as police responses are not always supportive and are sometimes skeptical or resort to victim-blaming.[98,99] Positive experiences with justice officials promote disclosure to the police, while negative reactions by police incite distress in survivors and lead to feelings of hopelessness about their cases.[99]

- A qualitative study with 52 Los Angeles Police Department sex crimes detectives, found that three fourths of the officers felt teenagers lie about their experiences with sexual assault.[98]

For those within the juvenile justice system, despite the greater risk as noted above, trauma-informed care was lacking. Research with girls in detention facilities who have been sexually victimized report that the system re-victimizes them by not believing victims, ignoring the violence, and offering no support.[14,100] Counseling, extensive community aftercare, and one-on-one ongoing attention from group home staff members were found to be most beneficial.[14] However, girls noted that the inevitable discontinuation of these therapeutic sources made the girls feel re-victimized again.[14]

In the health system, adolescents experiencing sexual assault were found to be better served in pediatric emergency departments that had specialized sexual assault teams.[101] Adolescents within these emergency departments were more likely to receive recommended prophylaxis against sexually transmitted infections and unintended pregnancy.[101]

Prevention.

Prevention programs for adolescents are largely delivered in school settings and focus on bystander approaches, bullying prevention, school health center initiatives, and sport-engaged interventions.

Bystander interventions within schools involve training teachers and students on how to intervene in cases of sexual and dating violence, and offer the greatest promise, demonstrating significant impact at the school and social norm levels. These types of programs reduced sexual violence [102] and the acceptability of sexual violence in schools,[103] bolstered social norms against this violence,[104] and altered the school climate.[105] The approach is complex, and many are uncomfortable intervening in this way.

- A qualitative study with 22 school personnel found that although school personnel desire to help teens in situations of dating and sexual violence, they perceived barriers to helping, including the negative consequences of intervening (such as telling the student that they would be mandated to report the instance of sexual abuse) and the inability or lack of time to help.[106]

Bullying interventions can be integrated with sexual violence prevention.[63] One study suggests the benefit of shifting emphasis in research and intervention away from "bullying" alone to a more inclusive focus on peer victimization, including sexual assault.[6] Another study found that bystander intervention programming may be more effective if attention is given to how youth see helping in situations of dating violence and SV as connected to other problematic behaviors, such as bullying.[107]

School health centers also present a mode for sexual coercion interventions[108]:

- The School Health Center Healthy Adolescent Relationships Program (SHARP) is a provider-delivered intervention implemented within school health centers. A cluster randomized controlled trial (with 490 participants in the intervention, and 516 participants in the control group) found that intervention participants had an improved recognition of sexual coercion.[108] Program participants reported relationship abuse upon entering the program, were less likely to report such abuse 3 months after engaging in the program [108]

Sport-based interventions also are an important mode for intervening among adolescent populations. The coach-athlete relationship is unique in that coaches develop close relationships with children, putting them in a unique position to recognize and report the warning signs of sexual abuse. Studies point to an opportunity to focus on the potential leadership roles of athletes, rather than emphasizing their role as potential perpetrators.[64]

- A qualitative study with 36 coaches and 39 male athletes examined the perceptions of the Coaching Boys Into Men (CBM) program, an evidence-based, athletic coach-delivered dating violence prevention program that has been shown to increase positive bystander behaviors and reduce abuse perpetration among high school male athletes.[109] Qualitative findings indicate that athletes and coaches feel practice and travel time should include CBM discussions, and coaches are role models and thus need to practice the prosocial behaviors taught in the program.[109]
- Another study of 546 students looked at specific needs of coaches who work with their athletes on sexual assault prevention.[110] Coaches reported concerns about false accusations and the logistical difficulty of never being alone with one of their players.[110]
- In a comparison of a coach-led vs. advocate-led CBM program, athletes in the coach-led group saw an increase in gender equitable attitudes. In the advocate-led group, intention to intervene and increased recognition of abusive behaviors at follow-up were higher. The relationship and connection between program leader and athlete was found to be very important, which may mean that a hybrid model of coaches and advocates might be the most effective.[111]

Our review of the research documents a few more approaches to address sexual violence prevention through schools. These include a train the trainer approach[112] and a narrative based multimedia game approach[113] to build awareness of what constitutes sexual assault and how to prevent it among adolescent peers. Another school-level prevention strategy focuses on prevention of teacher/adult to student/child sexual violence, via school policies, employee hiring screenings and interviews, and ongoing training and reporting.[114] Mother-teen interventions[115] and linkage of schools to local rape crisis centers[116] have also been recommended. However, none of these approaches were tested and demonstrated effectiveness.

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COLLEGE STUDENTS

CONTENTS

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Amabile C, Tran D, Park E, Chalmiers M, Raj A, Wagman J. College Students. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Much of the published research and, consequently, understanding of sexual violence come from studies focused on college and university students. Findings across our report reflect on studies conducted with undergraduate students from across the country. For this chapter of the literature review, we do not incorporate findings from all 203 campus studies identified. Rather, we summarize key findings from studies most illustrative of the scale of campus sexual violence, risks for experiencing and committing sexual violence in college settings, the consequences of this violence for the campus and students, and finally the campus-based program and system responses designed to address and prevent campus sexual violence.

PREVALENCE

Sexual assault prevalence estimates vary by study, based on the ways in which each study measures sexual violence and the timeframe in which it occurred (for example, first year experiences or lifetime campus sexual violence). A recent study also suggests sexual assault prevalence estimates based on campus climate surveys may be biased, such that results may be underestimated for men, and overestimated for women.[1]

Despite the complexity of sexual violence assessment, multiple studies point to the relatively high prevalence of sexual assault among college students.

- Prevalence of sexual assault (broadly defined) among undergraduate students, since college/university entry, ranged from 20% to 25%.[2-4]
- Using a more narrow legal definition of rape (i.e., an affirmative response to at least 1 of 5 behavioral tactics, including incapacitation, 2 types of coercion, physical threat, and/or force), prevalence of sexual violence was 9.4%, as reported by a sample of 1648 students.[5]
- A study looking at consent with 1671 students found that 9% of the students reported ambiguous consent experiences since starting college.[6]

Entry into a university setting is associated with an increased risk of sexual assault.

- There is evidence of greatest risk for sexual violence in one's first year of college.[7,8] A study with 483 freshman women at a large private university revealed that during the first year of college, 15% of the women had experienced incapacitated rape, and 9% had experienced forcible rape.[8]
- Nearly half of 173 students surveyed reported having an unwanted sexual experience while studying abroad.[9]

Studies on sexual consent have found that women are more likely to give nonverbal clues, especially in long-term relationships[10], while men offer direct communication of their active agreement to sexual activity[11], contributing to the common misbelief that men do not get assaulted. While males are less likely than women to experience sexual violence[12,13], it does occur. Men may experience harm more often than women in "friends with benefits" relationships.[14] Research suggests men may be less likely than women to label their own exposure to sexual violence as "abuse"[15] and men may be under-identified in sexual trauma research without the use of behaviorally specific questions.[15] Among both genders, intimate relationships are a common context in which sexual violence occurs.[16]

- A study of university students in the Northeast found that 13% of men reported at least one incident of sexual assault since entry into school.[3] Similarly, 12% of male students reported experiencing sexual victimization in the first year of school.[2]

Sexual assault among college students varies by gender and race, and intersections of these identities play an important role in determining risk for violence.[17] A study with 71,421 students found that: among cisgender people, gay males had 3.5 times higher risk of sexual assault than heterosexual males, but no difference was found between lesbians and heterosexual females.[17] Bisexual males had over three times and bisexual females more twice greater odds of sexual assault as compared with heterosexual males and females, respectively.[17] Among transgender students, Blacks had more than eight times the odds of sexual assault than Whites.[17]

Graduate students are also affected by sexual violence, though less than their younger undergraduate counterparts.

- A 2018 study found that 5% of graduate students reported experiencing sexual violence, with 13% receiving disclosures from peers. This study also found that graduate students were less aware of campus resources and had less confidence in knowing where to seek help for assault.[18]

A recent study suggests that rates of sexual harassment are the same among college-aged women, regardless of whether they attend college or not.[19] This smaller-scale investigation used a national sample of 959 women aged 18 to 24 and found no significant difference in rates of sexual harassment between those who were currently in college (14%) and those who had never attended college (16%), and no significant difference in sexual partner violence (24%, college; 28%, non-college).[19] These non-significant findings may be due in part to the small size of the study and imply that prevention efforts need to focus on this age group, irrespective of school status.

Female college students are also at risk for sexual assault when studying at institutions other than a 4-year college program, such as study abroad programs and 2-year community colleges.[20] A research project with 208 female study abroad students from a small university, found 19% had experienced some form of sexual assault during their time outside of the U.S.[20] Another study looked into sexual violence among community college students and found rates of sexual violence to be similar to rates among traditional 4-year undergraduate students.[21]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

Demographics.

Simply identifying as female leads to a significantly higher risk of experiencing sexual assault, relative to identifying as male. [2,3,5,22-26] Even more vulnerable are students who identify as sexual and gender minorities, especially if they are racial/ethnic minorities.3 Universities not inclusive to sexual and gender minority students have more reports of sexual assault than those where sexual and gender minority students are welcomed.[27]

Alcohol and Other Substance Use.

Relative to students who abstain from alcohol use, those who drink are, overall, at an increased risk of experiencing sexual violence [28-31], with women experiencing higher vulnerability than men.[32-36] In one study, students reported that when alcohol was not used before a sexual activity, they felt increased levels of safety during that sexual activity[37] and higher levels of sexual pleasure and wantedness.[38]

Volume of alcohol consumed is important. Binge drinking —defined by the National Institute on Alcohol Abuse and Alcoholism as 4 or more drinks for women and 5 or more drinks for men, in about 2 hours[39]—significantly increases a woman's risk for experiencing physically forced intercourse or rape.

- In a study of 7481 undergraduate women who reported a recent hookup, 43% reported binge drinking on their most recent hookup and the probability of reporting rape rose after 5–6 drinks, with a statistically significant increase after nine or more drinks.[40]
- 47% of the 1671 women surveyed who experienced sexual assault reported being incapacitated due to alcohol or drugs during the assault.[32]
- A study with 3977 undergraduate and graduate students found that 1 in 8 of those students had experienced sexual assault in college, and 96% of those incidents occurred when the victim was incapacitated due to alcohol or other substances, or due to being asleep.[41]
- Drugging is often an issue, as one study of 6064 students at three universities found that more than 1 in 13 students reported being drugged, with women experiencing more negative outcomes, including sexual assault, blacking out, and getting sick.[42]

Greek Life.

Being involved in Greek life is associated with increased risk for sexual violence victimization,[3,23,43] inclusive of general harassment, sexual harassment, sexual coercion and rape.44 Higher levels of alcohol consumption, risk-taking behaviors, a higher number of sexual partners, increased contact with potential perpetrators and delayed assessment of threats and responses to risk were all identified as more likely among women involved with Greek Life. This places women in the Greek systems at increased risk for sexual assault, compared to female students not involved in Greek life. [45,46]

- A sample of 718 first-year undergraduate women completed a survey and results show sorority membership had a significant, indirect effect on moderately severe sexual violence in college through number of sexual partners only and had significant, indirect effects on severe sexual violence in college through both alcohol misuse and number of sexual partners.[46]
- Fraternity parties are sometimes considered a safe space, as their parties are "patrolled" by a fraternity member looking for potential risky scenarios [47], but this image is often a facade, as fraternity members are found to be more likely to commit sexual assault, compared to non-fraternity member male students.[48]

History of Sexual Trauma and Engagement in Risky Sexual Behaviors.

For both males and females, past experiences of sexual assault are heavily associated with increased risk of experiencing sexual assault again (as an adolescent or adult) [23,24,49-51]; including exposure to child sexual abuse.[35,52] "Hooking up" (i.e. having casual sex) with acquaintances or previous romantic partners is also associated with increased risk for sexual violence, particularly in the context of alcohol and/or substance use.[53]

Additional risk factors for experiencing sexual violence include: anxiety[54-56], a higher body surveillance (i.e. self-awareness of how attractive oneself is)[57], reliance on public transport to commute to campus[58], studying abroad[59], and having negative attitudes towards sex.[60] One study found being a female non-athlete might increase risk for sexual violence because female athletes were potentially more assertive in providing sexual consent.[61]

RISK FACTORS FOR COMMITTING SEXUAL VIOLENCE

Childhood Adverse Experiences.

Childhood sexual and/or physical abuse are associated with sexual violence perpetration in adulthood among men.[35,52,62]

General Risk Taking.

An online questionnaire that reached 276 sexually active college students found that general risk taking behaviors correlated strongly with sexual coercion.[63]

Gender Norms, Rape Myths, and Antisocial Behaviors.

Reports of perpetration of sexual violence are far less likely than reports of victimization, but studies with college students show that of the 5% of men who admit to offending,[64] many are likely to perpetrate violence again.[62] Those who commit sexual violence tend to hold more traditional gender norms and support rape myths. Those who engage in repeat perpetration are more violent and antisocial.

- Among men, those reporting perpetration endorse more traditional gender role norms, rape myths that reinforce victim-blaming, and views that men are naturally sexually aggressive.[62,65]
- Single offenders were higher on childhood adversity than non-perpetrators and repeat offenders were higher on antisocial personality traits than non-perpetrators. [62]
- Repeat offenders also engaged in sexually aggressive acts of increasingly higher severity over time, and they use violence at an earlier age as well.[62]

Traditional gender norms and antisocial behaviors are linked with heavy alcohol use among men, and men reporting heavy drinking episodes are more likely to endorse rape myths and perpetrate sexual violence.[66] In contrast, the gendered norms surrounding adolescent sexuality may lead women to blame themselves for failing to make their lack of sexual desire more clear. Life within the campus climate and its portrayal in the media may perpetuate cultures of victim blaming, as many media images have portrayed the alcohol using female as sexually open even when unconscious or otherwise unable to provide consent.[67] One study suggested that students were more likely to agree with statements blaming survivors of sexual assault after reading a newspaper article about campus sexual violence.[68]

The dominant culture on college campuses is shaped by "sexual scripts" mediated by gendered societal norms, which encourage "slut shaming and victim blaming."[69,70] It is especially concerning that individuals in positions of authority, such as campus law enforcement officials, may also tacitly support rape culture, which has been demonstrated to negatively shape their interactions with survivors reporting an assault.[71]

Sport.

Male student athletes and fraternity members engage in and are at risk for higher rates of sexual coercion and sexual violence, compared to male students who are not involved in athletics.[30,48] Public schools with athletes on campus are more likely to report rape,[72] and campuses with Division I programs have more reports of sexual violence than those within Division II, Division III and campuses with no athletic programming.[73]

- An online survey with 1,267 male undergraduate students found that male student athletes engaged in higher rates of sexual violence than male students who were not athletes.[74]
- Out of 885 student athletes, more than 50% of male and female athletic students had not received campus-based sexual harassment training, and 25% of all respondents were unaware of available campus services. Those who had received sexual harassment training were significantly more likely to be aware of the relevant campus services.[75]

Greek Life.

Fraternity membership is linked with rape myths and sexual violence.[76]

- In a longitudinal study, 315 undergraduate men responded to measures of rape myth acceptance and proclivity to perpetrate sexual aggression. Interested fraternity members scored higher on likeliness to perpetrate sexual aggression and accept rape myths compared to nonmembers.[76]

CONSEQUENCES

Alcohol and Other Substance Use, and Re-victimization.

Pre-college sexual assault can lead to increased levels of drinking,[77,78] and increase risk for re-victimization in college.[79,80] Experiencing incapacitated sexual assault as a student has been found to normalize drinking habits and norms, and can cause an increase in drinking alcohol as a coping mechanism.[81-85] Those who drink heavily and/or use alcohol to cope are, in turn, more heavily associated to being vulnerable to further sexual violence.[28,33,34,80,86-88] Web-based interventions regarding alcohol use and sexual assault risk reduction shows promise in being a way to decrease student rates of drinking to cope with anxiety.[89]

- In a study with 496 undergraduate students, substance related sexual assault victims also had significantly higher scores of heavy episodic drinking, marijuana use, alcohol-related tolerance, and blackouts.[90]

Mental Health Outcomes.

College students frequently experience and report symptoms of depression, anxiety, and even suicidality following sexual assault.[91-93] Students from marginalized or disadvantaged social groups, such as sexual minorities, may be particularly vulnerable to negative mental health outcomes in the wake of sexual violence.[94] Students who report pre-existing mental or behavioral disabilities have also been found to be at increased risk of sexual violence, which may then exacerbate pre-existing mental and behavioral vulnerabilities.[95]

- A study of 258 female undergraduates found that those who had experienced sexual assault or victimization were over seven times more likely to report suicidal thoughts or ideation ($p<0.01$).[96]
- Multiple studies with female undergraduates have found that sexual assault may increase body shame[97] and has been associated with purging and other disordered eating behaviors.[51,98]

An important but understudied mediator of mental health and resilience following an assault may be social support. Specifically, peers' reactions to disclosure of sexual assault have been shown to significantly impact psychological wellbeing for survivors.[99-101]

Many survivors do not acknowledge or label experiences of unwanted sex as rape or assault.[102] Survivors' acknowledgement of an event as rape or sexual violence has been associated with both positive and negative mental health outcomes.[102]

Sexual Health Outcomes.

While, for many students, the college years are a time to explore and discover their emerging sexualities, individuals who are sexually assaulted as undergraduates may experience significant and negative long-term sexual health outcomes. Multiple studies have found that the detrimental impact of assault on healthy sexuality is mediated significantly by coexisting mental health conditions including PTSD, anxiety, and depression, which have been associated with more pain during sex and difficulties with orgasm among survivors.[103]

Educational Effects.

