



Sexual Violence and Adolescents

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Over the last three decades, researchers, clinicians, and other health advocates have explored the incidence, prevalence, and consequences of sexual violence occurring within the context of domestically violent relationships, including adult marital and cohabiting relationships. Until recently, sexually based crimes occurring within adolescent acquaintance and dating relationships have gone largely unnoticed (Wordes & Nunez, 2002). In fact, most research, education, and preventative measures with adolescent populations have largely been related to sexual violence perpetrated by a parent or caregiver. However, increased inquiry into rape and sexual assault among our nation's youth, such as the National Council on Crime and Delinquency's review of victimization of teenagers (Wordes & Nunez) and the U.S. Department of Justice's (USDOJ) evaluation of Sexual Victimization of College Women (Fisher, Cullen, and Turner, 2000), has focused attention on the nature and consequences of sexual violence occurring within our adolescent population. This attention has resulted in the inclusion of two Healthy People 2010 objectives that relate specifically to reducing rape, attempted rape, and sexual assault among the nation's child and adolescent population (Objectives 15.35 and 15.36) (CDC, 2001a).

Though much information exists on sexual violence occurring within adult relationships, extrapolation of these findings to relationships among adolescents, including acquaintance and dating relationships, is problematic (American Academy of Pediatrics, 2001). Despite many similarities, the risk factors for and consequences of sexual violence

within adolescent relationships differ from sexual violence within adult marital and cohabiting relationships. Furthermore, advocacy for and treatment of adolescent victims necessitates that their developmental level, their limited life experience, and their dependence on parents and other caregivers, be factored into the equation. As such, programs aimed at preventing sexual violence as well as counseling and clinical practices that provide care to those affected by sexually violent crimes must be tailored to meet the specialized needs of the adolescent population.

Purpose

The purpose of this paper is to review the current state of the science regarding sexual violence occurring in adolescent dating and acquaintance relationships. Sexual violence occurring at the hand of a family member, family friend, or stranger will not be reviewed. Adolescents, for the purpose of this review, will include high school and college students. An analysis of the factors associated with sexual victimization in adolescence as well as the consequences of this victimization will be described. Though an exhaustive review of the myriad sexual assault prevention paradigms, strategies, goals, and targets is beyond the scope of this review, several existing sexual assault prevention programs targeting adolescents will be described. Finally, limitations of the current data as well as recommendations for future research, practice, policy, and advocacy will be provided.

Review of the Data: Adolescent Sexual Violence

The World Health Organization (WHO), in their World Report on Violence and Health (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002), defined sexual violence as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work (pg. 149).

Sexual violence may include attempted and/or completed rape, sexual coercion and harassment, sexual contact with force or threat of force, and threat of rape (Fisher, Cullen, and Turner, 2000; WHO, 2002). According to the American Academy of Pediatrics (AAP), adolescents are more likely to experience sexually violent crimes than any other age group (AAP, 2001). In fact, greater than half of all victims of sexual crimes, including rape and sexual assault, are women under the age of 25 years. The National Crime Victim Survey (2000) noted that adolescent females age 16-19 are four times more likely than the general population to report sexual assault, rape, and attempted rape. Often this violence occurs within the context of dating or acquaintance relationships, with the female partner the likely victim of violence and the male partner the likely perpetrator. However, other forms of sexual violence occurring among our nation's youth, including sexual violence in gay and lesbian relationships, sexual violence perpetrated as hate crimes, and sexual violence as a form of hazing, while not included in this review, should not be disregarded.

Young Adolescents

Though most investigations regarding sexual

violence occurring among adolescents target college-age populations, there is growing evidence that sexual violence in dating and acquaintance relationships may occur among much younger populations (Beyer & Ogletree, 1998). In 1998 the Centers for Disease Control and Prevention's National Violence Against Women Survey, which explored the incidence and prevalence of both intimate partner violence and sexual violence, noted that one out of every six women has been the victim of rape or attempted rape by the age of 18 (Tjaden and Thoennes, 1998). Almost one-third (32%) of these assaults took place between the ages of 12 and 17 years.

When child sexual abuse by a parent or caregiver is excluded from the analysis, most sexual victimization experienced by young women is perpetrated by dating partners or acquaintances and may occur in the context of other dating violence, including physical and emotional abuse. Silverman, Raj, Mucci, and Hathaway (2001) noted that one in five female students reported experiencing physical and or sexual violence from a dating partner. While 10% reported physical abuse only and almost four percent (3.7% in 1997; 3.8% in 1999) reported sexual violence only, almost six percent (6.4% in 1997; 5.3% in 1999) of females attending public high school reported experiencing both physical and sexual violence at the hands of a dating partner.

