REPORT

An Investigation into Adolescent Sexual Assault Underreporting in the State of Indiana

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BACKGROUND

Adolescent sexual violence is far too common in the State of Indiana. The best available data indicate that Indiana has the second highest rate of forced sexual intercourse among high school females in the nation, and overall more than 1 in 6 have been a victim of sexual assault by the time they are 18 years old (Cierniak, Heiman, and Plucker, 2012). In an effort to address this ongoing problem, the Indiana Sexual Violence Primary Prevention Council created a plan to foster a prevention-first approach to augment law enforcement as a means of mitigating the number of sexual assaults (http://www.in.gov/isdh/23820.htm). Unfortunately, while a number of people across the state have worked hard on this well-intentioned effort, no data exist to suggest the problem has abated.

A number of factors have contributed to our inability to effectively address this problem. One barrier to progress is the lack of routine comprehensive data collection across the state to facilitate an ongoing assessment of efforts to address the issue, and enable the development of strategic policies and procedures to reduce the incidence and impact of sexual assault. Although a number of people have called for the creation of a central database related to sexual assault in Indiana, one has not yet been developed. Without a clear picture of the problem, it is difficult to create effective strategies designed to either increase prevention or improve victim services.

A second factor that makes successful amelioration of the problem difficult is the existence of unreported incidents**.** Inherent to any comprehensive data collection effort related to sexual assault is the difficulty of capturing those cases that go unreported, whether to law enforcement or any other source (e.g. health professionals). Previous research indicates that the majority of sexual assaults go unreported, but estimates

regarding the extent of this vary (Cierniak, Heiman, and Plucker, 2012). The prevalence of underreporting is problematic for several reasons. First, it leads to understating the severity and extent of the problem. This could result in a lower prioritizing of the issue on the public policy agenda including legislation, law enforcement, and educational efforts aimed at prevention and treatment. Secondly, it creates a de facto protection for those who perpetrate the crime since the chance of detection is greatly reduced by silence. More importantly, it could even encourage tacit acceptance of such behavior by perpetrators as normative and therefore acceptable. Third, when an assault goes unreported the victim may not access needed support services that could mitigate the long-term traumatic effects of the experience.

It is well known that feelings of shame, guilt and fear might lead someone to not report being a victim of sexual assault. If the person somehow finds the courage to report even while experiencing such devastating feelings, it is important that the process be one that is both encouraging and affirming. Should the process prove too difficult, unnecessarily unpleasant, or even retraumatizing, the victim is less likely to report, leaving him or her to silently suffer with the aftereffects of the assault. This, in effect, both helps protect the perpetrator and leaves the victim disconnected from assistance. This may or may not influence a perpetrator's choice to assault in any given instance, but a dysfunctional reporting process certainly does not contribute to any sense of deterrence. While silence may the best protection for perpetrators, it can and often does have serious long-term negative consequences for victims.

Consequently, pursuant to recent legislation, the Indiana Criminal Justice Institute (ICJI) funded a study conducted by the Global Health Communication Center (GHCC) of the

Indiana University School of Liberal Arts and Department of Communication Studies focusing on the issue of underreporting adolescent sexual assault. The intent of the study was to both develop greater insight into the extent of the problem in Indiana, and to better understand why reporting does not occur. Gaining insight into underreporting enables policy makers, service providers, and law enforcement professionals to make policy and procedural adjustments that can lead to greater prevention and/or improved connection to services for victims. Both areas afford the possibility of reducing the human and economic impact of adolescent sexual assault in the State of Indiana.

METHODOLOGY

We could find no research that specifically examines the reporting process in the State of Indiana. We are unable to quantify or characterize those who do not come forward, nor are we able to assess how the process would unfold even if they wanted to do so. By definition, it is extremely difficult to assess the extent of a problem that people refuse to report, although previous research and professional assessments support the existence of unreported cases of adolescent sexual assault. In order to build a view of the underreporting issue with sufficient depth and breadth to contribute to our understanding of the scope and complexity of the problem, the current investigation took a multi-method approach. Specifically, both qualitative and quantitative data were collected across the State of Indiana, and included the following:

- The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) survey
- A survey of teachers (TS) focused on their observations and interactions regarding students and sexual assault

- Focus groups with people who work with adolescents, including teachers, forensic nurses, and staff from afterschool programs
- Individual interviews with service providers and physicians
- GIS mapping of Indiana Criminal Justice Institute (ICJI) reimbursement for sexual assault services data

ACE Survey

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess the relationship between childhood maltreatment and adult health and wellbeing. The study is a collaborative effort between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The initial ACE survey data were collected from 1995-1997 (http://www.cdc.gov/violenceprevention/acestudy/) with Kaiser Permanente members, but the ACE survey instrument itself has been used extensively throughout the United States and increasingly around the globe. The survey is a self-report instrument completed by adults over the age of 18. Although it has the usual limitations of self-report measures, it has been validated through ongoing research utilizing the instrument, as well as comparisons to other data. The primary purpose of the ACE survey is to examine the long-term consequences of adverse childhood experiences of all types, including sexual assault. The research continues to demonstrate the lifetime impact of such experiences. In other words, children do not simply forget and forge ahead, but rather suffer a wide range of problems throughout the lifespan.

The collection of ACE survey data in this study represents an important step for the State of Indiana in our efforts to address to impact of childhood maltreatment generally,

and adolescent sexual assault in particular, so as to reduce the overall number of incidents as well connect victims to services that can mitigate the long-term impact of trauma. For the purposes of the present study, the ACE survey provides yet another lens through which to view underreporting of adolescent sexual assault by asking adults to anonymously and from a temporal distance report such incidents. The extensive use of the ACE survey in other research provides baseline data that can be used to assess validity in the current study. To the best of our knowledge, this is the first collection of the ACE survey in the State of Indiana.

ACE survey data were collected between November 2014 and May 2015 in all 92 Indiana counties. Health clinics, hospitals and public libraries across the state agreed to serve as anonymous survey distribution sites. Each site was sent a packet of surveys that were made available to volunteer respondents who were instructed to return the completed survey in a preaddressed, stamped envelope. 1200 surveys were sent to the distribution sites, however, 336 surveys were not distributed by personnel at the locations, resulting in a total of 864 distributed surveys. The response rate was calculated by dividing the number returned (N=160) by the total number of surveys actually distributed (864), resulting in a response rate of 18.52%.

Survey of Educators

Educators work in close proximity to adolescents and are in an ideal position to observe and converse with a wide range of young people. They are uniquely situated to help us understand adolescents' behavior patterns and how they deal with problems. As adults outside of the family that young people consistently see and have ongoing relationships

with, they are in a position to be a resource for victims of sexual assault. Indeed, if the perpetrator is a family member, a teacher may be seen as the only trusted adult that the young person can safely talk to about his or her experiences. Teachers are mandated to report sexual assault, among other abuses, and most receive training towards this end. Their insight can be valuable in helping us understand how and why we have so much underreporting, and what steps we can take to address the problem.

Teacher surveys were collected from April 2015 to June 2015. From a random sample of 49 schools in the State of Indiana, a random sample of teachers, coaches, school personnel (including school principals) and counselors were asked to participate in a mail survey. A total of 520 surveys were mailed out and 110 surveys were returned, for a response rate of 21.15%.

