

Sexual Violence & Sexual Health Education

Background



Sexual violence (SV) occurs when a person uses control, force, or pressure to make someone participate in an unwanted sexual act.¹ Young people are disproportionately affected by sexual violence.²⁻³ In the US, **one in ten adolescents** are victims of SV (17% of females, 5% of males).⁴ Rates increase to **20-25% among college-aged youth**, with females at more than twice the risk as males.⁵⁻⁶

Experiencing SV in youth leads to negative physical, mental, and social health outcomes lasting throughout adulthood, such as:⁷⁻¹²



PTSD, anxiety, depression, and suicide risk



Risk behavior such as substance use, risky sexual behavior, bullying, crime, and violence



Reduced school engagement and academic outcomes



Repeat sexual victimization, unintended pregnancy & sexually transmitted infections

Sexual Violence Among Youth In Colorado

2019 HKCS Results

Demographic	Forced to have sexual intercourse when they did not want to
% (95% Confidence Interval)	
Colorado	6.7 (6.5, 7.0)
Sex	
Female	10.1* (9.6, 10.6)
Male	3.4 (3.1, 3.7)
Race/Ethnicity	
American Indian	11.4* (7.9, 14.9)
Asian	3.9 (2.8, 5.1)
Black	5.0 (4.0, 6.0)
Hispanic/Latinx	7.2* (6.8, 7.7)
Pacific Islander	8.8 (5.4, 12.1)
White	6.4 (5.9, 6.8)
Multiple	9.0* (7.4, 10.6)
Sexual Orientation	
Heterosexual	4.9 (4.6, 5.1)
Lesbian, Gay, or Bisexual	18.5* (17.3, 19.7)
Unsure	10.6* (8.9, 12.4)
Gender Identity	
Cisgender	6.4 (6.2, 6.7)
Transgender	27.2* (22.8, 31.7)

*Significant difference by sex, race/ethnicity (ref: White), sexual orientation (ref: heterosexual), or gender identity at 0.05 level. †

Data on SV among high school students is available through the **Healthy Kids Colorado Survey (HKCS)**, Colorado’s only comprehensive survey on the health and well-being of young people. The HKCS is administered to secondary students during odd-numbered years.

As shown in the table, severe disparities exist in SV, affecting certain young people at disproportionate rates. **Health inequities** are consequences of systemic racism & discrimination, rather than individual behaviors. Reducing such inequities through systems change can help improve opportunities for all Coloradans.

Young people who are female, American Indian, Latinx, multi-racial, or who identify as LGBTQ have the highest rates of experiencing SV victimization as compared to their peers.

In 2019, new questions were added to the HKCS (high school only) to assess **SV perpetration** and inform prevention work. Efforts are underway to engage with communities around these findings.

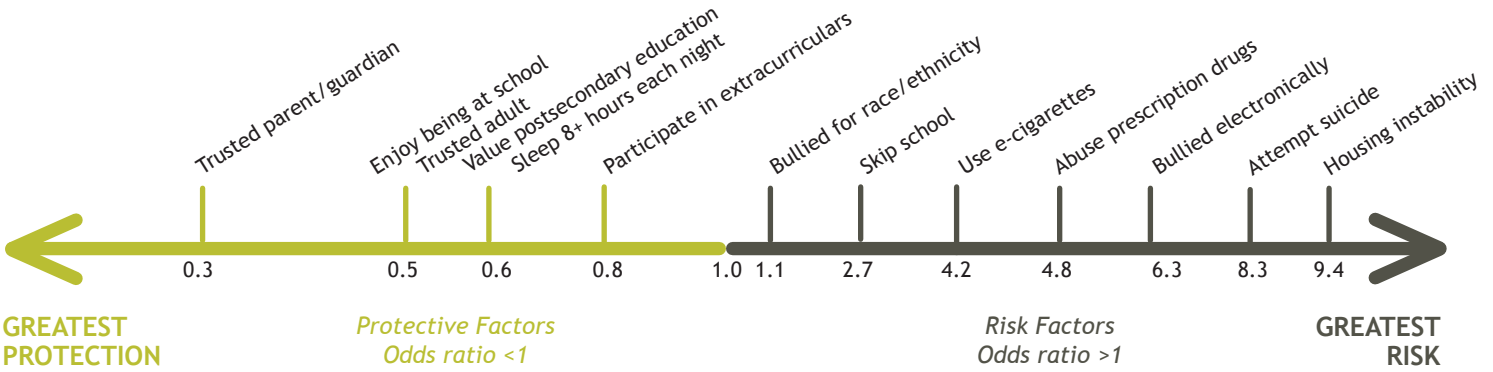
7.9%
of students reported making sexual comments, jokes, or looks at someone when unwanted

4.0%
of students reported touching, grabbing, or pinching someone in a sexual way when unwanted

† Throughout this brief, a significance level of 0.05 is used - meaning there is a 5% risk of concluding that a difference exists when there is no actual difference.