Exposure to sexual violence during college compromises learning and academic success. Sexual violence has been linked to both poor and a drop in student's grade point average (GPA) as well as leaving a given college, to drop out or attend school elsewhere.[104]

- Victimization from multiple forms of sexual violence has been associated with significant differences on academic outcomes, even after controlling for sex and year in school. Students victimized were found to report lower academic efficacy, higher college-related stress, lower institutional commitment, and lower scholastic conscientiousness.[105]

PROGRAM AND SYSTEM RESPONSES

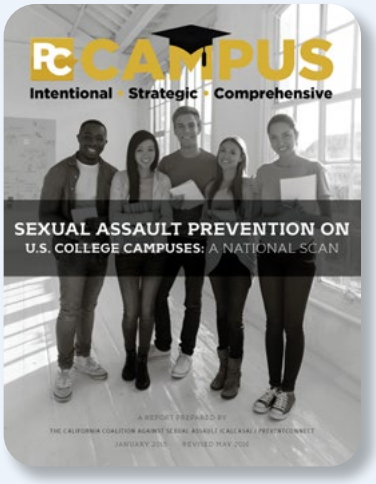
Disclosure and Survivor Services.

Women exposed to sexual violence are more likely than men (exposed to sexual violence) to report the incident to an official, such as campus police or a Title IX Officer. Despite this, both male and female students seem to be generally unaware of resources available to them concerning sexual violence.[106] It has been found that perceptions of the police (and how much they will help or make the situation worse) influence the likelihood of reporting victimization[107], but in general, chances are higher that a student will report an assault to a police official before a formal campus entity.[108] However, overall, research confirms that the majority of students exposed to some form of sexual violence will not report it to an official at all, such as a faculty member or the Title IX Office.[109] In one study of 957 students, one in five students reported that Title IX reporting requirements decreased their likelihood to report.[110] A primary reason for non-disclosure is that survivors of rape tend to attribute blame to themselves and to society for what happened. While some victims blame the situation, very few blame the male perpetrator.[111,112] Other reasons for not reporting may be a survivor's own downplay of their experience[113-115], or concerns that they won't be believed.[116] When the perpetrator is a current or former intimate partner, disclosure is even less likely.[101]

- A study of 378 students found that 1% of women who survived sexual assault reported their experience to a formal entity, versus the 45% that told someone informal, such as a friend or housemate.[117]
- Improvements have steadily increased within police forces across the nation, as out of 352 campus law enforcements agencies studied, 31% had increased their resources dedicated to stalking, 24% to general rape prevention and 22% to date rape prevention over 7 years.[118]

University Policies.

Students who experience sexual assault often cite feeling betrayed by the university's response to the report[119] or unsatisfied and upset with the policies and services that the university has to offer.[120] Improving university policies relies on multiple factors: rewriting policy, as policies involving sexual assault response teams have been found to have the lowest campus-sexual assault prevalence for both men and women[121]; working with community advocates, as on-campus advocates face legal issues with confidentiality that community-based advocates can avoid[122]; and creating a culture of care that believes and does not belittle survivors[123] are all crucial aspects to bettering a campus's environment around responding to sexual violence. Creating clearer policies would help survivors, as one study that explored legal statues across the 50 states found key concepts relating to consent and incapacity are ill-defined or undefined, and many of the statutes appear to be poorly suited to handling campus sexual assaults.[124] More so, responses to sexual violence differ significantly from institution to institution.[125,126] Ethnographic research has emphasized that preventing sexual violence requires more than implementing rules and legislation that mandate affirmative consent; sexual violence prevention programs must take into account the many factors that shape perceived consent and teach students to navigate awkward and, at times, confusing sexual encounters in a way that is respectful, sex-positive, and promotes constant, continual consent as a new sexual norm.[127]



Sexual Violence Prevention on U.S. College Campuses

A National Scan (2015)

PREVENTCONNECT

Initially completed in January 2015, Sexual Assault Prevention on U.S. College Campuses: A National Scan identifies trends in current sexual violence prevention efforts implemented by colleges and universities; mandates and regulations and challenges and opportunities in designing, and implementing and evaluating SVP strategies on college campuses.

calcasa.org/wp-content/uploads/2016/05/CALCASA-SA-Prevention_REV_07.16.pdf

Bystander Intervention Programs.

The vast majority of students, and especially women[128], have opportunity to intervene as a bystander,[129-131] though one study found that non-white students were significantly more inclined to intervene.[132] Growing in popularity are phone apps that promote bystander intervention. For example, the phone app Circle of Six (Co6) allows users to alert their friends when they feel they are in a risky situation.[133] While various methods of bystander intervention are commonly taught and used by universities, there is little statistical evidence to support the efficacy of bystander interventions,[134] and peer groups commonly encourage sexual aggression and victimization.[135] While one study with 4994 undergraduates found that those exposed to sexual education covering bystander intervention were significantly more likely to endorse willingness to intervene as a bystander (relative to those unexposed),[136] it remains questionable to what extent students' actual behaviors correspond with their responses to an online survey.[136]

- One study of 7970 students noted that students who received the Green Dot bystander intervention training, which encourages bystanders to actively engage themselves and peers in responding to and preventing violence, had a 13% lower total violent victimization rate than those who did not [137], and in another study of 7111 students, showed a 17% drop of violence victimization rates for campuses exposed to Green Dot.[138]
- Students exposed to The Women's Program—a bystander intervention training— cited greater willingness, inclination, and ability to recognize and intervene in potentially risky situations[139].
- One study of 1390 students found that students who observed Students Challenging Realities and Educating Against Myths (SCREAM) Theater, an interactive theater program that seeks to engage students in sexual assault prevention and bystander intervention, demonstrated an increased use of bystander intervention tactics.[140]
- A study of the Bringing in the Bystander in-person program found that students exposed to this intervention were significantly more likely to report having engaged in bystander behaviors when they observed friends ($P<0.001$) or strangers ($P<0.001$) in "risky situations."[141]

Some concepts, such as online interventions,[142] and positive framing ("Do this") of public service announcements, [143,144] show promise, and may be built upon to enhance their efficacy among college student populations. [145]

- A qualitative study among 48 male undergraduates identified several positive themes and attitudes, such as the notion that "consent is ongoing," could be reinforced through sexual education programs.[146]

Many factors may influence a person's decision to intervene, such as the stereotypes that form what a perpetrator looks like (or doesn't look like), i.e. a "creepy" man [147], engrained gender stereotypes that portray men as the only perpetrator of violence[148,149] or the potential trauma, harm or repercussions the individual may face if they intervene.[150-152] Those who intervene are more likely to reject rape myths than non-interveners[153] have knowledge of or experience with intimate partner violence, and an extrovert personality.[154] Students would rather interact with the potential victim, not the potential perpetrator.155 Those who don't intervene are more likely to drink alcohol or have been drinking heavily, [66,156-158] engage in degrading and violent pornography[159] and support rape myths.[160] Non-interveners report feeling that approaching the potentially dangerous situation was "none of their business,"[161] or not noticing that a situation was dangerous in the first place.[162]

In continuing to grow the methods in training and implementing bystander intervention, it is important to note that an individual's confidence and willingness to intervene in potentially violent scenarios affect one another and will evolve over time.[163,164] Bystander training is something peer-education may be good at.[165] This approach may be particularly useful in more affected contexts within campus, such as sport and Greek Life.

Engaging Sport.

Specific programming can be developed and implemented for student athletes, reducing sexual violence and rape myths, increasing bystander intervention efforts, and increasing knowledge and awareness of campus resources, policies and procedures should sexual assault occur.[166]

Engaging Greek Life.

While Greek Life is associated with increased risk for sexual violence, those from this context may have better results in reducing sexual violence after being exposed to intervention training, given their greater reach to populations at risk[167] and greater opportunity to intervene in social contexts, which are common in Greek Life.[168]

Beyond Bystander Interventions.

The results of sexual education initiatives that go beyond a focus on bystander behavior to tackle common rape myths and promote sex-positive social norms have been encouraging[169]. Programs such as 'Supporting Survivors and Self: An Intervention for Social Supports of Survivors of Partner Abuse and Sexual Aggression' have been proven to improve an individual's ability to receive an informal disclosure (i.e. friend to friend), in a survivor-centric way 170, and most students are able to handle any discomfort that arises when speaking about sexual assault well[171]. Educators have employed a variety of media in their efforts to engage students, including colorful banners proclaiming that "Consent is good, joyous, sexy,"[172] group-based discussions with a facilitator trained in motivational interviewing,[158] and online, interactive trainings.[142] Other promising approaches seek to enhance student awareness of campus resources that provide confidential answers to students' questions and information about healthy sexuality as well as forms of support available to survivors.[173]

- A sample of 167,424 first-year undergraduate students from 80 universities participated in Haven—Understanding Sexual Assault, an online course that promotes empathy for survivors, challenges social norms surrounding sex and gender, and fosters skills conducive to bystander intervention.[174]

Universities and educators may harness students' increasing and pervasive engagement with technology and social media by taking advantage of digital media as a vehicle for novel approaches to sex education.

- For example, "Campus Craft," a sexual assault prevention game was developed to interactively engage students in simulations of common social situations encountered in the college context, including scenarios related to sexual assault.[175] When pre and post-test results were compared between 141 students who took part in the game and controls, significant reductions in rape myth acceptance were observed, specifically in relation to Token Resistance.[175]
- The sexual education program Elemental integrates primary sexual assault prevention strategies with risk-reduction skills training and has been shown to decrease both attitudes that condone sexual violence and the actual incidence of assault within a six month period following the intervention.[176]
- In response to concerns that the benefits of bystander intervention training may be short-lived, an alternative course was developed to encourage students to deconstruct the social and gender norms contributing to sexual violence. Rather than focusing on strengthening specific skills, this comprehensive course sought to foster participants' critical engagement with rape supportive attitudes.[177] Qualitative interviews with students who completed the pilot course indicated that this approach may be effective in cultivating sex-positive beliefs that eschew victim blaming.[177]

Skills-based training in risk reduction and bystander interventions may be strengthened by added components designed to combat rape culture and promote a campus climate of consent, especially given that sexual assault and coercive behavior are widely normalized among college populations.[178]

Another opportunity for risk reduction is via student health centers. A qualitative study of 33 student health centers (SHCs) found that the majority (94%) of the SHCs did screen for sexual violence.[179] However, room for improvement exists, as the majority of screening questions used were not specific to sexual violence, and only 36% of the SHCs used effective screening strategies, such as universal and routine screening.[179] Some students firmly believe that expanding student health centers to offer comprehensive sexual violence efforts in the form of training and education, as well as effective medical responses, may be a good way of disseminating sexual violence education.[180]

Ultimately, a campus climate survey assessing victimization rates would allow a deep insight into the truth about sexual assault, and would provide university and college campuses information on how to better their prevention efforts, though makers of these surveys must be mindful in including students of color, graduate students, and international students, who have historically been underrepresented in these surveys.[181]

> **Our goal is fundamentally not to reduce liability, but to create a healthy environment for all members of the university community.**
>
> **David Lee, MPH,**
> DIRECTOR OF PREVENTION AT THE CALIFORNIA COALITION AGAINST SEXUAL ASSAULT AND DIRECTOR OF PREVENT CONNECT
>
> The Nation's Health, April 2018
>
> http://thenationshealth.aphapublications.org/content/48/2/S1.1

Challenges in Sexual Violence Prevention Education.

Given the limited funding available for sexual violence prevention education, it is unfortunately not surprising that many educators lack sufficient training to create inclusive, safe environments for students of diverse sexual orientations and gender expressions.[182] A qualitative study with 16 educators revealed that many felt ill-prepared to address the unique concerns and risk factors that sexual minorities face and few reported ever receiving training on these important aspects of sexual violence prevention.[182]

- Student attitudes towards sexual assault education varied significantly, with students of color, women, and LGB students evaluating such programs more positively.[183] However, the same study found that survivors of sexual assault felt frustrated when required to participate in mandatory sexual assault prevention trainings, which some described as triggering and traumatic.[183]

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MILITARY AND VETERANS

CONTENTS

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BACKGROUND

This section outlines sexual harassment and assault in the United States military, including prevalence, risk, consequences and strategies for change. The U.S. Armed Forces include the Army, Navy, Air Force, Marine Corps, and the Coast Guard. While less than 0.5% of the United States residents are active military, this still constitutes 1.3 million people, and an additional 800000 are in the reserve component.[1] One in every 13 civilians in the U.S. (7.7%)- 19 million people- is a veteran.[2] Hence, the military and veteran population of the United States is a substantial proportion of our residents.

The majority of active military are male; only 16% of enlisted military and 18% of commissioned officers are women, though there has been a steady annual increase in female representation for eight years.[1] Racial/ethnic minorities are disproportionately represented among U.S. military, and particularly among female active military, both as enlisted and officers.[1] In the Army, for example, racial minorities are 17% of commissioned male officers, where they are 32% of commissioned female officers.[1] The growing representation of women in the military has helped bring greater recognition of sexual violence against women and men in the military, in the backdrop of a traditionally male institution.

A review of studies with active military and veterans in the United States indicate that 38-58% of women and 4-17% of men have been sexually harassed or assaulted.[3-6] There is some indication that the situation is improving, as older female veterans report higher levels of military sexual trauma than younger women.[7]

- 6% of cadets/midshipmen (those enrolled in U.S. military academies), reported unwanted sexual contact during their most recent academic year.[8]
- Women veterans in midlife (45-54) are not only more likely to report military sexual trauma but also experience the most severe impact on their health as a result.[7]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

There is strong evidence across various studies indicating a differential risk for women relative to men in military contexts. About four times more women than men reported military sexual abuse,[9] and findings are confirmed by the Department of Defense (DoD) who report that female service members between the ages of 17 and 24 are at the greatest risk.[10]

- A study of 1025 participants, female veterans in jail diversion program report significantly more sexual trauma and PTSD than male veterans.[11]

Sexual orientation further increased the chances of experiencing sexual violence in the military, and had differences on whether the personnel was male or female.[12,13] These studies on sexual orientation recruited participants online through listservs, Facebook, or organizations that serve transgender veterans.[12,13]

- Likelihood of military sexual trauma (MST) reporting is higher among LGBT women, as compared to LGBT men in 253 (89 women and 164 men) military personnel enlisted in the US Armed Forces.[12] However, specifically among 221 transgender service members, another study reported that transgender male veterans are twice as likely to experience sexual violence as compared to female transgender veterans, indicating heightened vulnerability.[13]

There is established evidence that combat exposure, and deployed locations increases risk for experiences of sexual violence.[14-16] Other factors that significantly exacerbate women's risk for experiencing sexual violence as compared to men include nighttime, alcohol use, and past exposure to child sexual abuse and IPV.[17-22]

- A qualitative study with 21 female veterans talking about [29] events of sexual violence at the Department of Veterans Affairs (VA) medical center women's mental health clinic, showed that for women, most sexual assault events happened at night and almost a quarter happened in a car and/or on duty with a high use of physical violence and intimidation resulting in pregnancy or serious injury.[17]
- 464 military and veteran personnel enrolled in college courses across the United States reported that the likelihood of experiencing military sexual trauma is higher for those that had experienced childhood sexual trauma (50% vs 4%),[18] which was also true among 3106 Iraq and Afghanistan war era veterans,[19] and for those men who attempted suicide after their trauma, almost all had noted a childhood sexual trauma.[20]
- A study in New England with 160 female VHA patients with intimate partners in the past year, showed that intimate partner violence (IPV) is a risk factor and practitioners need to ensure screening for IPV in addition to MST.[21]

An additional risk factor inherent to the structure of the military is the "chain of command," requiring subordination from those of lower rank, which can normalize or even support harassment.

- Women report experiences of gendered discrimination and negative consequences in the military and these are associated with reports of sexual violence, often from those the woman must work with or under.[17,23,24]
- One study showed that 60% of sexual assaults were committed by superiors and 52% of those experiencing assaults had to continue to interact with the perpetrator for work.[17] Another found that 68% of those that committed violence were service members.[24]
- Leadership behaviors, and responses to reporting, can respectively contribute to increased assault risk, when subordination and silencing of those that experienced assault intersects with expected loyalty to fellow military if they have caused harm.[25,26]

A qualitative study with 52 Airmen from the U.S. Air Force identified high risks for sexual assault including power imbalance, isolation in the workplace, youth, inexperience, unfamiliarity with the military environment, predominantly men in the group, and implicit but unwarranted trust between service members.[26]

RISK FOR COMMITTING SEXUAL VIOLENCE

In a context of hierarchically reinforced power and protection, sexual harassment and violence committed by males can be normalized as typical of male gender roles, and responsibility for prevention in such contexts can be placed solely on women, which can reinforce victim blaming and lack of accountability for perpetration of sexual violence. Studies suggest this may be the case in some military contexts.

- One of the few longitudinal studies conducted among 573 Navy personnel to assess risk for perpetration within military settings found that 86% of men that reported committing sexual assault had also committed sexual harassment.[27]
- A study with cadets at a US military academy found that male cadets have a focus on avoiding trouble distorts their perceived responsibility for prevention of sexual assault and places the responsibility on female cadets.[28]

A study with male veterans also found that substance use, in particular alcohol and cocaine use, are associated with sexual violence perpetration.[29,30] Further, there is evidence that joining the military increases risk for hazardous alcohol use.[30]

CONSEQUENCES OF SEXUAL VIOLENCE

Cumulative health effects resulting from experiences of sexual violence in the military are numerous and well documented, with mental health outcomes being some of the most pronounced concerns.[31-33] Studies have indicated that experiences of sexual violence in the military are associated with a significant increase in health care costs and utilization.[34]

The most documented effects of sexual violence among military are post-traumatic stress disorder (PTSD)[35-39] and depression.[35,38,40,41] The research in this area not only shows increase risk for PTSD among those who have experienced sexual violence, but also on situational factors that influence PTSD development and how PTSD relates to other types of trauma for military personnel or veterans reporting sexual violence.