Focus groups

In-depth insight is difficult to obtain with surveys. Focus groups take advantage of both the interview process and the cuing action that emerges from conversation with peers. To gain insight into the process of reporting (and by definition underreporting), we turned to those who engage with adolescents on a regular basis. This provides an opportunity to understand specific obstacles to reporting that might not be uncovered by a survey. Not only are obstacles identified, but some explanation of how and why the barriers are created and maintained is also provided, giving us a deeper understanding of the issue. Focus groups were conducted in the northern, central, and southern areas of Indiana. Participants included teachers, coaches, youth program staff, and forensic nurses.

GIS Mapping

Mapping data provides a way of visualizing a problem beyond what is offered by charts and tables. It is important to identify any geographic locations where the state might have a particularly acute problem or an excellent record of prevention. This process proved more difficult than we anticipated. As noted above, the state does not aggregate general data on sexual assault in one location, much less categorize it by age. In addition, law enforcement data is complicated by jurisdiction. Thus, while examining reported adolescent sexual assault is difficult, focusing on unreported cases is obviously even more so. We looked for data from multiple sources, including law enforcement, state agencies, and nonprofit service organizations in an effort to provide a set of maps detailing the locus of adolescent sexual assault in Indiana.

The most accessible database came from the ICJI. They were able to supply data based on reimbursements to hospitals for sexual assault exams. While this is in no way a complete listing of cases, it does demonstrate the geographic distribution of a selection of cases that may well give us some insight into the distribution of cases as a whole. The mapped data present a picture of an Indiana-wide problem (see pp. 34-36; note that in some counties, the data are missing, leaving them white on the maps). When we examine the per capita data for assaults for those under the age of 19, we find that it affects a number of rural as well as urban counties in all areas of the state. It is important to note that this represents data that is only a partial aspect of the sexual assault problem. These are people that have gone to the hospital to be examined by medical personnel, but have not necessarily legally reported an assault. Many more who are sexually assaulted do not

go to the hospital. These maps clearly demonstrate that adolescent sexual assault is not simply an urban or rural problem, but one that is statewide.

RESULTS

25.6% of respondents in our ACE survey reported that, prior to age 18, someone had touched or fondled their body in a sexual manner, with 85 % of them saying that it was against their wishes. It should be noted that although young males are assaulted and that problem should clearly be addressed, the overwhelming number of victims are female (97.5%). While a bit higher than the CDC data, these numbers are consistent with their findings, and clearly demonstrate a need to address this serious problem. Just as important, only 18.4% of those who indicated that they had been sexually assaulted reported this to a doctor, nurse, or other health care professional, much less to law enforcement. This underscores the problem with underreporting. This data suggest that much of the problem of sexual assault is not addressed, either by support for the victim or action by law enforcement. This enables conditions for the high level of assault to continue.

How does sexual assault happen and why does it go unreported? Answers to these questions frame any effort to both reduce underreporting and enable health and law enforcement officials to mitigate both the frequency of sexual assaults and the number of victims who do not receive services that could help ameliorate the impact of the trauma. First, it is important to consider that 29.5% reported that a person who lived in their home was involved. Further, 51.4% included the involvement of a family friend or person they knew but did not live in their household. Importantly, 75% of assaults were from someone they trusted. These numbers indicate that in the very places where adolescents should feel and be safe, and with the people from whom safety should be expected, adolescents are

sexually violated. This not only heightens the trauma, it contributes to underreporting. If it happens in the home, with a parent or grandparent or family friend, to whom can the adolescent turn? For example, one of the focus group respondents stated that when, as a child, she was sexually abused by her grandfather with whom she and her mother lived, she stayed silent because she feared that reporting would leave them homeless. Quite simply, this child felt she had no one who could help her, so she suffered alone.

Adding to the problem is the manner in which sexual assaults occur. 62.5% involved verbal persuasion or pressure to get them to participate in sexual experiences, 10.5% included threats of harm, while 34.2% of respondents were physically forced or overpowered to make them participate. Such circumstances can lead a person to feel like they were at fault for succumbing or not resisting more, leading to feelings of guilt, shame, self-loathing and ultimately, silence. This is especially the case if the perpetrator is someone that they respect and trust. It is no small wonder then, that teachers overwhelmingly agreed with the statement that adolescents are not safe from sexual assault in their homes, schools, or communities.

Given the high rate of in-home/in-family occurrences, it is unrealistic to expect a policy strictly aimed at a family-based solution to increasing victim reports to be successful. Adolescents often feel substantially more incentive to keep it to themselves than to report when the perpetrator is connected to their home life. More importantly, a policy that relies on the home and/or family often puts the perpetrator in charge of the reporting process. This cannot possibly be a successful avenue to increase reporting. To gain improvements in reporting adolescent sexual assault, we must rely more on the adults in the life of the

children outside of the home. In most cases, this would be teachers, coaches, leaders of afterschool programs, and/or health professionals, such as physicians.

Both the teacher surveys and the focus group responses indicate that teachers and other professionals know that they have a duty to report adolescent sexual assault. Further, the teachers in the focus groups indicate that they have been provided training related to the obligation to report. Yet despite this, the data suggest that the *process* of reporting creates a number of obstacles. In other words, the very system that is in place to encourage reporting often does exactly the opposite. There is no single cause of this, but rather a myriad of problems that alone or in combination may reduce the likelihood of reporting. First, we find that teachers, especially male teachers, are reluctant to even talk about the topic. Participants not only reported this in focus groups, but we also had difficulty recruiting them for these groups because many do not want to discuss the issue. Certainly not all male teachers are unwilling to talk about the topic, but enough that this reluctance can contribute to underreporting. Such teachers may appear unapproachable to students or even avoid situations where reporting might occur. One teacher stated that he advised all young male teachers to never be alone in a room with a female student. If this happens, how likely is it that a student would ever tell? In all likelihood, they will not raise their hand in class and report in front of everyone. Thus, the student may be in a situation where they cannot tell at home and do not feel that they can report at school either.

Adding to this problem, teachers report that in many schools the process of how to move the report along is unclear. Should they tell the principal or some other authority, such as the Department of Child Services? Different schools handle the issue in different ways, but in some schools teachers, while mandated to report, are in a situation where, in

practice, they could not report even if they wanted to do so. In some schools, for example, teachers are advised, even enjoined, against talking about the topic of sexual assault or abuse with students at all. Some teachers say they fear the consequences for themselves in the reporting process, so they try to avoid even being part of it. In the absence of clear policies and procedures, especially ones that actually encourage teachers to help students report, it is easy for a student to get lost in the process.

Many of the teachers in the focus groups see the reactive versus proactive approach that the system takes regarding such behavior as a major reason why we have such a high rate of adolescent sexual assault. Several noted that their schools provide little to no education about healthy relationships and what types of behaviors are appropriate or inappropriate, and therefore are of little use in helping adolescents learn healthy ways of relating to one another. Instead, they feel like they are discouraged from having such conversations with students, in or out of class, and are only supposed to deal with it if there is a problem. Hence, we do not proactively try to teach children how to engage in healthy relationships, including the sexual aspect of such relationships; we only step in and react once things have gone badly. The focus group with forensic nurses affirms this observation, and they report that the victims they do see often have no sense of what is appropriate behavior and where sexual advances can cross the line. If we do not teach boys and girls about healthy relational conversation (e.g.. not pressuring someone into sex they do not want) and behavior (e.g. not forcing sex), how can we expect them to figure it out? The current system is one that does not include such instruction and it is clearly not working as well as we need it to work.

