

INJURY UPDATE

*A Report to Oklahoma Injury Surveillance Participants**

April 20, 2012

High-Risk Sexual Behaviors among Youth Who Experienced Rape: Findings from the Youth Risk Behavior Survey, Oklahoma, 2009-2011

Rape has been described as a “tragedy of youth.” The 2010 National Intimate Partner and Sexual Violence Survey estimated that 18% of women and 1% of men in the U.S. had been raped at some time in their lifetime and most female victims of completed rape (80%) experienced their first rape before the age of 25; 42% experienced their first completed rape before the age of 18 years. A 2006 random telephone survey of Oklahoma women 18-35 years of age found that nearly one-third (31%) of the women surveyed had been sexually assaulted in their life; 78% of these women were 10-24 years of age at the time of the most recent sexual assault.

The trauma of sexual assault can result in long-term emotional and health consequences. According to the Centers for Disease Control and Prevention, sexual violence can impact physical and mental health, and health-related behaviors. Studies have shown that adult women who experienced rape were more likely to engage in negative health behaviors including high-risk sexual behaviors.

Data from the 2009 and 2011 Youth Risk Behavior Survey (YRBS) were used to examine the prevalence and co-occurrence of experiencing forced sex (rape) and high-risk sexual behaviors among public high school students in Oklahoma. The YRBS is administered during odd-numbered years to randomly selected schools statewide. The data are weighted so that the results are representative of all public high school students in grades 9-12 in Oklahoma. Students were asked: “Have you ever been physically forced to have sexual intercourse when you did not want to?” (forced sex).

During 2009-2011, 8% of Oklahoma high school students reported forced sex in their life. The prevalence of forced sex was three times higher among girls than boys, 12% vs. 4%. The highest rates were among students identifying themselves as multiple race (11%) and black students (10%), followed by white (8%) and Hispanic students (7%). Students in grade 12 had higher rates of forced sex (10%) than students in other grades (Table 1).

Table 1. Prevalence (%) of Forced Sex and High-Risk Sexual Behaviors by Demographic Characteristics, Oklahoma YRBS, 2009-2011

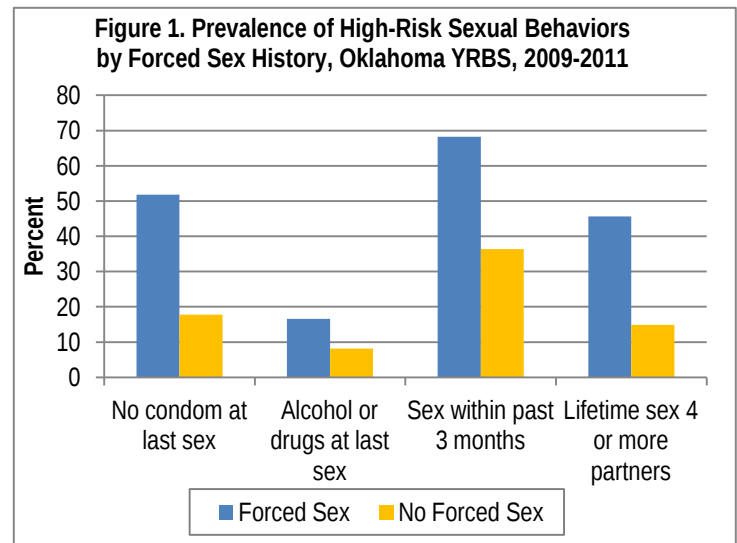
	Ever Been Forced to Have Sex	No Condom at Last Sex	Alcohol or Drugs at Last Sex	Sex within Past 3 Months	Lifetime Sex 4 or More Partners
Female†	11.7	23.5	8.4	39.7	15
Male	3.6*	17.2*	8.9	37.9	19.3*
9 th Grade†	5.4	11.6	4.7	23.5	9.5
12 th Grade	10.1*	30.1*	12.9*	56.5*	24.5*
White†	8	20.5	8.2	36.4	15
Black	10.3	15.2	9.6	46.6*	22.8*
Native American	4.5	21.8	9.8	45.9*	23.1*
Hispanic	7.4	21.2	8.4	34.7	14.6
Multiple Race	10.5	22.9	12	31.5	11.4
Total	7.6	20.3	8.7	38.7	17.1
†Reference group for each demographic subgroup					
*Percentage is significantly different than the reference group					



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According to the YRBS results, a substantial number of high school students in Oklahoma engaged in high-risk sexual behaviors. Thirty-nine percent of students had sex in the past three months and 17% had four or more sexual partners in their lifetime. Among students who were sexually active, 20% did not use a condom the last time they had sex, and 9% used alcohol or other drugs the last time they had sex (Table 1).

Students who had been forced to have sex engaged in high-risk sexual behaviors more often than students who had not. More than half (52%) of students who had been forced to have sex did not use a condom compared to 17% of students who had not experienced forced sex. Seventeen percent used alcohol or drugs at last sex compared to 8% of students who had not experienced forced sex. Victims of forced sex also reported higher rates of sexual activity in the past 3 months (68% vs. 37%) and having had four or more sexual partners in their lifetime (46% vs. 15%) (Figure 1).



Prevention

The YRBS data indicate a need for high school students, especially girls, to have access to sexual assault services. Schools and youth serving organizations, including churches and faith-based organizations, can create a safe environment for youth by implementing strong anti-violence policies including sanctions against perpetrating sexual harassment, sexual assault, and rape. Policies and programs should be implemented to encourage reporting rape and sexual assault to adults who have been trained in responding to trauma. Local domestic violence and sexual assault programs can provide crisis services and counseling to victims of rape and sexual assault. Additionally, these programs can provide education to youth aimed at preventing sexual violence.

Comprehensive programs such as *Expect Respect* provide both support services and rape prevention education to youth. Rape prevention education should start early in middle school. Prevention efforts should focus on reducing risk factors including hostility towards women, sexually aggressive behavior, gender-based bullying, prior exposure to violence, dating violence, and impulsive and antisocial behavior. Including dating and sexual violence prevention education, such as the *Safe Dates* curriculum, in middle and high-school should impact other health factors including high-risk sexual behaviors.

While a substantial number of students engaged in high-risk sexual behaviors, students who had ever been forced to have sex were much more likely to have engaged in those behaviors than those who had not ever been forced to have sex. Healthcare providers should screen youth for unsafe sexual practices and for a history of rape or sexual assault. If indicated, healthcare providers should make a referral to a certified domestic and sexual assault service provider in their area. The strong link between experiencing sexual assault and engaging in high-risk sexual behavior shows that efforts to prevent teen pregnancy and sexually transmitted infections should also include sexual violence prevention education.

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