

# BUILDING COLLECTIVE RESILIENCE AND RESPONSIBILITY IN THE FACE OF SEXUAL VIOLENCE



Preventing and ending child sexual abuse, and all sexual violence, is not only possible but a social and moral imperative. Children are full of opportunity, and it is our collective responsibility to nurture and facilitate positive experiences that help them realize it. Building collective resilience and responsibility to protect and support children can both prevent child sexual abuse and help children who have already experienced abuse and trauma get the support they need to heal.

## **Sexual Violence Is a Preventable Public Health Problem**

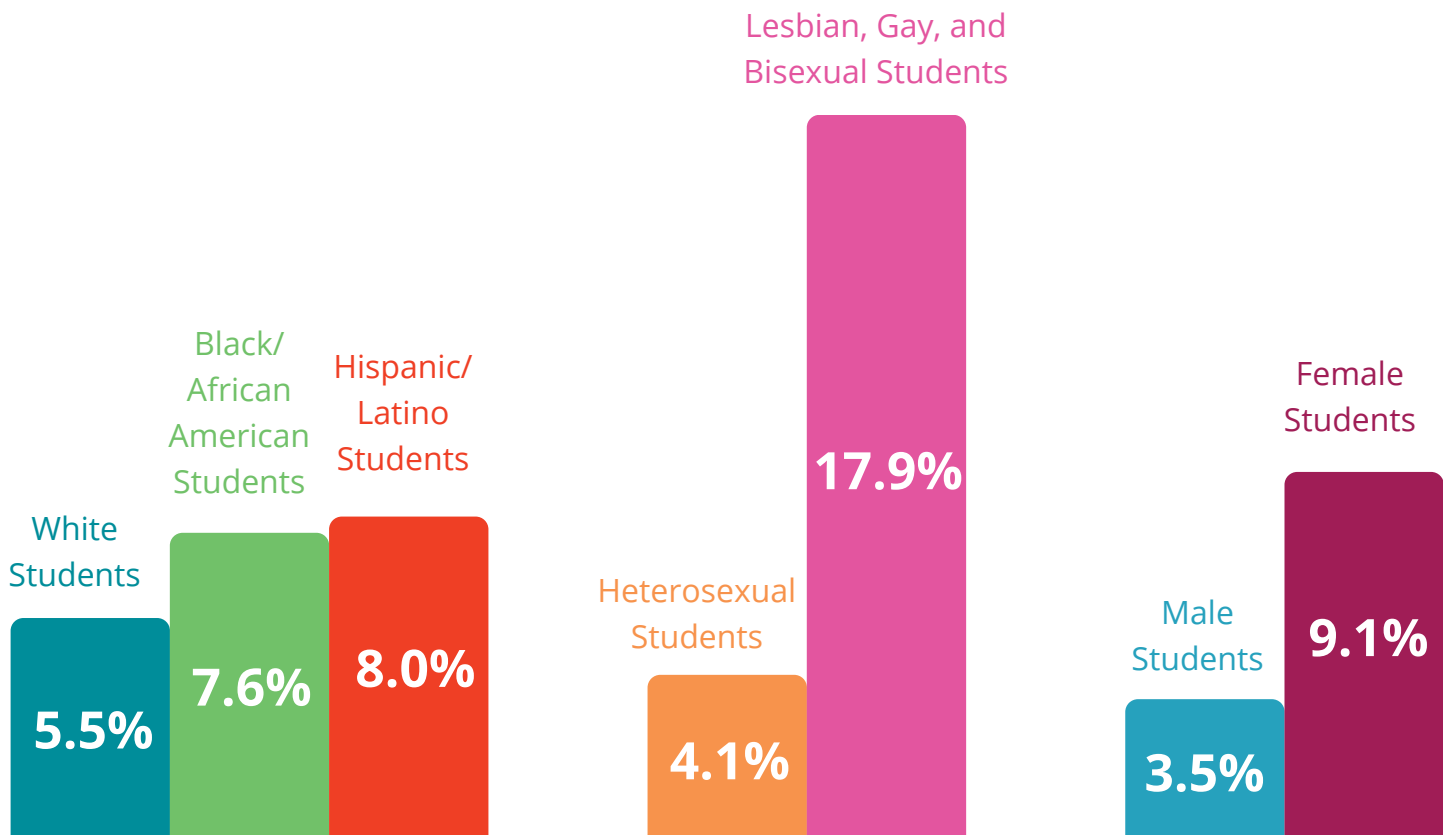
Sexual violence is a public health problem. Millions of people worldwide experience sexual violence every year. Sexual violence occurs across the lifespan, with the first experience often occurring during childhood.<sup>1</sup> Sexual violence has immediate and long-term sexual, physical, and mental health impacts on the victim/survivor. These may include post-traumatic stress disorder, depression, anxiety, chronic diseases, sexually transmitted infections, unintended pregnancy, and engaging in risk behaviors, including increased risk for substance use, including opioids.<sup>2-4</sup> Additionally, sexual violence is associated with experiences of other types of violence, such as suicide, intimate partner violence, exposure to community violence, and violence involving a weapon.<sup>5-6</sup>

