

SERVING TEEN SURVIVORS: A Manual for Advocates



Serving Teen Survivors: A Manual for Advocates. Harrisburg, PA: National Sexual Violence Resource Center.

©National Sexual Violence Resource Center 2018. All rights reserved.

This project was supported by Grant No. 2011-TA-AX-K023 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

The content of this publication may be reprinted with the following acknowledgment: This material was reprinted, with permission, from the National Sexual Violence Resource Center's publication entitled *Serving Teen Survivors: A Manual for Advocates*. Also available online at the Lifespan webpage of National Sexual Violence Resource Center website: www.nsvrc.org/lifespan-project

Table of Contents

| | |
|---|----|
| Introduction..... | 3 |
| SECTION 1 | |
| Teenagers & Sexual Violence..... | 5 |
| SECTION 2 | |
| The Teen Brain and the Impact of Trauma..... | 9 |
| SECTION 3 | |
| Tip Sheets on Working with Teens who are Survivors..... | 15 |
| TIP SHEET: Hotline/Helpline..... | 16 |
| TIP SHEET: Counseling/Advocacy..... | 19 |
| TIP SHEET: Peer-Led Services..... | 21 |
| TIP SHEET: Supporting Significant Others..... | 22 |
| TIP SHEET: Alternative Modalities..... | 25 |
| TIP SHEET: Legal Advocacy..... | 26 |
| TIP SHEET: Court Accompaniment..... | 27 |
| TIP SHEET: Law Enforcement Accompaniment..... | 29 |
| TIP SHEET: Medical Accompaniment..... | 30 |
| TIP SHEET: Information & Referral..... | 33 |
| TIP SHEET: Agency Walkthrough..... | 35 |
| SECTION 4 | |
| Confidentiality & Mandated Reporting Laws..... | 37 |
| SECTION 5 | |
| Serving Teens in a Culturally Responsive Way..... | 41 |
| SECTION 6 | |
| Annotated Bibliography: Sexual Violence and Teens..... | 47 |
| SECTION 7 | |
| Resources..... | 61 |
| SECTION 8 | |
| References..... | 69 |



Introduction

Being a teenager can be one of the most wonderful times of a person's life, but it can also be a time of many challenges. According to the U.S. Census Bureau, there are about 25 million teens ages 12-17 in the United States (Federal Interagency Forum on Child and Family Statistics, n.d.).

A NOTE ON LANGUAGE:

Throughout this document we will use teenager, teen, youth, young people, and adolescents interchangeably to reflect the variety of ways in which people identify.

Rates of sexual violence against youth aged 12-18 are very high, and the survivor¹ typically knows the person who committed the offense (Finkelhor, Shattuck, Turner, & Hamby, 2014; Finkelhor, Turner, Ormond, Hamby, & Kracke, 2009). Research suggests that teens who are survivors of sexual assault are at greater risk of being re-victimized in the future, compared to other adolescents who have not been sexually assaulted (Black et al., 2011; Lalor & McElvaney, 2010).

Facing violence during this already complex time brings unique issues and challenges that advocates must be prepared to face. Advocates have a unique position to help young people during many stages of the healing process.

This manual is designed to help advocates and other helping professionals navigate the sometimes muddy waters of working with young people. Though factors such as mandated reporting and confidentiality may be seen as barriers to working with teens, they are simply aspects of working with this age group. Youth, as illustrated by the statistics above, may experience sexual violence at the highest rates of any age group. This manual is designed to help those providing services to survivors of sexual violence serve teens using a trauma-informed approach.

TRAUMA-INFORMED APPROACH:

Being trauma-informed does not mean services are specifically designed to treat symptoms or syndromes related to sexual violence but rather are aware and sensitive to the needs of all trauma and consider all forms of trauma survivors may have experienced. A trauma-informed approach looks at a survivor's entire history and context of their experiences (Resource Sharing Project [RSP] & National Sexual Violence Resource Center [NSVRC], 2013)



¹ Throughout this document, the terms "victim" and "survivor" are used interchangeably to be inclusive of the various ways people who have experienced sexual violence may identify. The National Sexual Violence Resource Center (NSVRC) recognizes and supports the use of person-first terminology that honors and respects the whole person, which is also reflected in this document. Finally, NSVRC acknowledges that individuals should ultimately choose the language that is used to describe their experiences and therefore supports advocacy approaches that are person-centered and that use the terminology preferred by individuals they serve.



Teenagers & Sexual Violence

Who Experiences Teen Sexual Violence?

Rates of sexual violence against youth aged 12-18 are very high,¹ and the survivor normally knows the person who committed the offense.² Nationally, about 8% or 10 million girls and 0.7% or 791,000 boys under the age of 18 have experienced either rape or attempted rape.² Experiencing sexual violence as a child or teen makes it more likely the survivor will experience re-victimization in adulthood.² One in three (30.1%) victims of completed rape experienced their first rape between ages 11-17.³

It is difficult to determine the full impact of sexual violence against teenagers since most research focuses on children or college-aged youth. There are many gaps in research on sexual violence against teens, especially those from marginalized, unserved, and underserved communities.

Throughout this document we will alternate between using teen, youth, and young people to reflect the variety of ways people identify.



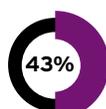
1 in 4 girls and 1 in 6 boys have been sexually abused before the age of 18.⁴

Who Commits Sexual Violence Against Teens?

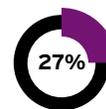
Youth who experience sexual violence are more likely to be victimized by a peer or someone they know.²



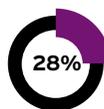
10.1% of girls were victimized by a stranger.



43.6% of girls were victimized by an acquaintance.



27.7% of girls were victimized by a family member.



28.8% of girls were victimized by a current or former intimate partner.

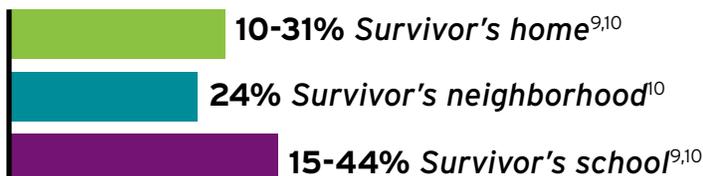


Over 35% of boys were made to penetrate someone else (completed or attempted) by an acquaintance.

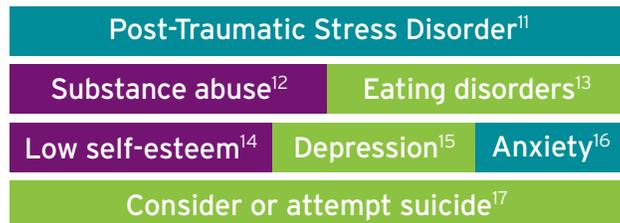
Effects of Sexual Violence

Young people who experience sexual violence may experience: poor academic performance,⁵ sexual risk taking behavior,⁶ pregnancy,⁷ and self-harm.⁸

Sexual assaults against youth happen in familiar places.



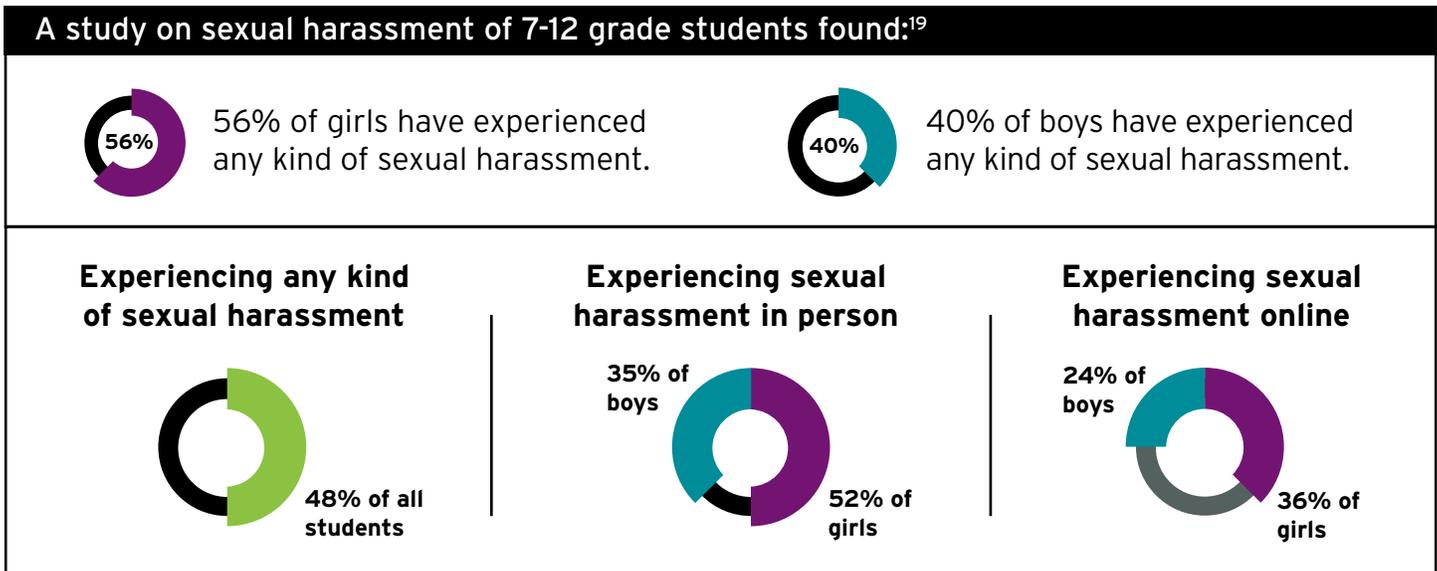
Teens who experience sexual violence may suffer from mental health conditions:



Teenagers & Sexual Violence

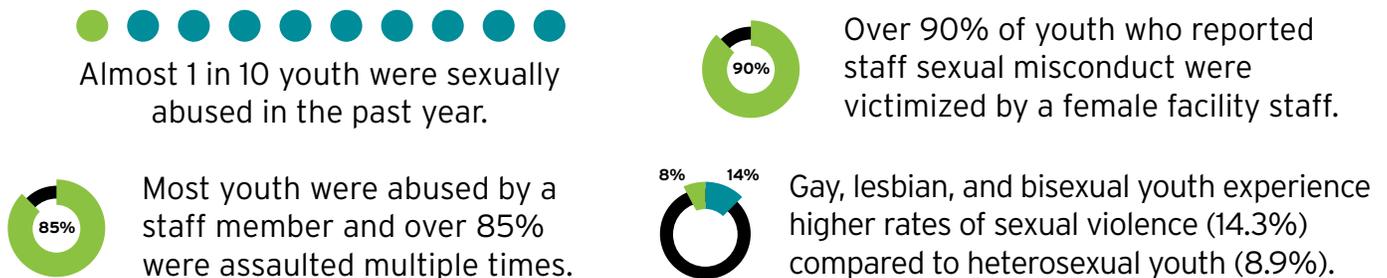
Sexual Violence and Students

According to the 2015 Youth Risk Behavior Survey, 6.7% of high school students reported they were physically forced to have sexual intercourse. This includes:¹⁸



Sexual Violence in Detention Facilities

A Bureau of Justice Statistics report found that in a nationally survey of juvenile facilities and state contract facilities:²⁰



In 2011-12 4.7% of youth age 16-17 who were held in adult prisons and jails reported sexual victimization. This rate is similar to those of adult inmates.²¹

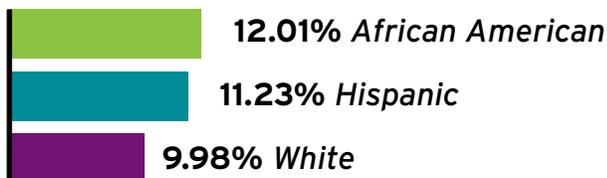
Teenagers & Sexual Violence

Oppression and Sexual Violence Against Teens

Sexual violence does not happen in isolation. Oppression (racism, classism, heterosexism, ableism, etc) is one of the root causes of sexual violence.²² Youth of color, homeless youth, and LGBTQ youth are more likely to experience sexual violence.

