# Sexual Violence

Utah, 2016 data

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

## Sexual violence is preventable. Let's talk about it.

According to the Centers for Disease Control and Prevention, sexual violence (SV) is defined as sexual activity (sexual touching, harrassment or exposure to sexual content) that involves victims who do not consent, or who are unable to consent. There are different forms of sexual violence, including unwanted physical contact and unwanted sexual situations. Anyone can experience sexual violence.[1]

**Sexual violence (SV) is widespread.** In 2016, 9.7% of Utah adults reported that someone had sex or attempted to have sex with them without their consent. A significantly higher prevalence was found among bisexual people; those who identify as lesbian and gay; adults who are unemployed; adults who are divorced or seperated; females; and those who live in low-income households.

**SV is linked to traumatic childhood experiences.** Among Utah adults who have ever experienced SV, 56.4% reported four or more adverse childhood experiences (ACEs) compared to 14.3% of adults who have never experienced SV.

**SV is linked to several negative health outcomes**, including: physical consequences (chronic pain, cervical cancer, or migraines), psychological consequences (shock, anxiety, or symptoms of post-traumatic stress disorder), social consequences (strained relationships with family, friends, and intimate partners), or health risk behaviors (using harmful substances, unhealthy diet-related behaviors, or delinquency and criminal behavior).[2] Individuals who experienced lifetime SV were statistically more likely to be everyday smokers, binge drink, have poor health, have poor mental health days, have poor physical health days, have difficulty doing errands alone, and have difficulty concentrating or remembering, compared to individuals who have not experienced SV.

**SV has a large economic cost.** In 2011, the direct and indirect costs resulting from SV totaled nearly $5 billion, almost $1,700 per Utah resident.[3]

**SV is linked to risk and protective factors.** A combination of individual, relational, community, and societal-level factors contribute to the circumstances that facilitate or buffer against the risk of perpetrating or experiencing SV. **Risk factors**, such as societal norms that support violence and lack of skill solving problems in a non-violent manner, may increase the risk of becoming a perpetrator or victim of SV. [4] **Protective factors**, such as community support and connectedness, have the potential to reduce the risk of perpetrating or experiencing lifetime SV.[4] The VIPP focuses on primary prevention to reduce violence and injury in Utah.

# Lifetime SV by Demographics

Although anyone can experience SV, the lifetime prevalence of SV was statistically higher among those who identify as lesbian or gay (33.6%) and bisexual (45.5%), persons who are unemployed (21.3%), persons who are currently divorced (18.7%) or separated (22.0%**), females (16.4%), and persons whose annual household income was less than $25,000 (14.9%). The lifetime prevalence of SV was significantly lower among men (3.1%), persons ages 65+ (3.6%), persons whose annual household income was greater than $75,000 (7.5%), persons who are college graduates (6.8%), persons who are married (7.6%) and persons who are retired (4.2%). Because of the UDOH reporting standards, differences in the lifetime prevalence of SV by race and ethnicity, some sexual orientations, and San Juan Local Health District are not reported. Results by some local health districts and martial status and emplyments status should be interpreted with caution. (**Table 1**)