Similar reports of physical violence and sexual victimization were noted among youth who participated in the CDC's Youth Risk Behavior Screening Survey (YRBSS) (CDC, 2001). The YRBSS, which assesses the risk behaviors among youth in America, allows for national, state, and local data to be compared, and thus facilitates the targeted improvement of health and prevention programs. In the most recent YRBSS (CDC, 2001) almost one in 10 females (9.8%) reported they had experienced physical violence by their boyfriend in the last year. African American and Hispanic adolescents were more likely than their Caucasian counterparts to report experiencing physical violence in dating relationships. With regard to forced sex, 2001 marked the first year that they YRBSS included a question regarding sexual victimization. Though the

perpetrator was not specified, over 7% of students in the 9th, 10th, and 11th grades reported they had been physically forced to have sex when they did not want to. This number grew to 9% among 12th graders (CDC, 2001). Again, females of specific ethnic and minority backgrounds, including African American (9.6%) and Hispanic (8.9%) females, were more likely to report forced intercourse than their Caucasian (6.9%) counterparts.

Rhynard, Kregs, and Glover (1997) explored the incidence of sexual assault among both male and female 8-12th grade students in a small Canadian community. Unlike other investigators, Rhynard, et al. inquired about the specific behaviors experienced by the victims, as well as the types of force used by the perpetrator, including verbal threats, physical violence, intimidation, and persistence. Though the age and sex of the dating partner was not specified, over one-quarter of the adolescent males and females reported they had experienced some type of forced sexual activity by a date. Among students who reported forced sexual activity by a date, the type of forced sexual behavior varied by sex with male students reporting slightly more forced kissing, fondling, and removal of clothing. In contrast, female victims reported more forced touching and sexual intercourse than their male counterparts. For almost half of the adolescents (40%) who reported a history of forced sexual activity by a date, victimization occurred on more than one occasion. When type of force was examined, female victims were more likely to report receiving verbal threats, intimidation, and persistence by their dating partners. In contrast, male victims were three times more likely than female victims to report that physical violence had been used by their date. Again, it is important to reiterate that this investigation did not address the age and sex of the dating partner, which may account for the elevated levels of physical violence reported by the adolescent males.

Statutory Rape

Over the last decade, there has been a growing interest in the partnering of adolescent females

with older adult males, often referred to as adult-teen sex (Donovan, 1997; Elstein & Davis, 1997; Harner, Burgess, & Asher, 2001; Lindberg, Sonenstein, Ku, and Martinez, 1997.) While most adult women do partner with slightly older males, application of this social norm to adolescent females has been linked to an increased risk for victimization, including physical and sexual violence. Furthermore, imbalances in power and control, financial resources, levels of life experience, and even physical strength and stature may place younger females partnered with adult males at risk for experiencing unplanned and unprotected sex, unwanted pregnancy, and exposure to sexually transmitted infections, including HIV and AIDS. While partnering with an older male may be considered consensual in nature to the female, her peers, and possibly her family, sexual relationships with significantly older males may meet the legal definition of statutory rape. As such, several teen advocacy and pregnancy prevention programs have called for increased utilization of existing statutory rape laws to aid in the prosecution and punishment of adult men who have sex with adolescent females (Harner, Burgess, & Asher, 2001).

Older Adolescents

Since one of the first cover stories on “date rape” hit the mainstream media in 1991 (Time Magazine, June 2, 1991), a vast amount of research has been conducted on the sexual victimization of women on college campuses. Lifetime prevalence rates of sexual violence within a dating or acquaintance relationship for college age women ranges from 20-68% (Rickert & Weinmann, 1998). In a recent investigation sponsored by the National Institute of Justice (NIJ), almost 3% of college women reported they had experienced a rape or attempted rape in the previous six months (1.7% victims of rape; 1.1% were victims of attempted rape) (Fisher, Cullen, & Turner, 2000). When these numbers are extrapolated to one full year, the authors estimated that almost five percent (4.9%) of college women experience sexual victimization in a

calendar year. Furthermore, Fisher, Cullen, and Turner (2000) noted that for every 1,000 women higher incidences of sexual victimization than older students (Humphrey & White, 2000).

Like younger adolescents, college age women are more likely to experience sexual victimization at the hands of a dating partner, acquaintance, or friend. According to Abbey, Ross, McDuffie, and Mcauslan (1996), almost all (80-95%) rapes that occur on college campuses are committed by someone known to the victim, with a majority of the perpetrators described as a steady dating partner. Similar rates were reported by Fisher, Cullen, and Turner (2000), who noted that 13% of completed rapes, 35% of attempted rapes, and 22.9% of threatened rapes occurred while on a date. Most of the assaults took place in the evening, during typical date hours, with one-third (36.5%) occurring between 6 PM and 12 AM and over half (51.8%) occurring after 12 AM. Approximately one-third (33.7%) of the completed rapes occurred on campus grounds, including the victim or perpetrator's living quarters and fraternity houses, while the remaining two-thirds (66.3%) occurred in off campus locations (Fisher, Cullen, and Turner, 2000).