- In a study of 563 treatment-seeking veterans at a Midwestern VHA showed those that experience military sexual trauma had more severe PTSD, depressive, and dissociative symptoms while also being more likely to have non- PTSD related anxiety and psychotic disorders.[37]
- In a study of 330 female Iraq/Afghanistan veterans those who had experienced military sexual assault had six times the odds of developing PTSD.[42]
- Looking at data from the 2008 Department of Defense Survey of Health Related Behaviors among Active Duty Military Personnel including 17,939 men and 6751 women, men who had experienced sexual abuse had more symptoms of PTSD at a greater severity than women.[43]
- In a study of 369 female veterans, 49% reported a history of military sexual trauma, with 15% of those classified as sexual intimate partner violence. The analysis showed that regardless of whether the military sexual trauma is committed by an intimate partner or non-intimate partner, the severity of PTSD symptoms is similar.[44]
- Trauma type (sexual, combat, and other) was significantly related to PTSD diagnosis at intake ($p < 0.001$). Sexual trauma is associate with more severe PTSD than combat or other trauma, in a study of 2463 of veterans at a Midwestern VA Medical center.[45]

Studies also have found that sexual violence and trauma can lead to suicidal ideation and attempt.[4,18,19,21,24,35,37,43,45-52]

- In an analysis of 824 post-9/11 veterans who completed the Survey of Experiences of Returning Veterans, results showed that for women, post-deployment support mediated suicide ideation while it moderated it in men. Sexual assault combined with low post-deployment support put men at risk for suicide ideation.[50]
- In a small qualitative study of 18 male veterans who had experienced military sexual trauma, those who had attempted suicide had no supportive reactions when disclosing to other service members.[51]
- Using the Army STARRS study data, analysis of 4238 sexual assault cases reported by female Regular Army soldiers and a 5:1 propensity score matched control group found that those who were sexually assaulted were three times as likely to attempt suicide.[32]

The most commonly reported negative behavioral health outcomes associated with military experiences of sexual violence is substance abuse.[20,53-57] Men who had experienced sexual assault are at even greater risk to have an alcohol use disorder subsequent to sexual assault, relative to women.[41]

Additional behavioral health consequences related lifestyle and affect included increased risk for sexual dysfunction and dissatisfaction,[58,59] negative self-image[60] and self-blame,[61] sleep disturbance,[33] and eating disorders.[62-64]

While much of the research on consequences of military sexual assault is with women, there appear to be important behavioral health concerns faced by males that have experienced assault that have received inadequate attention. Due to traditional gender role expectations and preservation of rape myths in some military cultures, military sexual assault can create unique and more severe psychiatric symptoms for men,[9,65] resulting in struggles with intimacy, isolation, relationships, disruptions to their own masculinity,[20,51] and problems with self-organization.[8]

Military sexual assault can also have a deleterious effect on physical health outcomes such as sexually transmitted infections, heart attack and disease and chronic pain.[41,66,67]

- In a study of 996 female veterans, 32% had a history of STIs and those with a history of sexual assault were more likely to report an STI.[66]
- Data taken from 3157 veterans from the National Health and Resilience Study was analyzed and showed that males who had experienced military sexual assault had a higher risk for heart attack and disease.[41]

Sexual assault and the sometimes problematic responses to reporting[68] can also compromise the victim's career, by disrupting the duration and quality of military service, leading to time absent from work and performance lost after service.[17,69,70]

- In a national sample of 407 post-9/11 veterans, women who experienced sexual intimate partner violence had more time absent from work and "performance lost."[70]
- Using the Army STARRS study data, analysis of 4238 sexual assault cases reported by female Regular Army soldiers and a 5:1 propensity score matched control group found that those who were sexually assaulted were twice as likely to be demoted and 20% more likely to leave the services.[32]

In addition, there is some data that sexual violence may contribute to disproportionate representation of veterans among homeless populations in the U.S., particularly among men.[71,72]

- In a study of 601892 veterans and enlisted service members, veterans reporting experiences of military sexual trauma are at a significantly greater risk of homelessness, even after adjusting for mental health and substance abuse. Men who had experienced MST were at the greatest risk for homelessness.[72]

PROGRAM AND SYSTEM RESPONSES

Overall evidence shows that reporting of sexual assaults is low in the military, particularly for men, due to lack of awareness of male sexual assault and marginalization of males that experience assault, as well as negative perceptions related to the sexual violence reporting process.[51,73,74]

- Semi-structured qualitative interviews with 18 male veterans, showed that veterans that had experienced military sexual trauma, that had attempted suicide had little support or negative reactions when disclosing and only those that had attempted suicide described a culture blaming those that experienced MST.[51]

Additional barriers that prevent service members from using sexual assault services include fears of being perceived as weak, fear that their coworkers may lose confidence in them, and fear of differential treatment by leaders.[55,74-79]

Research does indicate that disclosing and receiving support is instrumental to recovery for those that experience military sexual assault,[20] but these barriers to reporting are substantial, particularly as many that experience it feel a sense of institutional betrayal as a consequence of military sexual assault,[80] which increases their distrust and disillusionment with the system.[20]

The health system appears to be most responsive, but evidence yields mixed results regarding likelihood and timeliness of use of sexual assault-related health services by sex. Evidence suggests that help seeking related to mental health services is more likely when affected individuals positive views of treatment and social support for use of treatment, but stigmatization of mental health seeking impedes many affected women and men from obtaining mental health services.[81]

- A large study with male veterans followed up from a 2008 cohort of active duty military personnel comprised of 17,939 men and 6751 women from all services found that men with a history of military sexual abuse were significantly more likely to receive mental health services as a veteran, but this was not seen with women veterans.[9]
- A study of 325 female veterans completing online and in-person surveys found that 40% had been sexually assaulted during their military service, increasing their risk for PTSD, but few sought mental health services in the immediate aftermath of the assault, instead often seeking services only upon military discharge.[4] This delay in receiving treatment has also been seen in another study conducted with active Army soldiers, where one-third of soldiers that experienced sexual assault did not receive treatment within one year.[82]
- On the other hand, a study with 726 male and 111 female patients from seven US Department of Veteran Affairs (VA) specialty intensive treatment programs showed that VA PTSD treatment programs see no sex differences in health care seeking, regardless of military sexual assault history.[83]

There is some evidence that health care seeking among women military and veterans who have experienced military sexual assault can be re-traumatizing and retriggering, due to the invasive nature of care and mistreatment by providers or other patients.[9,84-88]

- Qualitative studies emphasize this need for improved quality of care for women veterans. Lack of help seeking among women veterans has been attributed to negative care experiences by 37 female veterans from a cohort of PTSD disability benefit applicants from Vietnam and post-Vietnam era,[85] as well as in a study with 50 (32 women, 18 men) veterans with histories of MST. [86]
- One quantitative study with1395 women veterans found that 25% report inappropriate behavior from male veterans when seeking care at the VA, making women feel unsafe and unwelcome.87 A second study with 1391 veterans found that sexual minority women are more likely to feel unsafe and unwelcome at the VA, as well.[88]

Studies have also reported possible solutions to ensuring women veterans can receive safe care at VA clinics. Specifically, research supports the use of a separate entrance for women,60 and a 12-week trauma informed care program teaching behavioral management and health relationships for women survivors of sexual assault.[89] A small trial evaluating the intervention found that participants who received the program were significantly more likely to report improvements in self-esteem and quality of life, sustained at 12 month follow-up.[89]

Institutionally, the U.S. Department of Defense Sexual Assault Prevention and Response Office (DoD SAPRO) has established policies, guidance and procedures related to sexual violence prevention and reporting for all military branches.[90] To-date, there are a limited number of studies specific to prevention of sexual violence in the military. Studies indicate a need for and value of improved education among service members and spouses related to definitions of sexual assault and consent, labeling of sexual violence experiences reporting, and the rights of those that have experienced violence.[69,84,91-96]

- A qualitative study with 23 women veteran MST survivors shows that majority of women veterans faced barriers to formal disclosure of military sexual assault, citing “concerns or problems with available disclosure recipients”.[94]
- In depth interviews with 25 current or former US military members with deployment to Iraq or Afghanistan, show that the military has the potential to progressively change the idea that “women are inherently physically vulnerable, redefine their sense of own physicality, and define themselves as protectors”.[95]
- A study of 6490 female and 6760 male military personnel found that anti-sexual harassment practices in the workplace reduce psychological distress, increase motivation to stay in the current job, and enhance occupational engagement among workers.[96]

Studies also demonstrate that better data and analysis techniques can be used to predict and prevent sexual violence in military.

- The STARRS New Soldier Survey administered to 21790 Regular Army soldiers indicates that the linking of self-reported survey data to administrative data can considerably improve prediction of risk for experiences of sexual violence.[97]
- Data collection and self-reported surveys that collect information to predict the risk of physical violence perpetration, sexual assault perpetration, and suicide attempt have been able to make significant predictions of those outcomes for new soldiers.[98]
- For studying sexual assault and harassment in the military, the Sexual Harassment Inventory (SHI) has validity for female, but not male, service members.[5]

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RACIAL/ETHNIC MINORITIES AND IMMIGRANTS

CONTENTS

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Ramirez L, Raj A. Racial/Ethnic Minorities and Immigrants. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Nationally representative data on racial/ethnic differences in experiences of sexual violence and harassment show no clear pattern with regard to observed disparities between different racial and ethnic groups. What consensus in the data does exist, points to a demonstrated increased risk for multi-racial men and women relative to all other racial/ethnic groups.

- Nationally representative data from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that, among women, prevalence of rape is highest among those self-identifying as multi-racial (32%), followed by American Indian and Alaskan Native women (29%). Rape prevalence for Black and White women is 21% and 20%, respectively. Rape prevalence is lowest among Asian Pacific Islander women (10%).[1]
- The NISVS data found similar racial/ethnic disparities for men, with prevalence of contact sexual violence highest for multi-racial men (32%) and lowest among Asian Pacific Islander men (10%); prevalence of contact sexual violence for Black and Hispanic men is 19%, respectively, and for White men 17%.[1]
- In another nationally representative survey that examined both sexual harassment and abuse, the Stop Street Harassment survey, no significant racial/ethnic differences were found for women, with more than 80% reporting harassment and more than 20% reporting sexual assault for all groups.[2] Among men, no racial/ethnic differences in harassment were seen. For sexual assault, however, multi-racial men reported the highest rate of assault (20%), followed by Black and Hispanic men (13% and 11% respectively) and White men (7%).[2]

Interestingly, when looking specifically within college samples, no difference by race/ethnicity in rates of sexual violence is found when comparing to white populations.[3-5]

- A sample of 296 undergraduates identifying as Asian, Hispanic/ Latino American, Black/African American, Native Hawaiian or Other Pacific Islander, American Indian/Alaska Native, Middle Eastern, or other reported a 29.4% prevalence rate of sexual abuse combined [6] this is not in comparison with other populations but reflects the general prevalence rates among ethnic minorities.

These findings highlight the value and importance of more local studies to provide insight into this issue, but they also show the absence of clear evidence on risks for immigrants.

- A recent study of sexual harassment and assault in California found that immigrant men were more likely than U.S. born men to have experienced sexual harassment (75% vs 49%).

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

As reflected in the general population, forced sex and rape are concurrent with IPV[7-9] and other forms of sexual coercion[10,11] across all women despite race, highlighting the intersections of various forms of gender-based violence against women. Younger age groups bear greater burden of sexual victimization across populations, as seen in a study with Mexican and Mexican American students which found that only age (older adolescence) was a significant factor in predicting sexual assault among the groups.[3] There is also some evidence that those of Mexican heritage bear greater risk for sexual violence relative to those of other Latinx heritage.

- A study looking at differences in sexual victimization in the U.S. among 2000 Latinx women found that Mexican ethnicity, regardless of nativity, was associated with increased odds of sexual victimization when compared to other Latinx migrants.[12] Notably, immigrants were less likely than U.S. born Latinx individuals to report sexual violence, but among those of Mexican ethnicity, no difference by nativity was seen.

While risk for sexual violence by national origin is unclear, evidence does indicate that the immigration/migration process itself is a major risk factor for sexual violence.[12-16] Much of our understanding of the intersection of migration, race, and economic status and their relationship to sexual violence vulnerability comes from Latinx communities across the country.[12,14-16]

- An article examining 19 experiences with the undocumented immigration journey in primary Guatemalan, Honduran, and Salvadoran individuals found that drop houses and the use of "coyotes" were significantly associated with increased risk of sexual violence including rape and sex traffiking.[14]
- A qualitative study with nineteen law enforcement members in Tucson, Arizona found that undocumented women were commodified in the immigration process leading to sexual exploitation and trafficking at the hands of those bringing them into the country.[15]
- A study in North Carolina among 87 farmworkers between the ages of 10 and 17 found that 1 in 10 Latinx workers have experienced some form of workplace sexual harassment.[16]

These findings document that the immigration journey and settlement results in increased vulnerability in part by the process of immigration but also due to mistreatment of immigrant and migrant populations in the U.S. This is of particular importance as this speaks to larger societal issue and suggests that sexual assault rates are not inherit of a race or population group but a reflection of polyvictimization within a social context. Importantly, the lack of data specific to refugees impedes our understanding of how sexual violence prior to U.S. entry occurs and affects these populations.

> **"[E]vidence does indicate that the immigration/migration process itself is a major risk factor for sexual violence."**

MY FAVORITE NEW RESOURCE

Latishia James

PROGRAM MANAGER,
MOVE TO END VIOLENCE

"The Black Women's Triangulation of Rape is a really amazing graphic that does an a great job of depicting what it is that leads to black women of having higher levels of victimization than other racial counterparts. I've used the graphic with my students in acute crisis care to help them navigate post-trauma and healing. This graphic facilitates our conversations around victim-blaming and helps the students to see that there's systemic oppression at play."

Created by the Detroit-based Sexual Assault Services for Holistic Healing and Awareness (SASHA) Center, the Black Women's Triangulation of Rape pyramid illustrates the systems- and cultural-level elements and conditions which impact Black, female rape victims. The model was designed to give service providers, funders, and the community at large a model to understand and see the barriers that exist for Black Women who need sexual assault services. The graphic depicts the external factors and systemic barriers that make it that much harder for Black victims of rape and sexual assault to be believed and to heal.

FEATURED RESOURCES

- Black Women's Triangulation of Rape http://sashacenter.org/images/SashaModel_pyramid.jpg

CONSEQUENCES OF SEXUAL VIOLENCE

Across communities of color sexual assault continues to result in myriad poor mental health,[17-25] behavioral health,[26-28] and physical health[8,9,20,26,27,29-38] outcomes. Studies indicate that Latinx and Black women in particular report very high rates of PTSD subsequent to sexual violence.[19,39-41]

- Among 373 self-identified Muslim women, exposure to sexual abuse more than doubled the odds of developing depression compared to those that had not been exposed to sexual abuse.[23]
- In the Southeast US, out of 219 participants, 49.5% of Black women survivors of rape reported engaging in binge drinking.[28]
- A study on 90 Puerto Rican women found that 54% of the women reported genital lacerations or pain as a consequence of their experience of sexual violence.[30]

PROGRAM AND SYSTEM RESPONSES

As seen generally, racial/ethnic minority survivors of sexual violence disclose informally (e.g., to family, friends) far more than to survivor services or law enforcement.[42-45] However, formal disclosure may be particularly low in minority communities due to distrust of the system or an unwillingness to reinforce social prejudices against their community. For example, the lived experiences of misuse and abuse of policing in Black communities under Jim Crow laws and otherwise impedes trust of the police for help.[46]

- Research documents that Black communities in the U.S. experience a normalization of assault, including sexual assault, on the Black body, upheld since the Jim Crow era; in such contexts views of the police as protection rather than perpetrators of violence are compromised.[46]
- The desire to protect the disproportionate burden Black men face in terms of policing is reasonable, as Black perpetrators of sexual violence are more likely to be reported than any other racial group.[47]

Research demonstrates that rates of sexual violence are not solely indicative of who commits sexual assaults but also a reflection of who is reported as a criminal.[47,48] Correspondingly, despite ample evidence to the contrary, rape narratives continue to define sexual assault as an act perpetrated by a stranger and leaving ample and observable physical evidence and injury from the attack.[29,48,49] Consequently, it remains that disclosure and help-seeking, regardless of race, is most likely to occur when the perpetrator was a stranger[48] and when the victim has actively resisted,[29] suggesting the "innocent victim". In contrast, racialized experiences of sexual harassment, which can occur as every day experiences of racism and harassment and involve comments or low-contact behaviors integrating racial and sexual violations and are more commonly perpetrated by strangers rather than someone known to the victims,[50] and are typically unreported.[2]

These types of rape narratives and victim-blaming norms not only affect disclosure but also reinforce shame and stigma among those disclosing, and this may be a particular concern for groups in which sexual violence reporting is low, such as Asian populations in the U.S.[50,51]

- A study among 109 Asian women found that cultural views on sexual harassment leading to shame might be a greater barrier to disclosing these experiences.[50]

There is also some evidence of greater disclosure in cases of anonymity (e.g., online),[52] but no evidence that racial/ethnic matching between victim and provider increases likelihood of disclosure.[53]

While we could identify no research on criminal justice and health system responses, nor prevention programming, specifically for racial/ethnic minority and immigrant population, a number of studies highlighted the need for cultural competency and tailored programs for these groups,[38,50,54,55] empathy- building for providers,[48] and integration of such programs with health disparities initiatives.[35] Such programs would benefit from efforts to increase social support for survivors, given findings from a study with African American women who had experienced sexual assault that found that greater social support reduced risk for PSTD.[41] Simultaneously, interventions must also recognize the resiliency of communities and the ways that they have already engaged in resistance against violence[56] and the effects of community level trauma attached to poverty and institutionalized violence.[57] In sum, an intersectional lens of analysis and intervention is required to improve programs for survivors and prevention efforts.