Race and Sexual Violence

African American and Hispanic girls are more likely to experience sexual violence than white girls.²³

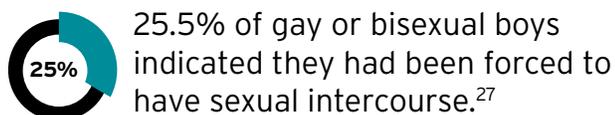
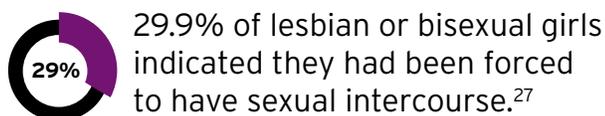


LGBTQ and Sexual Violence

LGBT youth are more than three times as likely to engage in survival sex or exchange sex for food, money, shelter, drugs, or clothing.²⁶

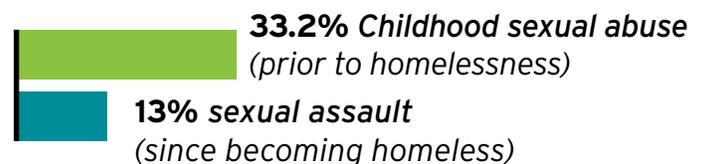


LGBTQ youth are more likely to experience sexual harassment than heterosexual youth. In one study, 81% of transgender youth experienced sexual harassment.²⁸



Homelessness and Sexual Violence

Homeless or precariously housed youth reported experiencing childhood sexual abuse and sexual assault.²⁴

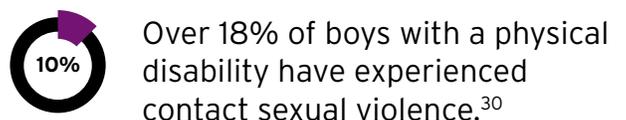
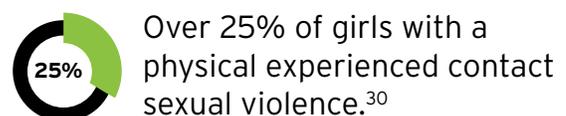


LGBTQ youth experience higher rates of sexual violence before becoming homeless.²⁵

Once homeless, LGBTQ youth are victims of 7.4 more acts of sexual violence during their lifetime than their heterosexual homeless peers.²⁵

Disability and Sexual Violence

Youth with physical disabilities are more likely to experience sexual violence than youth without physical disabilities.²⁹



In one study, over 22% of physically disabled youth experienced contact sexual violence – this is 1.74 times higher than able-bodied youth. Over 40% of physically disabled youth experienced non-contact sexual violence.³⁰





The Teen Brain and the Impact of Trauma

The human brain is complicated. It's both fascinating and overwhelming to consider how it works, how it grows, and how it impacts behavior. The brain responds to trauma differently in the short and long term and through different stages of the lifespan. These responses can impact the way we provide services to survivors.

“Neurobiology is the study of the brain and nervous system, which are the cells and tissue that generate sensation, perception, movement, learning, emotion, and many of the functions that make us human” (University of California Berkeley, n.d., para. 1).

How the brain processes traumatic events, or the neurobiology of trauma, plays an important role in helping advocates and other service providers better understand and serve survivors. New research on the neurobiology of trauma—or how the brain processes traumatic events—has significant implications on the work of advocates.

FIGHT, FLIGHT, OR FREEZE RESPONSES TO TRAUMA:



Our body responds to trauma in several ways that automatically happen as a response to the threat. This is a survival mechanism. The brain releases hormones which control how the person will react to the event. Typically the body's first response is to freeze briefly then move into either to fight (physically resist) or flee (physically escape). This is not a conscious choice, and survivors can also experience other automatic reflexes that make them immobile such as dissociation, tonic immobility, or collapsed immobility (Wilson, Lonsway, & Archambault, 2016)

High levels of stress hormones also affect how memory is stored in the hippocampus of the brain. A survivor may have a difficult time remembering events before, during, and following an assault (Campbell, 2012). This can explain a victim's inability to recall details of an assault and their ability to recall only fragmented memories, realities that often lead first responders to doubt a victim's account.

Repeated or unaddressed trauma can lead to additional changes in the body's neurobiology (Center on the Developing Child, 2007).

TRAUMATIC EXPERIENCES AND THE TEEN BRAIN

The brain responds and adapts to traumatic experiences for survival. During a life-threatening event, the body automatically starts changing the way it functions.

When the body is at extreme risk, the brain short circuits the logical decision-making process. It releases hormones to help the body survive (Harvard Medical School, Harvard Health Publishing, 2016). Adrenaline helps the body respond quickly, cortisol provides more energy, and oxytocin blunts pain (Campbell, 2012).

These hormones affect a victim's reactions during and after an assault (Campbell, 2012). The range of these reactions is often called the fight, flight, or freeze response.

THE TEEN BRAIN: STILL GROWING

Recent research on the study of the teenage brain has implications for victim service providers, parents, and significant others. The teenage brain is about 80 percent developed (Jenson & Nutt, 2015).

Due to brain imaging technology (called functional magnetic resonance imaging, or fMRI) scientists know that the brain is not fully developed until a person is in their early to mid-twenties (Jenson & Nutt, 2015).

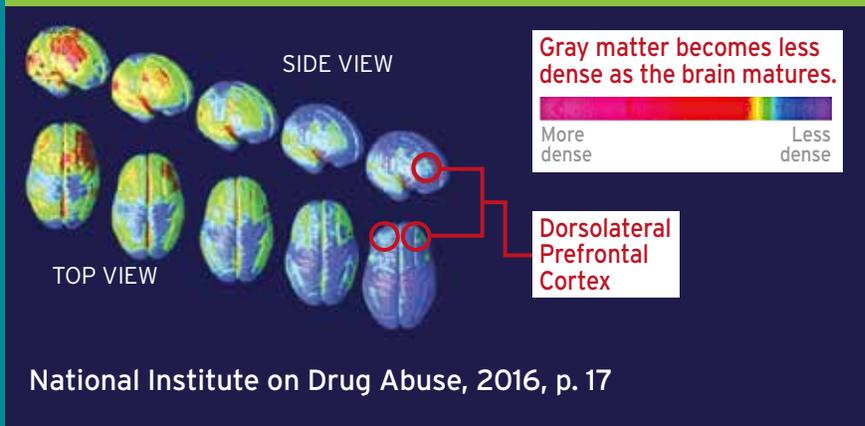
Adults often describe teens as challenging or unthinking. You may have heard people describe teens as having (Jensen & Nutt, 2015):

- mood swings or emotional highs and lows,
- impulsive behavior,
- short or unfocused attention spans,
- a lack of focus,
- poor decision-making skills,
- the inability to see consequences,
- risk-taking behaviors.

NEUROBIOLOGY OF THE TEEN BRAIN:

Young people do not think the same way adults do. Neurobiology shows the brain matures from the back to the front. The front section of the brain, the frontal lobe, is where humans plan, weigh costs and benefits of decisions, use logic, etc. (Jensen & Nutt, 2015). During the adolescent years, the human brain is slower to fully process the consequences of actions. This means that teens don't yet have the capacity to think through and plan as adults with a fully developed brain do. Teens may act impulsively, take risks, respond more emotionally, and have difficulty with follow through because their brains are still developing (Jensen & Nutt, 2015).

IMAGES OF BRAIN DEVELOPMENT IN HEALTHY CHILDREN AND TEENS (AGES 5-20):



We now know that these behaviors are a byproduct of an 80%-developed brain (Jensen & Nutt, 2015). Shaming, blaming, or criticizing teens for these behaviors misses the realities of their neurobiology.

Although the teenage brain is not fully developed, it has an amazing capacity to learn and absorb new information during adolescence. "Their brains are more powerful and more vulnerable than at virtually any other time in their lives" (Jensen & Nutt, 2015, p. 66).

THE TEEN BRAIN AND TRAUMA

Youth are at extremely high risk for experiencing sexual violence. It is estimated that one in four girls (24.7%) and one in six boys (16%) are sexually abused before the age of 18 (Dube et al., 2005).

Trauma impacts the teenage brain in different and more damaging ways than adults. Through fMRI brain imaging, it appears that the teenage brain's response to stress is more extreme than an adult's (Jensen & Nutt, 2015). Teens are also more prone to developing PTSD from severe or prolonged trauma than adults (Jensen & Nutt, 2015).

A 2011 study showed a distinct decrease in brain matter in teenagers who experienced abuse or neglect compared to their peers who had not been mistreated. Also interesting was the differences between the brains of girls and boys. In boys, the reduction in brain matter tended to be in areas of the brain linked to impulse control or substance abuse. In girls, the affected areas of the brain were connected to depression (Fisher & Pfeifer, 2011).

Many people respond to stress using coping strategies that could be harmful. This is especially true of teens. Teens are more likely to self-medicate as a stress response by using alcohol, abusing drugs, eating disorders, cutting, etc. (Jensen & Nutt, 2015). Teen survivors may learn that substances or behaviors bring a good feeling in the brain and will quickly adopt these behaviors as a coping or survival skill. Adolescents are also more likely to become addicted to substances and behaviors and may have a harder time stopping (Jensen & Nutt, 2015).