Protective & Risk Factors of Sexual Violence

Factors significantly associated with **decreased** or increased likelihood of being a victim of SV, reported as odds ratios (ORs).



Results from an analysis of 2019 HKCS data are shown as odds ratios (ORs), used to measure the association between a select health behavior and SV victimization. As shown above, having a trusted adult is a strong protective factor against experiencing SV, reducing the odds by 70% (OR 0.3). Conversely, students facing housing instability are 9.4 times more likely than those with stable housing to experience SV. Awareness of these associated factors is important for prevention and treatment of sexual violence in adolescence.

Experiencing SV - specifically being forced to have sex - is a risk factor for SV perpetration, both verbal (OR 3.0) and physical (OR 7.3). Additionally, both SV victimization and perpetration have similar risk & protective factors. **Therefore, efforts to reduce SV victimization can also effectively prevent against SV perpetration.**

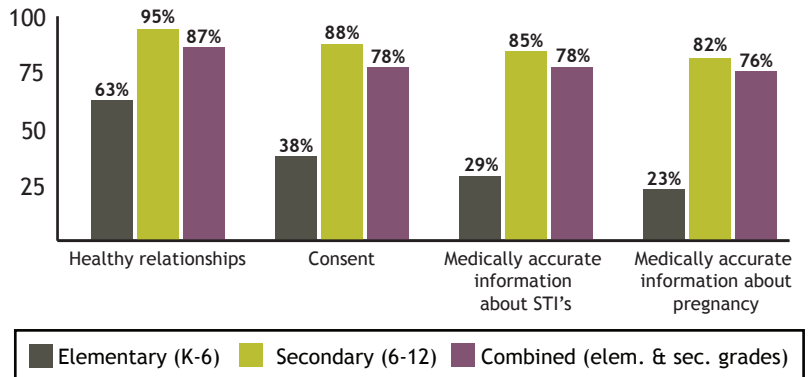
Comprehensive Human Sexuality Education

In May 2019, Colorado passed House Bill (HB) 19-1032 which clarifies requirements for **comprehensive human sexuality education (CHSE)** in public schools.¹³

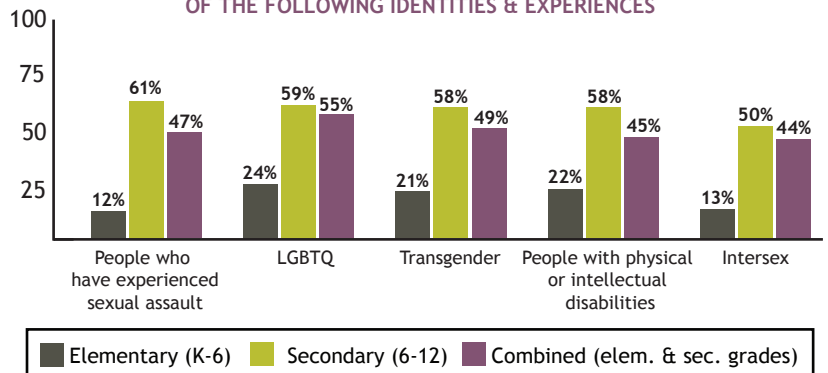
Schools teaching sexual health education must **include instruction** that is medically accurate, age appropriate, based in a positive development framework, and inclusive of experiences of youth historically left out of sexual health education (e.g., communities of color, immigrant communities, LGBTQ youth, people who are intersex, people with physical or intellectual disabilities, people who have experienced SV).

Information on sexual health education in schools is collected through the **Colorado Healthy Schools Smart Source (Smart Source)**, the state's comprehensive inventory of school health best practices used to guide schools and districts in their health & wellness efforts. Smart Source is completed by staff members during odd-numbered years. Questions were aligned with CHSE legislation in 2019.

% OF SCHOOLS TEACHING THE FOLLOWING SEXUAL HEALTH EDUCATION TOPICS



% OF SCHOOLS TEACHING SEXUAL HEALTH EDUCATION INCLUSIVE OF THE FOLLOWING IDENTITIES & EXPERIENCES



Impact of Sexual Health Education on Student Health

Exploring the effect of sexual health education on youth health outcomes in Colorado

STUDY DESIGN

An analysis using results from **2019 Smart Source & HKCS** was conducted in order to explore the association between sexual health education in high schools and student health behaviors & outcomes. **High schools** were included in this study if they **participated in both surveys** (n=155), and split into two groups: schools that reported teaching content for comprehensive human sexuality education (n=83)* vs. schools reporting no sexual health education (n=72).