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LGBTQI+

CONTENTS

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BACKGROUND

Unwanted sexual contact, coercion and assault disproportionately affects sexual and gender minorities,[1-3] with this abuse often starting in adolescence. Data from a nationally representative sample of high school students in 2017 found that, while among all students 15% of girls and 4% of boys had experienced sexual violence in the past 12 months, among sexual minorities (lesbian, gay, or bisexual), 23% of girls and 20% of boys had experienced sexual violence in the past 12 months.[4]

LGBTQI+ RISK FOR SEXUAL VIOLENCE AND INTERSECTIONALITY

Much research highlights greater risk for sexual violence among sexual and gender minority individuals relative to their heterosexual and cisgender counterparts, as noted above, and in newer research as well,[5,6] but recent research also highlights greater risk for sexual violence among certain sexual and gender minorities, specifically bisexual women[7-10] and transgender people.[2,11,12]

For bisexual women, research indicates that greater risk for sexual violence is particularly strong in their intimate partner relationships. Studies show that bisexual women experience intimate partner violence including sexual assault at between 3 and 7 times the rates of heterosexual and lesbian women depending on the study.[8,9]

- The Online College Social Life Survey, including data from 21,000 students during 2005-2011, found that bisexual women reported the highest percentage of sexual assault experience in college (38%), followed by gay men (24%), bisexual men (18%), and lesbian women (11%).[13]
- Survey research with 6072 university women also found that bisexual women were twice as likely to experience sexual assault as heterosexual women.[10]

For transgender individuals, and particularly transgender women,[2,11,12] rates of physical violence in sexual relationships and sexual violence are very high and, and this violence often occurs at the hands of sex work clients and strangers as well as partners.[2,11,12]

- Participants of a national study of 583 adults with HIV included heterosexual women, heterosexual and gay men, and transgender women, and found that the odds of ever having experienced sexual violence is five times greater for transgender women relative to cisgender men, regardless of the sexual orientation of these men.[2]

Among LGBTQI+ populations, there is likely even greater vulnerability for those who are racial/ethnic minorities, immigrant and non-English speaking, and impoverished, and these intersecting vulnerabilities likely increase risk for sexual violence. Research with gay and bisexual men suggest this to be the case.[14,15]

- Nationally representative data indicates that nonconsensual sex was four times higher among gay and bisexual men relative to heterosexual men, with black bisexual and gay men and men earning less than the poverty threshold reporting even an even higher prevalence of sexual assault.[14]

Nonetheless, even for those in more privileged economic circumstances, such as college students, sexual and gender minorities are at increased risk for rape threats, injury from rape, and sexual assault when intoxicated relative to their cisgender and heterosexual counterparts, and they are less likely to report sexual violence or seek support services when violence occurs.[10,13,16,17]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

Individual level risk factors for sexual violence among LGBTQI+ individuals, as with all people, include sexual and substance use behaviors. In terms of sexual behaviors, risks relate to early age at first sex as well as number and nature of sexual partnering.[11,12,18-20] Contexts normalizing sexual and substance use risk behaviors contributed to this heightened vulnerability for LGBTQI+ individuals.

- A cross-sectional survey of 21,000 college students has found that engagement in Greek life (membership in fraternities or sororities) and college hook up culture increase risk for sexual assault for both sexual minority and heterosexual students, but risk for violence remains higher for sexual minority students. Gay men, for example, are more than three times as likely to have been sexual assaulted if they participated in Greek Life.[13]
- A qualitative study with 20 men who have sex with men highlights the role of the internet in sexual partnering as a risk factor for sexual violence. Men reported receiving unsolicited sexually-explicit material, being pressured to participate in sex, being sexually coerced, as well as sexual activity with someone who has created a false identity (catfishing) via online dating.[21] They also described experiencing discrimination, racism, and other types of harassment, demonstrating the intersection of bullying, cyber sexual harassment and sexual assault, and the increased risk for this polyvictimization via online connections.[21]

Research with sexual minority men documents high use of alcohol and other substances and the role of these in risk for sexual violence, recent sexual violence, and more severe sexual violence.[22-25] Importantly, research with substance using populations finds greater risk for sexual coercion and violence among sexual minorities as well as those engaged in sex work; the intersections of sexual violence, sex work, and substance use disproportionately burden sexual minorities.[26]

- Data from a purposive sample of 183 gay and bisexual men aged 18 to 35 years found that 51% were engaging in hazardous drinking and 14% exhibited signs of substance dependence. Two thirds of these men (67%) had experienced sexual assault in adulthood, and 67% of these reported use of alcohol and/or drugs prior to that assault. Notably, bisexual men relative to gay men were more likely to report hazardous drinking and a female perpetrator.[23]

Among sexual and gender minority youth, those lacking stable housing or family are particularly vulnerable to sexual violence, and sadly many of these youth are runaways or homeless due to family rejection or alienation as a consequence of their sexual orientation or gender identity or even child sexual abuse, which is again more likely among sexual minority youth.[27-29]

- A small study found that sexual violence victimization may be extremely common among foster care youth—73.3% of heterosexual, and 94.7% of sexual minority foster youth reported sexual assault.[28]
- A study of 150 homeless youth aged 16 to 22 years, recruited from shelters or on the street, found a disproportionate representation of sexual minority youth in this sample. And while a high proportion of homeless youth overall reported engagement in sex trade, sexual minority youth were significantly more likely than heterosexual youth to report sex trade and sexual violence, which was linked to sex trade involvement.[29]

Corresponding with this research on homeless youth, other research with adolescents also found that polyvictimization, with abuse from family, institutions and on the street, is also associated with greater risk for violence, and that this is more likely among LGBTQI+ or questioning youth.[30,31] Gender minorities appear to be at even greater risk for these concerns.

- A study with 1177 sexual and gender minority adolescents found that gender minorities and bisexual and pansexual youth were significantly more likely to experience polyvictimization relative to gay-identified adolescents.[31]

Homophobic, bi-phobic and transphobic stigma, internalized and from society, also increases risk for sexual violence among sexual and gender minorities, and these issues also affect disclosure.[32-34] In a sample of 150 lesbian and bisexual women, heterosexism was found to be a risk factor for experiencing and perpetrating sexual violence.[32] While LGBT-identifying individuals tended to indicate lower rape myth acceptance than heterosexual subjects, myth adherence, particularly that related to rape not occurring in same sex interactions, was still relatively common, particularly among men.[15,33,35-37]

- One study asking individuals to review coercive sexual scenarios found that individuals are more likely to label a forced sex event as “rape” if participants include two same-gender individuals. Additionally, nonconsensual oral sex was claimed to be “rape” by only 58%.[35]
- Qualitative research with transgender women highlights that unemployment due to transphobia results in greater participation in sex work, increasing their risk for sexual violence. Additionally, the more these women could “pass” as cisgender, the greater their risk for sexual violence.[38]
- Even in the university context, which one might assume to be safer, climate is a concern. A study with 6072 university women found that bisexual women perceived the university and students’ response to sexual assault less positively and the university setting as a whole less supportive relative to that reported by heterosexual women.[10]

CONSEQUENCES OF SEXUAL VIOLENCE

The literature on consequences of sexual violence among sexual and gender minorities focuses on mental, behavioral and physical health effects, with most of the research focused on mental health, including depression and PTSD, and finding worse outcomes for racial/ethnic minorities.[22,39,40] These concerns have also been documented in adolescents.[39]

- One longitudinal study considered sexual harassment victimization, school belonging, and depressive symptoms among sexual minority high school students (n = 404) from six schools in the Midwest, with data across three years and three time points. This study found that peer harassment, inclusive of sexual harassment and bullying, was an antecedent to depressive symptoms, though school belonging mediated the association, highlighting the importance of a supportive context.[39]

Behavioral consequences of sexual violence against LGBTQI+ individuals focused on substance use. Studies show an increase in alcohol intake and self-reported use of alcohol for coping subsequent to sexual assault of sexual minority women.[41,42] Similar findings are seen for transgender individuals.[43]

In terms of physical health consequences, there is some evidence of an increase in sexual risk behaviors subsequent to victimization 20 and potentially HIV status.[44] Reproductive coercion, or efforts to force pregnancy or termination of pregnancy, is also more likely among sexual minority females relative to heterosexual females.[9,45] Unwanted pregnancy is also a concern.[46]

A national study of 7656 women undergoing abortion in 2014 found that, while sexual minorities were a small percent of the population (4.1% bisexual, 0.4% lesbian, and 1.1% other), sexual minority individuals were more likely than their heterosexual counterparts to report a history of sexual violence and violence from the man involved in the pregnancy.[46]

PROGRAM AND SYSTEM RESPONSES

Stigma impedes disclosure of sexual harassment and assault. At the individual level, fear of being "outed" or reinforcing negative stereotypes regarding the gay community can hinder disclosure and help-seeking.[47-49] For those in college, there can also be a sense of institutional betrayal.[6] Being required to repeat the incident in detail numerous times in an investigation process can also lead to participants' avoidance or dropping of charges.[49] Negative responses from providers only serve to reinforce this silence. In research with LGBTQI+ survivors of sexual assault, over half of those who formally disclosed experienced victim-blaming from police or medical professionals.[50] Studies have also documented LGBTQI+ discrimination from rape crisis centers and shelter programs.[51,52] This discrimination can be in the form of materials only featuring heterosexual imagery or language, providers untrained on LGBTQI+ issues,[53] and even a broad institutional environment that can deprioritize both victims of sexual assault and sexual and gender minorities.

- One multi-site study found that 5% of individuals seeking rape crisis center support and 6% of individuals who attempted to seek aid from domestic violence centers were denied services due to being transgender or gender non-conforming. Income, race, disability status, and citizenship status also affected the odds of being turned away by some programs.[51]
- Men generally are less likely to disclose, so this may be the case for sexual minority men. A small study found that that men reporting sexual violence from partners primarily used maladaptive coping strategies, most often behavioral disengagement, rather than engaging in support services or productive planning strategies, as they did not feel services were for them.[54]

Overall, qualitative and quantitative data from providers and affected populations highlight the need for empathetic care,[49,55] social support,[55] positive community networks and inclusion, a well-trained staff, and a supportive environment47 to increase uptake of formal services and utilization of those services in ways that can reduce trauma and revictimization.

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INDIVIDUALS WITH DISABILITIES AND OLDER ADULTS

CONTENTS

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Pastore A, Ramirez L, Raj A. Individuals with Disabilities and Older Adults. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019

BACKGROUND

A disability involves any physical or mental impairment that substantially limits one or more major life activity.[1] Studies with nationally representative data show that people living with a disability are at greater risk for sexual harassment and assault, including more severe forms of violence such as rape.[2-4]

- National data from 2019 show that physically aggressive sexual harassment (e.g., stalking, someone sexually rubbing up against them without consent), for example, is reported by 66% of women with a disability and 57% of women without a disability, and a history of sexual assault is reported by 35% of women with a disability and 20% of women without a disability.[2]
- National data also indicate that an estimated 39% of women raped in the 12 months preceding the survey had a disability at the time of the rape, though less than 20% of the population is living with a disability.[3]

While women with a disability are more likely than men with a disability to have been sexually assaulted, the gender disparity in victimization from sexual violence is smaller for those with a disability relative to that seen for those without a disability.[2,5] These findings highlight the much higher rates of sexual violence seen for men with a disability relative to those without a disability.[2,6]

- Nationally representative data from 2019 show that physically aggressive sexual harassment is reported by 48% of men with a disability and 20% of men without a disability, and sexual assault is reported by 25% of men with a disability and 6% of men without a disability.[2]
- Nationally representative data from a separate survey, collected in the mid-2000s but analyzed more recently, demonstrate that men with a disability were significantly more likely than those without a disability to have experienced attempted and completed nonconsensual sex (5.8% and 2.3% vs 4.1% and 1.4%, respectively).[6]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE AMONG INDIVIDUALS WITH DISABILITIES

Increased risk for sexual violence among disabled individuals starts early in life.

- Research shows that adults with autism spectrum disorders were more likely than those without such disorders to have experienced sexual violence from peers in childhood and adolescence, as well as in adulthood.[7]
- Research has also found that children with developmental disabilities are less able to recognize inappropriate sexual contact and know how to disclose such abuse if it occurs, relating to youth without development disabilities. This holds true despite youth with developmental disabilities being at greater risk for sexual violence.[8]

Importantly, sexual violence against women with a disability often occurs in the context of intimate relationships (with a partner or spouse) characterized by other forms of violence and control.[9,10] In the context of college, alcohol is a common facilitator, and some women describe sexually abusive men using the disability to manipulate or coerce sexual activity.[10]

As will be discussed in the section on health consequences of sexual violence, disabilities may be a consequence of victimization from violence as well as risk factor. Research does show that sexual violence in youth can result in long-term disability due to trauma from assault.[11]

- Among a nationally representative sample of disabled adults, early in life experiences of sexual violence and other abuses increase poorer functioning and work outcomes into adulthood, reinforcing the likely bidirectional relationship between sexual violence and disability.[11]

CONSEQUENCES OF SEXUAL VIOLENCE FOR INDIVIDUALS WITH DISABILITIES

Studies also demonstrate mental and physical health consequences of sexual violence for people living with disabilities, with worse outcomes seen for those with disabilities relative to those without as well as for women with disabilities relative to men with disabilities.[10,12,13]

- Analysis of multiple waves of the National Crime Victimization Survey (years 2008 to 2014) found that men with disabilities who were victims of violence were two times more likely to report severe distress, 1.8 times more likely to report anxiety, and 2.3 times more likely to report depression relative to male victims without a disability.[12] Nonetheless, among these victims of violence, women with disabilities were even more likely than men with disabilities to report these negative mental and emotional health outcomes.[12]
- In a qualitative study with 27 college women who had both mental health and/or behavioral disability and who reported sexual and intimate partner violence, found an escalation in mental health concerns subsequent to this violence, including suicidal ideation and attempts.[10] These adverse mental health outcomes resulted in physical health consequences, social isolation, and poorer academic outcomes.

PROGRAM AND SYSTEM RESPONSES FOR INDIVIDUALS WITH DISABILITIES

Limited research was available on help seeking or interventions related to sexual violence against people living with a disability. The studies that were identified were specific to college populations and found low disclosure and help seeking.[14,15]

- A cross-sectional study of 101 students with disabilities from a large northeastern public university found that, among those abused in the past year, only 27% reported the incident. Almost half (40%) were unaware of available campus services for victims of violence.[15]

OLDER ADULTS

Many older adults are dependent on others for care and assistance, which leaves them vulnerable to sexual violence. This trend is an echo of the exploitation documented in disabled populations, where, again, vulnerability is linked to dependence.[16-19] The literature suggests that the risk for sexual violence against or perpetrated by older adults is low when compared to the rates for other populations. Nationally representative data indicate that only 0.6% of adults aged 60 or older have experienced some form of sexual mistreatment in the past year.[20] The literature in this field is limited, perhaps considering that sexual violence affects a wider range of other populations, and there is little demand for research into the nature of sexual violence in older adults.

- The vulnerability that leads to sexual violence occurs most commonly in dependent living facilities, where older adults may be subjected to sexual assault from both employees and other residents.[18,19]
- Although sexual violence at the hands of a spouse has been documented, the literature focuses on the greater risk of vulnerability in dependent living facilities.[16]
- A major risk factor for sexual exploitation among older adults is mental illness. One study found that residents with a mental illness in dependent care facilities were three times as likely to experience sexual abuse as their counterparts.[18] Though still lower than the national average, this research highlights a vulnerable sub-community.
- Accordingly, abuse is relatively common among male residents with functional limitations and dementia.[18] Often individuals from this community are seen as having no control over their actions, calling for unique methods of prevention and counseling.[18]

As a whole, findings indicate the need for greater emphasis on training and monitoring in dependent living facilities to support prevention, but this also means creating more societal recognition about the nature and nuance of sexual violence in older adults.

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INCARCERATED POPULATIONS

CONTENTS

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Ramirez L, Raj A. Incarcerated Populations. Sexual Violence Research: Findings from a Systematic Review of the Literature 2015 - 2019. California Coalition Against Sexual Assault, September 2019.

BACKGROUND

Data from 2016, the most recently available data, indicate that more than 6.6 million people are in adult correctional facilities in the United States (U.S.).[1] While this number represents a steady eight-year decline in the numbers of individuals in correctional facilities, and more specifically in the prison population, it still indicates that 1 in 38 adults- or 2.6% of the total U.S. adult population – is under some form of correctional supervision.[1] The vast majority of people in prison are male (93%) and between the ages of 26 and 50 (75%), a prime working age population. Black and Hispanic populations are disproportionately represented among inmates, constituting 38% and 32% of the prison population,[2] but only 14% and 18% of the U.S. population as a whole, respectively.[3]

Available evidence indicates that incarcerated populations are at high risk for sexual violence, and allegations of sexual violence while incarcerated, from both staff and inmates, are on the rise.[4]

- In 2015, 24,661 allegations of sexual victimization were reported nationally in correctional facilities; this is three-fold increase from that seen in 2011 (8768).[4]
- The increase in allegations is most seen in the prison system, which have increased by 180% from 2011 (6660 reports) to 2015 to (18,666 reports).[4] The increase has been largely been attributed to greater awareness and response as a consequence of the 2012 release of the report, National Standards to Prevent, Detect, and Respond to Prison Rape.[4]
- Notably, only 6% of allegations of sexual violence in correctional facilities were able to be substantiate in 2015; 10% of allegations were able to be substantiated in 2011.[4] Hence, while allegations are on the rise, substantiation of allegations is declining in correctional facilities.[4]

Older research indicates that a large proportion of incarcerated individuals have experienced sexual violence prior to entering correctional facilities,[5] and this history of sexual violence may increase their risk for involvement in criminal activity as well as perpetrating violence in these facilities. As seen with the general population, women are more likely to report victimization during and prior to incarceration.[5,6] Sadly, more up to date data on these issues could not be found.