**Table 1. Percentage of Lifetime SV by Socioeconomic and Demographic Characteristics*, Utah Adults Aged 18+, 2016[4]**

| Characteristic | Percentage | 95% Confidence Interval | |
|---|---|---|---|
| | | Lower | Upper |
| **Sex** | | | |
| Male | 3.1 | 2.2 | 4.4 |
| Female | 16.4 | 14.4 | 18.7 |
| **Age Group** | | | |
| 18 to 34 | 10.9 | 8.7 | 13.6 |
| 35 to 49 | 12.0 | 9.6 | 14.9 |
| 50 to 64 | 9.0 | 6.9 | 11.6 |
| 65+ | 3.6 | 2.6 | 4.9 |
| **Ethnicity** | | | |
| White, Non-Hispanic | 9.0 | 7.9 | 10.3 |
| Non-White or Hispanic | *** | *** | *** |
| Other | *** | *** | *** |
| **Sexual Orientation** | | | |
| Straight | 8.7 | 7.6 | 10.0 |
| Lesbian or Gay | 33.6 | 18.3 | 53.4 |
| Bisexual | 45.5 | 29.6 | 62.4 |
| Other | *** | *** | *** |
| Don't Know/ Not Sure | *** | *** | *** |
| **Local Health District** | | | |
| Bear River | 6.3** | 3.1 | 12.4 |
| Central | 9.9** | 3.8 | 23.5 |
| Davis | 7.2 | 4.6 | 10.9 |
| Salt Lake | 10.1 | 8.0 | 12.6 |
| San Juan | *** | *** | *** |
| Southeast | 11.1 | 6.8 | 17.7 |
| Southwest | 14.5 | 9.6 | 21.1 |
| Summit | 10.2** | 5.5 | 18.1 |
| Tooele | 13.5 | 7.5 | 22.9 |
| TriCounty | 13.4 | 8.5 | 20.7 |
| Utah County | 7.7 | 5.5 | 10.7 |
| Wasatch | 2.8** | 1.2 | 6.7 |
| Weber-Morgan | 12.0 | 8.4 | 16.9 |

| Characteristic | Percentage | 95% Confidence Interval | |
|---|---|---|---|
| | | Lower | Upper |
| **Annual Household Income** | | | |
| <$25,000 | 14.9 | 11.5 | 19.1 |
| $25,000 - $49,999 | 10.3 | 7.9 | 13.3 |
| $50,000 - $74,999 | 10.2 | 7.5 | 13.6 |
| $75,000+ | 7.5 | 5.8 | 9.7 |
| **Education Level** | | | |
| Did Not Graduate High School | 11.5 | 6.4 | 19.6 |
| High School Graduate | 9.5 | 7.3 | 12.2 |
| Some College | 11.6 | 9.6 | 13.9 |
| College Graduate | 6.8 | 5.5 | 8.5 |
| **Marital Status** | | | |
| Married | 7.6 | 6.3 | 9.1 |
| Divorced | 18.7 | 14.1 | 24.3 |
| Widowed | 6.4 | 3.8 | 10.6 |
| Separated | 22.0** | 11.0 | 39.0 |
| Never Married | 10.6 | 7.8 | 14.4 |
| Member of an Unmarried Couple | 16.1** | 8.6 | 27.9 |
| **Employment Status** | | | |
| Employed | 10.0 | 8.5 | 11.7 |
| Unemployed | 21.3 | 15.1 | 29.1 |
| Homemaker | 7.2 | 4.5 | 11.2 |
| Student | 10.7** | 5.9 | 18.6 |
| Retired | 4.2 | 3.0 | 5.7 |
| **Overall** | 9.7 | 8.5 | 11.0 |

* Socioeconomic and demographic characteristics are current and were not necessarily the same at the time of the SV.