College Males as Perpetrators

While investigations with younger adolescents have typically focused on victims of sexual violence, research conducted with college students has allowed for increased evaluation of those who perpetrate sexually based crimes. Despite this increased access, however, there remains a paucity of knowledge regarding the perpetration of sexually based crimes by adolescent males. Koss, Gidycz, and Wisniewski (1987), in an anonymous survey, noted that almost one in 10 (7.7%) college age males described engaging in sexually aggressive behaviors meeting the legal definition of rape. Slightly higher rates were reported by Rapaport and Posey (as cited by the Illinois Coalition Against Sexual Assault, 2002) and Rickert and Weimann (1998). When attempted date rape was evaluated, just over one-quarter of college age males acknowl-

edged they had attempted date or acquaintance rape (Rickert and Weimann, 1998). Rapaport and Posey noted that almost half (43%) of college males reported that they had used some form of coercive behavior to have sex, such as lying, disregarding a women's protest, using physical violence, and forcing intercourse. Alarming, Koss and Harvey (as cited by the Illinois Coalition Against Sexual Assault) reported that just over half (51%) of college age males reported they might commit rape if they knew they would not be caught.

Reporting Sexual Victimization

Sexual violence is often referred to as a "hidden" crime (CDC, 2000) or a "silent epidemic" as rape and sexual assault frequently go unreported to the police and other authorities (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001). In fact, according to the Texas Association Against Sexual Assault (2001), less than 15% of rapes are ever reported. Multiple factors influence reporting, including denial, fear, guilt, and shame on the part of the victim. Adolescents, who may have had limited experience advocating for their health, safety, and well being, may be even less likely to report sexual assault to parents, health care providers, or local authorities. This is particularly true when the perpetrator is a dating partner or acquaintance or when alcohol or other substances have been used by the victim prior to the attack (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001; National Center for Victims of Crime, 1998).

Adolescents also may minimize sexually violent behaviors or may not perceive the sexual act as a crime and thus, not report victimization. Fisher, Cullen, and Turner (2000) noted that among college women who described experiencing a sexual act meeting the legal definition of rape, less than half (46.5%) personally defined the experience as rape. This may be due to several factors, including denial, sexual inexperience, guilt, previous victimization, and acceptance of traditional sex-role stereotypes. Furthermore, the misperception that visible injuries and physical trauma are always present after assault may cause some adolescents, especially those with

minimal physical injuries, to not identify as a victim.

Fear may also significantly impact an adolescent's likelihood of reporting sexual victimization. Among college age women, Fisher, Cullen, and Turner (2000) noted that 95% of rapes were not reported to the police. While two-thirds of the victims did tell someone about the assault, such as a friend, family member, or college official, victims cited fear that they would be treated hostility by the police (24.7%) and fear of reprisal by the assailant or others (39.5%) as factors influencing their decision not to report the crime. Fear may be a significant barrier to reporting when the perpetrator is a fellow classmate or peer with whom the victim must interact on a regular basis.

Factors Associated with Sexual Victimization of Adolescents

Several factors have been linked with an increased risk for either experiencing or perpetrating sexual victimization during adolescence, including age and developmental level, previous victimization, drug and alcohol use, and adherence to rigid social roles dictating acceptable behaviors.

Age and Developmental Level

While transition into high school and college offers an array of educational and personal opportunities, these transitions introduce adolescents and young adults to a variety of social expectations and pressures for which they may be unprepared. Developmentally, an adolescent must balance newly gained independence from parents as they master developmental milestones, such as driving a car and dating, and learn to negotiate new relationships with peers and intimate partners. As such, youth, which is associated with limited knowledge and lack of experience in interpersonal relationships, is a significant risk factor for experiencing sexual victimization (WHO, 2002). Adolescents are particularly vulnerable when youth is coupled with early menarche, early dating, and early sexual activity, all of which have all been linked with an increased risk for experiencing victimization by an intimate.

Alcohol and Drug Use

Alcohol. Though illegal for adolescents under the age of 21 to use, alcohol has been cited as one of the major risk factors for both experiencing and perpetrating sexual victimization (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001). It is important to note that while alcohol has been strongly linked to sexual assault and other violent crimes, its relationship with victimization is one of correlation and not causation. Alcohol acts as a central nervous system depressant that decreases inhibition and impairs the judgment of users (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001).