- A study published in 2006 surveyed 6964 men and 564 women in the state prison system of a single state and found women inmates are four times more likely than men to be victimized by sexual violence while incarcerated, and this difference was solely attributable to inmate on inmate assaults, not staff on inmate assaults.[6]
- National data examining sexual violence histories among people in correctional facilities in the mid-1990s, the most available reported data we could find on this topic, also found that across facilities women were more likely than men to have experienced sexual violence prior to incarceration.[5] Importantly, prevalence of sexual violence in this population was quite high regardless of sex, as compared with the general population.
    - Data from state prisons found that 39% of women and 6% of men had been sexually assaulted, with the majority of these indicating sexual assault prior to age 18 years.[5]

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

Research indicates that male inmates in particular fear rape in prison,[7] and this not only causes potentially undue stress on prisoners, without creating any prevention options, it also can affect how those who have been victimized feel about their experience and comfort with disclosure. Survivors of sexual assault are directly affected by the attitudes and beliefs correctional facility employees hold around sexual violence, such as victim-blaming8 and the idea that men cannot be raped.[8-10]

- A study on 10 correctional facilities found that within 564 inmates, fear of rape increases among inmates that are male, who live with a mental health diagnosis, and who overhear officers discussing rape incidents.[7]
- A study on 376 correctional officers in Florida found that male officers, larger facilities, and a disapproval of gay inmates led to higher victim-blaming in cases of sexual assault in prison.[8] A second paper, analyzing this same sample, found that reporting of a sexual assault was more likely to be encouraged by officers that were female, older, and among those who reject the idea that males cannot be raped.[10]

A climate of acceptability of sexual assault against inmates may further allow these abuses to persist.

- A study with 293 students at a northern-Atlantic university students found that 18% endorsed the statement that certain inmates deserve to be raped.[11]

CONSEQUENCES OF SEXUAL VIOLENCE

The obvious consequence of sexual violence for this population is the incarceration itself, and research indicates that the intersection of mental health concerns (e.g., depression, suicidality[7,9] as well as behavioral health concerns (substance use, self-harm)[9] that are linked to having been sexual assaulted may increase vulnerability to criminal involvement. Within the inmate population, sexual violence is associated with greater sentences.[12] We particularly see this among women.

- A study looking at data from the "Exploring Women's Histories of Survival of Violence and Victimization in a Midwestern State" project, reported that women who are incarcerated are more likely to have experienced sexual assault, more likely to abuse substances, and more likely to have attempted suicide compared to those that are not incarcerated.[9]
- Data on 277 women in two North Carolina prisons found that those whom were survivors of adult sexual assault were more likely to have higher sentence time compared to those charged with the same crime but who had not experienced sexual violence.[12]

History of sexual violence, which as noted above is linked to substance use, can also affect women's sexual experiences and comfort engaging in sex work or survival sex, and correspondingly appears to increase risk for HIV prevalence among incarcerated women.[13-15]

- Among 24 women involved in the justice system in Alabama, who are living with HIV, rape and sexual violence was a prominent theme and risk factor throughout their life experiences.[15]
- In an interview study on HIV harm reduction among 14 incarcerated women, 79% of the women were survivors of sexual violence and abuse.[13]

These issues may hold true for men, and particularly men who have sex with men, but we could find no studies focused on these issues with male populations in the U.S. and published since 2015.

Sexual violence prior to incarceration may also increase risk for experiencing or committing sexual violence while incarcerated, but again, we found no research available on this issue. Evidence of polyvictimization among inmates[9] suggests risk for re-victimization during incarceration.

PROGRAM AND SYSTEM RESPONSES

This review could not identify peer-reviewed research published from January 2015 to March 2019 on program or system responses to improve disclosure, support victims, adjudicate or otherwise hold accountable perpetrators, or prevention sexual violence against inmates. Research with women in prison who are sexual assault survivors showcase the need for building these responses and with survivor voices.[16]

- Among 577 incarcerated women who participated in a successful class action, the powerful impact of having voice was highlighted as fundamental to having a positive experience with the justice system.[16]

Too often, incarceration shuts down the voices of the incarcerated, in ways that are devaluing and dehumanizing, and as noted above, supported by victim-blaming attitudes and negative views of incarcerated people. The system and culture must change to prevent sexual violence against inmates and to support victims of incarcerated victims of sexual violence.

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MALE SURVIVORS

CONTENTS

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BACKGROUND

As noted in the introduction of this report, 25% of men (27.6 million men) have experienced some form of contact sexual violence in their lifetime.[1] However, research on male victims of sexual violence, particularly in terms of research on heterosexual men, has received limited attention.

RISK FACTORS FOR EXPERIENCING SEXUAL VIOLENCE

While national data do not clearly illustrate many differences in likelihood of sexual violence by race/ethnicity, as seen in the 'Racial/Ethnic Groups and Immigrants' section of this report, national data as well as smaller scale research has found Asians to be at lower risk for sexual violence relative to Black, White, and Latino men.[2]

The most commonly focused upon risk for victimization among men is use of alcohol and other substance use,[3,4] but risk factors also include having a greater number of female sexual partners,[3] and having experienced physical violence from a female partner.[5]

- A study with 8180 men found that men that experienced sexual assault had, on average, three more female partners than those who had not experienced sexual assault.[3]
- In a study of 611 men who had experienced physical violence from their female partners, almost half (50%) of the men also reported sexual aggression in their relationship and 28% reported severe sexual aggression.[5]

Traditional gender norms, for both heterosexual and gay men is also associated with increased risk for sexual coercion,[3,6] and this may be because these norms typically encourage sex-seeking for males, making it difficult for male survivors to determine when sexual coercion has occurred.[6] This may be particularly true when coercive sex partners are female.

Men who engage in feminist activism are also more likely to report sexual harassment, and these men also recognize that sexual harassment is linked to harmful gender norms.[7] Alliance with feminist movements is a means of going against traditional gender norms, and sexual harassment, particularly from men, can be a way to force men's adherence to traditional gender norms.

CONSEQUENCES OF SEXUAL VIOLENCE

Sexual intimate partner violence survivors who are men have greater odds of having mental health disorders, including depression,[5,8] PTSD5,[8,9] and suicidality,[7] relative to men who have not experienced sexual intimate partner violence.

Behavioral risks are also a consequence of sexual victimization of men, particularly for adolescent and young adult males; a study of 284 individuals within this population found that a history of sexual coercion that resulted in sexual intercourse was associated with greater sexual risk-taking (for example, having more sexual partners) and alcohol use.[2] Importantly, these behaviors are linked to increased risk for sexual violence, as noted above. Sexual violence is often associated with other forms of violence, and, as with other populations, polyvictimization increases the likelihood of victimization.[5,9]

Harms due to sexual violence not only affect male victims but also their offspring. In one study, greater sexual aggression severity correlated with ADHD and affective problems among preschool children of male survivors.[5]

PROGRAM AND SYSTEM RESPONSES

Disclosure and outreach to programs by males is rare, and traditional gender norms restrict men's ability to disclose and process sexual violence experiences.[6,10-12] Sexual assault services may also be perceived as being for women rather than men, again reducing likelihood for disclosure among men, relative to that seen for women.

- In a study of 405 men, it was found that, among men who had experienced rape, only 12% acknowledged that they were raped; this level of rape acknowledgement was much lower than has been observed in women.[13]
- A study with 475 undergraduate students indicated that campus resources for survivors were more helpful for female than male survivors.[14]

Men also report feeling that they wanted to keep the information private and handle it on their own.[4] Such views are reinforced by the paucity of sexual assault programming and interventions for men.[11]

- In a study of 153 undergraduate and graduate students, 50% of the men who had been assaulted indicated that they had not shared that their victimization had occurred with anyone.[4] Of those that did disclose, they shared the information with close friends (27%), roommates (19%), and intimate partners (8%).[4] None utilized rape crisis or criminal justice services.[4]
- Another study with 100 males who had experienced sexual abuse found that male victims found their victimhood to be largely incompatible with dominant notions of masculinity, and that the resulting shame, embarrassment, and emasculation felt after victimization was associated with the serious underreporting of male sexual victimization.[12]

Structural barriers pose an additional problem to disclosure and formal help-seeking, particularly for mental health services. These include high cost of therapy, difficulty finding a health care provider that accepts an individual's method of insurance, and lack of medical training and medical awareness of sexual abuse of adolescent boys and men, particularly in terms of abuse from female partners.[6] Consequently, use of survivor services, criminal justice services, and health services is likely to remain rare for male victims of sexual violence.

MY FAVORITE NEW RESOURCE

Marc Philpart

PRINCIPAL COORDINATOR,
ALLIANCE FOR BOYS AND MEN OF COLOR

"Over the decades, decisions made by policymakers and those in power have divided, criminalized, and denied resources to our communities and created roadblocks between boys and men of color and opportunities to reach their full potential.

Boys and men of color are working at all levels to stop cycles of violence – we are healing from individual and collective trauma and challenging inequitable conditions in our communities that foster violence. The 100,000 masks challenge, for example, asks people to think about the types of masks they wear in public that hide or paper over trauma or other emotional issues that often lead to self-loathing, violence-including gender based violence-, and other behaviors that aren't healthy. And through the Healing Together campaign, leaders in the Alliance for Boys and Men of Color are working to end violence against women by advancing new policy approaches that create safety by addressing root causes of violence and offer community-based and led solutions. ABMoC's forthcoming report, Healing Together: Shifting the Paradigm on Intimate Partner Violence by Centering Safety Through Healing, Equity, and Systems Change, outlines innovative approaches and policy recommendations that center community and healing, rather than the criminal legal system, in efforts to build safety.

Together, we can move beyond attempting to seek justice and improve safety through inherently unjust and violent systems, and towards building communities full of the conditions and resources required to thrive."

Boys and men of color are more likely to grow up in communities shaped by racist policies that produce poverty, violence, insecurity, and trauma. The Alliance for Boys and Men of Color is a national network of hundreds of community and advocacy organizations who come together to advance race and gender justice by transforming these policies and building communities full of opportunity.

FEATURED RESOURCES

- Ever Forward Club mentors young men of color in middle and high school by providing them with safe, brave communities that build character and transform lives.
  everforwardclub.org/
- The Mask You Live In Documentary. This 3-minute video follows boys and young men as they struggle to stay true to themselves while negotiating America's narrow definition of masculinity.
  everforwardclub.org/the-mask-you-live-in
- The National Compadres Network is a national voice for racial equity, racial healing, training, technical assistance, system change and culture infused efforts to create change that is transformational. By working to honor, rebalance, and redevelop the authentic identity, values, traditions and indigenous practices of Chicano, Latino, Native, Raza and other communities of color, the National Compadres Network hope to make an impact on reducing the incidence of violence and other individual, family, community and societal issues.
  nationalcompadresnetwork.org/
- Brotherhood of Elders Network
- Fumbling Towards Repair
  akpress.org/fumbling-towards-repair.html
- Transformharm.org – Community Accountability
  transformharm.org/community-accountability/

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CONSEQUENCES OF SEXUAL VIOLENCE

CONSEQUENCES OF SEXUAL VIOLENCE

- Background
- Mental Health Consequences
- Behavioral Health Consequences: Eating Disorders, Self-Harm, & Substance Use
- Physical Health Consequences
- Effects on Employment & Opportunity Costs
- References

CONSEQUENCES OF SEXUAL VIOLENCE

CONTENTS

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BACKGROUND

Experiences of sexual violence are associated with a number of adverse physical, mental, and/or behavioral health outcomes. Impacts on physical health may occur directly, for example, via exposure to sexually transmitted infections,[1] or indirectly, through effects on health-related behaviors such as risky sexual practices and substance use.[2] The emergence of depressive, PTSD, or other symptoms of mental illness following sexual violence has been associated with the development of additional deleterious physical and behavioral health outcomes.[3,4] Overall less data is available about the physical health outcomes for male survivors of sexual violence, indicating that this may be an important area for additional investigation.

MENTAL HEALTH CONSEQUENCES

Diverse forms of sexual violence including harassment,[5,6] coercion, assault,[7,8] and rape have been associated with an increased risk of post-traumatic stress disorder, depression, and even psychosis.[9-13]

- Survivors of sexual violence were found to have higher rates of depression, suicidal ideation, and general distress when compared to sociodemographic controls.[9]
- Female firefighters who reported high levels of discrimination/harassment in the workplace were more likely to report depressive symptoms, anxiety, PTSD, and problematic drinking behavior.[5]
- A large secondary analysis of national data found that a history of sexual intimate partner violence was significantly associated with an increased incidence of self-reported psychosis ($p<0.05$).[10] Another study found that individuals who had been sexually victimized by the police were six times more likely to report psychotic experiences or suicide attempts and three times more likely to endorse suicidal ideation.[11]
- Although women are overall more likely to experience clinical depression than men, no significant differences between male and female survivors were observed in rates of depression after sexual assault.[12] Additional research also suggests that gender role norms rather than sex affects mental health and coping post-trauma.[14]

Polyvictimized individuals are at an especially high risk of deleterious mental health outcomes following subsequent experiences of sexual violence.[7,15,16]

- Patients presenting for forensic examination following sexual assault were significantly more likely to endorse acute stress and depressive symptoms if they reported a history of intimate partner violence.[7]
- Women who experienced revictimization in the three-year period following a sexual assault reported significantly more severe PTSD symptoms and were more likely to report experiencing negative social reactions from support providers after disclosing the assault.[16]

Post-Traumatic Stress Disorder. Post-traumatic stress disorder (PTSD) is characterized by symptoms within four distinct clusters: re-experiencing the traumatic event, avoidance of stimuli that trigger distressing memories, negative cognitions and mood, as well as hyperarousal of the sympathetic nervous system, colloquially referred to as the "fight or flight" response. Survivors of sexual violence have been shown to experience higher rates of PTSD symptoms than individuals exposed to other forms of lifetime trauma such as the unexpected death of a loved one.[17] Compared to survivors of physical assault, combat, and interpersonal trauma, survivors of sexual assault were found to have more severe PTSD symptoms, particularly within the symptom clusters of avoidance and negative cognitions.[8,18,19]

- Among patients undergoing treatment for substance abuse, self-reported histories of sexual assault were associated with increased symptom severity in three PTSD symptom clusters—re-experiencing, avoidance, and hyperarousal—in comparison to patients who experienced other forms of non-sexual trauma.[8]
- The specific PTSD symptoms of re-experiencing and emotional numbing in the immediate aftermath of sexual assault were associated with an increased risk of PTSD four months following the event, while avoidance and hyperarousal symptoms had no significant association with future PTSD risk.[19]

> **"Survivors of sexual violence have been shown to experience higher rates of PTSD symptoms..."**

Recent studies have sought to identify resilience and vulnerability factors that impact the risk of developing PTSD in the wake of sexual violence.[20-23]

- Survivors' beliefs surrounding sex and power were found to exhibit complex, significant associations with specific PTSD symptom clusters.[20]
- Among veterans being concurrently treated for alcohol dependence and PTSD, higher baseline anxiety sensitivity was predictive of slower and less significant improvement of PTSD symptoms.[21]
- Among women with a history of intimate partner violence (IPV), exposure to specifically sexual IPV was not associated with increased rates of PTSD.[22]
- Even among survivors who did not meet diagnostic criteria for PTSD, those who had stronger memories of the event were found to have increased symptoms of depression and anxiety ($p<0.001$).[23]

Suicide. Lifetime experiences of sexual violence are associated with increased suicide attempts, particularly among vulnerable populations.[24-26]

- Histories of sexual violence were positively associated with lifetime suicide attempts among high-risk psychiatric patients ($p<0.001$),[27] thirty times more likely among firefighters ($p<0.01$),[24] and ten times more likely among survivors of sexual victimization by police.[25]
- In contrast to the studies above, which were conducted with populations already at increased risk of suicide, a population-based study found that childhood sexual abuse was associated with lifetime suicide attempts ($p<0.001$) but observed no such association among individuals exposed to sexual violence only as adults.[26]

Experiences of sexual violence, ranging from gender-based harassment to dating violence to rape, have been associated with an increased risk of suicidal ideation.[28-30]

- Women firefighters who experienced workplace sexual harassment were twice as likely to report suicidal ideation than those not exposed to workplace harassment, even after controlling for pre-career suicidal ideation.[28]
- Among women between the ages of 18 and 25, experiencing sexual violence at age 18 was the strongest, most significant predictor of suicidal ideation compared to other forms of childhood trauma.[29]
- Women who experienced forced rape or drug/alcohol-facilitated rape were significantly more likely to report suicidal ideation than demographically-similar controls without exposure to sexual violence.[30] However, after controlling for drug abuse, alcohol abuse, and PTSD symptoms—all substantially elevated among both populations—the association of rape with suicidal ideation remained significant only among women who had experienced drug/alcohol-facilitated rape.[30] The authors suggest that this surprising observation may be explained by increased levels of self-blame among survivors of drug/alcohol-facilitated rape.[30]

Mental health consequences are associated with specific aspects of survivors' experiences during and in the aftermath of an assault.

Assault-Related Factors: Type of Penetration.

Rape that involves either oral or anal penetration has been associated with worse sexual health outcomes and more severe PTSD symptoms in comparison to vaginal rape.[31]

- As in previous studies, the authors found that survivors of vaginal rape experienced significantly greater depressive symptoms and sexual dysfunction than individuals without a history of sexual violence.[31] However, when regression models were used to analyze the effect of oral rape on this association, it was no longer significant. Survivors of vaginal rape who had also experienced oral penetration continued to exhibit higher rates of depressive symptoms and sexual dysfunction.[31] In contrast, survivors of exclusively vaginal rape without oral penetration did not report rates of depression or sexual dysfunction that were significantly different from those observed in the control population.[31]

Assault-Related Factors: Relationship to Perpetrator.