**For adequate sample size, schools were included if they taught content specific to CHSE, which may not account for culturally-sensitive information (a critical component of CHSE).*

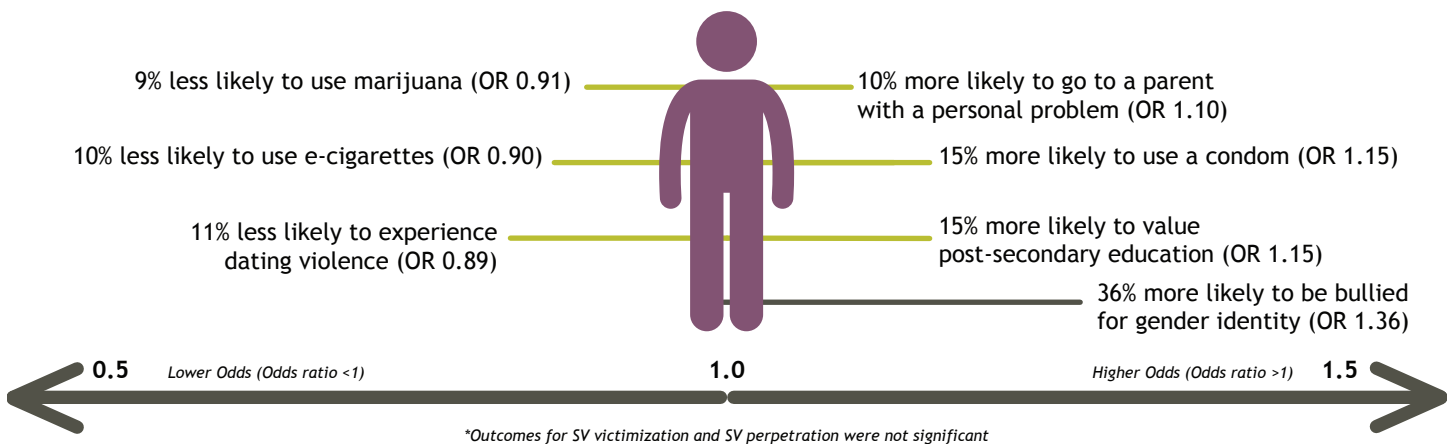
LOOKING AT HIGH SCHOOLS WITH SEXUAL HEALTH EDUCATION

- Located evenly across rural, suburban, and urban settings
- $\frac{3}{4}$ had **low free or reduced priced lunch** (FRL) eligibility
- Majority of students reported **above average mother's education**
- Served primarily **white** students (57%), followed by **Latinx** (30%)

54%
of high schools
taught sexual
health education
in 2019

ASSOCIATED STUDENT HEALTH OUTCOMES

Compared with their peers, students in high schools with sexual health education had significant differences in the following **positive** or negative health outcomes, reported as odds ratios (ORs).



Key Takeaways

By in large, **positive associations** were observed between high schools providing sexual health education and student health outcomes. Importantly, these included known **protective factors** that reduce the likelihood of experiencing sexual violence (i.e., having a trusted parent/guardian, valuing post-secondary education). The single negative finding, an increase in bullying for gender identity, is possibly due to recency bias where students learning about gender identity may be more likely to recognize and report associated bullying.

Findings should be framed within the **limitations** that both surveys are **cross-sectional** and causality may not be inferred. Together with other robust studies, however, these results help make the case that sexual health education is important for the **prevention of sexual violence** and the **promotion of youth health** overall.

Resources

1. Healthy Kids Colorado Survey & Smart Source: www.healthykidscolo.org
2. Colorado Department of Public Health and Environment (CDPHE). Human Sexuality Education (CHSE) Grant Program: <https://cdphe.colorado.gov/prevention-and-wellness/violence-and-injury-prevention-mental-health-promotion-branch/human>
3. Colorado Department of Education (CDE). Policies and Guidelines for Colorado Comprehensive Health and Physical Education Standards and Instruction: <https://www.cde.state.co.us/cohealth/policiesandguidelines-health>
4. Colorado Coalition Against Sexual Assault: <https://www.ccasa.org/>
5. National Sexual Violence Resource Center: <https://www.nsvrc.org/>
6. RAINN (2019). About Sexual Assault: <https://www.rainn.org/about-sexual-assault>

References

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7. The Centers for Disease Control and Prevention (2019), Violence Prevention: Preventing Teen Dating Violence. Retrieved from: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html>
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9. Holmes K, Sher L. Dating violence and suicidal behavior in adolescents. *Int J Adolesc Med Health*. 2013; 25: 267-261.
10. Kilpatrick DG, Ruggiero KJ, Acierno R, et al. Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: results from the national survey of adolescents. *J Consult Clin Psychol*. 2003; 71: 692-700.
11. Martz DM, Jameson JP, Page AD. Psychological health and academic success in rural Appalachian adolescents exposed to physical and sexual interpersonal violence. *Am J Orthopsychiatry*. 2016; 86: 594-601
12. Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *JAMA*. 2001; 286: 572-579.
13. Colorado General Assembly (2019). HB19-1032. Comprehensive Human Sexuality Education: Concerning comprehensive human sexuality education, and, in connection therewith, making an appropriation. Retrieved from: <https://leg.colorado.gov/bills/hb19-1032>