For females, intoxication, especially binge drinking, which is defined as four or more drinks in a row for women and five or more drinks in a row by men (Wechsler, Lee, Kuo, & Lee, 2000), may decrease awareness of a partner's actions and advances as well as make it more difficult to stop sexual advances that have gone too far (Abbey, 2002). In their study of sexual victimization on college campuses, Fisher, Cullen, and Turner (2000) noted that drinking enough alcohol to get drunk was significantly related to experiencing sexual violence. Similar results were described by Frinter and Rubinson (1993), who noted that over half of the female sexual assault victims reported using alcohol at the time of the crime, with 20.2% reporting their judgement was moderately impaired and 19% reporting their judgement was severely impaired.

Alcohol use and intoxication is also significantly related to the perpetration of sexual violence (The Higher Education Center for Alcohol and Other Drug Prevention, 2002). Among male users, intoxication has been linked with misinterpretation of sexual cues as well as overestimation of a women's sexual interest, which may ultimately result in increased aggression and forced or coerced sex (Abbey & Harnish, 1995). Belief in the myth that alcohol use increases sexual arousal among both parties may also serve to legitimize and excuse sexually aggressive and coercive behaviors that would not otherwise be acceptable (Abbey, Zawacki, Buck, Clinton, & McAusan, 2001).

Furthermore, despite advances in neutralizing gender-based roles and stereotypes, preservation of outdated beliefs that dichotomize women into categories of “good” and “bad” may lead would be perpetrators to view women who drink alcohol as sexually available and appropriate targets compared to their non-drinking counterparts.

Drug Use. While victims may be sexually assaulted after knowingly ingesting illegal drugs, such as marijuana, heroin, and cocaine, they may also be unknowingly drugged by so called “date rape drugs” (Drug Enforcement Agency, 2001). Two of the more common date rape drugs, gamma-hydroxybutyrate (GHB) and Rohypnol, are central nervous system depressants that when dissolved in both alcoholic and non-alcoholic beverages become odorless and tasteless. Once ingested, a person becomes disoriented, confused, and may be rendered unconscious for several hours (Drug Enforcement Agency, 2001). In an effort to reduce the incidence of drug-facilitated rape, pharmaceutical companies recently included a color additive to the drug Rohypnol. In addition to similar preventative measures, criminalization of drug facilitated rape is also enforced under the Drug-Induced Rape Prevention and Punishment Act of 1996 and the Hillary J. Farias and Samantha Reid Date-Rape Prohibition Act of 2000. However, despite these efforts, sources of date rape drugs remain plentiful both in the United States, internationally, and on-line. As with other substances knowingly or unknowingly ingested by victims, memory impairment, a common side effect of the medication, may make it difficult to remember and identify perpetrators of the crime.

Previous Victimization

The correlation between earlier victimization and later perpetration of physically and sexually violent crimes can not be ignored. It has been postulated that males who have been exposed to early victimization, including experiencing child physical and or sexual abuse as well as witnessing domestic violence within the family, may be more prone to adapting to these negative experiences by

using externalizing behaviors (Rhea, Chafey, Dohner, & Terragno, 1996). These behaviors may include increased acceptance and utilization of aggression, violence, and control within future relationships as well as other maladaptive behaviors, including lying, stealing, substance use, and truancy. Additionally, early association with the aggressor stance may serve to provide a sense of protection from experiencing repeated victimization, regardless of the actual threat (Thormaehlen & Bass-Feld, 1994).

Previous victimization, including experiencing and/or witnessing violence in childhood, has also been linked with future victimization (American Medical Association, 2002; Humphrey & White, 2000). In fact, Wordes and Nunez (2002) described past sexual victimization in childhood as an accurate predictor of experiencing future sexual victimization. Fisher, Cullen, and Turner (2000) noted similar findings. While past victimization does not guarantee future victimization, previous victimization, including lack of control over one’s body, sexuality, and choices, may set relational norms that become acceptable in future intimate relationships. This may be particularly true for females who, in contrast to their male counterparts, are thought to adapt to early victimization by internalizing the trauma (Rhea, Chafey, Dohner, & Terragno, 1996). As a result of this internalization, outcomes of previous abuse, including depression, decreased self-esteem, and substance use, may influence future partner selection and acceptance of abusive behaviors. Furthermore, if previous victimization, especially in childhood, went unrecognized and/or unreported, especially by someone charged with their care, an adolescent may feel her victimization is unimportant and her abuse of little consequence.

Acceptance of Stereotypical Gender Roles

Individual, familial, societal, and cultural acceptance and perpetuation of traditional gender roles, with males expected to be controlling and powerful and females expected to be weak and subservient, may increase the likelihood that an adolescent will normalize dominance and imbalances in power and control within dating relationships.