One study found that survivors who had previously engaged in consensual sex with the perpetrator experienced lower levels of distress during the assault.

- However, in the years following an assault, no significant associations were observed between the survivor's relationship to the perpetrator and current level of distress.[32]

Assault-Related Factors: Expressing Verbal Resistance & Perceived Consent.

Rape survivors who verbally protested during the assault (voiced non-consent) were found to have higher levels of avoidance, numbing, intrusive, arousal, and dissociative symptoms following the assault.[33,34]

- Survivors' perceived level of consent was found to mediate negative cognitions following sexual assault, specifically levels of characterological self-blame and "negative thoughts about the world." The authors suggested that perceived consent may be as important as the level of coercion involved in the assault to overall mental health outcomes.[34]

Assault-Related Factors: Sustaining Injury.

Sustaining physical injury during sexual assault was found to predict increased risk of avoidance, arousal, and numbing symptoms.[33] One study of 361 instances of assault committed by 72 serial perpetrators found that survivors who resisted sexual assault were more likely to become injured during the process, though the authors noted that, for some survivors, bodily injury preceded survivors' efforts to resist the assailant.[35]

Rape Acknowledgement & the 'Victim' vs. 'Survivor' Label: Individuals who were less assertive in resisting unwanted sexual activity were less likely to acknowledge the experience as rape.[36] Acknowledging an unwanted sexual experience as rape may have paradoxical effects on survivors' mental health.[37]

- Among survivors who scored highly on the Illinois Rape Myth Acceptance Scale (i.e. those who agreed with statements such as "she asked for it"), acknowledgment of rape was associated with increased symptoms of depression and alcohol use compared to individuals who did not recognize a past unwanted sexual experience as rape.[37]
- Conversely, among survivors with low levels of Rape Myth Acceptance, those who acknowledged a past unwanted sexual experience as rape were found to have significantly fewer depressive symptoms and less alcohol use than those who did not refer to a similarly unwanted sexual experience as rape.[37] These associations were present even though all study participants reported experiences of an event that met rape-defining criteria on the Sexual Experiences Survey-Short Form Victimization (SES-SFV).[37]

A separate study among college undergraduates—who all met SES-SFV rape-defining criteria—found that those who acknowledged the event as rape reported higher levels of PTSD symptoms in the intrusive and avoidance clusters.[38] Similarly, another study found that individuals who labeled an unwanted sexual experience as sexual assault were more likely to exhibit an anxious coping style, which was respectively associated with increased sexual dissatisfaction.[39-41]

- Following sexual assault, individuals that referred to themselves as "victims" were more likely to endorse shame and symptoms of PTSD compared to those who adopted the "survivor" label, who reported fewer symptoms of depression and increased anger."[41] A separate study found that individuals who labeled themselves as survivors or victims, respectively, did not demonstrate significant differences in the level of self-blame, self-compassion, or rape myth acceptance.[40]

Psychological Factors: Behavioral & Characterological Self-Blame.

Psychologists differentiate between characterological and behavioral self-blame. While survivors who experience behavioral self-blame may see the assault as a result of their actions (drinking too much, walking alone), survivors who exhibit characterological self-blame view inherent aspects of their personality (being too impulsive or trusting of others) as the ultimate cause of the assault.[42,43]

- Characterological, but not behavioral, self-blame has been associated with increased PTSD symptoms among survivors of sexual violence.[42]
- The association between negative social reactions to disclosure of sexual assault and increased alcohol use was significantly mediated by survivors' level of characterological self-blame.[43]
- Survivors who were drinking prior to their assault reported higher levels of characterological ($p=0.03$) and behavioral ($p<0.001$) self-blame than those who were sober at the time of assault.[42]

Psychological Factors: Maladaptive Coping & Disorders of Affect.

Survivors may respond to the traumatic, identity-threatening experience of sexual assault through a variety of cognitive processes and coping mechanisms.[44] Maladaptive coping behaviors were found to be reciprocally associated with symptoms of post-traumatic stress.[19,45,46]

- Survivors' level of emotional dysregulation has been shown to predict PTSD symptoms after sexual assault.[19]
- Alexithymia, the inability to recognize internal emotional states, was associated with poorer social and emotional coping skills among survivors of military sexual trauma.[46]
- A qualitative study employed the principles of affect theory, which suggests that unwanted sexual experiences are "identity-threatening events" and attempted to classify survivors' responses to such events. The authors characterized survivors' responses as either protecting the perpetrator or the survivor's own self-meanings and identity. Regression models indicated that survivors who had an intimate relationship with the perpetrator were less likely to respond by cognitively protecting their own identity while those who had been sexually assaulted more than three years prior to the study were more likely to exhibit self-identity-protecting cognitive responses.[44]

Psychological Factors: Adaptive Coping & Social Support.

Social support is also important for the prevention of the potential physical health sequelae that may follow a sexual assault. Survivors with high levels of social support were more likely to attend follow-up appointments in the weeks following the assault.[45,47-50]

- In contrast to prior research, one study found that PTSD symptom severity among women with a history of sexual assault was not mediated by the level of disclosure of the assault to their current partners.[48]
- Unsupportive reactions from others following a survivor's disclosure of sexual assault were reciprocally associated with maladaptive coping, which was also reciprocally associated with post-traumatic stress symptoms and experiences of "turning against" social reactions following disclosure.[45]
- A qualitative study sought to characterize how survivors' use of drugs or alcohol to cope following sexual assault may impact their relationships with informal support providers (such as friends, family members, or significant others). The authors found that informal support providers were reluctant to encourage survivors to seek help for substance abuse because they feared exacerbating negative or painful feelings related to the assault.[49]
- A longitudinal study found that survivors who reported high levels of social support endorsed fewer PTSD symptoms on a day to day basis.[50] The same study found that above-average levels of reported PTSD symptoms on a given day were associated with higher levels of social support reported the following day by the same participant.[50]
- Within a college sample, survivors who reported intimate partner violence through formal university channels were more likely to demonstrate depressive, PTSD, and anxiety symptoms if they were exposed to "institutional betrayal," e.g. they felt as if they were punished in some way for reporting, viewed the institutional response as inadequate, or perceived the university as attempting to "cover up" the event.[51]

BEHAVIORAL HEALTH CONSEQUENCES: EATING DISORDERS, SELF-HARM, & SUBSTANCE USE

As discussed in the previous section on Individual Risk Factors, survivors of sexual violence have an increased likelihood of experiencing additional events of sexual victimization in the future.[52-57] This risk of revictimization may be mediated by the effects of an initial act of sexual violence on survivors' substance use and other health-related behaviors.[3,52,55,58-64,25]

Several studies found that survivors of sexual violence are at increased risk of problematic alcohol [55,61,62] or substance use.[2] Individuals with alcohol[3,52,58] or drug problems [59,60] are also at increased risk of experiencing sexual assault, particularly while unconscious or incapacitated.[58]

- Among 2099 socioeconomically-vulnerable women considered to be at risk of HIV, those who had experienced sexual violence within the last six months were twice as likely to engage in binge drinking or drug use on at least a weekly basis ($p<0.001$).[65]
- Survivors of sexual violence are more likely to engage in risky sexual behaviors (sex while intoxicated,[63] having multiple sex partners,[61,63,64] and exchanging sex for money or drugs[63,64]) as adults, placing them at increased risk of subsequent sexual violence.
- Several studies have attempted to determine if the dissociative symptoms of post-traumatic stress disorder following sexual violence may contribute to revictimization risk; however, although dissociative symptoms were associated with increased risk of sexual violence in adulthood, dissociation was not found to mediate the impact of childhood sexual abuse on revictimization risk.[62,66]

While the increased use of alcohol and other substances among survivors has important implications for revictimization, problematic use of alcohol and other substances has additional relevance to health outcomes, independent of revictimization risk. Contrary to the findings discussed above,[2,55,61,62] one study found that experiences of sexual violence in adulthood ($p<0.05$) and childhood ($p<0.001$) were associated with an increased risk of tobacco use but did not significantly increase the use of alcohol or illicit drugs.[67]

Although one study found that survivors drinking prior to an assault—compared to those who were not—were less likely to report PTSD symptoms,[42] the majority of research suggests that survivors who were intoxicated at the time of assault are more likely to report negative mental health outcomes, specifically PTSD symptoms.[32,68,69]

- Survivors were more likely to report high levels of distress in the years following an assault if they reported being highly intoxicated at the time of the assault or if the assault took place in an "intimate setting."[32]
- A longitudinal study noted that PTSD symptoms were more severe among survivors of "high-violence" types of sexual assault in comparison to survivors of "alcohol-related" sexual assaults immediately following the assault but not one year following the event.[68]
- Survivors' level of intoxication at the time of assault has been found to be correlated with PTSD symptom severity; higher levels of intoxication are associated with more severe symptoms.[69] This association was strongest in relation to re-experiencing symptoms.[69]

Recent studies have considered how behavioral health outcomes among survivors of sexual violence may be mediated by specific symptoms of mental illness and protective coping strategies.

- An online survey of 151 college women found that those with low levels of prior sexual violence were less likely to engage in heavy drinking to cope with sex-related distress if they demonstrated adequate emotion regulation strategies. In contrast, women with prior, severe exposure to sexual violence were equally likely to engage in problematic drinking behavior, regardless of their access to emotion regulation strategies.[70]
- A community-based study of 1863 female sexual assault survivors in a large Midwestern city found that the effects of negative social reactions to sexual assault disclosure on survivors' problematic drinking behaviors were mediated by characterological and behavioral self-blame.[43]

In addition to drug and alcohol use, sexual violence is also associated with a variety of behavioral health concerns, such as eating disorders and non-suicidal self-injury.[71-74]

- Sexual abuse during adolescence was found to be associated with non-suicidal self-injury, even after predictive models controlled for experiences of sexual violence during childhood and adulthood.[75] In contrast, among adult women being treated for severe mental illness, lifetime exposure to sexual violence did not increase the likelihood of non-suicidal self-injury.[71]
- Sexual intimate partner violence has been associated with disordered eating,[72,73] which, in turn, has been associated with increased depressive symptoms and alcohol use among college students exposed to sexual violence.[74]

PHYSICAL HEALTH CONSEQUENCES

Risk of Chronic Disease.

Physiologic models suggest that the effects of traumatic experiences can permanently disturb the complex balance of neuroendocrine signaling that moderates the body's adaptive response to stress via the hypothalamic pituitary adrenal axis (HPA axis).[76] The dysregulation of the HPA axis is largely mediated by alterations in response to and production of the stress hormone cortisol and has been associated with an increased risk of hypertension, diabetes, high cholesterol, cardiovascular disease, myocardial infarction, stroke, decreased immune system function, and other deleterious health outcomes.[77-82] Recent studies have sought to characterize the complex mechanisms through which sexual violence specifically may disrupt the regulation of the HPA axis and put survivors at risk of hypertension,83 cardiovascular disease,[84] suppressed immune system function,[85] or diabetes.[86] However, the association of sexual violence with other forms of trauma and adversity and the numerous confounding factors that affect HPA axis function have made definitive associations difficult to establish.

- For example, secondary analysis of longitudinal data collected from [116,430] nurses across the U.S. found that individuals who had both experienced and perpetrated sexual IPV had higher Framingham Cardiac Risk scores, indicating poor cardiovascular health, yet was ultimately unable to establish any significant relationship between surviving sexual IPV and cardiovascular outcomes.[84]

Nevertheless, other studies have found that women who reported ever having experienced forced sexual activity were 30% more likely to develop gestational diabetes86 and that women with high levels of self-reported workplace sexual harassment were more likely to meet criteria for stage 1 or 2 hypertension (p=0.003).[83]

Cumulative Trauma & the Physiologic Response to Stress.

More robust associations have been found between recurring experiences of sexual violence and deleterious health outcomes. Several of these employ the concept of allostatic load—the cumulative impact of chronic stress on the body—to investigate how the effects of multiple experiences of sexual violence over the life course may be compounded, creating unique vulnerabilities to negative health outcomes among survivors. Allostatic load is frequently measured through biological markers such as salivary or hair cortisol.[85,87,88]

- Among a study of 81 women veterans, survivors of childhood sexual abuse were more likely to have experienced sexual assault in civilian life and had significantly higher cholesterol, significantly higher triglycerides, and marginally lower hair cortisol in comparison to controls without a history of childhood sexual abuse. Hair cortisol is associated with lifetime exposure to chronic stress, which has been linked to negative cardiac outcomes via the effects of cortisol on metabolism, as reflected in triglyceride and cholesterol levels.[87]
- Pregnant women who had experienced sexual violence both as children and as adults were found to have twice the odds of preterm delivery compared to controls, while experiences of sexual violence in the previous six months were not associated with an increased risk of preterm delivery and isolated experiences of childhood sexual abuse were predictive of late preterm delivery only.[88] These results further indicate the significance of cumulative sexual trauma on health outcomes and suggest that the risk of pre-term delivery may be associated with high levels of physiologic stress following an assault.
- No significant, independent association was found between experiences of sexual violence in childhood or adulthood and total level of secretory IgA (a measure of immune system activity). However, through a three-factor mediation analysis model, one study demonstrated that childhood sexual abuse predicted subsequent experiences of sexual violence in adulthood, which were significantly associated with decreased secretory IgA levels.[85] In brief, this suggests that the compounded impact of sexual violence in childhood and adulthood may exert a greater suppressive effect on immune system function that that of either event in isolation.[85]

A history of childhood sexual abuse appears to dramatically impact future risk of sexual violence as an adult[52,53] and also has been associated with clinical features of HPA axis disruption, making it difficult to isolate the respective physiologic effects of each incident of sexual violence within a relatively small sample. Nevertheless, a study with female veterans demonstrated that individuals who reported experiences of sexual violence during any two of three distinctive time periods (childhood, military duty, and civilian life) had higher allostatic load than participants exposed to only one sexual violence event.[76] Although this relationship was not statistically significant, the authors suggest that the observed association merits further study within a larger sample.[76]

Sleep Disturbance & Sexual Violence.

Several recent studies suggest that the negative impact of sexual violence on mental and physical health may be mediated through decreased sleep quality. Individuals who were ever "forced to have sex…by an intimate partner" were two to three times more likely to report sleep disturbances on at least 3 nights per week.[89] This association was strongest among individuals forced to have sex in the past year, among whom the risk of sleep disturbance was seven to eight times greater than that observed in controls.[83,89]

- Women who reported ever experiencing sexual assault were more likely to have clinically poor sleep (p=0.007) as were women who reported high levels of workplace sexual harassment (p=0.03).[83]

Sexual and Reproductive Health.

The nature of sexual violence renders its impact on gynecological and urologic health particularly severe.[90-92] Survivors of adolescent sexual victimization are less likely than undergraduate peers to use condoms during intercourse, increasing their risk of sexually transmitted infections.[93] Moreover, men who report histories of sexually aggressive behavior are also more likely to exhibit coercive condom use resistance.[94] One study found that women currently experiencing sexual intimate partner violence expressed interest in using pre-exposure prophylaxis (PrEP) to reduce their risk of contracting HIV but worried that male partners would interfere with participants' use of PreP if they became aware of it.[95] A study with women living with HIV found that history of sexual violence is associated with ongoing sexual risk behaviors, increasing their risk for STI and potentially their transmission of HIV.[96]

In addition to exposing survivors to infectious disease, including HIV, sexual assault has been associated with a number of adverse gynecological and urologic outcomes. Specifically, a lifetime history of sexual violence has been associated with:

- Increased severity of menopause symptoms, including pain with intercourse;[90]
- Vulvodynia, chronic pain in the vulva and the surrounding region with no apparent underlying cause;[91]
- Increased risk of overactive bladder among women, especially for survivors diagnosed with anxiety or PTSD.[92]

Veteran women who had ever experienced sexual assault involving vaginal penetration had an increased risk of a hysterectomy and underwent hysterectomy at a younger age.[97] Significantly, this association disappeared after controlling for self-reported abnormal uterine bleeding, pelvic inflammatory disease (a common complication of sexually transmitted infections), and gynecologic pain, indicating that these may be important pathways through which sexual violence detrimentally impacts overall sexual health and wellbeing.[97]

Sexual Wellbeing.

Sexual health and wellbeing may be disrupted by experiences of sexual coercion or violence.[98] Survivors of sexual assault have been found to report difficulty establishing trust in intimate relationships,[99] a loss of interest in sex, an increase or change in sexual partners, engagement in sex work, and increased sexual behavior.[100-104]

- Sexual experiences of survivors may be characterized by painful intercourse and decreased satisfaction or enjoyment, outcomes which both appear to be mediated by the co-occurrence of anxiety or depression symptoms.[101,102]
- In addition, the severity of PTSD following sexual assault has been inversely correlated with relationship satisfaction.[103] This association appears to be mediated by effects on communication between partners and sexual satisfaction[103] as well as the PTSD symptom clusters of anhedonia and dysphoric arousal (arousal signifying activation of the sympathetic nervous system rather than sexual arousal).[104]
- A qualitative study with 28 women from a U.S. metropolitan area found that re-establishing sexual wellbeing following an assault was associated with demonstrating enhanced self-acceptance, taking ownership of one's sexuality, and envisioning desirable sexual partners.[98]

Reproductive Coercion.

Reproduction coercion is a form of sexual violence through which one partner seeks to control the other's reproductive decision-making through force, threats, or coercion.[105] While reproductive coercion is often associated with intimate partner violence, healthcare, and social service providers rarely screen patients for exposure to this prevalent form of gendered abuse.[106-111]

- Reproductive coercion co-occurs with other forms of sexual violence. One study found that 30% of women raped by an intimate partner had also experienced reproductive coercion within the relationship.[108]
- Reproductive coercion is associated with several negative sexual and reproductive health outcomes, including increased risk of STD diagnosis,[109] unintended pregnancy,[109] and depressive symptoms.[110] Surprisingly, experiences of sexual intimate partner violence were associated with a decreased likelihood of abortion, suggesting that access to abortion care may be impacted by reproductive coercion.[111]

Somatic Symptoms, Pain, & Quality of Life.