RESILIENCE

The flip side of harmful coping strategies is resilience. The teenage brain (compared to the adult brain) is better able to learn how to positively respond to stress. Teens can adopt resilient coping strategies, which can become lifelong skills (Jensen & Nutt, 2015). According to one researcher, "the brain, particularly in adolescents, shows a great deal of plasticity [flexibility]. It is critical to find ways to prevent maltreatment and to help the youths who have been exposed" (Hathaway, 2011).

Another researcher concluded that resilience is not innate. Rather, "it's actually something that's learned, and for that reason teenagers, while particularly vulnerable to the negative effects of stress, are also better equipped than most adults to learn how to positively respond to stress" (Jensen & Nutt, 2015, p. 181).

These points have implications on how victim service providers serve teens and how they help them heal from sexual violence. Talking to teens and parents in simple ways about brain development, the risks of negative stress responses, and the incredible capacity for healing and positive life skills can give everyone a better sense of control and insight.

RESILIENCE:

Resilience is the ability to adapt and grow in the face of trauma or adversity. Resilience is not something one has or does not have. Resilience includes behaviors, thoughts, and actions that can be learned and developed by anyone (American Psychological Association [APA], n.d.).



Service providers should talk with parents or guardians about how:

- To understand that teens may not recall or react to sexual violence in the ways parents expect. Parents may see hasty decisions or short-sighted logic in their teens because of brain development.
- To help their teens find and practice healthy coping skills (such as spending time with friends, getting enough rest, establishing routines, etc.) that they can carry through life (APA, 2011).
- To watch for signs of substance use, eating disorders, or self-harm. While these are common reactions and survival skills, work must focus on helping teens seek healthier solutions and new coping behaviors.
- To watch for the warning signs a loved one is at risk for suicide. Female rape victims are 4.1 times more likely to contemplate and 13 times more likely to attempt suicide than women who did not experience rape (Kilpatrick, 2000). Youth are especially at risk, as suicide is the third leading cause of death for youth ages 10-14 and the second leading cause of death for young people aged 15-34 (National Institute of Mental Health, 2017).

For more information on risk factors and suicide prevention, see the National Suicide Prevention Lifeline at <https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/>

Service providers should talk with teens about how:

- Our brains have unique ways that they react during sexual violence. They release chemicals that make our bodies behave in unexpected ways. These chemicals also change the way we remember things.
- Our brains have amazing power to learn and change, and there are constructive things that can help survivors feel better when they are feeling overwhelmed, depressed, or down.





Tip Sheets on Working with Teens who are Survivors

These tip sheets are designed to provide advocates with information for use in their advocacy work and service provision for teens in a trauma-informed way. They can also be used in combination with your organization's current advocacy trainings and as a way to help your agency explore how serving young people might be different (and similar) to serving other survivors across the lifespan.

The tip sheets below cover the many roles of an advocate and provide specific information related to serving teens in that role. They are designed to be used as standalone documents or as a whole, based on the advocate's job. There are tip sheets on the following topics:

- Hotlines/Helplines
- Counseling/Advocacy
- Peer-Led Services
- Supporting Significant Others
- Alternative Modalities
- Legal Advocacy
- Court Accompaniment
- Law Enforcement Accompaniment
- Medical Advocacy
- Information and Referral
- Agency Walk Through

TIP SHEET: Hotline/Helpline



A hotline is a direct telephone contact with an advocate for crisis and information. Hotlines are typically available 24/7.

What is your role and what do you do when you receive a hotline call from a teen?

Mandated reporting and confidentiality: *(check with your laws for your area)*

When on a call with someone who you believe to be a teenager, be transparent about your obligation to report child abuse. Be intentional and careful about how you communicate your obligations. When establishing your relationship, consider talking about mandated reporting obligations in general terms, and you may want to explain the mandated reporting age requirements in your state to the caller.

Below is an example of what you can say:

"I'm here to work with you and am willing to listen to whatever you want to share with me. Your confidentiality is one of the most important things to me. That means that what you share with me, I don't share with anyone unless you want me to. I am a mandated reporter, though, and what that means is that if there is child abuse, I am required to report it. If I'm concerned for your well-being or safety, I may have to talk with someone that may be able to meet needs that I may not be able to. But before I ever tell someone else, I will discuss it with you first. We will always talk about whatever concerns either of us may have and plans to help you. How do you feel about that? Do you have any questions? We can always come back to this as often as you need to. Every now and again, I may revisit this. How do you feel about that? We can create a contract that you and I can sign that explains the terms about disclosure if that would help you."

Four things you can say and do if the teen decides to continue with the call:

- ***I believe you*** – These can be the three most important words the survivor needs to hear. Young people may have tried to disclose prior to connecting with you and may have not been believed by others.
- ***This was not your fault*** – Most victims will blame themselves; remind them that they didn't do anything to be treated this way.
- ***Listen*** – Let them share their story, thoughts, and feelings. It may be the first opportunity they've had to talk about it. By actively listening, we become a supportive place for them to reach out to.
- ***It has taken a lot for you to make this phone call, and we are here for you when you need us*** – There are many reasons a teen may not reach out – fear, doubt, not wanting to report, etc. Acknowledging the strength it took to make the call can assist in the healing process for the teen.

Remember to be yourself. When we bring our genuine self to the work, we are able to support survivors best. Sometimes we may feel pressured to make sure we say the right thing or jump into problem solving right away. When a teen victim calls a hotline, they may be in crisis mode or just seeking information, but you as the advocate have the opportunity to listen and support in a way that allows the teen to share what they want in their own time and based on their own decisions.

Think about how you can connect with a caller on the telephone. Active listening skills, mirroring emotions, and using the language the person chooses are good starting places. It will take significant practice and time to develop good skills.

Other tips for talking to youth on the hotline:

- Practice active listening by paraphrasing or restating what the survivor has said asking clarifying questions if needed.
- Be non-judgmental; do not ask “why” questions. These questions often imply fault or shame. Ask open-ended questions that allow the young person to guide the conversation and respond with their thoughts.
- Be patient. The teen has sought out your agency for assistance even if they do not seem to be talking about sexual violence. They are likely working their way into being able to share their story. This may take more than one call.
- Be calm. Your ability to not feel rushed and to breathe slowly assists the caller in finding the space in their head and heart to share their story. They are already in a state of anxiety or heightened emotions. Your calm assures them we can handle what they have to share.
- Be accepting. Often a caller has had negative experiences trying to discuss their abuse with others.

Some additional helpful language:

- *I hear you; you've been feeling _____.*
- *How would you like things to be different?*
- *What do you want to do next?*
- *It's really strong of you to take the step of getting some support.*
- *I'm sorry this has happened.*

What you need to know before taking a call

Your organization's policies:

- Confidentiality laws are different in every state. Know what they are and how they translate to teen victims. For more information on confidentiality, and mandated reporting, see page 37.
- Mandated reporting laws are different in each state. Know what they are and how they translate to the teens who are survivors you work with.
- Does your agency offer interpreting services?
- What are your organization's policies on working with friends and family – either for themselves or for a loved one who was victimized?

Referrals:

- When referring to partnering organizations, know what their policies are on mandated reporting and confidentiality.
- It is best to have a name and direct number to give the teen.
- Let the teen know the referral agency's online access: Do they have a website? Can you make an appointment online?
- Ensure the referral is culturally relevant to the teen.
- Know the services offered by the referral agency.
- Know how co-occurring disorders are treated by the referred agency.

TIP SHEET: Counseling/Advocacy



Counseling is a tool that individuals, families, and groups can use to become more empowered and to heal. The counseling relationship provides support for survivors to process their experiences, identify needs and resources, and build skills, as well as an opportunity to develop strategies and create healthy goals. Through the counseling relationship, the survivor can gain the tools they need to accomplish mental health, wellness, and life goals. Continuing education and insurance will be needed to provide counseling or therapy specific services.

What is your role?

- To provide victim-centered services to teens and/or significant others, which can include parents, friends, boyfriend/girlfriend, etc.
- To meet with teen and/or significant others to build trust and rapport.
- To explain clearly your role as a counselor/advocate and the role of your agency.
- To help the young person who is a survivor discern their primary concerns and make a plan for addressing them.
- To provide enough information at first contact but not too much. Check in with the teen who is a survivor regularly to make sure you working at their pace.
- To listen without judgment.
- To let the teen and/or significant others know that the teen is your primary client and their decisions will guide your work together.
- To help youth through the healing process.
- To inform the teen and/or significant other on the modalities of treatment options that you can provide and those available outside your agency.
- To work in partnership with others providing services to the teen/significant others, including the following: teen advocate, significant other advocate, external counselors, drug and alcohol counselors, and others.

SNAPSHOT

Primary advocacy roles for serving teens include:

- believe teens and listen to what they want to share and talk about
- build safety & trust
- explain to them what your role is and how you are there to support them, using language that they use and will easily understand—while explaining confidentiality and its limits
- provide resources and connection to other possible services
- make sure to inform the teen and ask permission to discuss their information internally



Advocacy, confidentiality, and mandated reporting require ongoing dialogue between center staff and leadership, volunteers, and boards of directors. These conversations can occur on an ongoing basis within staff meetings, staff supervision, volunteer trainings, board trainings, community collaboration meetings with local law enforcement, and regular training and technical assistance from your state coalition on your state laws, federal requirements, and protocols. Regular dialogue is key to processing, creative problem solving, and ensuring teen survivors are supported and empowered.

What you need to understand before providing counseling:

- Your state's confidentiality laws and how they apply to teens who are victims.
- Your state's mandated reporting laws and how they apply to teens who are victims.
- The services offered by organizations you might refer a teen client to:
 - Is the service culturally relevant to the teen? (This may mean having staff or interpreters who speak the teen's language and understand the teen's culture and identities.)
 - How does the organization treat co-occurring disorders?
- How to access partner organizations that you might use as referrals for your teen client:
 - Is it best to have a contact name and direct phone number to give the teen?
 - Do they schedule appointments online?