Within a larger context where adults who could help students do not, and in the absence of a proactive educational effort to teach students how to relate in healthy ways, we find a growing problem in the connection between technology and sexual assault. Teachers note that social media can play a big role in the problem of underreporting. As one teacher put it:

> And I think, you know undoubtedly, as I think about how our kids communicate, social media definitely plays a big role in probably scaring kids from reporting it because once it gets out or once there's a conversation, somebody's going to try to belittle that person and then once that happens, once the first shred of any conversation, whether it be right or wrong, it's going to get blown out of proportion and stories are going to get added, things are going to get deleted, truths are going to be hidden, and lies are going to be added. And so, you know, it used to, you know, you think about worrying about maybe just your community or maybe your block knowing about what happened to you. Now it's, you know, that the state knows about you and the country knows about you with the way that social media goes and so I mean there's a whole traumatization of who you are as a person by people who honestly are thousands of miles away from you and have no clue about who you really are.

While many adults today did not grow up with social media, most adolescents have never known a world without it. Given its ubiquity today, young people are willing users but are often naive about the potential for them to be victims of it until it is too late. In some cases, victimization arises from the ability of people to prey on adolescents through social media.

In other cases, they can be shamed and humiliated, adding additional trauma through the publicizing of personal images and information to unlimited people. This, as the teacher quoted above noted, can create a strong barrier to reporting.

Current laws and legal norms, in the absence of policy and law to the contrary, can actually work against the victim, compounding the problem of adolescent ignorance. This becomes clear in the story that one teacher shared in a focus group regarding an event that happened in their community.

> So let's talk about sexting and sending nude photographs. Well, what's happened is the young women are hesitant to come and tell us that this is going on, that they sent a nude picture to one guy and he sent it to 120 guys and now 250 guys or maybe 700 or it's out on the internet because what's happened is our prosecutor has said well you sent it so you can be charged, too. And so this is a crime against them. Sure they sent an innocent picture – it's not really innocent, right? They're in middle school. But they sent a picture to a boyfriend who said I love you, please send me a naked picture of yourself, you're just amazing, and so she did. But he went out immediately and sends it to a bunch, but our prosecutors in our town made all of them equal, and said if you're going to come and tell me about this sexual assault – sending this nude photograph – you could be charged with disseminating child pornography as well.

We cannot expect victims to report when doing so may well result in their own prosecution. It is similar to the circumstances that lead to the law shielding those reporting an alcohol or drug problem when the caller may be underage and drinking as well. Our legal system

cannot place victims in jeopardy, adding to the trauma, with the expectation that we might also make inroads into reducing the incidence and impact of adolescent sexual assault.

In summary, underreporting is unacceptably high and it contributes to our inability to effectively address the problem of adolescent sexual assault. There is a strong need for ongoing conversations with young people about how to develop and maintain healthy relationships, ways to avoid being either a perpetrator or a victim of sexual assault, as well as what they can do if they are assaulted. Unfortunately, the adults in their lives, whether at home or at school, are sometimes part of the problem or, at the very least, avoid being part of the solution. If the adults are reluctant to discuss sexual assault, we cannot expect the children to do so. This problem is exacerbated by school systems that often actively discourage teachers from talking with students about sexual abuse and assault. In many communities, we lack a proactive approach to teaching adolescents about healthy relationships. Instead, we have a reactive system that is not even particularly effective at being reactive.

In the State of Indiana, the process by which reporting should occur is such that it does not create confidence in those who are victims, nor does it make it easy for them to report even if they want to do so. Unless and until the process is made more victim-supportive, we can expect a high level of underreporting to continue, along with no substantive reduction in adolescent sexual assault. It is also important to realize that these problems exist despite the fact that a number of people and agencies around the state are working hard to reduce sexual assault and improve access to services for victims. Unfortunately, well-meaning and hard-working people cannot succeed in a system that does not function effectively at all levels. The following recommendations could lead to

improvements in our reporting rates and reduce both the incidence and impact of adolescent sexual assault in Indiana.

RECOMMENDATIONS

1. Create a process and repository for all data relating to adolescent sexual assault in the state. This effort should be proactive, ongoing and integrative. It should include law enforcement, ICJI, and other relevant data sources to provide a comprehensive picture of adolescent sexual assault across the state.
2. Teachers should be given better training regarding both the short and long-term consequences of sexual abuse and assault, how to recognize the signs, how to have reporting conversations that encourage adolescents to disclose, and how to get them connected to necessary support services.
3. Students need a multi-year curriculum that focuses on how to develop and maintain healthy relationships, and addresses the full range of issues that young people face as they enter into such relationships, including choices about sexual activity, managing conflict, and dating violence.
4. Indiana needs to develop a coherent and comprehensive policy that assists victims of sexual assault when social media are involved.
5. The state should explore a policy that includes restorative justice models as an option in adolescent sexual assault cases. This could encourage reporting and successful mitigation of consequences in many cases.
6. Schools and afterschool programs need trained adults to facilitate discussions with adolescents related to sexuality and relationships. Students need to learn to have informed, frank and thoughtful discussions around this topic.

Reference

Cierniak, K., Heiman, J. R., and Plucker, J. A. (2012). Sexual violence prevention in Indiana: Toward safer, healthier communities. Bloomington IN: Center for Evaluation & Education Policy.

Indiana Adults' Adverse Childhood Experiences ACE) Survey Reports

864 surveys distributed for data collection and 160 were returned for a response rate of 18.52%.

ACE Study Participant Demographics

Demographics		Percent (N = 160)
Gender	Female	89.4% (N = 143)
	Male	10.6% (N =17)
Race	White	89.4% (N = 143)
	Hispanic/Latino	3.8% (N = 6)
	Asian/Pacific Islander	0%
	African-American	4.4% (N = 7)
	Other	2.4% (N = 4)
Age (years)	19 - 29	27.5% (N = 44)
	30 - 39	25.0% (N = 40)
	40 - 49	16.2% (N = 26)
	50 - 59	18.8% (N = 30)
	60 and over	12.5% (N = 20)
State of Birth	Indiana	72.5% (N = 116)
	Other states	25.0% (N = 40)
	Outside of U.S.	2.5% (N = 4)
Education	Not High School Graduate	1.9% (N = 3)
	High School Graduate	14.4% (N = 23)
	Some College	35.0% (N=56)
	College Graduate or Higher	45.0% (N = 72)
	Others	3.7% (N = 6)
Marital Status	Married	57.4% (N = 92)
	Not married but living with a partner	11.3% (N = 18)
	Never married	19.4% (N = 31)
	Divorced	11.9% (N = 19)
Employment Status	Full time (35 hours or more)	66.3% (N = 106)
	Part-time (1-34 hours)	21.3% (N = 34)
	Not employed outside the home	12.4% (N = 20)

Stress and Physical Health

11.9% reported that they had missed work in the past 30 days due to stress or feeling depressed (mean = 4.00 days).
15.5% reported they had missed work in the past 30 days due to poor physical health (mean = 1.37 days).