Survivors of sexual violence are at an increased risk of health conditions associated with chronic pain. Such conditions may be precipitated or exacerbated by mental illness and may significantly and detrimentally impact overall, long-term quality of life.[112,113]

- Patients with irritable bowel syndrome were more likely to report a history of sexual abuse in comparison to patients with other gastrointestinal conditions such as esophageal reflux or constipation (p<0.006).[113]

- The risk of irritable bowel syndrome was found to increase proportionally with the severity of reported sexual abuse.[112,113]

Experiences of sexual abuse were associated with greater self-reported pain, fatigue, and stress in veterans.[87] Women experiencing sexual harassment in the workplace reported, on average, 63% more days of poor physical health compared to those who had not experienced harassment.[114] Similarly, experiences of sexual intimate partner violence in the last year were found to be associated with lower self-reported overall quality of life in women with cancer.[115]

Relevance to Healthcare Providers. Healthcare providers should be aware of the gendered impact of sexual violence on multiple dimensions of health and wellbeing.[116,117]

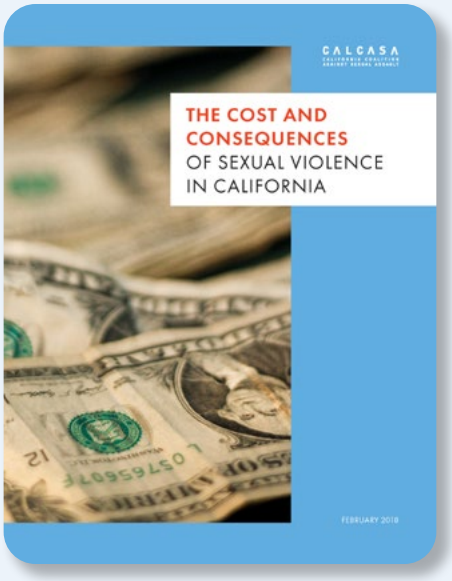
- Despite the fact that sexual violence is increasingly recognized as a widespread, pervasive phenomenon, fewer than 30% of 103 female participants in a nationwide survey reported being asked about their history of sexual assault by a healthcare provider.[116]
- Evidence shows that other forms of adversity such as homelessness, economic hardship, engaging in sex work, and struggles with alcohol and/or substance use are often associated with experiences of sexual violence, rendering these patients uniquely vulnerable to poor health outcomes.[117]

Unique challenges exist for physicians in building rapport with survivors of sexual violence, who are more likely to endorse somatic symptoms and self-report overall lower levels of general health.[118] Furthermore, certain aspects of the physical exam and interactions with healthcare providers may provoke distressing memories of trauma for survivors.[119] In light of these observations, the Healthcare Triggering Questionnaire was developed to screen adult patients for histories of sexual trauma.[119]

Patients reported that a provider's attitude was the single most important factor in their decision to disclose or without information about past experiences of sexual violence.[116]

- Results a national survey of 103 women showed that additional barriers to disclosure included concerns about privacy and confidentiality, fear of being blamed, and the provider's gender.[116]
- Patients in the same study were more likely to disclose histories of sexual violence when they were concerned about the potential medical consequences of an assault, directly questioned by a provider, reported a "trusting relationship" with the provider," or felt that the provider was knowledgeable and had a "positive attitude."[116]

Experiences of sexual violence may negatively impact survivors' engagement in health-promoting and healthcare-seeking behaviors.[120] For example, survivors of sexual violence were less likely to be compliant with currently recommended cancer screenings including clinical breast exams, mammograms, pap smears, and (among men) prostate-specific antigen testing.[120]



Cost and Consequences of Sexual Violence in California

CALCASA

The Cost and Consequences of Sexual Violence in California was commissioned by the California Coalition Against Sexual Assault (CALCASA) in an effort to create greater comprehension of the physical, emotional, social, and economic impact of rape and sexual assault upon California taxpayers. Families, friends, partners, neighbors, and co-workers know first hand the time and resources necessary to recover from sexual violence. However, never before has there been a comprehensive quantitative analysis of both tangible and intangible costs to the state resulting from the utterly preventable crime of rape. The cost of sexual violence is high $140 billion. At a minimum, this report reveals how all Californians have an investment in eliminating sexual violence.

calcasa.org/wp-content/uploads/2018/02/CALCASA_CCofSV_FINALSpreads_2018.pdf

EFFECTS ON EMPLOYMENT & OPPORTUNITY COSTS

In addition to their physical, mental, and psychosocial consequences, experiences of sexual violence can also detrimentally impact survivors' performance at work, job security, and financial wellbeing. Mental health symptoms, in particular, can impair survivors' ability to focus at work and lead to increased time off, compromising job performance for months or even years after the assault.[121,122]

- Among a population of college women, 91% of those who were survivors of sexual assault reported that the health consequences they experienced following the assault negatively impacted their ability to achieve their educational and career goals.[122]

In addition, sexual harassment in the workplace can affect productivity, health, psychological wellbeing, and lifetime career achievement.[123]

- Being sexually objectified during a work interview was associated with worse work performance and increased reporting of subsequent sexual harassment.[123]

The costs of sexual victimization to survivors' overall lifelong productivity, career success, and job security are substantial. Aggregated across nationwide, weighted samples, these impacts are highly significant.[124,125] A California specific report found high costs of sexual violence.[126]

- A secondary analysis of data from the 2012 National Intimate Partner and Sexual Violence Survey estimated that adult survivors of intimate partner violence, sexual violence, and stalking lost nearly 740 million productive days as a consequence of these events.[124] The same study found that the total economic cost of diminished productivity for each survivor was, on average $730, which equates to a total lifetime loss of $110 billion for all survivors.[124]
- A secondary analysis of data from the 2011 National Intimate Partner and Sexual Violence Survey found that rape, on average, was associated with a lifetime cost of $122,461 per survivor or a total population cost of $3.1 trillion.[125] This calculation included medical costs (39%), costs associated with criminal justice activities (8%), costs associated with lost work productivity among victims and perpetrators (52%), and other costs (1%) such as property loss or damage.[125] An estimated 32% of this total cost falls upon federal and state governments.[125]
- A study of costs of sexual violence in California found the tangible costs of sexual violence in California, including medical and mental health care, prevention, investigation, sanctioning, treatment, and victim services, totaled over $9 billion in 2012. When intangible costs, such as lost quality of life and lost work productivity, are included, the total costs increase to $140 billion. At least $2.9 billion, or two percent of total costs, come from tangible local and state government spending and federal funding allocated to California.[126]
- The analysis in California calculated that Each rape or other sexual assault of a child costs an estimated $227,700. For adult victims, each rape cost $163,800.[126]

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PROGRAM AND POLICY SOLUTIONS

PROGRAM AND SYSTEM RESPONSES

- Background
- Survivor Services
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- Prevention of Sexual Violence
- References

PROGRAM AND SYSTEM RESPONSES

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BACKGROUND

System and service responses to sexual violence in the United States is largely focused on crisis intervention and victim services as well as criminal justice responses to those who commit sexual violence.[1] While evidence indicates that most victims of sexual violence do not seek crisis services, and an even smaller minority report these crimes to the police,[2,3] our review of the literature on responses to sexual violence and harassment mostly focus on survivor services and criminal justice responses.

SURVIVOR SERVICES

Importance of Client-Centered Care.

Studies show that those who disclose their experiences and seek services for sexual violence usually have experienced a recent and harmful assault, [4] were aware of the victim service agency before deciding to seek help [5], and were interested in receiving support and protection from the abuse.[6] Disclosure to formal or informal support services can be difficult, as victim-blaming persists, particularly in contexts where a sexual assault happened subsequent to alcohol use.

- A qualitative study examining 19 dyads of ethnically diverse survivors and informal support persons found differences in social reactions to sexual assault cases in the context of alcohol problems by the survivor. The reactions varied based on the relationship type; female friends of survivors provided no negative reactions directly related to the survivor's pre-assault alcohol use while family members showed mixed reactions.[7]
- A study in Chicago found that 1,863 adult women who were drinking before the assault often receive both positive and negative alcohol-specific reactions from community members, although only 11% felt that disclosing alcohol-use made things better and 43% felt it made things worse for them.[8]

Research on programs received by survivors in these crisis services agency largely focuses on how to mitigate stress and trauma, and improve healthy coping subsequent to victimization.[9,10] Qualitative studies with survivors reaffirm the importance of placing survivor needs and priorities at the center of interventions and responses.[11,12] Sexual assault crisis service providers also recognize the importance of a client-centered approach to care.[13]

- A state-wide survey in North Carolina with directors (n=80, 77% response rate) of sexual assault agencies found that most directors felt that information on victim's satisfaction with services available to them, and changes in the extent of violence and/or trauma that the victims experienced are key to designing effective services and interventions for the victims.[13]

Safety Planning.

For women facing sexual violence in the context of their intimate partner relationships, domestic violence services additionally focused on safety planning, with both survivors and providers viewing safety planning as a cornerstone of efforts to prevent re-victimization or escalation of violence. The utility of safety planning is affected by the availability of resources and services in a given area.[14,15]

- In a cross-sectional study of 197 women who have been abused, more than 90% used one or more safety strategies in the last 6 months, especially in cases of severe physical and sexual violence or if high danger is perceived from IPV.[14]
- Qualitative data from 5 focus groups with 37 women advocates from sexual assault and domestic violence programs described multi-layered risks for women seeking to leave abusive partners, with safety plans very much affected by resources available to the civil or criminal justice system procedures and policies in their given location.[15] These findings highlight the variability of protections.

MY FAVORITE NEW RESOURCE

Janet Neeley

LEGAL CONSULTANT,
CALCASA

"FETI is a wonderful resource for people working with survivors of trauma. It teaches the use of empathic listening to allow the survivor to tell their own story in their own words without forcing the traditional 'Who, What, When, Where, Why, How' questions into the interview. These questions are encouraged in traditional law enforcement training, but can be perceived of as cold and uncaring to survivors. FETI instead teaches empathic techniques that bring out facts you wouldn't otherwise get without decreasing investigative rigor. FETI is a technique that should be used by anyone working to interview survivors about their experiences."

Started by Russell W. Strand, FETI is a science and practice-based interviewing methodology informed by the latest research on the neurobiology of trauma and memory, designed to educate professionals to use empathic listening and brain-based cues to facilitate collection of psychophysiological evidence from those that have experienced trauma or high stress.

FEATURED RESOURCES

- Forensic Experiential Trauma Interview (FETI) Training
  www.certifiedfeti.com/

Rehabilitation Services and Trauma-Informed Care.

Most of the studies on interventions for survivors used rehabilitation programs, with an emphasis on stress reduction and healing.[7,11,12,16-28] Three main approaches emerged: technology to support connections to care or enhance intervention accessibility,[16,18,24] art as a therapeutic intervention to reduce symptoms of PTSD and depression among both survivors and those who provide survivor support,[17,19,21] and the role of movement to improve survivor's self-efficacy and decrease symptoms of trauma.[20,23]

- A quantitative study with 366 (n=206 at 8 week follow up) college women who had a rape history found that resistance training and self-efficacy reduced the odds of revictimization by around 50%.[28]
- A qualitative study with 15 female sexual assault victims in Chicago found that supportive reactions from mental health professionals helped reduce post-assault self-blame.[29]

Despite research documenting the value of rehabilitation and trauma-informed care approaches, best evidence mental health interventions are often not instituted in rape crisis centers, and there is often inadequate training and support for crisis center staff to provide best evidence care.[11,12,17,30,31]

- While eye movement desensitization and reprocessing (EMDR) therapy has been shown to be an effective intervention for trauma survivors, only 8% of rape crisis centers offer EMDR, and a majority of staff are uncertain about their ability to implement the approach.[30]

It should be noted that not all survivors want intensive multisession contact with program staff.

- In a 2017 study evaluating a 4-week texting engagement program with survivors, nearly three-quarters of survivors either asked the program managers to stop sending messages or stopped responding to messages by the third week. Those who were connected with nurses or support services rarely engaged with the services offered.[18]

Sexual Assault Response Teams.

Research suggests that value of Sexual Assault Response Teams (SARTs), which are multidisciplinary teams within communities that seek to improve the response to sexual assault by coordinating the efforts of police, prosecutors, nurses/doctors, victim advocates, and other sexual assault responders.[32]

- In a one-armed trial of a 4-day holistic healing art workshop with 18 female counselors, lawyers, and advocates who work with trauma survivors found significant reductions in insomnia, stress, and PTSD symptoms, and increased feelings of resiliency among participants at posttest.[17]

Sadly, qualitative studies have pointed to the presence of conflict among SART members, as a result of differences in expertise, credibility, perceptions of professionalization and power disparities among members.[33-36]

- With respect to external challenges faced by SART, a national level qualitative study with 169 leaders of 169 U.S. SARTs, found that community beliefs around rape and victim blaming, lead community members to resist the SART efforts.[37]
- A qualitative study with 24 SART professionals found that the acceptance of SART model at the policy level is decoupled from the actual practice at the street level; street-level responders and upper-level managers are much less consistently committed to the idea of SART.[38]

Managing Vicarious Trauma Among Providers.

Numerous studies document a high prevalence of secondary traumatic stress among Sexual Assault Nurse Examiners (SANEs), advocates and supporters of sexual abuse victims and highlighted the high prevalence of secondary traumatic stress,[39-42] and recommend a greater focus on efforts to reduce vicarious trauma among these providers and supports.[11,12,17,30,31] No study focused on evaluation of vicarious stress reduction programs.

- A quantitative study with of 340 SANEs from across the US found that the Trauma Attachment Belief Scale (a measure of vicarious trauma) for SANEs, fell in the 42nd percentile, which suggests that this population of providers is at high risk for cognitive changes related to vicarious trauma.[41]

CRIMINAL JUSTICE RESPONSES

Disclosing to Police and Participating in the Police Investigation.

Among those that pursue a criminal justice response to the violence they experienced, many discontinue with the police investigation over time, with discontinuation more likely in cases where they knew their assailant, where there was no witness or visible injury.[43] This is a reasonable response as rapes resulting in injury or those perpetrated with a weapon present are more likely to result in arrest.[44]

Women are also less likely to continue with a police investigation when they self-blame or fear of retaliation from the perpetrator.[45] Fear of a negative response to disclosure also impedes women's use of the criminal justice system. Both quantitative and qualitative studies have studied responses to sexual assault disclosures in the criminal justice system, as well as with social and health service providers, and found variation in response inclusive of victim-blaming, shaming, and negating.[7,26,27]

Attitudes and beliefs of police officers can also play a role in victims' participation in investigation and prosecution. Studies show a high prevalence of inaccurate myths concerning violence against women among police officers.[46-49] Police officers can also be perpetrators of sexual violence, and in such cases, victims may be even less likely to come forward to pursue prosecution.

- A nationwide study on police crime found that sex-related police crimes are not uncommon, and such crimes are as likely to occur while an officer is off duty as on duty.[50]

Victim-blaming behaviors and fundamental disrespect of rape survivors by the police is existent and has been linked to some survivors not submitting sexual assault kits (SAK) for forensic testing.[51,52] Provision of long-overdue SAK findings to sexual assault victims can also elicit negative emotions from victims.[53] Non-tested SAKs is also a concern and can result in survivors giving up on a just response to their rape from the criminal justice system.

- An evaluation study of a Victim-Centered, Trauma-Informed Victim Notification Protocol for SAKs in Detroit showed that 43% upon being notified that their SAKs were not tested decide not to reengage further with the criminal justice system on their rape case.[54]
- While the presence of medical evidence has been observed to be key in both prosecutor and juror decision-making, an analysis of Massachusetts statewide database of medical and crime reports on sexual assault cases, found that the vast majority (91.5%) of arrests took place before crime laboratory analysis could be conducted.[55] There can be difficulty in getting a sexual assault forensic examination at a hospital emergency department,[56] but this leave survivors without the possibility of evidence to support their case.

Survivor Experiences with Prosecutors and Juries.

Studies have indicated the presence of both legal and extra-legal factors that determine whether prosecutors file charges. Legal factors found to be relevant include physical evidence and crime seriousness (e.g., use of a weapon, resultant injury).[57] Other factors include victim cooperation,58 caregiver support to the victim,[59] evidence to corroborate children's statements,[60] and suspect blameworthiness.[61]

Many nation-wide, as well as state-specific studies have also examined different factors that predict decision-making by jurors in sexual assault cases. These include medical evidence[62] and testimonies by Sexual Assault Nurse Examiner (SANE).[63] However, they also include characteristics of the survivor that can be misused to call into question character, such as the survivor's behavior at the time of victimization (e.g., alcohol use),[64] evidence of a simultaneous civil suit against the survivor during a criminal trial,[65] not having a support person sitting with them, particularly if they are minors.[66] Jurors also view victims more negatively during cross-examination proceedings in court.[67]

- A nationwide quantitative study found that 332 mock jurors blame the victim in revictimization conditions, as well as female offender/male victim conditions. The study used vignettes describing forcible rape scenarios, followed by a survey to elicit participant responses.[68]
- A quantitative study with a national sample of 100 witness suggestibility experts found that police interview suggestibility influenced different aspects of expert testimony; experts focused more on pro-defense aspects of the case overall.[69]

Juror biases in favor or against a prosecuting victim are easily seen, with certain indicators such as age affecting perceptions of innocence, even in cases where a crime was clearly committed.

- A quantitative study with mock jurors in the south-eastern United States examined the jurors' perceptions of a hypothetical case of teacher-student sexual contact, and found that mock jurors view the defendant as more culpable and attribute less responsibility to the victim when the case involves a middle school student, than a high school student.[70]

Sexual Assault Policies.