TIP SHEET: Peer-Led Services

Peer-led services are created for and by teens. Some common examples include:

- **Teen advisory boards:** a teen advisory board can provide a vehicle for young people to become involved in local nonprofit organizations, merging civic engagement and leadership development for teens. It can help teens increase their ability to be self-reflective and to think critically about their experiences and community issues. It can also build the skills and abilities of teens to be decision-makers and problem solvers.
- **Teen-led support group:** an organization of teens who share a common issue or experience and meet together to discuss these experiences, and share ideas, and provide emotional support to one another.
- **Teen day of action:** when teen volunteers organize at the local level around the issues that are important to them and help build a movement.
- **Teen-led outreach:** when youth help with outreach of local services to other youth who are survivors in their community.

These are good starting places and can also encourage teen peer leaders to come up with their own creative and inspirational programs and initiatives.

What is your role as an advocate?

Your role as an advocate is to be flexible on ways your agency can meet the needs of teens.

- Learn more about ways of providing a safe space to teens. This is done by asking teens individually and as a group what would it be like to have a space where they feel comfortable sharing their experiences, receiving support, and being able to just “be.” To be able to process what they have experienced. This may include things like expressive arts, sports, playing board games, journaling, yoga, going for walks, etc. Ask teens what are their goals are and how you can help achieve them.
- Be the liaison between teens and your agency, ensuring you are looking after the teens’ best interests in accomplishing their goals.

Things you need to know before you start a peer-led support group:

- What are your agency’s policies on meeting youth in another setting offsite?
- What are your state’s laws and procedures on mandated reporting?
- What are your state’s law and procedures on confidentiality?
- What funding does your agency have to support this work?
- What are your agency functions that would support art shows from survivors, public speaking, and public feedback to external partners?
- How do you invite survivors input to partner meetings?

TIP SHEET: Supporting Significant Others



Significant others like family, friends, and partners often struggle with feeling helpless in the aftermath of sexual assault, and it can take time for them to learn how to respond. Just like the victim, significant others may have different types of reactions to the assault, such as distress, anger, fear, guilt, confusion, and many others. Advocates can assist friends and family with these concerns. Supporting significant others, even without ever having direct contact with a survivor, can help to promote a survivor's healing.

Note: It is beneficial for the victim and their family and friends to have their own advocate through this crisis. Having their own advocate may allow both the survivor and the significant others to speak more freely.

What is your role in supporting victims' significant others?

As an advocate, your role for crisis intervention with family and friends is to assist the family and friends of the survivor with their own feelings about sexual assault and the effect it might have on their relationship with the survivor. As an advocate, you can do this by:

- Listen to what they say.
 - When people can spend time processing their own feelings, they can give their full attention to the survivor when the time comes.
 - Advocates can model good, reflective listening that validates the speaker. Significant others can use these skills with the teen who is a survivor.
- Allow them to react to the crisis.
 - Remember friends and family may have a difficult time talking about sexual assault. Let them know they are in a safe place to discuss their concerns. Encourage them to recognize and explore their own reactions and feelings related to the assault and the aftermath.
- Provide clear, accurate information.
Share information about common trauma responses and the healing process. This will help significant others prepare for changes and create a more affirming atmosphere for healing.
- Let the family know that if you are working with the teen victim, they are your primary client and their needs and decisions will be honored.
- Give the family/friend some concrete information about what the sexual assault represents to the teen who is a survivor. This can be normalizing responses to sexual violence using common knowledge of survivors and healing, such as the following:
 - It is common for some teens to express a need to just make it go away and not talk about it. This can be confusing for those who want to support them. Significant others should follow the teen's lead.
 - Do things that are normal and routine for the teen.
 - When the teen is ready to talk, they will.
 - Make time to hear them and try not to interrupt them as they share with you.
- Let family and friends know that you or someone in your organization can provide support to the teen and their loved ones.
 - Family and friends can call the helpline or hotline
 - Schedule a time to come in and talk with you as a group or individually.
- Dispel rape myths (e.g., if they didn't fight back, they must have wanted it, how they dressed). Assist the family and friends in giving support to the victim.
- Let them know that for many survivors, support is a crucial part of the healing process. When survivors receive compassionate and validating responses from friends and family, it can make a real difference.

Dispel rape myths (e.g., if they didn't fight back, they must have wanted it, how they dressed). Assist the family and friends in giving support to the victim.

It is common for some teens to express a need to just make it go away and not talk about it. This can be confusing for those who want to support them. Significant others should follow the teen's lead.

- Inform them that oftentimes, both teens who are victims and their family and friends struggle with feeling helpless in the aftermath, and it can take time to learn how to respond.
- Let the family/friend know that it's okay to not have all the answers: Being non-judgmental, listening, and simply being there can be a wonderful support for the teens who are survivors.
- Make sure to stress that since this is a mutual crisis; they should support one another.
- Let them know that supporting their loved one and providing a place to share feelings without condemnation can help mobilize the victim's coping skills.
- Inform them that the teen who is a survivor should be allowed, not forced, to express their emotions.
- Inform family and friends that there are no quick or easy fixes for healing from sexual assault, so it's important to be patient when the process takes what seems to be a long time.
- Remind family and friends to take care of their own well-being. They may find themselves feeling alarmed by the intensity of their feelings.
- Let them know it's natural for family and friends to experience their own sense of shock, anger, and devastation.
- Ask if there is a gender identity they would feel more comfortable talking with and attempt to provide a counselor of that gender identity.
- Let them know that you are there for them.

Critical Questions

- What is your organization's policy on supporting the victim and family and friends by the same advocate?
- Are there other organizations that can assist family and friends if your organization cannot?
- Does your organization have a relationship with these organizations?

TIP SHEET: Alternative Modalities



Alternative modalities refer to ways of healing from trauma that are outside of typical counseling or talk therapy sessions. This can also be known as “holistic healing.” They can consist of art projects, working with service or other animals, physical activity such as yoga, music therapy, meditation, etc. These services are used in conjunction with counseling to provide a more comprehensive approach to healing.

What is your role as an advocate?

- Research ways to provide a safe space to teens to process what they experienced. This may include, but is not limited to, things like:
 - expressive arts,
 - sports,
 - playing board games,
 - journaling,
 - yoga,
 - activism,
 - going for walks.
- Ask the teen that you are working with what they like to do to manage stress in their life.
- Partner with organizations that are already working with teens in alternative modalities.

Things you need to know:

- What are your agency’s policies on meeting youth offsite?
- What are your state’s laws on mandated reporting?
- What are your agency’s policies on mandated reporting?
- What are your state’s laws on confidentiality?
- What are your agency’s policies on confidentiality?
- What resources can your agency dedicate to providing alternative modalities?
- Are there providers in your community who are trained in alternative modalities?
- Is additional training or insurance required for staff to facilitate alternative modalities?

TIP SHEET: Legal Advocacy

Legal advocacy offers support and assistance to teens who are survivors during legal proceedings. This form of advocacy involves helping them navigate the legal system when working with law enforcement officials and the judicial systems at court hearings.

What is your role?

- Assist the teen in making informed decisions about reporting to police.
- Inform the teen that you may need to report the incident to law enforcement due to mandating reporting within your state (check your state's laws regarding mandated reporting).
- Inform the teen about the criminal justice system, possible civil remedies, and if they apply in your state.
- Provide support during interviews, trial, and sentencing.
- Assist the teen in preparing for court and inform them of their rights in a legal setting.
- Monitor the case through the legal system and keep the victim informed.
- Assist in the preparation of protection orders if needed.
- Maintain relationships with law enforcement, prosecutor's office, and the court system. You may also want to stay connected to child protective services, if they are involved in the case.
- Discuss the survivor's role in the law enforcement investigation and prosecution.

Things you need to know:

- Does your organization have a relationship with the police department, the prosecutor's office, and the court system?
- What is your understanding of the roles and responsibilities of the different participants in the legal setting and how their roles have different duties and obligations that may conflict with the client's interest?
- Do you know your organization's policies and procedures when it comes to collaborating in multidisciplinary teams?
- Do you know and understand your organization's policies and procedures for releasing ANY client information?
- Do you know and understand your state's laws and procedures on mandated reporting and confidentiality in regard to teens?
- Does your agency have a local attorney to assist with civil or criminal proceedings?

This form of advocacy involves helping them navigate the legal system when working with law enforcement officials and the judicial systems at court hearings.

TIP SHEET: Court Accompaniment



The courtroom can be confusing and frightening, and court procedures can be hard to understand. Court accompaniment can provide help/assistance to teens who are survivors of sexual violence at all stages of the court process.

What is your role as an advocate?

- Act as an “interpreter” of legal jargon and proceedings and a personal advocate for teens who are victims in court proceedings. This means explaining to the teen who is a survivor what unfamiliar legal terms mean, letting them know what they can expect to happen next in the legal process, and advocating for certain actions or responses with prosecutors as requested by the survivors.
- Notify teen of time and place of any court proceeding, meeting with prosecutors, arraignment, hearings, and court appearances.
- Explain to teens and their family member the appropriate attire for court appearances.
- Assist teen in filling out required forms, such as Personal Protection Orders, victim impact statements, and crime victims’ compensation.

- Explain the nature and status of each of the court proceedings to the teen. Inform the teen that they have the right to be informed, present, and heard at all court proceedings related to their case and explain what that may look like in their case.
- Accompany teen to court proceedings. In some cases, family members of the teen who is a survivor may be sequestered (removed from the courtroom) during the testimony of the victim. Knowing the teen has the comforting and caring presence of an advocate can lessen the family members' anxiety and stress in this situation.
- Support family members and significant others through the process as requested by the youth.
- Make sure the teen is heard and their needs are honored as much as possible throughout the process.
- Advocate that the young person has an active role in decision-making – even if they are younger than most others involved in the proceedings.

Advocate that the young person has an active role in decision-making — even if they are younger than most others involved in the proceedings.

Things you need to know before you do an accompaniment:

- Does your organization/agency provide any transportation to teens who are survivors to the court house?
- Does your state have victim witness specialists (also known as victim witness advocates)? If so, does your organization have a relationship with them? (Victim witness specialists/advocates are employed by a public agency, such as police departments or prosecutor's offices. The distinctions between the victim witness specialist and the crisis advocate have varying degrees of confidentiality. The victim witness specialist may be compelled to provide police or the prosecutors with personal information while the advocate generally has statutory protection on confidentiality. Check your state laws.)
- Has a walkthrough been done of the court house?
If not, conduct one by answering the following questions:
 - Where do victims and their families wait for cases to be heard?
 - What is the normal procedure/timeline for criminal cases and civil cases?
 - Who are the victim advocates?
 - Who are the prosecutors?
 - What does a day at court look like for a victim?
 - What can you/victims/family members bring to court?
 - Tissues
 - Snacks
 - Water
 - What happens after civil and criminal court cases?
 - What types of notification does the victim receive?
 - How can the advocates assist in this process for victims?
- What are the locations in the court house that you may use to meet with the teen?
- What is your agency's relationship with the prosecutor's office?