Stress and Physical Health		
Missed work in past 30 days…	***Percent***	***Mean missed days***
Due to stress of feeling depressed	11.9%	4 days
Due to poor physical health	15.5%	1.37 days

Sexual Activity

Of 143 female respondents, 68.1% reported that they were pregnant at some point, and 3.1% reported they are pregnant now. The average age of the first pregnancy was 22.08 years (range from 15 years to 39 years). The average number of pregnancies was 1.91 (range from 1 child to 7 children).

Of 17 male respondents, 0.6% reported that they have ever gotten someone pregnant and 99.7% did not respond to the question item. The average age of the first time he got someone pregnant was 18 years.

96.3% reported that they have had sexual intercourse and the average age of the first time experience was 17.75 years (range from 11 years to 49 years). During the past year, the average number of the sexual partners was 1.10 (range from 1 to 5 persons).

Sexual Activity		
Female (N=143)	Reported having ever been pregnant	68.1% (N = xx)
	Average age of first pregnancy	22.08 years (range = 15–39 years)
	Average number of pregnancies	1.91 pregnancies (range = 1–7 children)
Male (N=17)	Reported ever gotten someone pregnant	.06% (99.7% did not respond)
	Average age for first time getting someone pregnant	18 years
All respondents	Had sexual intercourse	96.3% (N = xx)
	Average age of first sexual intercourse	17.75 years (range = 11–49 years)
	Sexual partners during the past 12 months	1.10 (range = 1–5 persons)
	Rode in car driven by someone who had drank alcohol in past 30 days	20.6% (N = xx)

Substance Use

39.4% have smoked at least 100 cigarettes in their entire life and the average age to become a regular smoker was 17.76 years (range from 10 years to 30 years). 20% reported themselves as a current smoker.

93.1% drink alcohol in greater quantities than a few sips. The average age for the first drink was 17.63 years (range from 10 years to 37 years) and 70% reported they have drank any beer, wine, wine coolers, cocktails or liquor during the past month.
5.6% reported that they have driven a car when they have had too much to drink.
20.6% reported that they have ridden in a car or other vehicle driven by someone who has been drinking alcohol during the past 30 days.

Substance Use		
Smoking	Smoked at least 100 cigarettes in life	39.4% (N = xx)
	Average age to become regular smoker	17.76 years (range = 10–30 years)
	Self report as regular smoker	20.0% (N = xx)
Alcohol	Drank alcohol other than a few sips	93.1% (N = xx)
	Average age for first drink	17.63 years (range = 10–37 years)
	Consumed alcohol in past month	70.0% (N = xx)
	Had driven a car when had too much to drink	5.6% (N = xx)
	In past 30 days, rode in car driven by someone who had drank alcohol	20.6% (N = xx)

Family Structure

38.1% reported their parents had separated or divorced. 20.6% lived with a stepfather and 9.4% lived with a stepmother.

38.8% reported that anyone in their household was depressed or mentally ill and 12.5% reported that anyone in their household attempted suicide. 8.1% reported that anyone in their household committed a serious crime and 10% reported that anyone in their household had been sent to prison.

10.6% reported that they have ever attempted suicide and 5% reported that their suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Family Structure		Percent
Parents	Parents every separated or divorced	38.1%
	Lived with a stepfather	20.6%
	Lived with a stepmother	9.4%
Household	Anyone in household was depressed or mentally ill	38.8%
	Anyone in household attempt suicide	12.5%
	Anyone in household committed a serious crime	8.1%
	Anyone in household went to prison	10.0%
Respondent	Had tried to commit suicide	10.6%
	Suicide attempt resulted in injury, poisoning, or overdose and had to be treated by doctor	5.0%

Physical Abuse

23.7% reported that their father (or stepfather) or mother's boyfriend pushed, grabbed, slapped or threw something at their mother (or stepmother).
14.3% reported that their father (or stepfather) or mother's boyfriend kicked, bit, or hit their mother (or stepmother) with a fist, or hit her with something hard.
8.1% reported that their father (or stepfather) or mother's boyfriend repeatedly hit their mother (stepmother) for at least a few minutes.
6.8% reported that their father (or stepfather) or mother's boyfriend threaten their mother (or stepmother) with a knife or gun, or used a knife or gun to hurt her.

92.5% reported that they were spanked during their first 18 years of life and the average frequency was a few times a year (mean = 2.80; 1 = never to 5 = weekly or more) and the severity was medium hard (mean = 2.36; 1 = not hard to 5 = very hard).

Physical Abuse	
Father (or stepfather) or mother's boyfriend…	***Percent***
Pushed, grabbed, slapped, or threw something at their mother (stepmother).	23.7%
Kicked, bit, or hit their mother (stepmother) with a fist, or hit her with something hard.	14.3%
Repeatedly hit their mother (stepmother) for at least a few minutes.	8.1%
Threatened their mother (stepmother) with a knife or gun, or used a knife or gun to hurt her.	6.8%
Spanked during their first 18 years of life	92.5%
Average frequency of spanking (mean = 2.86; 1 = never to 5 = weekly or more)	A few times/year
Severity of spanking (mean = 2.36; 1 = not hard to 5 = very hard)	Medium hard

Emotional Abuse

The respondents reported a supportive and close family relationship (mean = 4.35; 1 = never true to 5 = very often true) and low family emotional abuse (mean 1.64; 1 = never true to 5 = very often true).

The respondents reported low levels of verbal abuse (mean = 1.95; 1 = never true to 5 = very often true) and physical abuse (mean = 1.33; 1 = never true to 5 = very often true).

Emotional Abuse	Mean
Supportive and close family relationships (1 = never true to 5 = very often true)	4.35 (high)
Family emotional abuse (1 = never true to 5 = very often true)	1.64 (low)
Level of verbal abuse (1 = never true to 5 = very often true)	1.95 (low)
Level of physical abuse (1 = never true to 5 = very often true)	1.33 (low)

Sexual abuse

25.6% reported that someone touched or fondled their body in a sexual way. Of the respondents, 85.7% reported that this happen against their wishes and 97.5% reported that it was by male abusers. The average age for the first abuse was 9.26 years (range from 1 years to 20 years) and the average number of the abusers was 1.64 (range from 1 to 5).

11.3% reported that they touched another's body in a sexual way. Of the respondents, 77.8% reported that this happened against their wishes and 100% reported that it happened with male abusers. The average age for this abuse was 10.88 years (range from 4 years to 24 years) and the average number of abusers was 1.7 (range from 1 to 4).

12.5% reported that someone attempted to have any type of sexual intercourse (oral, anal, or vaginal) with them. Of the respondents, 89.5% reported that this happen against their wishes and 100% reported that it happened by male abusers. The average age for this abuse was 11.9 years (range from 4 years to 20 years) and the average number of abusers was 1.8 (range from 1 to 4).

8.8% reported that someone actually had any type of sexual intercourse (oral, anal, or vaginal) with them. Of the respondents, 76.9% reported that this happen against their wishes and 100% reported it happened with male abusers. The average age for this abuse was 13.38 (range from 4 years to 20 years) and the average number of abusers was 2 (range from 1 to 4).

Of the respondents who reported any types of sexual abuse experience, 20.9% reported a relative who lived in their home was involved in their sexual experiences. 8.6% were a non-relative who lived in their home. 26.5% were a relative who didn't live in their home. 51.4% were a family friend or person who they knew and who didn't live in their household. 19.4% were strangers. 30.6% were someone who was supposed to be taking care of them. 75% were someone they trusted.