**Use caution when interpreting the results. The estimate has a coefficient of variance between 30% - 50%.

***The estimate has a coefficient of variance greater than 50%, the results have been suppressed.

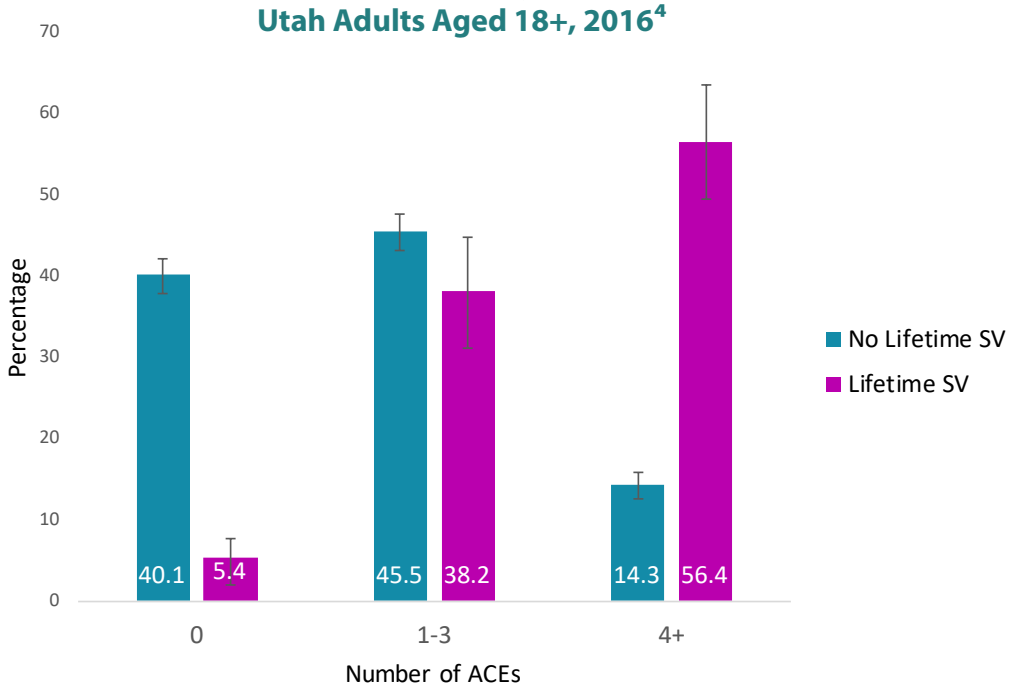
# SV and Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood.[5] ACEs include sexual abuse, physical abuse, physical neglect, emotional abuse, emotional neglect, intimate partner violence in the home, alcohol misuse in the home, drug misuse in the home, household mental illness, parental separation or divorce, and having an incarcerated household member.[6]

Each type of trauma a person experiences before the age of 18 counts as one ACE; there are 11 measured categories of ACEs. As the individual's ACEs score increases, so does their risk of disease and social or emotional problems later in life. Research links ACEs with future violence victimization,[7] and Utah numbers agree (**Figure 2**). Research also suggests a positive dose-response relationship between an individual's ACEs score and SV perpetration outcomes; in other words, **the higher the ACE score, the more likely a person is to perpetrate or experience SV.**[8]

**Among adults who experienced SV during their lifetime, 56.4% also reported four or more ACEs** before the age of 18. Additionally, among adults who experienced SV during their lifetime, only 5.4% reported zero ACEs when they were children. Among adults who have never experienced SV, 14.3% reported four or more ACEs and 40.1% reported zero ACEs when they were children. In other words, those who experienced SV also experienced more ACEs (**Figure 1**).