Similarly, adherence to traditional gender roles, possessing negative attitudes toward women, and acceptance of rape myths have been reported as risk factors for perpetrating sexually violent crimes (CDC, 2000-Rape Fact Sheet; Kershner, 1996). In one investigation of almost 600 high school students, over half reported they thought a male was not at fault if he sexually assaulted or raped a woman who dressed provocatively while on a date (Telljohann, Price, & Summers, 1995). Rickert, Sanghvi, and Wiemann (2002) noted that almost one out of five young women believed that they never had the right to stop foreplay at any time or refuse sexual intercourse with a partner with whom they had previously had sex. Acceptance of traditional gender roles, coupled with a belief in rape myths, especially that the typical rapist is a “stranger hiding in the bushes,” may make adolescent females less likely to view sexually violent behaviors committed by friends and acquaintances as criminal in nature.

Consequences of Sexual Violence

Physical Health

Similar to adult victims, adolescent victims of sexual violence may experience negative physical health consequences following sexual victimization. While physical injuries do not always occur as a result of violence, victims may suffer physical trauma to the genital track, including vaginal bleeding, bruises, lacerations, and contusions (WHO, 2002). Trauma may be more extensive among younger females, especially those who have not yet reached menarche, and thus have less elastic, more easily damaged vaginal tissue. Virginal adolescents may also be at increased risk for physical trauma, including hymeneal and perineal tears. This trauma, in turn increases the adolescent’s risk of contracting sexually transmitted infections (STI’s), including gonorrhea, chlamydia, herpes (HSV), and HIV. According to the CDC (2000), the risk of STI transmission following rape is between 3.6%-30%.

Victims may also be at risk for experiencing an unplanned pregnancy. Among adult victims, almost 5% of pregnancies are the result of rape (CDC,

2000). The incidence of rape related pregnancies among adolescent victims is likely higher as younger women may be unaware of or have limited access to post-coital contraceptives and/or may not be using any long term contraceptive method, such as the birth control pill, at the time of the assault (Wilson & Klein, 2002).

Mental Health

Adolescents who experience sexual victimization may experience feelings of guilt, shame, depression, post traumatic stress disorder, and anxiety following sexual assault and rape (Ackard & Neumark-Sztainer, 2002; WHO, 2002). As a result, adolescents may have poor school performance and decreased attendance, especially if the perpetrator is also a fellow classmate. Sleep disturbances, eating disorders, drug and alcohol use, and suicide attempts have also been described as consequences of sexual violence (CDC, 2000; Raj, Silverman, Amaro, 2000; Silverman, Raj, Mucci, & Hathaway, 2001). Adolescents may be particularly at risk for experiencing negative mental health sequella as they may have limited coping skills compared to their adult counterparts and fewer resources to assist them with recovery.

Sexual Victimization Prevention Programs

In an attempt to reduce the incidence of sexual victimization, a number of prevention programs sponsored by schools and communities have been implemented in the United States.

While earlier prevention programs focused on educating young women on how to prevent sexual assault, including avoiding unsafe situations and teaching self-defense tactics, current prevention experts have noted that these tactics may not only be ineffective, especially when the perpetrator is known to the victim, but unilaterally places the responsibility of preventing victimization on women (American College of Obstetricians and Gynecologists, 2000). While a variety of prevention programs

have been developed over the last decade, recently the American College of Obstetricians and Gynecologists (ACOG) (2000), in their publication *Drawling The Line: A Guide To Developing Effective Sexual Assault Prevention Programs For Middle School Students*, outlined several key characteristics shared by promising prevention programs. These programs:

1. Are *comprehensive* in their handling of the subject matter
2. Feature *intensive*, long-term, and interactive teaching approaches
3. Are *relevant* to those receiving the instruction
4. Contain *positive messages* about healthy relationships and what can be done for people who have experienced sexual assault (American College of Obstetricians and Gynecologists, 2000, pg. 11).

To date, several sexual violence prevention programs have been developed that target adolescent both males and females of varying ages.

Programs Targeting Males

Men Can Stop Rape (MCSR) (formerly Men's Rape Prevention Project) is a Washington D.C. based non-profit collective of males and females that "works locally and nationally for peace, equity, and gender justice" (MCSR, 2002, pg. 1). Specifically, MCSR supports young males in challenging the "rape culture" in which they live. MCSR provides a number of prevention programs aimed at young men in junior high, high school, and college. These programs, including the Awareness to Action Workshop, the Men of Strength (MOST) Club, and the Strength Campaign, challenge preexisting attitudes and beliefs regarding the impact of violence on the lives of both males and females through education and awareness. Furthermore, these programs assist young men in redefining masculinity and taking a role in preventing violence in their communities.