**In the US, approximately 54.3% of females, 30.7% of males, and 47% of transgender individuals report sexual violence involving physical contact in their lifetime.<sup>1+7</sup>**

## The Pervasiveness of Child Sexual Abuse

In the US, approximately 1 in 4 girls and 1 in 20 boys experience sexual violence before the age of 18.<sup>8</sup> Nearly half of all females who experienced rape first did so prior to the age of 18; 14.0% prior to age 11 and 34.9% when aged 11 to 17. Just over 40% of males who were made to penetrate someone experienced this abuse when they were younger than 18; 8.4% prior to age 11 and 32.7% when aged 11 to 17.<sup>1</sup>

Although these same population level data are not available for the state of Connecticut, according to results of the 2019 Connecticut School Health Survey, 6.2% of high school students reported ever being forced to have sexual intercourse. However rates are much higher among certain groups of students. In addition, those students who reported being forced to have sex, were significantly more likely than students who had never been forced to have sex to have exhibited symptoms of depression, seriously considered suicide; and/or attempted suicide. They were also more likely to have used prescription medication not prescribed to them or to have used it differently than it was prescribed; frequently smoke cigarettes, and binge drink.<sup>9</sup>



Percentage of students who report being forced to have sexual intercourse, 2019 CT School Health Survey

## Sexual Violence and ACEs

Sexual abuse in childhood is one of a number of adverse childhood experiences (ACEs), which are potentially traumatic childhood events linked to a greater risk for adverse health outcomes and other issues in adulthood. The stress from experiencing one or more of these events in childhood can disrupt social, emotional, and cognitive development, and put people at risk for a wide range of issues for the rest of their lives, including depression, substance misuse, suicide, sexually transmitted infections, cancer, diabetes, lower educational attainment, unemployment, and early death. There is a graded relationship between the number of ACEs in someone's history (their "ACEs score") and their risk for negative outcomes. Each additional ACE a person experiences increases their risk of leading a shorter, sicker life.<sup>10</sup>

**In Connecticut, a person who experienced three or more ACEs was 5.1 times more likely to experience sexual violence in adulthood than someone with no ACEs.**

*Adverse Childhood Experiences in Connecticut, Connecticut Department of Public Health, 2018*