**Figure 1: Percentage of Reported ACEs by Lifetime SV vs. No Lifetime SV, Utah Adults Aged 18+, 2016[4]**

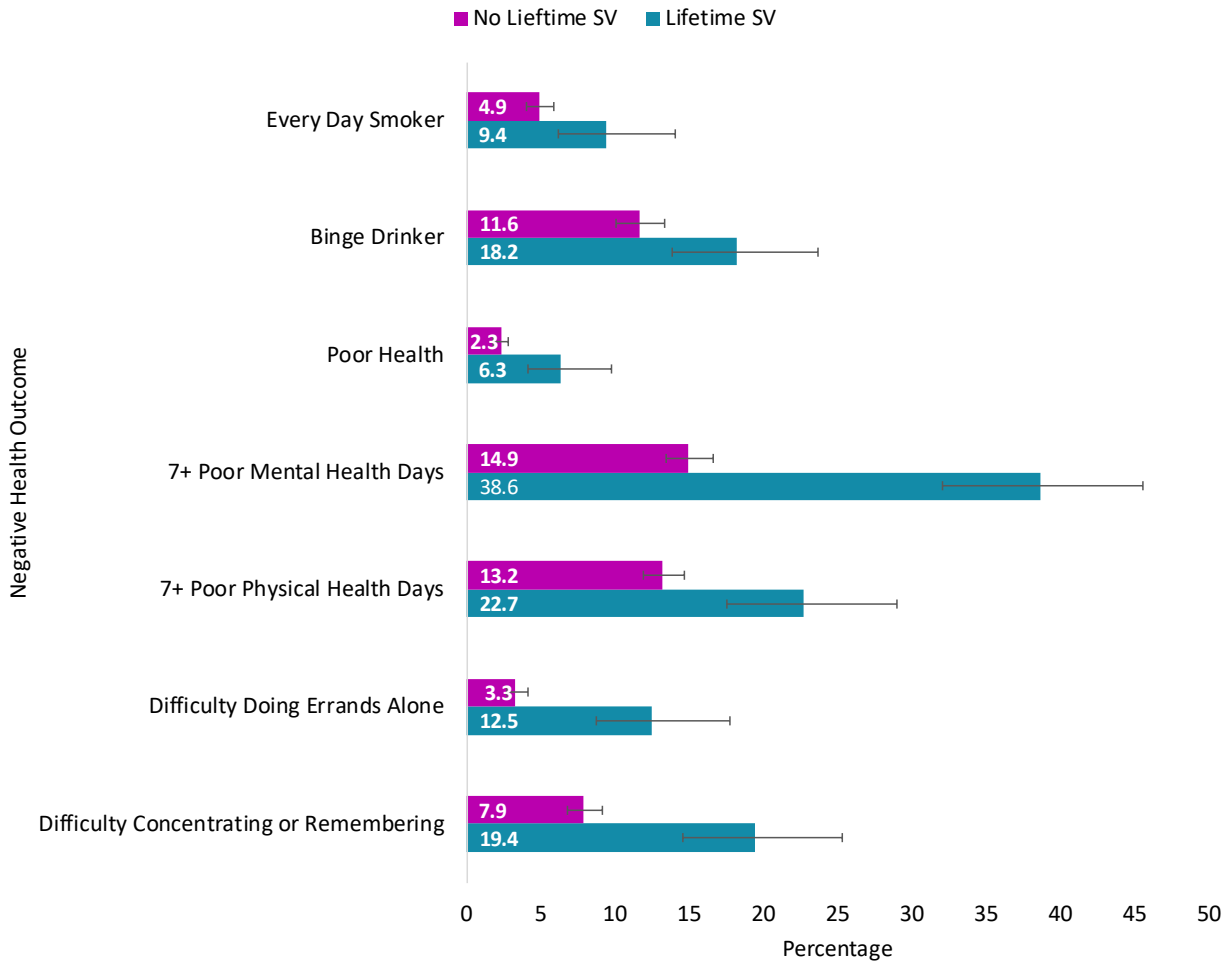


# SV and Negative Health Outcomes

**SV experience is linked to negative health outcomes and health behaviors[2]** (**Figure 2**). Utahns who experienced SV had a statistically higher prevalence of being a current every day smoker (9.4% vs 4.9%) and a current binge drinker (18.2% vs. 11.6%) than adults who did not experience SV.

**SV also affects an individuals' quality of life and may have lasting consequences** (**Figure 2**). Utahns who experienced SV during their lifetime had a statistically higher prevalence of having poor health (6.3% vs. 2.3%), having seven or more poor mental health days in the past month (38.6% vs. 14.9%), having seven or more poor physical health days in the past month (22.7% vs. 13.2%), difficulty doing errands alone (12.5% vs. 3.3%), and difficulty concentrating or remembering (19.4% vs. 7.9%) than those who did not experience SV.

**Figure 2: Percentage of Reported Negative Health Outcomes by Lifetime SV vs. No Lifetime SV, Utah Adults Aged 18+, 2016[4]**



# Sexual violence is a widespread problem and prevention is possible.

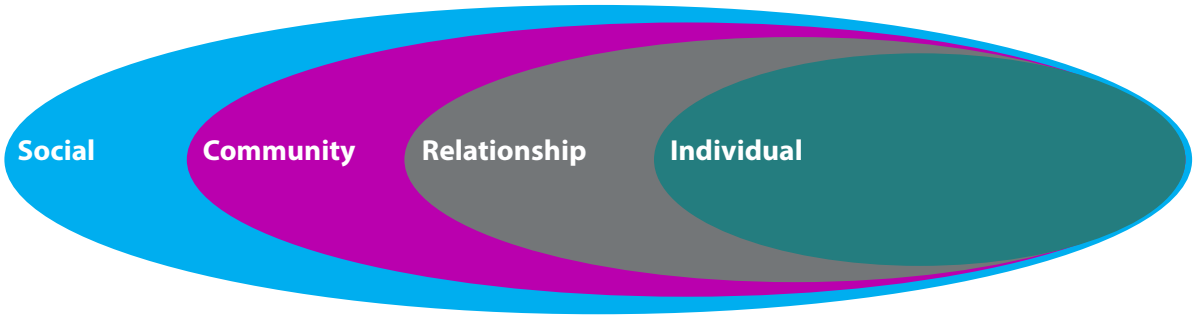
Many populations that experience a greater burden of SV also experience more risk factors at various levels of the social ecological model, in addition to an insufficient amount of resources. VIPP works with community partners to improve access and cultural adaptability of programs and resources.