Programs Targeting Females

As stated, early sexual assault prevention programs focused primarily on females. Prevention efforts were largely relegated to teaching young women how to avoid dangerous situations as well as how to utilize self-defense tactics to disable an attacker. (American College of Obstetricians and Gynecologists, 2000). These early programs have been criticized in that they inadvertently conveyed the message that women could be taught how to prevent victimization while simultaneously stigmatizing those who were unsuccessful in preventing such an attack. To date, many colleges do still offer similar training and education aimed at reducing sexual victimization of their female students. However, these programs, such as the University of Pennsylvania's Students Together Against Acquaintance Rape (STARR) (2001) integrate education regarding sexual violence and risk reduction strategies with information on healthy relationships as measures to support victims. Additionally, college based programs often facilitate interaction with additional community resources that offer free or low cost support for victims of sexual violence, including crisis intervention, court accompaniment, and counseling services.

Mixed Gender Programs

The North Carolina based Safe-Dates program was developed in an effort to increase primary and secondary dating violence prevention strategies among 8th and 9th graders (Foshee, Bauman, Arriaga, Helms, Koch, & Linder, 1998). The Safe Dates program utilized school activities, such as theater productions and poster contests, as well as community activities, including learning about special services, such as crisis lines and support groups, available to adolescents. When compared to students who did not participate in the Safe-Dates program, Foshee, et al. (1998) noted that participants reported less psychological abuse, sexual violence, and perpetrating dating violence one month after completing the program. In a one-year follow-up study, Foshee, Bauman, Grene, Koch, Linder,

and MacDougall (2000) noted that while the short-term behavioral effects of the program dissipated, including being a victim or perpetrator of dating violence, participants remained less accepting of dating violence and continued to note the negative consequences of violence in dating relationships. Furthermore, participants were still able to recall available community services for both victims and perpetrators of dating violence.

The Community Awareness Rape Education (CARE) Program (Wright, Skers, & Rita, 2000) focused prevention efforts on high school students, specifically 10th grade males and females, in three Virginia high schools. The CARE Program educated students using several role-playing exercises focusing on rape, risk reduction measures, and available community resources as well as presented current data on rape and sexual assault and challenged commonly held rape myths. Using pretest-post test measures, Wright, et al. noted that students who attended the educational program were better able to define rape and demonstrated an increased knowledge of risk reduction strategies as well as available community resources. As a result of the increased awareness, program facilitators were asked to present the same material around high-risk time periods, including before prom, spring break, and graduation as well as develop a similar program for younger adolescents.

Limitations of Current Research

While great strides have been made in understanding sexual violence among adolescents in dating and acquaintance relationships, there remain numerous areas in which the data are sparse. One of the most noticeable gaps in the scientific literature is the limited inclusion of persons from different racial and ethnic backgrounds in sample populations. Additionally, inadequate attention has been paid to perpetration of sexual violence, including the factors that facilitate or impede a male's decision to perpetrate sexual violence either through coercive or aggressive tactics. Furthermore, limitations in existing studies, including sampling bias and conceptual inconsistencies, reduce the ability to generalize findings across

populations. For example, most population-based investigations, such as the YRBSS (CDC, 2001a) and the United States Department of Justice's (USDOJ) (Fisher, Cullen, & Turner, 2000) study of victimization of college women, have limited their inquiry to adolescents attending school. As such, those not enrolled in school, including homeless and incarcerated adolescents, adolescents who have dropped out of school or have been expelled, and adolescents who work full-time rather than attend school or college are not included in the analysis. These adolescents, who lack the structure, protection, and resources school offers, may be particularly vulnerable to victimization as well as perpetration.

In addition to focusing largely on adolescents attending school or college, most existing investigations are limited to adolescents who speak only English. As such, adolescents of different ethnic and cultural backgrounds are often underrepresented in most samples. Even among English speaking adolescents who attend school or college, such as Native Americans, there are limited data regarding the experience and perpetration of sexual victimization. Furthermore, most investigations do not address cultural values and beliefs that perpetuate violence and make it difficult, and even dangerous, to seek help. There is particularly sparse data on cultures that mandate the punishment of victims of sexual violence, including those that support killing female rape victims in the name of family honor.

Numerous investigations of adolescent sexual victimization fail to explicitly define the variables under investigation. This may include failure to provide full descriptions of the victim, including their

age, gender, school status, and race as well as failure to define the relationship between the victim and perpetrator. Furthermore, lack of consistent definitions of sexual victimization, including rape and sexual assault, across investigations limits the ability to compare findings from one study to another.

While there is growing evidence of intervention programs that show promise in reducing sexual violence in adolescence, the design, development, implementation, and outcomes of these intervention

programs must be thoroughly investigated and documented so that future researchers, clinicians, and health advocates may replicate model programs (Foshee et al. 1998; Foshee et al. 2000).