TIP SHEET: Law Enforcement Accompaniment

The purpose of an interview with law enforcement is to gather facts or statements from the survivor. Regardless of whether or not you are allowed to join the victim in the room during an interview with law enforcement, you still play a crucial role as an advocate.

What is your role as an advocate?

Before and during the interview

- Explain the process/procedures to teens and answer any questions they might have before the police interview.
 - Explain to the teen when they can have an advocate with them.
 - Explain that they can take breaks during the interview.
 - Explain that they can have a cell phone in the room.
 - Explain what may happen after the interview.
- Explain what your role is and if you can be present during the interview.
- If allowed in the room, ensure the teen is not pressured to make decisions. If the teen needs a break, let the police officer know and make the survivor feel at ease and supported by offering tissues, water, snacks, as needed.
- If you are not allowed in the room, you may be with the parents/guardians or significant others to offer support. Take this time to explain to the family your role as an advocate and the criminal justice process.

After the interview

- Assist in addressing the needs and concerns of the teen during various states of the investigation.
- Keep the teen informed about possible next steps.
- Be available to accompany the teen to any event required by the investigation.
- Work with police to ensure that the teen has all necessary and appropriate information.

Things you need to know before you do an accompaniment:

- What type of relationship does your organization have with law enforcement?
- Is there a law enforcement officer that works well with your organization?
- Are local law enforcement officers trained in victim response?
- Are local law enforcement officers trained in interviewing teens who are victims?
- Have you had a walkthrough of the local law enforcement agencies to see where they interview victims?
- Does your agency offer suggestions to law enforcement to make their interview room more trauma informed?
- How can the advocate assist in this process for victims?

TIP SHEET: Medical Accompaniment



Advocates provide support to teens who are victims during medical forensic exams or when they seek follow-up medical care.

What is your role and what do you do on a medical accompaniment?

As a victim advocate, you may be called to accompany or meet a teen who is a survivor at the emergency room for the sexual assault forensic exam. Here are things you may do at an accompaniment:

Emergency room (ER)

- If you are meeting the victim at the emergency room, introduce yourself.
- Check for any language access needs. They may speak some English, but when processing a crisis, most victims who speak English as a second language need to communicate in their native language. Tell them about your organization and explain your role: to support them and listen to their wants and needs.
- Explain their rights as a victim.
- Explain what will happen during the examination in a way they will understand, and ask them if they want you in the examination room during the exam.
- Let the young person know they have the right to refuse any or all parts of the forensic exam. Inform them that evidence may be lost if it is not collected immediately.
- Provide them with information and options regarding emergency contraception.

During examination

- If the young person requests that you be in the examination room, remember you are there for support. The Sexual Assault Nurse Examiner (SANE) or hospital nurse/doctor assigned to sexual assault examinations should explain what will happen throughout every step of the examination. Advocates should check with their agency for best practices and guidelines during an examination.
- Let the nurse know if the youth needs a break.

Provide the teen with clothes, makeup, and personal hygiene items. Advocates can also ask the nurse if the hospital has any clothing to provide victims. Some hospitals keep clothing specifically for survivors post-examination.

After examination

- Once the examination is done, ensure the teen is safe.
- Ask about basic needs: Does the teen need to get food, drink, use the restroom, or take a shower?
- Provide the teen with clothes, makeup, and personal hygiene items. This may require looking at your organization's policies and seeing if you can collect these things ahead of time to have on hand for medical accompaniment. Advocates can also ask the nurse if the hospital has any clothing to provide victims. Some hospitals keep clothing specifically for survivors post-examination.
- Talk with them and see how they are coping.
- Ask them if they understand the medication that has been given.
- Ask them if they understand that they may need to come back to the hospital or their own doctor for a follow-up appointment. Offer to accompany them to the follow-up appointment.
- Give them a packet with information on what services your organization can provide, so they can read at a later time.
- Provide consistent follow-up. Ensure that the teen has your name and contact information. Ask if it's okay to follow up with them or if they prefer to contact you to arrange the next meeting.
- If the teen is alone, assist them in finding a safe way home and stay with them until a family member or friend has picked them up from the hospital.
- If the teen is not alone, give a packet of information to significant others, so they know how to contact your organization. They may also need services to help in processing the event.

Things you need to know and have before you do an accompaniment:

- Is your information/referral packet up to date for both survivor and significant other?
- What type of relationship do you have with the staff of the hospital or clinic? Asking hospital or clinic staff to visit your agency and talk about their sexual assault medical services is a good way to establish positive relationships and to let them know you are available to support teens who are victims.

What type of relationship do you have with the staff of the hospital or clinic? Asking hospital or clinic staff to visit your agency and talk about their sexual assault medical services is a good way to establish positive relationships and to let them know you are available to support teens who are victims.

- Are there conflicts between the hospital or clinic's protocols and procedures and your organization's?
- Do you need to create a memorandum of understanding between the organizations?
- Have you had a walkthrough of the hospital ER covering the following:
 - Where and how do victims enter into the ER?
 - Are there private waiting rooms for victims?
 - Are there private waiting rooms for the family/friends of victims?
 - Are there clothes and personal hygiene items stored at the hospital?
 - Undergarments for all genders?
 - Outer garments for all genders?
 - Personal and hygiene items for all genders?
 - Toothpaste
 - Deodorant
 - Shampoo/conditioner
 - Makeup
 - Wigs
 - Tampons/maxi pads
 - Are snacks and food available?
 - Are there pamphlets and information available at the ER?
 - What are the interpreting services that the ER uses?
 - What happens from start to finish on an ER visit for a victim of sexual violence?
 - When do the police get involved?
 - How does the victim get home?
 - Do the ER staff and advocates meet regularly?
 - Does the victim get billed for the examination?
 - Who does the ER suggest for follow-up care if a victim does not have a doctor?
 - Does the ER give Plan B?
 - Does the ER give PEP for HIV?
 - Does the ER give other STI prophylaxis drugs?
 - What pharmacies provide the above medications?
 - Is there a social worker at the ER to assist with these medications?
 - What ER partner agency provides STI screening in the community?
 - Does the hospital provide food to the victim?
 - How long does the usual ER visit take?
 - How can the advocates assist in this process for victims?

TIP SHEET: Information & Referral



In the case that your agency cannot provide a service in house, connect teens who are victims and others impacted by violence to appropriate resources. This connection is commonly known as “information and referral” services.

What is your role as an advocate when referring to an outside agency?

- Provide a name and direct line at the referral agency whenever possible. This is more personal than a general phone number. Ensure that the agency you are referring to is culturally relevant to the teen who is a survivor. This may mean having interpreters or staff who speak the teen’s language or have an understanding of the teen’s culture and identities.
- Explain what may happen when the youth who is a survivor calls a referral agency (for example, there may be a waiting list for a therapist).
- Never offer legal or medical advice, but let the teen know you will support them through the legal or medical process as they navigate those systems.
- Keep in mind there are national resources available for teens. For example, RAINN offers an online chat at <https://hotline.rainn.org/online>.

Never offer legal or medical advice, but let the teen know you will support them through the legal or medical process as they navigate those systems.

Does the referred organization have staff that speaks the teen's language and provide support from a culturally responsive approach?

Critical questions:

What is your organization's policy on referral for teens?

- What services does your organization have for teen victims? Don't refer out when your agency could provide the service the teen needs.
- When referring a teen victim to an outside agency, is there someone in your organization who understands the referred agency's procedures and can explain it to the young person who is a survivor?
- Are you familiar with your state's mandated reporting procedures? (Each state is different, so check your state's laws on mandating reporting.)
- Do you or someone in your organization have a relationship with the contact on the referral list (i.e. law enforcement, child advocacy center, therapist, etc.)?
- Do you or someone else in your organization know the policies related to teens at the referred organization?

Do you have a list of referrals that are culturally sensitive?

- Does the referred organization have staff that speaks the teen's language and provide support from a culturally responsive approach?
- Does the referred organization have publications in the teen's language?
- Does the referred organization consider the teens' community, language spoke in the home, nationality, religion, individual healing methods, spiritual beliefs, boundaries, parenting values and other beliefs, and attitudes and norms associated with their particular culture? For example, referring a bisexual teen to an organization that does not provide affirming services to LGBTQ people may not be the right thing to do.
- Where does your organization keep the referral list?
- Do you have packets of information readily available?
- Can youth who are victims access the list without an advocate (for example, online)?
- Is the referral information current? How often is it updated?
- Does the referral list include resources in nearby communities?

TIP SHEET: Agency Walkthrough



The way that an environment looks and feels to a young person who is a survivor can impact their sense of safety and comfort. Busy schedules and limited resources often mean that physical space is overlooked. It is important that teens who are survivors find the physical space in your agency welcoming and accessible. Take time to conduct an agency walkthrough using the checklist below:

- How difficult is it for young people to find your location?
- Does a teen who is a survivor feel safe at your location?
- What does the young person see when they enter your organization?
- Who is the first staff they meet?
- What does the teen see on the walls?
- Where does the teen wait?
- What is on the tables in the waiting room?
- What do the meeting spaces look like?
- What does the group room look like?
- Are there snacks or water offered to the victim?
- Is there a quiet room for the victim if they need to drop in or need to use it before or after meeting with an advocate?
- Is there a computer that young people who are victims can use to find other resources?
- Is there a library with resources relevant to teen victims?
- Are there any victim-created art pieces on the wall?
- What does the agency sound like?
- What does it smell like?
- What stands out to you when you come into the agency?

It can be useful to seek this feedback from people who do not work at your agency. Consider inviting teens from a local youth group to respond to the prompts on the checklist. You could also make the agency walkthrough part of orientation for college student interns and new board members.





Confidentiality & Mandated Reporting Laws

How to find balance and support: An advocate's role to working with teens when there is confidentiality & mandated reporting laws

It can seem challenging and even scary to balance both the needs of youth and what confidentiality and mandated reporting laws require.

The work we do every day has us critically thinking and responding to survivors, sometimes in such a constant state of immediate response that leaves little room for taking a moment to catch our breath and truly check in. Advocates want to create a safe space for victims where they can find support and healing, yet confidentiality and mandated reporting can feel uncomfortable and hard to navigate when it comes to working with youth who are survivors.

For that reason, it is important for advocates working with teens to have an informed understanding of how confidentiality and mandated reporting work as well as what federal and state regulations require. Advocates can still work to build and maintain trust and relationship with teen survivors and provide support to teens, while learning and being able to explain their role and any confidentiality and mandated reporting requirements.