## Lasting Impacts of ACEs



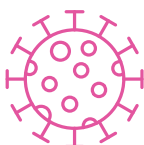
**Mental health struggles**



**Risky Behaviors**



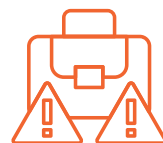
**Injury**



**Chronic & infectious disease**



**Poor maternal health outcomes or unwanted pregnancy**



**Loss of education, career, and income opportunities**

## ACEs in Connecticut

Sexual violence is both an adverse childhood experience and a potential outcome of having experienced multiple ACEs.<sup>11</sup> Being sexually abused as a child is the strongest predictor for experiencing sexual violence as an adult.<sup>12</sup> In Connecticut, individuals who experienced sexual abuse as children experienced higher rates of a range of negative health outcomes than those who had not experienced sexual assault as children; a person who experienced three or more ACEs was 5.1 times more likely to experience sexual violence in adulthood than someone with no ACEs.<sup>13</sup>

## What We Can Do

It is possible to prevent ACEs and to intervene early to support kids with high ACEs scores. Through collective action, we can create and strengthen policies that protect children in our communities. To better care for children in our community, we should:

- Invest in primary prevention of sexual violence, including programs that equip adults with the skills needed to recognize and stop grooming and child sexual abuse.
- Invest in evidence-based social-emotional learning curricula and comprehensive, age-appropriate sex education for all students from grades K-12.
- Propose and support policies that will keep victim services fully funded so survivors of sexual abuse can get the support they need.
- Create and support policies that prevent adverse childhood experiences by supporting the economic, physical, and mental well-being of children and families.
- Collect ACE data, statewide at intervals throughout childhood as a surveillance tool to measure population-level prevalence of ACEs and the impact of interventions.
- Connect children with safe, trusted mentors.

Child sexual abuse is devastatingly prevalent in our society, but it doesn't have to be. When we come together as a community, we have the power to protect children and ensure they have the resources and support they need to thrive.

*Citations can be found at [www.endsexualviolencect.org](http://www.endsexualviolencect.org) or by reaching out to [info@endsexualviolencect.org](mailto:info@endsexualviolencect.org)*

Connecticut Alliance to End Sexual Violence | 96 Pitkin Street, East Hartford, CT 06108  
860-282-9881 | 860-291-9335 (fax) | [info@endsexualviolencect.org](mailto:info@endsexualviolencect.org) | [endsexualviolencect.org](http://endsexualviolencect.org)

Statewide 24 Hour Toll Free Hotline  
**1-888-999-5545 English (Call or Text) | 1-888-568-8332 Español**



# COMMUNITY PREVENTION OF CHILD SEXUAL ABUSE

Sexual violence, especially sexual violence against children, is a public health crisis. We must work together to combat its prevalence in our communities, and it is our collective responsibility to protect children in our communities and end child sexual abuse.

***The CDC reports that approximately 1 in 4 girls and 1 in 13 boys experience sexual violence before the age of 18 in the US.***

We are committed to building community strategies to keep children safe to prevent child sexual abuse and help support children who have already experienced abuse and trauma.

## **Sexual Violence is a Public Health Issue**

Sexual violence has an immediate and long-term impact on victims and survivors. It impacts survivors' physical and mental health and can lead to issues including post-traumatic stress disorder, depression, anxiety, sexually transmitted infections, pregnancy, and increased risk for substance abuse. Sexual violence is also associated with experiences of other types of violence, including suicide, intimate partner violence, and violence involving a weapon.

Sexual abuse in childhood, specifically, is linked to a greater risk of adverse health outcomes in adulthood. It can disrupt healthy development and put people at risk for a wide range of issues throughout their lives—including depression, substance misuse, STIs, cancer, unemployment, and early death.

***IN CONNECTICUT, A PERSON WHO EXPERIENCED THREE OR MORE ACES WAS 5.1 TIMES MORE LIKELY TO EXPERIENCE SEXUAL VIOLENCE IN ADULTHOOD THAN SOMEONE WITH NO ACES.***



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*If you suspect that child abuse has already occurred and you are a mandated reporter, it is your personal responsibility to make a report to the DCF careline at 800-842-2288. Become familiar with that responsibility, as well as any other reporting mandates or policies that exist in your workplace*

***To learn more, visit [endsexualviolencect.org/grooming](https://endsexualviolencect.org/grooming)***

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