Adolescent Sexual Assault: Identifying and Overcoming Challenges Through Coordinated Responses

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Why focus on adolescents?

Adolescents are unique from a developmental standpoint.

• Stronger reasoning skills, logical and moral thinking, abstract thinking, rational judgment
• Better impulse control, decision-making, and planning

Cavanaugh, 2018; Ellsberg et al., 2017
Adolescents are unique from a developmental standpoint.

Adolescents are unique in that they experience higher rates of sexual assault than any other age group.
Adolescent sexual assault is relatively common.

• 6-11% of 12-17 years olds report being forced to have sex.

• At age 15, 16.8% of females report lifetime sexual abuse or assault.

• At age 17, 26.6% of females report lifetime sexual abuse or assault.

• Adolescents are 2-2.5x more likely to be sexually assaulted than adults.
Adolescent sexual assault is relatively common.

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- At age 15, 16.8% of females report lifetime sexual abuse or assault.
- At age 17, 26.6% of females report lifetime sexual abuse or assault.
- Adolescents are 2-2.5x more likely to be sexually assaulted than adults.
- 1/3 of women reporting lifetime rape were first raped as teens.
- Teen victims are 2-11x more likely to be assaulted again.
Perpetration

**Children**
- More likely to be someone the teen knows.
- More intrusive and violent for teens.

**Adolescents**
- More likely to be someone the teen knows.
- Physical force less common among teens.

**Adults**
- Less likely to be a relative of the teen.

Douglas & Finkelhor, 2011; Jones et al., 2003; Kilpatrick et al., 2003; Peipert & Domagalski, 1994

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Physical Force
- More intrusive and violent for teens.

Weapon Use
- Weapon use less common among teens.

Injury
- Non-anogenital injuries less common among teens.
- Anogenital injuries more common among teens.

Drugs and Alcohol
- Drug and alcohol use more common among teens.

Giroux et al., 2018; Jones et al., 2003; Mason et al., 1995; Peipert & Domagalski, 1994
Adolescents are unique from a legal and systems standpoint.

MA SANE Model of Care

1997 – Present

• Centrally managed through the MA Department of Public Health
• Trauma-informed/patient control and choice
• ED-response (12+ years)
• Partnered response with Rape Crisis Advocate
• Child Protection Reporting (51A)
Adolescents are unique from a legal and systems standpoint.

11  12  13  14  15  16  17  18

12 years old Consent to medical forensic exam from SANE

16 years old Legally consent to sex

16 years old No mandated report

MA Children’s Advocacy Centers

• Children’s Advocacy Centers
  • Development 2005 – present parallel to Pedi SANE development
  • Most CAC’s District Attorney-Based
  • Initial focus pre-pubertal patients – biggest concern for “suggestibility”
  • Evolving to be a response system for adolescents and child trafficking victims
  • Pediatric SANEs in 8 of state’s 12 CACs

Massachusetts Population = 6,902,149

Children/Youth = 1,380,430
US Census Bureau 2018
Concerns of CACs

- SANE interviews of patients would later contradict CAC forensic interview
- SANE documentation detailed to document injury & identify sources of potential evidence
- Crime labs and prosecutors reliant on information from SANE providers
- Confirm that SANEs “stay in their lane” and follow protocols

Concerns of CACs (cont.)

- SANE seen as the “gate keeper” for patients being referred to CAC versus system being variable from county to county.
- SANE practicing from an "empowerment" framework when patients 12 – 17 fall under a child protective mandate.
Challenge

How do we develop/refine a system in which the protective concerns of adolescents are addressed with a focus on youth development and empowerment?

Opportunity

MA SANE is a point-of-contact for many of the responding systems and in a unique position to bring together a wide-range of responders to begin to address these issues.

Purpose of Adolescent Taskforce

Goal: Provide adolescents with accurate information regarding system response to inform consent process.

• Increase knowledge among responders about other systems’ processes and mandates;
• Clarify misperceptions;
• Identify common ground;
• Develop system responses that are developmentally appropriate for adolescents
Adolescent Taskforce Membership

- 3 Counties in which we have CAC-based Pediatric SANEs/MDT response
- Different CAC models
  - DA-based
  - DA-based with non-profit arm
  - Non-profit based
- Police
- Department of Children and Families (DCF)

Adolescent Taskforce

- Monthly—bi/monthly meeting over 3 years
- 2 hour duration
- Only statewide forum where multi-disciplinary team members address this population
- Robust Working Group
- Bribe them with food!

Challenge 1:
Lack of understanding and misinformation about each others’ roles
The Challenge
Lack of understanding and misinformation about each other's roles.

Solution 1: Each responder group ‘walks through’ their response.

Our Solution
Each responder group ‘walks through’ their response.

Our Recommendation
✓ Do not assume you understand one another’s roles.
✓ Provide a venue for agencies to explain how they respond to cases.
Challenge 2:
Different responders bring different values, perspectives, and language

Solution 2:
Name the conflict and agree on how to handle it in the shared space
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<th>Our Solution</th>
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<td>Different responders bring different values, perspectives, and language.</td>
<td>Name the conflict and agree on how to handle it in the shared space.</td>
<td>✓ Do not avoid conflict at all costs. ✓ Do call attention to the conflicting perspectives so that they can be resolved.</td>
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**Challenge 3:**
Lack of clarity in how mandated reporting is implemented, and how it impacts teens.

**Solution 3:**
Develop a study to produce empirical information to inform decision making.
How does the mandatory reporting response impact adolescents’ experiences seeking post-assault medical care, in consideration of their expectations related to confidentiality and next steps?

Does the mandatory reporting response increase rates of successful prosecution?

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<td>None-the-less, all agree there is a shared space to address if needed.</td>
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<td>Lack of clarity in how mandated reporting is implemented, and how it impacts.</td>
<td>Develop a study to produce empirical information that can inform decision making.</td>
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Challenge 4: How to share what we learned outside of our group

- Do consult experts and existing research, and develop new research when needed.

- Do call attention to the conflicting perspectives so that they can be resolved.

- Do not assume the current way, or a new way, is necessarily the best way forward.

- Do consult experts and existing research, and develop new research when needed.
Guiding Principles and Priorities
- "A set of tenets that should serve as the foundation for all Responders..."

Commitments
- "A series of statements that apply to all Responders, and intended to provide more specificity as to what it means to implement the Guiding Principles..."

Application Checklists
- "Specific to different Responder groups and provide a series of directives that target the particular service and duties of each..."

The Challenge
- Lack of understanding and misinformation about each other's roles
- Different responders bring different values, perspectives, and language
- Lack of clarity in how mandated reporting is implemented, and how it impacts one
- How to share what we learned outside of our group

Our Solution
- Each responder group walks through their response
- Name the conflict and agree on how to handle it in the shared space
- Develop a study to produce empirical information that can inform decision-making
- Develop products for dissemination

Our Recommendation
- Do not assume you understand one another's roles.
- Do not assume the current way, or a new way, is necessarily the best way forward.
- Do not assume "if you build it, they will come."
- Do not avoid conflict at all costs.
- Do call attention to the conflicting perspectives so that they can be resolved.
- Do consult experts and existing research, and develop new research when needed.
- Do not assume you understand one another's roles.
- Do provide a venue for agencies to explain how they respond to cases.
- Do think about how you can support dissemination and use of what you're learning from the beginning.
- Do not assume you understand one another's roles.
Thank you.

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