The Utah Department of Health focuses on the primary prevention of sexual violence. Primary prevention emphasizes activities that take place before sexual violence has occurred and works to create social change and shift the norms regarding sexual violence. Primary prevention is reducing the risks while increasing the factors in people's lives that prevent against sexual violence.

## Prevention Framework: The Social-Ecological Model[9]

**Why does violence occur?** This four-level social ecological model (**Figure 3**) helps one better understand factors that put people and communities at risk for violence. The overlapping layers helps show the potential influences and complexities between individual, relationship, community, and societal factors.

**How can violence be prevented?** The model can show what needs to happen in order to prevent violence. It is necessary to work across multiple levels of the social ecological model to deliver effective prevention strategies and create sustainable solutions to violence.




**SOURCE: https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html**

## Prevention Approach: Risk Factors and Protective Factors[4]

A combination of individual, relational, community, and societal-level factors contribute to the circumstances that facilitate or buffer against the risk of perpetrating or experiencing SV. Risk factors are attributes or conditions that may increase the risk of becoming a perpetrator or victim of SV. Protective factors have the potential to reduce the risk of perpetrating or experiencing lifetime SV. There are many risk and protective factors, several of them are shared across different types of violence.[10] The UDOH VIPP primarily focuses on the following risk and protective factors of SV perpetration and victimization.

**Risk Factors**

- **Societal norms that support violence and sexual violence (societal level factor)**
- **Harmful norms around masculinity and femininity (societal level factor)**
- **Lack of skill solving problems in a non-violent manner (individual level factor)**

**Protective Factors**

- **Community support and connectedness (community level factor)**
- **Emotional health and connectedness (relationship level factor)**

# By the Numbers: Risk Factors and Protective Factors[11]

All across Utah, multiple organizations are working to reduce risk factors and increase protective factors that contribute to sexual violence in our communities. To better understand the causes and to identify possible prevention strategies, the VIPP and community agencies are exploring risk and protective factors through multiple secondary data sources. Select indicators and their most recent data are provided below.

## Risk Factors

Societal norms that support violence and sexual violence (societal level factor)

- 41.8% of middle school and high schools do not have a policy requiring information on sexual abuse prevention be distributed to teachers and staff [12]
- Two out of three middle schools and high schools (32.5%) do not have a policy that requires that information on bullying is distributed to parents [12]
- 67.5% of schools have a policy to require information on bullying be distributed to parents [12]
- Among youth, 19.4% of students have been bullied at school [13]
- Among youth, 18.0% of students have been cyber bullied [13]
- Among youth, 5.0% have been sexually cyber bullied [13]
- More than 1 out of every 10 youth have experienced sexual violence [13]

Harmful norms around masculinity and femininity (societal level factor)

- The Utah State Legislature consists of 20.2% female representatives [14]
- 30.3% of Utah businesses are owned by women [15]
- Women make 70.5 cents for every $1 men make [16]

Lack of skill solving problems in a non-violent manner (individual level factor)

- Approximately half (53.7%) of students agree that it is okay to hit someone who hits you first [13]

## Protective Factors

Societal community support and connectedness (community level factor)

- -65.8% of youth have high neighborhood attachment, meaning they like their neighborhoods, want to stay there, and would miss their neighborhood if they moved [13]
- Approximately half (49.6%) of youth score high on a community environment scale, meaning they feel safe in their neighborhood, and do not describe their neighborhood as having crime, drugs, fights, abandoned buildings, or lots of graffiti [13]
- 60.3% of youth are always engaged in school [13]

Emotional health and connectedness (relationship level factor)

- 7.8% of students experienced physical dating violence in the past 12 months [13]
- 20.1% of students were in a physical fight in the past 12 months [13]

# Prevention Strategies Using Risk Factors and Protective Factors

The Centers for Disease Control and Prevention (CDC) Division of Violence Prevention has several helpful resources for implementing sexual violence primary prevention strategies.