Of the respondents who reported any types of sexual abuse experience, 62.5% involved trickery, verbal persuasion, or pressure to get them to participate in sexual experiences. 28.9% were being given alcohol or drugs. 10.5% involved in threats to harm them if they didn't participate. 34.2% were being physically forced or overpowered to make them participate.

Sexual Abuse		
Someone touched or fondled their body in sexual way		25.6%
	Happened against their wishes	85.7%
	Male abuser	97.5%
	Average age at first abuse	9.26 years (range = 1–20 years)
	Average number of abuses	1.64 (range = 1–5)
Touched other's body in sexual way		11.3%
	Happened against their wishes	77.8%
	Male abuser crime	100%
	Average age at first abuse	10.88 years (range = 4–24 years)
	Average number of abuses	1.7 (range = 1–4)
Someone attempted sexual intercourse (oral, anal, vaginal) with them		12.5%
	Happened against their wishes	89.5%
	Male abuser crime	100%
	Average age at first abuse	11.9 years (range = 4–20 years)
	Average number of abuses	1.8 (range = 1–4)
Someone had sexual intercourse (oral, anal, vaginal) with them		8.8%
	Happened against their wishes	76.9%
	Male abuser crime	100%
	Average age at first abuse	13.38 years (range = 4–20 years)
	Average number of abuses	2 (range = 1–4)
Abuser	Relative who lived in their home	20.9%
	Non-relative who lived in their home	8.6%
	Relative who didn't live in their home	26.5%
	Family friend/they knew; did not live in their home	51.4%
	A stranger	19.4%
	Someone who was supposed to take care of them	30.6%
	Someone they trusted	75.0%
Of all sexual abuse reported, the abuser used…		
	Trickery, verbal persuasion, or pressure	62.5%
	Gave victim alcohol or drugs	28.9%
	Threats to harm victim if did not participate	10.5%
	Physical force or overpowered to make victim to participate	34.2%

Sexual Assault

9.4% reported that during first eighteen years, a boy or group of boys about their own age had ever forced or threatened to harm them in order to have sexual contact. Of the respondents who experienced sexual assault, 34.9% involved someone touching their sexual parts or trying to have intercourse with them (oral, anal, vaginal). The average frequency was 2.35 (1: once to 5: more than 10 times). Of the respondents who experienced sexual assault, 10% reported that during their first eighteen years, the contact involved a person actually having intercourse with them (oral, anal, vaginal). The average frequency was 1.71 (1: once to 5: more than 10 times).

10% reported that as an adult (age 19 or older), that anyone ever forced or threatened them with harm in order to have sexual contact. Of the respondents who experienced sexual assault, 52.9% reported that the contact involved someone touching their sexual parts or trying to have intercourse with them (oral, anal, vaginal). The average frequency was 2.0 (1: once to 5: more than 10 times). Of the respondents who experienced sexual assault, 40% reported that the contact involved a person actually having intercourse with them (oral, anal, vaginal). The average frequency was 2.2 (1: once to 5: more than 10 times).

Sexual Assault		
During first 18 years of age, a boy or group of boys near the victim's age forced or threatened to harm them in order to have sexual contact		9.4%
A.	Assault involved someone touching their sexual parts or trying to have intercourse (oral, anal, vaginal) with them.	34.9%
	Average frequency of assault of type A. (1 = once to 5 = more then ten times)	2.35
B.	Assault involved a person actually having intercourse (oral, anal, vaginal) with them.	10%
	Average frequency of assault of type B. (1 = once to 5 = more then ten times)	1.71
As an ADULT (19 years and older), was forced or threatened with harm in order to have sexual contact		10%
C.	Assault involved someone touching their sexual parts or trying to have intercourse (oral, anal, vaginal) with them.	52.9%
	Average frequency of assault of type C. (1 = once to 5 = more then ten times)	2.0
D.	Assault involved a person actually having intercourse (oral, anal, vaginal) with them.	40%
	Average frequency of assault of type D. (1 = once to 5 = more then ten times)	2.2

External Help

Of the respondents who reported any type of sexual abuse experience, 18.4% reported that they had ever told a doctor, nurse, or other health professional about their experiences.

Of the respondents who reported any types of sexual abuse experience, 18.9% reported that a therapist of counselor had ever suggested to them that they were sexually abused as a child.

Of the respondents who reported any type of sexual abuse experience, 61.5% reported that they thought they were sexually abused as a child.

External Help	
Of the respondents who reported any type of sexual abuse	***Percent***
Told a doctor, nurse or other health professional about the sexual abuse.	18.4%
A therapist or counselor suggested to them that they were sexually abused as a child.	18.9%
They thought they were sexually abused as a child.	61.5%

Educators Survey Data

Teachers' surveys were collected from April 2015 to June 2015. Teachers, coaches, school personnel including school principal and counselors from 49 schools in the State of Indiana were randomly assigned to participate in the mail surveys. The total number of surveys mailed was 520 and 110 surveys were returned. The response rate was 21.15%

1. Demographics of survey participants (n = 110)

		Total	Male	Female
		100.0%	30.0%	70.0%
Born in the U.S.A.		99.8%	90.1%	98.7%
Race	European-American	94.5%	87.9%	97.4%
	Hispanic/Latino	2.7%	3.0%	2.6%
	African-American	1.8%	6.1%	—
	Native American	1.0%	3.0%	—
Counties in Indiana		44	22	44
Average Age (22 to 67 years)		41.89 years	42.12 years	41.79 years

2. Respondents' report their ability to define the different types of sexual assault

Q: Are you able to define each type of sexual assault?

	Percent able to define		
Types of sexual assault	**Total**	**Male**	**Female**
Forced sexual contact	98.2%	100.0%	97.4%
Verbal harassment	94.5%	90.9%	96.1%
Verbally coerced sexual	91.8%	87.9%	93.5%
Attempted rape	98.2%	93.9%	100.0%
Completed rape	99.1%	97.0%	100.0%

3. Respondents' thoughts of adolescent's ability to define the different types of sexual assault

Q: How likely do you think adolescents are able to define each type of sexual assault?
(1= highly likely, 2 = likely, 3 = less likely, 4 = rarely)

	Mean (Standard Deviation)		
Types of sexual assault	**Total**	**Male**	**Female**
Forced sexual contact	2.17 (0.93)	2.15 (0.94)	2.18 (0.93)
Verbal harassment	2.28 (0.84)	2.24 (0.94)	2.30 (0.80)
Verbally coerced sexual intercourse	2.93 (0.75)	2.91 (0.72)	2.94 (0.77)
Attempted rape	2.13 (0.76)	2.00 (0.83)	2.19 (0.73)
Completed rape	1.68 (0.78)	1.67 (0.85)	1.68 (0.76)

4. Association between substance use and sexual assault

	Mean (Standard Deviation)		
Q: How likely do you think substance abuse is associated with sexual assault? *(1= highly likely, 2 = likely, 3 = less likely, 4 = rarely)*	**Total**	**Male**	**Female**
	1.72 (0.62)	1.67 (.60)	1.75 (.64)