BUILDING SUPPORT

Two of the most important factors for teens seeking services are the desire to be treated with respect and the need for confidentiality (World Health Organization, 2001). Confidentiality and mandated reporting vary from each state, tribal community, and territory. Check in with your state coalition(s), tribal, and/or territory coalition(s) and program(s) for guidance and further information regarding the specific laws that apply to your program and work.

All grantees and subgrantees receiving VAWA funding from the Department of Justice, Office on Violence Against Women are required to adhere to a specific VAWA confidentiality provision. This provision protects the confidentiality and privacy of survivors to whom those grantees and subgrantees are providing services. The VAWA Confidentiality Provision is designed to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, and stalking. For more information, visit: <https://www.justice.gov/ovw/page/file/1006896/download>

When in-person with a teen survivor or on a call with someone you believe to be a teen, be transparent about your obligation to report child abuse. Be intentional and careful about how you communicate your obligations and consider explaining the mandated reporting age requirements for your state. Here is some sample language around confidentiality:

I'm here to work with you and am willing to listen to whatever you want to share with me. Your confidentiality is one of the most important things to me. That means that what you share with me, I don't share with anyone unless you want me to. I am a mandated reporter, though, and what that means is that if there is child abuse, I am required to report it. If I'm concerned about your well-being or safety, I may have to talk with someone that may be able to meet needs that I may not be able to. But before I ever tell someone else, I will discuss it with you first. We will always talk about whatever concerns either of us may have and plans to help you. How do you feel about that? Do you have any questions? We can always come back to this as often as you need to. Every now and again, I may revisit this. How do you feel about that? We can create a contract that you and I can sign that explains the terms of disclosure if that would help you.

Continue talking, building a relationship, and learning more about the teen as you continue working with them. As you do this, consider how you can connect them with services that can address confidential information and communicate transparently about what that process will look like if they choose to move forward with options and the choices you offer.



Here are a few questions to consider for starting an ongoing dialogue in your program:

1. What are your agency's policies and state's laws for teens?
2. How are these expressed to young people who are survivors?
3. Are there written policies, protocols, and definitions about confidentiality, privilege, and mandated reporting specific to your state and program?
4. Are there written policies and protocols about the release of information?
5. Are there confidentiality releases in several languages and simple language that teens/ adolescents can understand?
6. What is your agency's policy on release of information?

Confidentiality and mandated reporting requirements differ by state and territory. For some communities, confidentiality doesn't exist at all. Knowing what this looks like in your area is critical. Confidentiality is an important component of helping a survivor in need of support. The overall role of advocates is to be a helper, demonstrated by showing belief and trust in teens. As advocates, we listen to survivors, and our overall objective is to be supportive. While there are requirements in place to ensure the wellbeing and safety of those in severe crisis and imminent danger, the opportunity to connect and build rapport with each teen is important for their healing journey.



Serving Teens in a Culturally Responsive Way

Teens who are survivors of sexual violence need advocacy and services that meet their needs as young people, but also that meet their needs from a cultural perspective. In fact, some cultures do not even recognize the concept of the “teen” identity. Teens are not all the same; they have many identities and life experiences that factor into what they need to heal.

Advocates can be culturally responsive by understanding how culture impacts the needs of teens who are sexual assault survivors. This resource will prompt you to explore different culturally responsive ways to work with teens.

TRAUMA-INFORMED CARE:

Services designed and sensitive to all trauma-related issues a survivor may face, not just sexual violence, and service delivery has been evaluated in light of a basic understanding the role of violence plays in survivor’s lives (RSP & NSVRC, 2013)



Practicing trauma-informed care includes not only an understanding of the trauma of sexual violence, but also the many additional traumas that a survivor may have experienced related to other forms of oppression, in addition to lack of power due to age. Advocates should develop an understanding of the many cultures that make up their service area. Advocates can build self-awareness by reflecting on their own cultural expectations and by not assuming that victims all want and need the same things. Being culturally responsive is an essential part of practicing trauma-informed advocacy (RSP & NSVRC, 2013).

TO LEARN MORE:

About the connections between sexual violence and oppression see “Oppression & Sexual Violence” <http://www.pcar.org/about-sexual-violence/oppression-sexual-violence>



ACTIVITY

Scenarios

Consider the following scenarios. Use these prompts to discuss at a staff or team meeting how you would approach working with each of these teens who are victims in a culturally responsive way. What might it mean to bring awareness of multiple identities to your work with youth who are survivors? Keep in mind that there is not a one-size-fits-all approach to doing culturally responsive advocacy. Compare your ideas with the ideas we've come up with on the next page.

1. **Sanaa, 15**, was assaulted by a childhood friend who attends her mosque. She is afraid to tell anyone what happened because she does not want to tear her community apart, and she doesn't want her friend to get in trouble.
2. During his first year away from home at college, **Chris, 18**, recalls abuse by a family member from years ago during his childhood. He was referred to your office, the Women's Center, after he disclosed this recollection to the adviser of the Native American Student Union.
3. **Angel, 17**, has been assaulted by a partner. The partner has threatened Angel by saying if the assault is reported to the police, the partner will disclose Angel's undocumented status and will "out" Angel as transgender.
4. **Frankie, 14**, calls your center's hotline to talk and to find out information about visiting your agency for services. Frankie has a disability and is non-binary and expresses a concern about accessibility.

FOR MORE INFORMATION:

On confidentiality, and mandated reporting see page 37.

NON-BINARY:

According to the National Center for Transgender Equality (2016, p. 1), "people whose gender is not male or female use many different terms to describe themselves, with non-binary being one of the most common."

Some considerations

Here are some considerations for your advocacy with each of the teens who are survivors. Remember, this is just a starting point, and you'll need to apply your knowledge of mandated reporting laws and confidentiality rules based on where you live.

Scenario 1: Sanaa

- Does Sanaa feel comfortable talking about this with anyone in her family?
- Since you are likely mandated to report this, talk with Sanaa about her feelings on law enforcement being involved.
- How does she feel about talking to her imam about what happened and how to proceed (Amar, 2008)? Consider the role faith plays in her life and if she wants to involve her religious community in the healing process.
- You may not be familiar with Sanaa's culture, which may create obstacles in serving her. Phrases such as: *"Remember, this is your decision;"* *"Please know that this is a decision that you get to make;"* and *"How are you feeling so far?"* can be helpful.

Scenario 2: Chris

- Find out what reaching out to a place called the "Women's Center" means to Chris who identifies as a man.
- You know that Chris is participating in the Native American community on campus. Invite him to talk about how much he identifies with Native culture. He may reveal varying preferences for Native or Western methods of healing, or a combination of both (Nuttgens & Campbell, 2010).
- Have a list of groups led by Native Americans in your area in case Chris or another student reveals a need for a service that relies on "existing strengths, resources, and traditional healing practices" (Nuttgens & Campbell, 2010) of the teen's culture.

Scenario 3: Angel

- Angel's primary language is Spanish. Does your organization have Spanish-speaking advocates and Spanish-language materials such as brochures?
- Does the family know that Angel is transgender? Find out if Angel feels safe at home. Ask questions like, *"Is your family supportive? Do you have someone in your family who you feel comfortable talking to?"*
- Angel does not want to contact law enforcement because of being undocumented. Perhaps saying something like, *"In situations like this one, law enforcement is involved, but I want to see how you feel about that and what you want to do."* Does your organization work with agencies that advocate for undocumented folks?
- Does Angel feel safe at school? The abusive partner may attend the same school. Also, transgender students are more likely to experience harassment in school (Mitchell, Ybarra, & Korchmaros, 2014).
- Work with Angel to create a safety plan.

Scenario 4: Frankie

- In answering Frankie's questions about disability access, did you think about access beyond physically getting inside the doors? Trauma-informed advocacy to teens with disabilities also means that the teen who is a victim has the autonomy "to choose what action to take rather than that action being chosen for us by someone else" (Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence, & Wisconsin Coalition Against Sexual Assault, 2011).
- Frankie revealed a non-binary gender identity. Ask what pronouns Frankie uses, and then use those pronouns. Frankie may be comfortable with "she/her" or "he/him" pronouns. Some other pronouns include "they/them."
- Other ways of communicating non-binary gender identities include, but are not limited to: genderqueer, fluid, and bi-gender (Harrison, Grant, & Herman, 2012). Have an understanding of the language teens use to communicate gender identity so you are prepared to follow the client with whatever language they use. Teens are oftentimes ahead of the curve on new language related to gender.
- Consider how disability and non-binary gender identity intersect with Frankie's racial and ethnic identities.

How do these ideas compare to what you came up with?

Now that you've gone through these scenarios, discuss with your team what your center needs to do to be best prepared to serve all teens in a culturally responsive way.

Make a plan for how you will get there. Some next steps can include: meeting with a culturally specific organization in your service area to explore how you can support each other or updating your forms to be more inclusive. Divide up responsibility for other next steps, and plan a time to check back in with each other about the progress you've made toward your goals.





Annotated Bibliography: Sexual Violence and Teens

This annotated bibliography includes articles and reports on sexual victimization of teens published between 2012 and 2017. The research featured in this bibliography indicates that sexual violence is common among young people in the United States, and that diverse populations are disproportionately at risk of experiencing sexual victimization. Young people who experience sexual violence are more likely to experience polyvictimization over the course of their lifetime, which is associated with negative mental health outcomes among adolescent victims (Finkelhor, Turner, Hamby, & Ormrod, 2011).

GENERAL

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*, 329-333. doi:10.1016/j.jadohealth.2013.12.026

This article explored the findings of three national surveys of a pooled sample of 2,293 adolescents ages 15-17. All three surveys found that significant percentages of adolescents in all age groups reported experiencing sexual abuse, with higher percentages of sexual victimization among girls. Approximately one quarter of 17-year-old girls and 5.1% of 17-year-old boys reported experiencing some form of lifetime sexual victimization.

Lee, S. H., Stark, A. K., O'Riordan, M. A., & Lazebnik, R. (2015). Awareness of a rape crisis center and knowledge about sexual violence among high school adolescents. *Journal of Pediatric & Adolescent Gynecology, 28*, 53-56. doi:10.1016/j.jpag.2014.03.006

The Cleveland Rape Crisis Center (CRCC) surveyed 1,633 adolescents 12-19 on their knowledge about sexual violence and awareness of rape crisis center services. The CRCC survey found that awareness of the CRCC was associated with an increased knowledge about sexual violence. Over half of respondents had heard of their rape crisis program, and that familiarity with rape facts was significantly associated with respondent age, race, and sex. The article explores the implications of these results for sexual violence education efforts and rape crisis center outreach. The authors suggest programs in schools increase the visibility of rape crisis centers and medical professionals be aware of rape crisis centers in their community for referrals to patients.