**VetoViolence** (**vetoviolence.cdc.gov**) is a comprehensive website filled with training, tips, and tools for violence prevention. Developed by the CDC, the goal is to educate and empower communities to stop violence – before it happens.

**Connecting the Dots** is both a document (**cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf**) and a training (**vetoviolence.cdc.gov/apps/connecting-the-dots/**) on linking multiple forms of violence by identifying and incorporating shared risk and protective factors into primary prevention programming. Shared risk and protective factors are things that make it less likely for multiple types of violence to happen. Targeting risk or protective factors related to one form of violence may have positive impacts on other forms of violence.

**The STOP SV Technical Package** (**www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf**) is a compilation of the best available evidence related to sexual violence primary prevention strategies. Its purpose is to help organizations incorporate prevention activities with the greatest potential for effectiveness into their programming. Five strategies have been identified, with multiple approaches and evidence provided within each strategy. The five strategies that make up "STOP SV" (**Figure 4**) include:

**1)** promote social norms that protect against violence,
**2)** teach skills to prevent sexual violence,
**3)** provide opportunities to empower and support girls and women,
**4)** create protective environments, and
**5)** support victims/survivors to lessen harms.

**Figure 4: STOP SV Strategies**


**SOURCE: https://www.cdc.gov/violenceprevention/pub/technical-packages/infographic/sv.html**

# Anonymous and Confidential Help 24/7

- Utah Rape and Sexual Assault Crisis Line **1-888-421-1100**
- Utah Domestic Violence Link Line **1-800-897-LINK (5465)**
- National Domestic Violence Hotline **thehotline.org**, **1-800-799-SAFE (7233), 1-800-787-3224 (TTY)**
- National Suicide Prevention Lifeline **1-800-273-8255**

# Resources

- CDC Violence Prevention **cdc.gov/ViolencePrevention/index.html**
- Utah Coalition Against Sexual Assault (UCASA) **ucasa.org**
- Utah Domestic Violence Council (UDVC) **udvac.org/home.html or 801-521-5544**
- Utah Department of Health Violence & Injury Prevention Program **health.utah.gov/vipp**

# Laws

- In Utah, the age of consent is 18. Minors who are 16- or 17-years-old cannot consent to sexual activity with another person who is more than seven years older than them. (Utah Code 76-5-401.2)
- Anyone who has reason to believe that a child is being abused or neglected must notify the Utah Division of Child & Family Services (DCFS), a peace officer, or law enforcement agency. To report child abuse, call 1-855-323-3237. (Utah Code 62A-4a-403)
- Anyone who has reason to believe a vulnerable adult (elderly or disabled person) is being abused, neglected, or exploited must notify Adult Protective Services or the nearest law enforcement office. To report elderly or vulnerable person abuse, call 1-800-371-7897 or visit https://daas.utah.gov/adult-protective-services. (Utah Code 62A-3-305)
- Any person who believes they are a victim of stalking may file a petition for a stalking injunction at the district court. A stalking injunction may be given regardless of the relationship with the stalker. www.utcourts.gov/resources/forms/civilstalking (Utah Statute 77-3a-101(2))
- If a person has been harmed or fears harm by a relative, current or former cohabitant, someone they share a child with, or if the petitioner is pregnant by the respondent and is at least 16-years-old, married, or emancipated, that person may file a petition for a protective order at the district court. www.utcourts.gov/abuse/information (Utah Code 78B-7-105)

# Data Collection

To estimate the lifetime prevalence of SV in Utah, individuals 18 years and older were asked questions from the Utah Behavioral Risk Factor Surveillance System (BRFSS) about their experience with unwanted sex and includes times when the individual was unable to give consent. The BRFSS is a phone survey taken from a representative sample of the Utah population. The facts and figures on SV come from the results of this survey.

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**Our Mission** is to provide trusted and comprehensive data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.