5. Communication about sexual assault with adolescents who had NO personal experience of sexual assault			
	Total	**Male**	**Female**
Communication		**Percent**	
Reported no communication	43.5%	72.2%	30.7%
Reported having communication	56.5%	27.2%	69.3%
Frequency of communication		**Percent**	
Occasionally	45.4%	24.2%	54.7%
Quite often	10.2%	3.0%	13.3%
All the time	0.9%	0.0%	1.3%
Comfort in talking about sexual assault		**Mean (Standard Deviation)**	
(1= extremely comfortable, 2 = comfortable, 3 = neutral, 4 = uncomfortable, 5 = extremely uncomfortable)	2.17 (0.72)	2.33 (0.65)	2.13 (0.73)
Conversation content *(What did you talk about?)*		**Percent**	
Talked about different types of sexual assault	44.4%	45.5%	44.2%
Talked about physical environment where sexual assault could occur (e.g., danger of peer pressure, dating relationship)	77.8%	72.7%	78.8%
Talked about the adolescent relationship with the sexual abuser (e.g., danger of peer pressure, dating relationship)	71.4%	72.2%	71.2%
Talked about the possible consequences of sexual assault (e.g., psychological distress and physical pain)	61.9%	45.5%	65.4%
Talked about what must have been done to avoid the sexual assault from the first place (e.g., protective behaviors and communication skills to resist sexual assault)	71.4%	54.5%	75.0%
The adolescent refused to talk about sexual assault	3.2%	9.1%	1.9%
Other (open-ended response option)	14.1%	9.1%	15.1%

6. Communication about sexual assault with adolescents who experienced sexual assault			
	Total	**Male**	**Female**
Communication		**Percent**	
Reported no communication	66.4%	75.8%	62.3%
Reported having communication	33.6%	24.2%	37.7%
Number of conversations		**Mean**	
Range = 1 to 20 times	5.29	7.57	4.70
Comfort in talking about sexual assault		**Mean (Standard Deviation)**	
(1 = extremely comfortable, 2 = comfortable, 3 = neutral, 4 = uncomfortable, 5 = extremely uncomfortable)	2.31	2.57	2.24
Conversation content *(What did you talk about?)*		**Percent**	
Talked about different types of sexual assault	40.5%	50.0%	37.9%
Talked about physical environment where sexual assault could occur (e.g., danger of peer pressure, dating relationship)	78.4%	87.5%	75.9%
Talked about the adolescent relationship with the sexual abuser (e.g., danger of peer pressure, dating relationship)	73.0%	75.0%	72.4%
Talked about the possible consequences of the sexual assault (e.g., psychological distress and physical pain)	83.8%	62.5%	89.7%
Talked about what must have been done to avoid the sexual assault from the first place (e.g., protective behaviors and communication skills to resist sexual assault)	56.8%	75.0%	51.7%
The adolescent refused to talk about sexual assault	8.1%	12.5%	6.9%
Other (open-ended response option	16.2%	12.5%	17.2%
Reasons why the adolescent refused to talk		**Percent**	
S/he was afraid of being blamed for what happened to them	35.3%	42.9%	33.3%
S/he was afraid of being stigmatized as a victim of sexual	41.2%	57.1%	37.0%
S/he did not want to bring a painful memory from sexual assault	50.0%	71.4%	44.4%
Other (open ended response option)	11.8%	14.3%	11.1%
Reaction to adolescent of the sexual assault disclosure		**Percent**	
Comforted the adolescent	76.9%	87.5%	74.2%
Sympathized with the adolescent	70.3%	75.0%	69.0%
Shared my own story of sexual assault	8.1%	0.0%	10.3%
Shared a story about other people's experience about the	13.5%	12.5%	13.8%
Provided the adolescent with contact information of medical experts such as psychotherapist or medical doctor for medical	59.5%	50.0%	62.1%
Other (open ended response option)	21.6%	12.5%	24.1%

7. Communication about sexual assault with adolescents who experienced sexual assault but did not realize that it was sexual assault			
	Total	**Male**	**Female**
Communication		**Percent**	
Reported no communication	81.3%	93.9%	75.7%
Reported having communication	18.7%	6.1%	24.3%
Number of conversations		**Mean**	
Range = 1 to 20 times	4.5	10.0	4.18
Comfort in talking about sexual assault		**Mean (Standard Deviation)**	
(1= extremely comfortable, 2 = comfortable, 3 = neutral, 4 = uncomfortable, 5 = extremely uncomfortable)	2.09 (0.85)	2.0	2.10 (.89)
Conversation content *(What did you talk about?)*		**Percent**	
Talked about different types of sexual assault	65.2%	50.0%	66.7%
Talked about physical environment where sexual assault could occur (e.g., danger of peer pressure, dating relationship)	73.9%	50.0%	76.2%
Talked about the adolescent relationship with the sexual abuser (e.g., danger of peer pressure, dating relationship)	65.2%	100.0%	61.9%
Talked about the possible consequences of the sexual assault (e.g., psychological distress and physical pain)	82.6%	100.0%	81.0%
Talked about what must have been done to avoid the sexual assault from the first place (e.g., protective behaviors and communication skills to resist sexual assault)	73.9%	100.0%	71.4%
The adolescent refused to talk about sexual assault	17.4%	100.0%	19.0%
Other (open-ended response option	8.7%	100.0%	9.5%
Reaction to adolescent of the sexual assault disclosure		**Percent**	
Comforted the adolescent	79.2%	100.0%	76.2%
Sympathized with the adolescent	66.7%	66.7%	66.7%
Shared my own story of sexual assault	12.5%	33.3%	9.5%
Shared a story about other people's experience about the	33.3%	66.7%	28.6%
Provided the adolescent with contact information of medical experts such as psychotherapist or medical doctor for medical	75.0%	33.3%	81.0%
Other (open ended response option)	16.7%	100.0%	19.0%

8. Observations of talk between peers about sexual assault by someone they're dating

Q: How frequently have you observed an adolescent talking to other peer about their experience of sexual assault by a date or someone s/he was going out?
(1 = never, 2 = once, 3 = several times, 4 = many times)

	Mean (Standard Deviation)		
Types of sexual assault	**Total**	**Male**	**Female**
S/he was slapped, hit, or physically hurt by a date	1.64 (0.80)	1.53 (0.80)	1.69 (0.80)
S/he was verbally harassed by a date	2.11 (0.96)	1.81 (1.06)	2.24 (0.90)
S/he was verbally coerced to have sexual intercourse when s/he did not want to by a date	1.31 (0.65)	1.88 (0.54)	1.37 (0.70)
S/he was physically forced to have sexual intercourse when s/he did not want to by a date	1.28 (0.63)	1.16 (0.51)	1.33 (0.67)
S/he was forced to do other sexual things when s/he did not want to by a date	1.39 (0.70)	1.25 (0.62)	1.46 (0.73)
S/he was forced to do unwanted kissing by a date	1.44 (0.76)	1.41 (0.84)	1.46 (0.73)
S/he was forced to do unwanted touching by a date	1.52 (0.79)	1.38 (0.71)	1.58 (0.82)
S/he was offered substances such as alcohol, tobacco, marijuana by a date	2.00 (1.08)	1.94 (1.05)	2.03 (1.10)
Average for all eight items (above)	*1.59* (0.80)	*1.55 (0.77)*	*1.65 (0.81)*

9. Observations of talk between peers about sexual assault by a stranger

Q: How frequently have you observed an adolescent talking to other peer about their experience of sexual assault by a stranger? (1 = never, 2 = once, 3 = several times, 4 = many times)