Recommendations for Future Research, Practice, Policy, and Advocacy

Based on the existing data, several recommendations for future research, practice, policy, and advocacy can be made.

Recommendations for Future Research

1. Future investigations should target a variety of adolescents, including those of different ages, races, ethnicity, gender, and sexual orientation.
2. Efforts must be made to evaluate adolescents who are not in school, including homeless and incarcerated adolescents and adolescents who have dropped out of school or been expelled.
3. Efforts should be made to discern specific factors that facilitate and impede a woman's decision to report victimization to police, to school personnel, parents, peers, etc.
4. Efforts should be made to discern specific factors that facilitate or/impede a male's decision to perpetrate sexual violence either through coercive or aggressive tactics.
5. Further inquiry into previous victimization among both victims and perpetrators of sexual violence should be included in future investigations.
6. Future investigations should utilize explicit operative definitions of sexual violence when measuring victimization and perpetration.
7. Future investigations should utilize qualitative and descriptive methodologies to elicit sensitive information on adolescent sexual violence.
8. Experimental research designs, including the use of random sampling, case-control, and longitudinal designs should also be utilized, especially when evaluating outcome-based data.
9. Future investigations should explore the differences between boys who perpetrate sexually based crimes and those who do not.
10. Future investigations should determine reporting rates in schools that provide comprehensive programs on sexual violence with those that do not provide such programs.
11. Future investigations should be connected with, informed by, and applied to the anti-rape advocacy community as appropriate.

Recommendations for Clinical Practice

1. Clinician's caring for adolescents in private practices as well as school based health centers must continue to routinely screen for violence perpetrated by parents and caregivers as well as dating partners and acquaintances.
2. Clinicians must ensure that all care provided to their adolescent clients is done in a confidential and safe environment.
3. Clinicians should provide appropriate referrals to adolescents in need of health services, including reproductive health services, mental health and counseling services, and victim advocacy groups.
4. Clinicians should routinely screen for substance use, including alcohol and other drugs, as well as depression and suicidality among their adolescent clients.
5. Clinicians must collaborate with other organizations and community groups that serve adolescents, including youth groups, churches, and homeless shelters.

Recommendations for Future Policy

1. The impact of proposed changes in public policy on the sexual victimization of adolescents, including access to post-coital contraception, implementation and enforcement of statutory rape laws, parental notification laws, three strikes legislation, sex offender registration, and new sexual assault reporting requirements, must be evaluated prior to their implementation.
2. New changes in public policy should continue to be routinely evaluated for their impact on adolescent health, safety, and wellbeing.
3. Monies should be allocated to study the inci

- dence, prevalence, risk factors, and impact of sexual victimization and perpetration during adolescence.
4. Monies should be earmarked to develop evidence-based programs that aim to prevent adolescent victimization through traditional and non-traditional mechanisms, including education regarding dating norms, role playing, problem solving exercises, and presentations by victims as well as perpetrators.
 5. Comprehensive school based educational programs should be put in place that help educate, prevent, and identify those individuals at risk for experiencing and perpetrating sexual violence, both in the home as well as in the school.
 6. Both public and private schools must develop clearly defined policies regarding sexual harassment/assault on campus. Furthermore, a designated person with whom the student may talk about sexual victimization, as well as other relational concerns, should be identified.
 7. Clear disciplinary codes must be available and enforced to deal with a perpetrating student when that person attends the same school as the victim.
 8. Policies must be developed that will assist school staff in supporting the student after disclosure and link her to health, legal, and community services.
 9. Programs that aim to prevent victimization of adolescents should be specific to the participant's gender, age, sexual orientation, and culture.
 10. Programs that aim to prevent victimization of adolescents and young adults should begin in elementary school and should include the exploration of gender specific stereotypes.
 11. The success and goals of primary and secondary prevention programs must be continuously reevaluated and restructured as new evidence is disseminated.
 12. Educators must increase their focus on bystanders, friends, and peers who have the power to intervene to stop sexually harassing or abusive behavior. Peers must become a vocal force for ending this form of violence and for supporting victims to report sexual violence.
 13. Clergy, teachers, health care providers, and other adults who interact with youth must be educated to speak out against sexual violence and to make it safe for victims to come forward.
 14. Establish programs, especially targeting young men and male athletes, which feature men speaking out against sexual violence and for intimate relationships based on equality and respect.
 15. Educational programs targeting both male and female adolescents should address the meaning of consent as well as their individual rights and responsibilities under the law.
 16. In an effort to encourage and facilitate victim disclosure, advocates should educate adolescents about the process of reporting victimization, including to whom they should report, how to make a report, and what to expect when they make a report.

