Approximately 1 in 21 men state they have been made to penetrate someone else, and 13% of women and 6% of men are sexually coerced in their lifetimes.

In the United States, 1 in 5 women and 1 in 71 men have been raped in their lifetime and nearly 1 in 2 women and 1 in 5 men have experienced other forms of sexual violence at some point in their lives.

Sexual violence is a very serious public health problem that affects millions of women and men.

Many Victims do not Disclose Sexual Violence

Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence. Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victim’s will or involve a victim who is unable to consent.

Sexual violence also includes:
- Unwanted sexual contact, and
- Non-contact unwanted sexual experiences (such as verbal sexual harassment)

Sexual violence can be committed by anyone:
- A current or former intimate partner
- A family member
- A person in position of power or trust
- A friend or acquaintance
- A stranger, or someone known only by sight

Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. Victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.
Cocaine may increase stroke risk within 24 hours of use

Study Highlights:
- Cocaine greatly increases ischemic stroke risk in young adults within 24 hours of use.
- Stroke risk associated with acute cocaine use is much higher than other stroke risk factors, such as diabetes, high blood pressure and smoking.

Feb. 12, 2014 — Cocaine greatly increases ischemic stroke risk in young adults within 24 hours of use, according to research presented at the American Stroke Association’s International Stroke Conference 2014.

Ischemic strokes occur when a blood vessel supplying blood to the brain becomes blocked, preventing a continuous supply of blood to the brain.

“We set out to understand what factors contribute to stroke risk in young adults,” said Yu-Ching Cheng, Ph.D., research scientist at Baltimore Veterans Affairs Medical Center and assistant professor of medicine at the University of Maryland School of Medicine. “These factors could be personal behaviors, medical or environmental factors, or genetic factors. “Cocaine use is one of the risk factors we investigated and we were surprised at how strong an association there is between cocaine and stroke risk in young adults. We found the stroke risk associated with acute cocaine use is much higher than some other stroke risk factors, such as diabetes, high blood pressure and smoking.”

Researchers compared 1,101 people 15 to 49 years old in the Baltimore-Washington, D.C. area who had strokes in 1991-2008 to 1,154 people of similar ages in the general population. More than a quarter of the people in both groups said they had a history of cocaine use, with men being twice as likely as women to report using the drug. Researchers found: Having a history of cocaine use wasn’t associated with ischemic stroke, regardless of a person’s gender or ethnicity; however, reported acute use of cocaine in the 24 hours prior to stroke was strongly associated with increased risk of stroke across different ethnicities. Participants were six to seven times more likely to suffer an ischemic stroke within 24 hours of cocaine use.

This elevated stroke risk seemed similar in Caucasians and African-Americans. “Cocaine is not only addictive, it can also lead to disability or death from stroke,” Cheng said. “With few exceptions, we believe every young stroke patient should be screened for drug abuse at the time of hospital admission. “Despite the strong stroke risk associated with acute cocaine use, in our study only about one-third of young stroke patients had toxicology screenings done during hospitalization. We think the percentage of cocaine use could be higher than we’ve reported.”

Co-authors are Saad A. Qadwai, M.D.; Kathleen A. Ryan, M.P.H.; John W. Cole, M.D., M.S.; and Steven J. Kittner, M.D., M.P.H.
Prevention: WHAT is the focus?

To prevent sexual violence, we have to understand what circumstances and factors influence its occurrence. There are many different theoretical models that attempt to describe the root causes of sexual violence. Each of these models contributes to a better understanding of sexual violence and helps experts build programs that sustain protective factors and reduce modifiable risk factors. The CDC uses an ecological model as part of the framework. Building such a model offers a framework for understanding the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence sexual violence (Dahlberg and Krug 2002) and also provides key points for prevention and intervention (Powell, Mercy, Crosby, et al. 1999).

Individual-level influences are biological and include personal history factors that increase the likelihood that an individual will become a victim or perpetrator of violence. For example, factors such as alcohol and/or drug use; attitudes and beliefs that support sexual violence; impulsive and other antisocial tendencies; preference for impersonal sex; hostility towards women; and childhood history of sexual abuse or witnessing family violence may influence an individual’s behavior choices that lead to perpetration of sexual violence (Dahlberg and Krug 2002).

Interventions for individual-level influences are often designed to target social and cognitive skills and behavior and include approaches such as counseling, therapy, and educational training sessions (Powell et al. 1999).

Interpersonal relationship-level influences are factors that increase risk as a result of relationships with peers, intimate partners, and family members. A person’s closest social circle—peers, partners, and family members—can shape the individual’s behavior and range of experience (Dahlberg and Krug 2002). Interventions for interpersonal relationship-level influences could include family therapy, bystander intervention skill development, and parenting training (Powell et al. 1999).

Community-level influences are factors that increase risk based on community and social environments and include an individual’s experiences and relationships with schools, workplaces, and neighborhoods. For example, lack of sexual harassment policies in the workplace can send a message that sexual harassment is tolerated, and that there may be few or no consequences for those who harass others. Interventions for community-level influences are typically designed to impact the climate, systems, and policies.

Societal-level influences are larger, macro-level factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people. For example, rape is more common in cultures that promote male sexual entitlement and support an ideology of male superiority (Dahlberg and Krug 2002). Interventions for societal-level influences typically involve collaborations by multiple partners to change laws and policies related to sexual violence or gender inequality. (Powell et al. 1999).

Prevention: WHEN do we intervene?

Public health interventions are often grouped into three prevention categories based on when the intervention occurs.

Sexual violence interventions can be divided into the following three categories:

Primary Prevention: Approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization.

Secondary Prevention: Immediate responses after sexual violence has occurred to deal with the short-term consequences of violence.

Tertiary Prevention: Long-term responses after sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions.
Fluorescent Dye May Help Spot Date-Rape Drug in Drinks

Researchers say they’ve developed a simple new test that quickly detects the date-rape drug GHB in drinks. GHB (gamma-hydroxybutyric acid), a central nervous system depressant, is one of the most commonly used date-rape drugs. Spiking drinks with GHB, which is odorless and colorless, incapacitates victims, making them vulnerable to sexual assault.

When the fluorescent compound is mixed with a sample of drink containing GHB, the mixture changes color in less than 30 seconds, according to the research team at the National University of Singapore. The researchers tested a number of fluorescent compounds with a wide range of GHB concentrations and identified one called GHB Orange that changes color when mixed with the date-rape drug.

The team then tested the ability of GHB Orange to detect GHB in different types of alcoholic and non-alcoholic drinks and found that it was effective, according to the study, published recently in the journal Chemical Communications.