	Mean (Standard Deviation)		
Types of sexual assault	**Total**	**Male**	**Female**
S/he was slapped, hit, or physically hurt by a date	1.14 (0.51)	1.19 (0.59)	1.13 (0.47)
S/he was verbally harassed by a date	1.50 (0.84)	1.38 (0.79)	1.56 (0.85)
S/he was verbally coerced to have sexual intercourse when s/he did not want to by a date	1.12 (0.43)	1.16 (0.51)	1.10 (0.38)
S/he was physically forced to have sexual intercourse when s/he did not want to by a date	1.07 (0.32)	1.06 (0.35)	1.07 (0.31)
S/he was forced to do other sexual things when s/he did not want to by a date	1.11 (0.42)	1.13 (0.49)	1.10 (0.38)
S/he was forced to do unwanted kissing by a date	1.12 (0.51)	1.16 (0.63)	1.10 (0.45)
S/he was forced to do unwanted touching by a date	1.15 (0.50)	1.16 (0.51)	1.15 (0.50)
S/he was offered substances such as alcohol, tobacco, marijuana by a date	1.43 (0.86)	1.41 (0.84)	1.44 (0.87)
Average for all eight items (above)	*1.21 (0.55)*	*1.21 (0.59)*	*1.21 (0.53)*

10. Self-efficacy of conversation about sexual assault

Q: Suppose you had an opportunity to talk with adolescents. How easy would it be for you . . .
(1 = very easy, 2 = easy, 3 = a little hard, 4 = very hard)

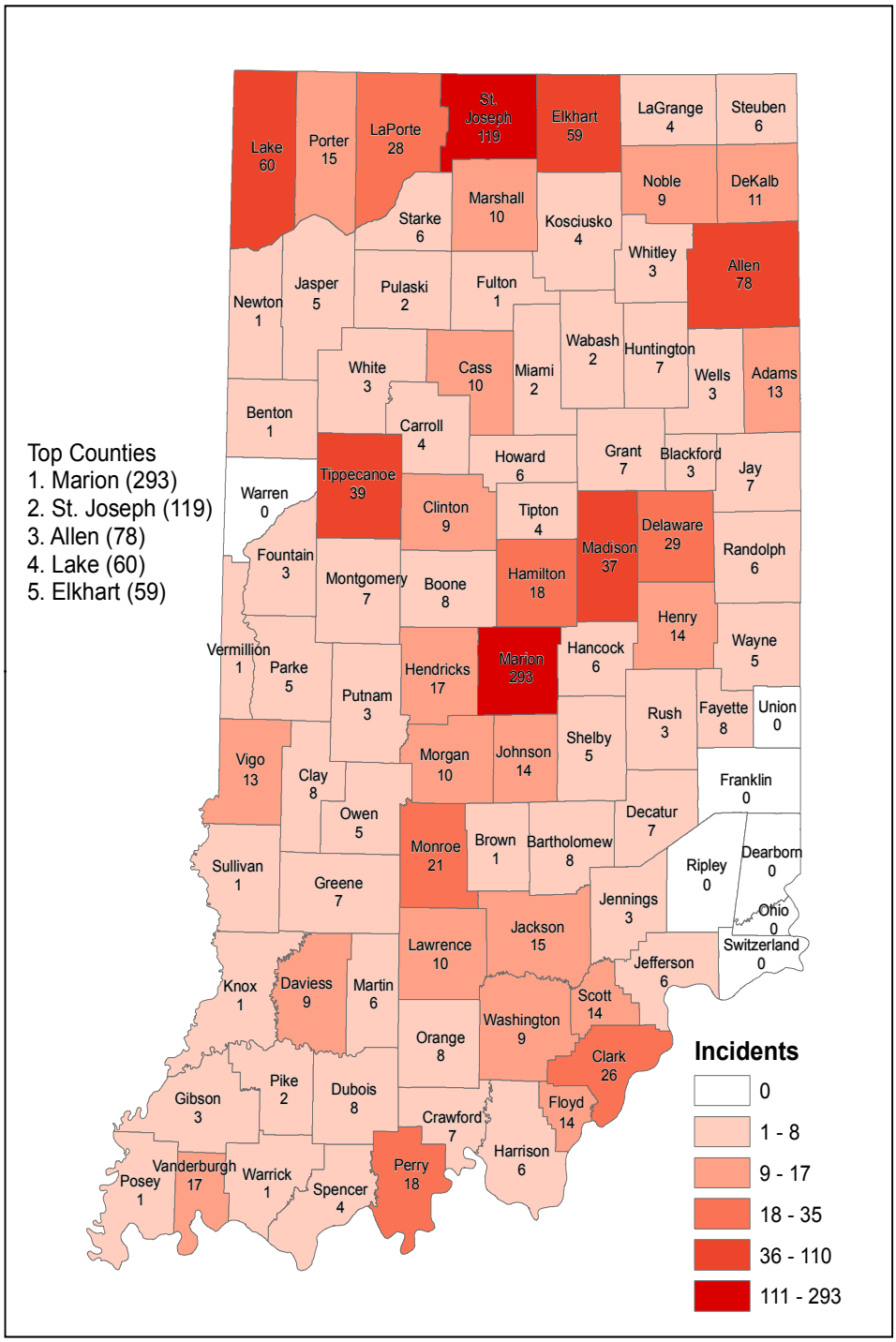
	Mean (Standard Deviation)		
Conversations	**Total**	**Male**	**Female**
To talk to adolescents about sexual abuse as a safety issue	1.91 (0.79)	2.00 (0.80)	1.87 (0.79)
To talk to adolescents about preventive behaviors to avoid sexual abuse as a safety issue	1.82 (0.75)	2.03 (0.74)	1.74 (0.74)
Average for the two items (above)	*1.87 (0.77)*	*(2.02) 0.77*	*1.81 (0.77)*

11. Norms

Q: In your opinion, how true are each of the following statements?
(1 = completely true, 2 = pretty true, 3 = a little true, 4 = false)