Recommendations for Victim Advocacy

Organizations

1. Victim's advocates must continue to reach out to youth in the community, including school based health centers, malls, athletic centers, youth groups, and churches.
2. Primary and secondary date rape prevention programs should include both male and female participants of varying ages, races, and gender.
3. Victim's advocacy organizations must continue to develop age appropriate and culturally acceptable mechanisms to target youth that have experienced sexual victimization or are at risk for abuse.
4. Programs aimed at preventing sexual victimiza-

Conclusion

Intentional violence is one of the leading causes of injury, illness, and death among our nation's youth. With regard to sexual violence, adolescents, especially females, are most at risk from those with whom they are closest, including friends, acquaintances, and dating partners. As such, this victimization is not only a violation of one's body but also

one's trust. Though victims may suffer physical and psychological consequences resulting from sexual violence, they often bear these burdens alone, remaining silent about the crime perpetrated against them. Clinicians and health advocates dedicated to working with adolescents can play an active part in preventing sexual victimization by influencing research and practice, developing model prevention and intervention programs, and ensuring that public policy takes into account the youth of today as well as the youth of the future.

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In Brief: **Sexual Violence and Adolescents**

Over the last decade, researchers, clinicians, and health advocates have explored the incidence, prevalence, and consequences of sexual violence, including attempted and/or completed rape, sexual coercion and harassment, and sexual contact with force or threat of force, within adolescent acquaintance and dating relationships (Fisher, Cullen, and Turner, 2000; Wordes & Nunez, 2002). Current estimates reported by the American Academy of Pediatrics (AAP) noted that adolescents are more likely to experience sexually violent crimes than any other age group. Furthermore, more than half of all victims of sexual crimes, including rape and sexual assault, are women under the age of 25 years (AAP, 2001). Similar rates were reported by the National Crime Victim Survey (2000). To meet the needs of the adolescent population, attention to risk factors for experiencing sexual violence, the health and psychosocial implications of victimization, and resources for preventing violence is merited.

Risk Factors Associated with Sexual Violence

To date, several risk factors have been associated with an increased risk of experiencing sexual victimization within adolescent dating or acquaintance relationships. These factors largely include youth, which is associated with limited knowledge and lack of experience in interpersonal relationships (WHO, 2002), substance use, including alcohol and drugs (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001), previous victimization (Rhea, Chafey, Dohner, & Terragno, 1996; Wordes and Nunez, 2002), and acceptance of gender based stereotypes (Kershner, 1996; Rickert, Sanghvi, and Wiemann, 2002). Ironically, a combination of these same factors is also associated with an increased risk of adolescent males perpetrating sexually based crimes against their female counterparts.

Reporting Sexual Violence

Because these crimes occur within the context of existing relationships, many victims never disclose sexual violence to appropriate authorities. In fact, sexual violence in dating relationships is frequently referred to as a “hidden crime” (CDC, 2000) because less than one-fifth of rapes are ever reported to the police (Texas Association Against Sexual Assault, 2001). Many victims cite denial, minimization, fear, guilt, and shame as factors that deter them from reporting sexual violence. These feelings may be even more pronounced for adolescents when alcohol or other substances have been used prior to victimization (Abbey, Zawacki, Buck, Clinton, & Mcauslan, 2001; National Center for Victims of Crime, 1998). Furthermore, reporting victimization may also be particularly difficult for younger adolescents, many of whom have had limited experience advocating for their health, safety, and well-being.



Sexual Violence Prevention Programs

In an effort to prevent sexual victimization and the myriad of negative physical and mental health consequences of sexual violence, including trauma to the genital track, exposure to sexually transmitted infections, unplanned pregnancy, depression, post traumatic stress disorder, and anxiety (Ackard & Neumark-Sztainer, 2002; WHO, 2002), a number of prevention programs sponsored by schools and communities have been implemented in the United States. Many programs target adolescent males and females of varying ages using a variety modalities, including general education on sexual violence, theatre productions, poster contests, and involvement in community activities. Furthermore, mixed gender programs have also been developed that utilize similar modalities.

Limitations

Despite the great strides that have been made in understanding sexual violence in adolescent dating and acquaintance relationships, future research, clinical practice, and advocacy efforts should continue to address areas where data are sparse and understanding limited. One noticeable gap in the scientific literature is the limited inclusion of persons from diverse racial and ethnic backgrounds in sample populations. Additionally, inadequate attention has been paid to perpetration of sexual violence, including the factors that facilitate or impede a male's decision to perpetrate sexual violence either through coercive or aggressive tactics. Furthermore, limitations in existing studies, including sampling bias and conceptual inconsistencies, reduce the ability to generalize findings across populations. Lastly, intervention programs that show promise in reducing sexual violence among adolescents must be thoroughly investigated and documented so that future researchers, clinicians, and health advocates may replicate model programs (Foshee et al., 1998; Foshee et al., 2000).