Nydegger, L. A., DiFranceisco, W., Quinn, K., & Dickson-Gomez, J. (2017). Gender norms and age-disparate sexual relationships as predictors of intimate partner violence, sexual violence, and risky sex among adolescent gang members. *Journal of Urban Health, 94*, 266-275. doi:10.1007/s11524-016-0068-3

This study examined the relationship between large age differences between sex partners, endorsement of sexist gender norms, sexual victimization, and intimate partner violence among youth ages 14-19 who were involved with gangs. The computer survey of 276 teen gang members found that among male respondents, large age differences in sexual relationships and endorsement of sexist gender norms predicted sexual violence perpetration and intimate partner violence perpetration. Among female respondents, large age differences in sexual relationships were significantly associated with gang rape victimization and intimate partner violence victimization. Findings suggest that sexist gender attitudes may contribute to unequal relationships, perpetration of violence among boys, and violent victimization among girls.

Tillyer, M. S., Gialopsos, B. M., & Wilcox, P. (2016). The short-term repeat sexual victimization of adolescents in school. *Crime & Delinquency, 62*, 81-106. doi:10.1177/001128713501026

This study of 3,040 Kentucky adolescents looked at variables associated with sexual revictimization and found that repeat victims accounted for over 95% of all sexual harassment and sexual assault victimizations in a given school year. Adolescents with higher levels of attachment to their parents were less likely to experience subsequent sexual assaults at school. Adolescents with low self-control, delinquent peers, involvement in school sports, and involvement in school activities were more likely to experience repeat sexual assault.

POLYVICTIMIZATION



POLYVICTIMIZATION:

“Polyvictimization refers to having experienced multiple victimizations such as sexual abuse, physical abuse, bullying, and exposure to violence.” Usually occurs during life transitions that make young people more vulnerable – for example, beginning high school (Safe Start Center, n.d.).

Musicaro, R. M., Spinazzola, J., Arvidson, J., Swaroop, S. R., Grace, L. G., Yarrow, A., ... Ford, J. D. (2017). The complexity of adaptation to childhood polyvictimization in youth and young adults: Recommendations for multidisciplinary responders. *Trauma, Violence, & Abuse*. Advanced online publication. doi:10.1177/1524838017692365

This article examines research on the psychological and developmental impact of childhood polyvictimization, with special emphasis on three highly victimized populations of youth: urban youth of color, victims of commercial sexual exploitation of children, and youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). The article provides suggestions for multidisciplinary responses to victims of childhood polyvictimization, such as implementation of trauma-informed programs for youth and parents and specialized outreach efforts to youth of color, LGBTQ youth, and sexually exploited youth.

Turner, H. A., Shattuck, A., Finkelhor, D., & Hamby, S. (2017). Effects of poly-victimization on adolescent social support, self-concept, and psychological distress. *Journal of Interpersonal Violence, 32*, 755-780. doi:10.1177/0886260515586376

This study analyzed 2008 and 2010 data from the National Survey of Children's Exposure to Violence to explore rates and correlations of polyvictimization. Out of a sample of 1,186 children and adolescents ages 10-17, youth from single-parent households, youth from households with no biological parent present, and African American youth were more likely to report experiencing polyvictimization. Respondents whose polyvictimization experiences had increased or remained high were more likely to exhibit distress and a lower sense of self-determination.



MALE VICTIMS

French, B. H., Tilghman, J. D., & Malebranche, D. A. (2015). Sexual coercion context and psychosocial correlates among diverse males. *Psychology of Men & Masculinity, 16*, 42-53. doi:10.1037/a0035915

This article examines links between sexual coercion and negative psychosocial consequences for male adolescents and young adults. A study of 284 adolescent boys and young men (ages 14-26) found that almost half of respondents reported experiencing sexual coercion. Respondents who experienced sexual coercion were more likely to engage in sexual risk-taking and report greater alcohol consumption.

Homma, Y., Wang, N., Saewyc, E., & Kishor, N. (2012). The relationship between sexual abuse and risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health, 51*, 18-24. doi:10.1016/j.jadohealth.2011.12.032

This article analyzed data from multiple studies to demonstrate a relationship between sexual abuse of boys and high-risk sexual behaviors during adolescence. The article examines data from nine studies of sexual abuse of adolescent boys published between 1990 and 2011. Data from the studies shows correlations between sexual abuse victimization and engagement in unprotected sexual intercourse, sex with multiple partners, and involvement in an unplanned pregnancy.



TEENS OF COLOR

Boothe, M. A., Wilson, R. M., Lassiter, T. E., & Holland, B. (2014). Differences in sexual behaviors and teen dating violence among black, Hispanic, and white female adolescents. *Journal of Aggression, Maltreatment & Trauma, 23*, 1072-1089. doi:10.1080/10926771.2014.964436

This study compared data on white, African American, and Hispanic adolescent girls from the 2009 Youth Risk Behavior Survey. Out of 6,988 female high school students, 10.6% reported experiencing sexual violence, and 3.3% reported experiencing both sexual violence and dating violence. African American and Hispanic respondents reported higher rates of dating and sexual violence than white respondents. Girls exposed to dating or sexual violence were more likely to report engaging in high-risk sexual behaviors, such as sex with multiple partners, use of alcohol or drugs before sexual encounters, and neglect of condoms and birth control measures.

Cuevas, C. A., Sabina, C., & Bell, K. A. (2014). Dating violence and interpersonal victimization among a national sample of Latino youth. *Journal of Adolescent Health, 55*, 564-570. doi:10.1016/j.jadohealth.2014.04.007

This article analyzed data from the Dating Violence Among Latinos Study, a national study of 1,525 Latino adolescents ages 12-18. The study found that almost one fifth of respondents reported experiencing some form of dating violence, including physical assault, sexual assault, psychological abuse, and/or stalking. Dating violence victimization was correlated with polyvictimization and non-partner sexual victimization.

East, P. L., & Hokoda, A. (2015). Risk and protective factors for sexual and dating violence victimization: A longitudinal, prospective study of Latino and African American adolescents. *Journal of Youth and Adolescence*, 44, 1288-1300. doi:10.1007/s10964-015-0273-5

This study of 236 low-income African American and Latino adolescents and their female relatives explored risk and protective factors for dating violence victimization and sexual victimization. The study found that having been intoxicated, the perception of having many friends who have been intoxicated, and frequent shared activities with an older sister were correlated with sexual victimization. High-risk behaviors (marijuana use, having sex, and attending parties at which alcohol was served), the perception of having friends who engaged in high-risk behaviors, and having an older sister who engaged in high-risk behaviors were correlated with dating violence victimization.

Jaschek, G., Carter-Pokras, O., He, X., Lee, S., & Canino, G. (2016). Association of child maltreatment and depressive symptoms among Puerto Rican youth. *Child Abuse & Neglect*, 58, 63-71. doi:10.1016/j.chiabu.2016.06.016

This article drew data from the Boricua Youth Study, a study of 1,041 Puerto Rican children and adolescents ages 10-13 living in Puerto Rico and New York. The Boricua Youth Study found that approximately one quarter of respondents reported experiencing some form of maltreatment, with 3.8% reporting sexual victimization. Respondents who had experienced multiple forms of maltreatment were most likely to exhibit depressive symptoms.

Kennedy, A. C., Bybee, D., Kulkarni, S. J., & Archer, G. (2012). Sexual victimization and family violence among urban African American adolescent women: Do violence cluster profiles predict partner violence victimization and sex trade exposure? *Violence Against Women*, 18, 1319-1338. doi:10.1177/1077801212470544

This study looked at violent victimization experiences of 180 African American adolescent girls ages 13-19 in Chicago. Almost 30% of respondents reported experiencing sexual victimization at some point in their lives, and one in ten girls reported personal exposure to the sex trade. Approximately half of respondents with dating experience reported facing at least one form of intimate partner violence. The article explores the complex relationship between different forms of violent victimization and exposure to the sex trade.

Wilson, H. W., Emerson, E., Donenberg, G. R., & Pettineo, L. (2013). History of sexual abuse and development of sexual risk behavior in low-income, urban African American girls seeking mental health treatment. *Women & Health*, 53, 384-404. doi:10.1080/03630242.2013.790337

This study explored the relationship between high-risk sexual behavior and sexual abuse among 158 African American adolescent girls ages 12-16 who received services from outpatient mental health clinics in Chicago. The study found that 17.1% of respondents reported experiencing sexual abuse, and that sexual abuse victims were more likely to have multiple partners, use condoms inconsistently, and engage in risky sexual behavior.

LGBTQ TEENS

Lindley, L. L., & Walsemann, K. M. (2015). Sexual orientation and risk of pregnancy among New York City high-school students. *American Journal of Public Health, 105*, 1379-1386. doi:10.2105/AJPH.2015.302553

This study explored correlations between sexual orientation, adolescent pregnancy, and sexual victimization among New York youth. The study drew data on sexually active New York City high school students from the 2005, 2007, and 2009 New York City Youth Risk Behavior Surveys. Out of a sample of 10,827 respondents who had engaged in vaginal intercourse, 17.2% of girls and 6.9% of boys reported ever being forced to have sexual intercourse. Also, 14% of girls reported ever experiencing a pregnancy, and 11% of boys reported that they had impregnated someone. Among female respondents, lesbian and bisexual girls were more likely than heterosexual girls to report ever being pregnant. Among male respondents, gay and bisexual boys were more likely than heterosexual boys to report that they had impregnated someone. Boys and girls who had both male and female sexual partners were more likely to report sexual victimization.



Mitchell, K. J., Ybarra, M. L., & Korchmaros, J. D. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse & Neglect, 38*, 280-295. doi:10.1016/j.chiabu.2013.09.008

This study gauged sexual harassment victimization rates among adolescents of different sexual orientations and gender identities. Out of a sample of 5,907 adolescents between the ages of 13-18 who participated in the Teen Health and Technology Study's online survey, lesbian girls, bisexual girls, and gay boys reported significantly higher rates of sexual harassment in the past year than heterosexual respondents. Additionally, transgender and gender non-conforming/ other gender students reported substantially higher rates of sexual harassment in the past year compared to cisgender respondents.