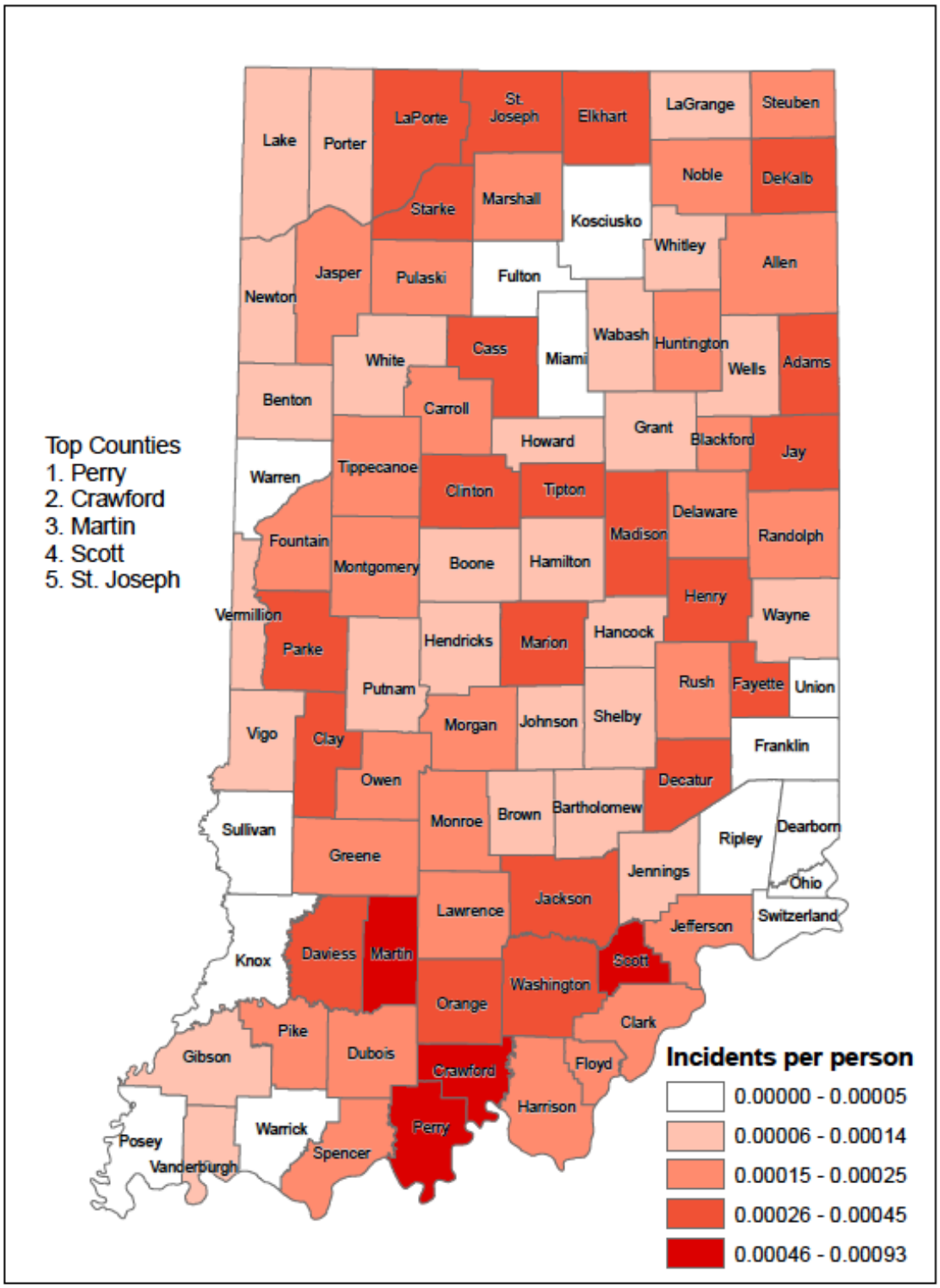
	Mean (Standard Deviation)		
Norms	**Total**	**Male**	**Female**
Educating adolescents about sexual abuse is a good way to prevent their victimization" mean	1.58 (0.67)	1.63 (0.71)	1.57 (0.66)
Educated adolescents about sexual abuse is less likely to encounter the likelihood of sexual abuse than uneducated	2.08 (0.90)	2.09 (1.00)	2.08 (0.87)
Most sexually abused adolescents are not psychologically harmed from the experience	3.94 (0.33)	3.97 (0.18)	3.93 (0.38)
Most sexually abused adolescents are not physically harmed from the experience	3.75 (0.55)	3.75 (0.51)	3.74 (0.55)
Adolescents are safe from sexual abuse at this point in time	3.84 (0.46)	3.66 (0.55)	3.92 (0.39)
Adolescents are in danger of sexual abuse at school, neighborhood, or community	2.07 (0.95)	2.31 (1.00)	1.97 (0.92)
Average for the six items (above)	*2.88 (0.64)*	*2.90 (0.66)*	*2.87 (0.63)*

Incidents per County (2013)



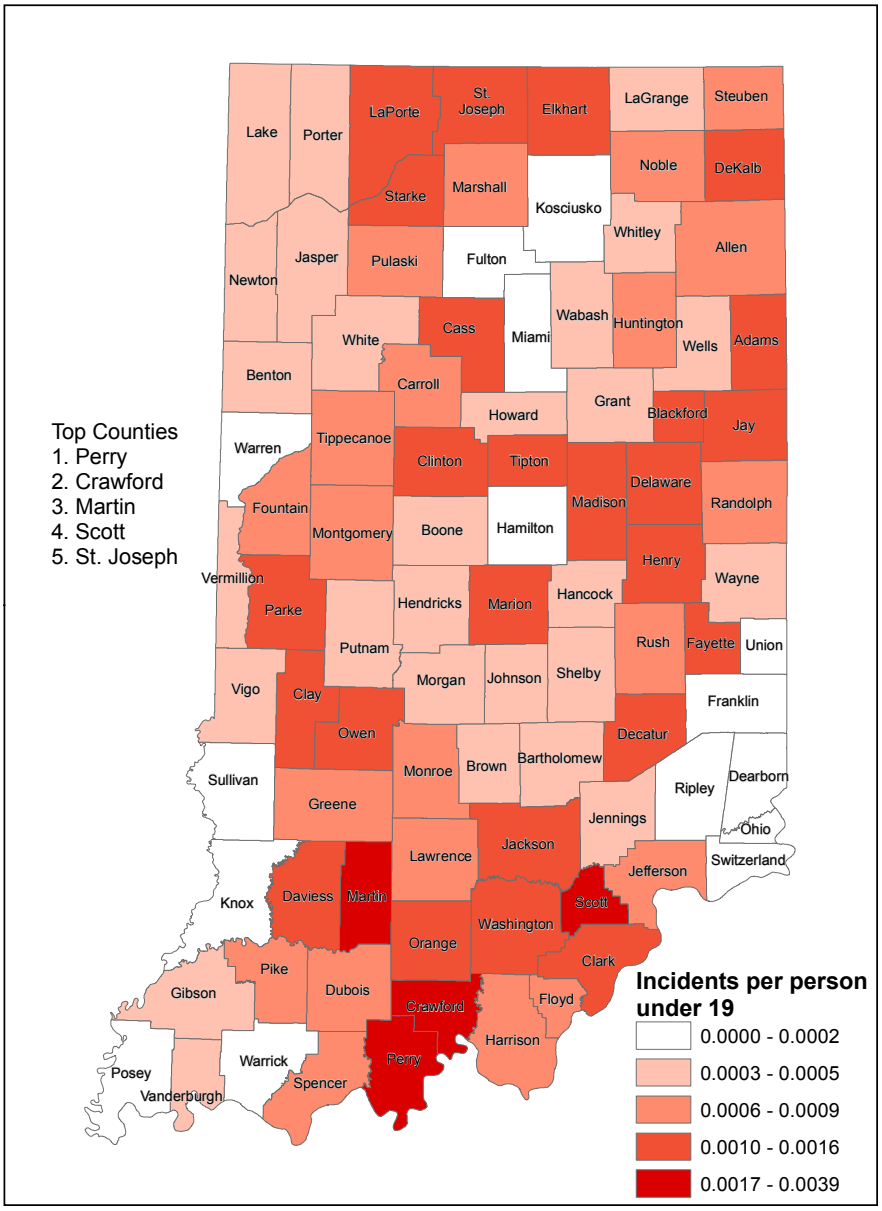
Data obtained from: Indiana Criminal Justice Institute
Map created by: Samuel Cooper

Incidents per Capita (2013)



Data obtained from: Indiana Criminal Justice Institute
Map created by: Samuel Cooper

Incidents per Person Under 19 (2013)



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