Studies to understand legislators' perspectives on sexual violence have found that most legislators support progressive policies to prevent violence but they are unable to provide accurate local estimates of the prevalence of sexual violence.[71]

- A qualitative study with a national sample of legislators (40 male and 21 female) found that female policymakers view sex crimes and sex offender laws more broadly and in relation to women's empowerment issues, than male legislators.[72]

HEALTH SYSTEM RESPONSES

Screening for Sexual Violence in Clinical Settings.

Screening for sexual violence as part of sexual and reproductive health care as well as mental health care can help identify and support survivors, as many will not seek formal social support or criminal justice services. Unfortunately, too often, screening is not conducted, and linkage to services is not provided.

- A national survey conducted with 279 (21% response rate) US abortion practitioners found that only one-half (49.8%) screen for pregnancy resulting from rape and few (19.7%) have a specific protocol for care of women who report rape-related pregnancy.[73]
- A study with a prospective observational cohort involving four Level I trauma centers throughout the United States, found that more than 10% of trauma patients (of 2,034 eligible trauma patients screened) are at risk of intimate partner sexual violence, regardless of gender or mechanism of injury, indicating the need for sexual abuse screening, as well.[74]

Effective interventions for the prevention of sexual violence can also be done in clinical settings, and in fact, studies across the US have pointed to the need for integration of reproductive health services with sexual violence services by different agencies.[75,76] [77] Unfortunately, the one clinic-based intervention we could identify that was published after 2014 showed no effect.[78] Follow-up procedures for patients who experienced gender-based violence [79], easy access to postexposure prophylaxis (nPEP),[80] endorsement of treatment goals around self-esteem by counselors,[81] and training of medical students and professionals, and therapists about the care of sexual assault patients [82-85] can help improve the provision of healthcare to victims of sexual violence.

Training Health Providers on Sexual Violence.

Providers are supporting patients with histories of sexual assault, often with inadequate training.[86] Clinical peer review, or professional practice evaluation, is a well-established process by which physicians evaluate each other's performance objectively. A survey of 129 programs in the country which provided sexual abuse evaluations showed that only 42% had a written peer review process.[87] While medical students and physicians are being trained on sexual assault assessments, there is little evidence regarding the effectiveness of these trainings in building trauma-informed care of survivors.[88,89] Event sexual assault forensic nurse examiners (SANEs) are more supportive and less stigmatizing toward victims coming into emergency services, as compared to non-SANE nurses,[86] but have high rates of attrition in their training,[90] Use of online training increases participation and completion of SANE trainings, particularly among rural SANEs feedback,[90] and may benefit non-SANE nurses as well.

PREVENTION OF SEXUAL VIOLENCE

Bystander Prevention.

The best evidence on prevention of sexual violence comes from bystander interventions carried out with college students, which focus on training and encouraging individuals to speak out against sexual and partner violence and harassment behaviors in their peer groups and social spaces. Research shows that victimization rates are significantly lower among students attending bystander interventions on college campuses.[91] These programs show improvement in knowledge, attitudes and intentions, but not always behavior.[92] Study findings document that attitudes affect the effectiveness of bystander interventions.

- A one-armed evaluation of a bystander intervention was conducted with 296 incoming first-year college students at a small university in the Northeast, with assessments done at baseline, posttest and 6month follow-up. Findings indicate that the bystander program works best for college students who are most at risk given their pre-test demographics like gender (e.g. gender is associated with rape myth acceptance), and levels of attitudes condoning dating violence and sexual violence, bystander efficacy, and bystander behaviors.[93]
- A small cross-sectional study (N=186) with college undergraduate students at a large Midwestern university showed that experiential attitudes, instrumental attitudes, descriptive norms, autonomy, and capacity are also positively associated with participants' intentions to intervene to stop a sexual assault.[94]

Bystanders are also more likely to act with peers they know well and in familiar social contexts and they are less likely to act if they condone or engage in sexual violence themselves,[92,95,96] or among men, if they watch pornography.[97] Men relative to women are less likely to engage in positive bystander behaviors, whereas women are more likely to recognize unwanted sexual advances.[92,98] Nonetheless, bystander interventions can affect rape myth ideologies and acceptance and promote positive bystander behavior.[99]

- One study with students from a university in the Midwest (N=371) found that positive bystander behavior related to sexual assault prevention is more likely when the bystanders know the victim directly (2.3 times as likely) or the perpetrator directly (2.4 times as likely), they are more likely to take action.[96]
- An evaluation of a community-based bystander intervention, the Friends Helping Friends intervention compared to a control condition, found in a pre-post analysis that intervention participants were significantly more likely than control to report a reduction in rape myth ideology and significantly more likely to report intent to engage in positive bystander behavior.[99]

Bystander behavior is not always well-received. Helping in instances of dating violence is associated with more negative consequences, while helping in situations of unwanted sexual advances from a non-dating partner was associated with more positive consequences.[100]

Too often, bystanders do not act.

A cross-sectional study with female sexual assault victims found that bystanders had an opportunity to intervene before 23% of sexual assaults but did nothing.[101] Typically, these circumstances were in a context of heavy alcohol use, by perpetrators, victims, and bystanders. [101]

Community Venue and Faith-Based Prevention.

Community-engaged and connected responses have been highlighted as key to reaching and supporting diverse vulnerable populations.[102] Some community-based settings such as hair salons and religious congregation platforms have been used to screen and support victims of sexual violence.[103,104]

- A study evaluating an intervention with hair salon professionals (N=264 women, 7 salons and 35 salon professionals in Connecticut) to screen and refer IPV victims found high reporting of IPV, allowing for linkage to support services. Past-year prevalence of physical abuse was 3.6%, and past-year prevalence of sexual abuse was 2.7%.[103] Past-year prevalence of sexual abuse was highest among women aged 20-29 years (13.8%).
- A nationally representative study assessing programs for prevention and intervention related to IPV and sexual violence in large religious congregations found different patterns of change across congregations, with congregations with women clergy and women leaders more likely to support these programs. Data from three waves of the National Congregation Study (N = 3334) was used to examine change across time in the presence of a congregational program to support survivors of sexual assault or domestic violence.[104]

Working with clergy on sexual violence prevention and intervention offers an important opportunity to reach affected populations but may require work with clergy leadership. One study found that clergy are more likely to victim-blame, particularly if the perpetrator is known or close to the victim.[105] Nonetheless, research also finds that religious leaders are interested in training on this topic and connections to service providers.[106] Stigma surrounding domestic and sexual violence in the community can also be reduced by provision of training or education programs with clergy or other professionals working in fields that may receive limited training on this topic but with reach to survivors.[107]

Less common are efforts in community alcohol venues, despite the link between alcohol use and sexual violence seen in prior sections of this report. One study with bar staff offers some insight into why.

Focus group data from bar staff document low involvement in situations indicative of sexual harassment/assault. They report feeling uncomfortable discussing sexual violence and lacking knowledge on the topic, but at the same time recognize their position of influence in the bar.[108]

Women-Specific Interventions for Prevention.

Two studies focused on interventions with women in the university setting to build assertion and self-efficacy to prevent their own assault.[109-111] The first included self-defense training while the second used vignettes and cognitive processing, but Sometimes the focus was on self-defense training and other times it was about enhanced perceptions of control and engagement in assertive responses; both studies suggest.

- Evaluation of 7-hour intervention inclusive of didactic and interactive education and feminist self-defense training, plus a booster session, was conducted with female students (N=650) at a medium-sized Midwestern university. Intervention participants were compared with control group participants via surveys at baseline and 4- and 7-month follow-ups. Intervention participants were significantly more likely than control participants to report sexual assertiveness and self-protective behavior and less likely to report self-blame related to sexual assaults over time.[109]
- A study with female college students from multiple universities (N=449) who received vignettes on acquaintance rape, with the vignette involving a woman that was either highly similar or dissimilar to the typical undergraduate woman. Participants were assessed prior to and following their reading of the vignettes, and while positive effects were minimal, there was some indication of improvement in perceptions of control depending on the vignette read.[110]

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CONCLUSION AND IMPLICATIONS

This report offers an overview of the research published from January 2015 to March 2019, in the era of the #MeToo movement. This review offers some important findings as relates to the field:

1. There are no uniform agreements on the definitions of sexual violence, and the absence of clarity within the field is likely lending to greater confusion in the general population. It is necessary to align in terminology and definitions of all forms of sexual violence, inclusive of harassment and exploitation.
2. Technology and media are key means through which novel forms of sexual violence, such as cyber harassment and sextortion, are taking root, particularly with younger populations. As a leader in the fields of technology and media, California is in a unique position to guide these fields to be part of the solutions as relates to both prevention and intervention for sexual violence.
3. Risk factors associated with sexual violence operate at the levels of the individual, community, and society, both in terms of perpetration and victimization. Expansive work in this area is providing insight into risk factors for perpetration, and insight into sexual violence in under-represented groups such as women perpetrators and sexual and gender minorities. These findings offer opportunities for improvement in multi-level and tailored approaches to prevention.
4. Findings as they relate to risk factors demonstrate that pervasive inequalities in sexual violence persist, arising not only through the gendered social norms that uphold patriarchal structures of power but also those that perpetuate interconnecting cycles of poverty, deprivation, and exclusion. Nonetheless, we find growing evidence is developing on protective factors that foster resilience among those exposed to sexual violence risk factors, including social support and trauma care.
5. The review also reveals generalizable mental, behavioral, and physical health consequences and the social costs of sexual violence through a comprehensive integration of recent work in psychology, biology, criminology, epigenetics, sociology, and gender studies. These findings highlight the importance of multi-disciplinary research and understanding of these issues.
6. The review concludes with an analysis of approaches and interventions designed to prevent and respond to acts of sexual violence as well as those intended to support and nurture resilience among survivors. This review considers crisis services, criminal justice responses, health system engagement, and targeted community and behavioral interventions. Work with bystanders and efforts in systems such as sport are proving most effective, but more research is needed to evaluate rigorously developing novel efforts such as restorative and transformative justice, and engagement with community venues such as hair salons.

In conclusion, research in the time of the #MeToo movement is making advances, but will continue to fall short in creating change at scale in the absence of approaches that address the social and gender norms that sustain it. To that end, more work is needed in program, policy, advocacy, and research on these issues.

APPENDIX 1: SYSTEMATIC REVIEW METHODOLOGY

SEXUAL VIOLENCE RESEARCH REVIEW: A REVIEW OF THE LITERATURE PUBLISHED IN JANUARY 2015 TO MARCH 2019

Center on Gender Equity and Health, University of California San Diego (GEH) conducted a review of the literature on sexual violence published in the period of April to June 2019. In April and May 2019, a Reference Librarian reviewed the following social science and health databases to identify peer-reviewed publications on sexual violence: PubMed, Embase, CINAHL, Women's Studies International, PsycINFO, and Family & Society Studies Worldwide. Our search terms were as follows:

> "sexual assault," "sexual violence," "sexual coercion," "rape," "rape crime," "rape reporting," "sexual abuse," "child sexual abuse," "incest," "sexual harassment," "gender-based violence," "#metoo," "rape victims."
>
> (("domestic violence" OR intimate partner violence[tiab] OR "Intimate Partner Violence"[Mesh] OR harassment[tiab]) AND (sex[tiab] OR sexual*[tiab] OR rape*[tiab] OR assault*[tiab]))
>
> ((Human Trafficking[Mesh] OR human trafficking[tiab]) AND (sex[tiab] OR sexual*[tiab] OR rape[tiab] OR assault[tiab]))

Keyword terms and controlled vocabulary were used in all six databases. Additionally, keyword terms and controlled vocabulary terms to retrieve both qualitative and quantitative studies were used including but not limited to empirical research, ethnographic research, focus groups, grounded theory, interviews, narratives, qualitative research, and surveys or questionnaires.

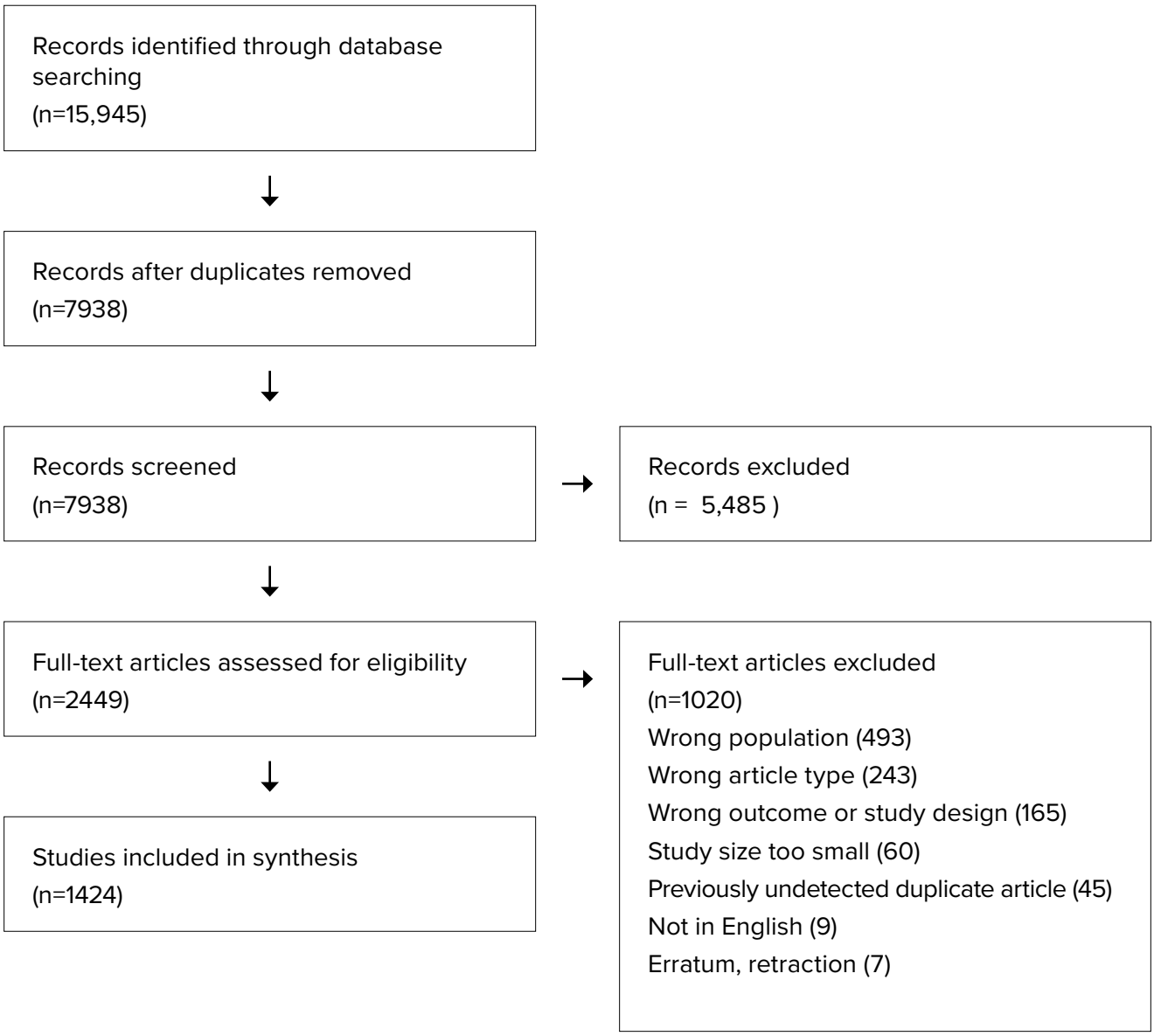
Inclusion and Exclusion Criteria: GEH limited the inclusion of papers to those published from the period January 2015 to March 2019 and involved empirical analysis of qualitative or quantitative data with a sample residing in the United States. We only included papers in which the study sample as a majority was aged 10 or older, as GEH did not focus on child sexual abuse. Study participants could be any gender.

GEH excluded studies if the study population nationality was not explicitly stated or was not limited to a United States-residing population. GEH also restricted studies to qualitative research with n>10 participants and quantitative research with n>80 participants, to ensure sufficient sample size for study findings. Papers not available in English or those with the objective of literature reviews, meta-analysis, case study, or theory were not included in this review. GEH also excluded papers on child sexual abuse and measures development.

Review of Papers: GEH found 13,764 papers from this review, 7938 of which were non-duplicative and thus prioritized for the next phase of screening. Trained research assistants reviewed all titles and abstracts to ensure papers met inclusion and exclusion criteria using Covidence, an online software for systematic review management. Research assistants also tagged papers for form of sexual violence of focus (e.g., harassment, rape), population (e.g., college, sexual minority), and topic (e.g., criminal justice, health effects), to facilitate our consideration of topics and populations of focus for the report.

GEH found 2449 papers that met inclusion criteria based on this first phase screening. For these papers, we obtained the full-text papers, and two trained research assistants reviewed each of these full papers separately to confirm eligibility for review. If research assistants did not agree on whether or not to include a paper for review, a senior investigator on the review made the final decision. Subsequent to this review, we identified and fully reviewed 1424 articles that met the study inclusion criteria. A team of fifteen research assistants extracted the following information into a spreadsheet: study design, sample, and key findings. GEH's team synthesized these findings and summarized the literature. GEH then sorted the papers by a priori determined topics: population-specific findings, consequences of sexual violence or harassment, and sexual violence prevention and intervention. Based on sorting and reviewing of papers, we iteratively identified additional topics and subtopics for the report. Resultant topics and subtopics generated from this review of the literature were used to create each report section and subsections. Within each topic and subtopic, we offer a summary of the literature, citing all identified papers meeting inclusion criteria and highlighting key findings from highly illustrative studies.

Figure 1. PRISMA Flowchart of Papers Identified and Reviewed in our Systematic Review



APPENDIX 2: DISTRIBUTION OF ARTICLES BY TOPIC AND SUBSECTION