Olsen, E. O., Vivolo-Kantor, A., & Kann, L. (2017). Physical and sexual teen dating violence victimization and sexual identity among U.S. high school students, 2015. *Journal of Interpersonal Violence*. Advanced online publication. doi:10.1177/0886260517708757

This article presented findings from the 2015 National Youth Risk Behavior Survey related to teen dating violence victimization. According to data from 9,917 American adolescents in grades 9-12, 6% of respondents reported experiencing sexual dating violence, and 4.6% reported experiencing both sexual and physical dating violence. Girls exhibited higher rates of victimization than boys, and lesbian, gay, and bisexual students exhibited higher rates of victimization than heterosexual respondents.

Ybarra, M. L., Mitchell, K. J., Palmer, N. A., & Reisner, S. L. (2015). Online social support as a buffer against online and offline peer and sexual victimization among U.S. LGBT and non-LGBT youth. *Child Abuse & Neglect*, 39, 123-136. doi:10.1016/j.chiabu.2014.08.006

This study examined the relationship between bullying, sexual victimization, and peer support among LGBTQ, heterosexual, and cisgender adolescents. Out of a sample of 5,907 adolescents ages 13-18 who participated in the Teen Health and Technology Study, gay, lesbian, queer, and transgender youth were more likely than their heterosexual and cisgender counterparts to report experiencing bullying, sexual harassment, and sexual victimization. In-person peer social support was associated with a lessened risk of bullying victimization and sexual harassment victimization, but not with a lessened risk of sexual victimization.





HOMELESSNESS

Heerde, J. A., Scholes-Balog, K. E., & Hemphill, S. A. (2015). Associations between youth homelessness, sexual offenses, sexual victimization, and sexual risk behaviors: A systematic literature review. *Archives of Sexual Behavior, 44*, 181-212. doi:10.1007/s10508-014-0375-2

This literature review investigated the relationships between high-risk sexual behavior, sexual victimization (including commercial sexual exploitation), sexual violence perpetration, and homelessness among adolescents and young adults. A review of 38 studies found that sexual victimization estimates vary greatly among different studies, and that sexual violence against homeless youth and sexual risk-taking among homeless youth is under-researched. No studies analyzed correlations between homelessness and sexual violence perpetration among homeless youth.

Rattelade, S., Farrell, S., Aubry, T., & Klodawsky, F. (2014). The relationship between victimization and mental health functioning in homeless youth and adults. *Journal of Interpersonal Violence, 29*, 1606-1622. doi:10.1177/0886260513511529

This study explored correlations between childhood victimization and current mental health among homeless youth and adults. Interviews with 304 homeless adolescents and adults found high rates of reported childhood sexual abuse among homeless girls and women, as well as high rates of childhood physical abuse and witnessing family abuse among respondents in all age and sex categories. Childhood sexual abuse and witnessing family violence were correlated with lower mental health scores.

Tyler, K. A., Gervais, S. J., & Davidson, M. M. (2013). The relationship between victimization and substance use among homeless and runaway female adolescents. *Journal of Interpersonal Violence, 28*, 474-493. doi:10.1177/0886260512455517

This study probed the connections between homelessness, sexual victimization, transactional sex, and substance use among homeless female youth. In a Social Network and Homeless Youth Project study of 137 homeless and runaway adolescent girls ages 14-21, 43% reported experiencing sexual abuse, and one fifth reported engaging in transactional sex. Victims of sexual abuse were more likely to have ever traded sex and to have experienced street victimization while on the street. Sexual abuse and sex trading were also correlated with more frequent marijuana and alcohol use.

Wong, C. F., Clark, L. F., & Marlotte, L. (2016). The impact of specific and complex trauma on the mental health of homeless youth. *Journal of Interpersonal Violence, 31*, 831-854. doi:10.1177/0886260514556770

This study examined correlations between traumatic victimization and mental health symptoms among homeless youth and young adults. Out of a sample of 389 homeless adolescents and young adults ages 13-25, respondents reported high rates of past and current trauma, including childhood sexual abuse, sexual assault while on the street, and polyvictimization. Polyvictimization (including sexual victimization prior to homelessness) was correlated with self-injury. Polyvictimization (both with and without sexual victimization) was also correlated with higher PTSD scores.

SEX TRADE

Dank, M., Yahner, J., Madden, K., Bañuelos, I., Yu, L., Ritchie, A., ... & Conner, B. (2015). *Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaged in survival sex*. Retrieved from the Urban Institute: <https://www.urban.org/sites/default/files/publication/42186/2000119-Surviving-the-Streets-of-New-York.pdf>



This Urban Institute report discusses the experiences of young people who identify as LGBTQ, young men who have sex with men (YMSM), and young women who have sex with women (YWSW) who engage in survival sex in New York City. The study drew data from 283 adolescents and young adults ages 15-26 who had engaged in survival sex. Results indicated that young people engaging in survival sex in New York City are overwhelmingly young people of color and have high rates of homelessness and housing instability. The report explores respondents' entry into the sex trade, reasons for trading sex, means of finding customers, and experiences with abuse and coerced sexual exploitation.

Naramore, R., Bright, M. A., Epps, N., & Hardt, N. S. (2017). Youth arrested for trading sex have the highest rates of childhood adversity: A statewide study of juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment*, 29, 396-410. doi:10.1177/1079063215603064

This study explored correlations between sex trade involvement and adverse childhood experiences (ACEs) among youth ages 11-22 with involvement in the criminal justice system. Out of a sample of 102 youth arrested for trading sex and 64,227 youth arrested for other offenses, youth arrested for trading sex reported more adverse childhood experiences.

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, B. (2017). Human trafficking of minors and childhood adversity in Florida. *American Journal of Public Health*, 107, 306-311. doi:10.2105/AJPH.2016.303564

This study compared adverse childhood experiences (ACEs) between juvenile justice-involved youth with and without suspected trafficking involvement. The study drew data from a sample of 68,218 youth involved in the juvenile justice system, 913 for whom the Florida child abuse hotline received human trafficking abuse reports and 67,305 for whom it did not. Youth with trafficking reports had significantly higher ACE scores and were more likely to have experienced sexual abuse, emotional abuse, physical abuse, emotional neglect, physical neglect, and family violence than non-trafficked youth.

THE JUVENILE JUSTICE SYSTEM

Beck, A. J., & Rantala, R. R. (2016). *Sexual victimization reported by juvenile correctional authorities, 2007-12* (NCJ 249145). Retrieved from the U.S. Department of Justice, Bureau of Justice Statistics: <http://www.bjs.gov/content/pub/pdf/svrjca0712.pdf>

This report documents allegations of youth-on-youth and staff-on-youth sexual victimization in state, local, and privately operated juvenile correctional facilities between 2007 and 2012. The report uses data from the Bureau of Justice Statistics' Survey of Sexual Violence (later renamed the Survey of Sexual Victimization) and provides statistics on allegations by facility, substantiation of allegations, and characteristics of substantiated incidents. Between 2007 and 2012, over 9,000 allegations of sexual victimization were reported in state, local, and private detention facilities. Over half of these incidents involved youth-on-youth sexual victimization, and 45% involved staff-on-youth perpetration.

DeHart, D. D., & Moran, R. (2015). Poly-victimization among girls in the justice system: Trajectories of risk and associations to juvenile offending. *Violence Against Women, 21*, 291-312. doi:10.1177/1077801214568355

This study explored the prevalence of victimization experiences among adolescent girls involved in the juvenile justice system. A survey of 100 adjudicated girls ages 12-18 living in a group home or commitment facility found that sizeable percentages reported experiencing victimization, including sexual violence (81%), "consensual" sex with adults (69%), and dating violence (42%). Respondents experienced an average of three major forms of violence during their lifetimes.

Heaton, L., Cantor, D., Bruce, C., Ren, W., Hartge, J., & Beck, A. J. (2016). *Facility-level and individual-level correlates of sexual victimization in juvenile facilities, 2012* (NCJ 249877). Retrieved from the U.S. Department of Justice, Bureau of Justice Statistics: <http://www.bjs.gov/content/pub/pdf/flilcsvjf12.pdf>

This report documents sexual violence against youth in juvenile correctional facilities as uncovered by the 2012 National Survey of Youth in Custody. The report explores facility-level correlates of sexual victimization, characteristics of victimized youth, and circumstances surrounding sexual violence in facilities. Highlights of the report document youth who have a prior history of sexual assault are at greater risk for both youth-on-youth and staff sexual misconduct. Additionally it was found that facilities that house only females had the highest rate of youth-on-youth sexual assault and that youth in facilities that have a high rate of youth-on-youth sexual assault have histories of prior sexual assault victimization and are also more likely to identify as lesbian, gay, or bisexual.



YOUTH-SERVING ORGANIZATIONS

Lanning, K. V., & Dietz, O. (2014). Acquaintance molestation and youth-serving organizations. *Journal of Interpersonal Violence, 29*, 2815-2838. doi:10.1177/0886260514532360

This article discusses the nature and scope of acquaintance sexual violence in youth-serving organizations. The article addresses four phenomena commonly misunderstood by youth-serving organizations regarding sexual abuse: the wide range of sexual activity, compliant victims, the grooming process, and “nice guy” offenders who appear harmless.

Shattuck, A., Finkelhor, D., Turner, H., & Hamby, S. (2016). Children exposed to abuse in youth-serving organizations: Results from national survey samples. *JAMA Pediatrics, 170*, e154493. doi:10.1001/jamapediatrics.2015.4493

This study explored the prevalence of child maltreatment in youth-serving organizations using data from the 2008, 2011, and 2014 National Survey of Children’s Exposure to Violence. Out of a sample of 13,052 minors, 0.4% of minors reported experiencing maltreatment by persons in youth-serving organizations. Most lifetime maltreatment in youth-serving organizations consisted of verbal abuse or physical abuse, with only 6.4% of survivors reporting sexual victimization.



Resources

Advocates and allied service providers can use the following resources to learn more about the interconnections between sexual violence and youth and the unique issues facing teens who are survivors. All the resources are available for free online.



GENERAL INFORMATION:

The following resources provide general information on sexual violence and teens. Advocates and allied service providers can use this background information to learn more about what sexual violence looks like in the lives of young people.

Teen Sexual Assault Survivors: Legal Impacts and Considerations (PDF, 28 pages) This issue of *Connections* (Winter 2009) by the Washington Coalition of Sexual Assault Programs discusses the legal issues impacting teen survivors of sexual violence. Some information is specific to Washington state; however, there is also information applicable to survivors in other states.

➡ <http://www.ccasa.org/wp-content/uploads/2014/01/teensurvivorslegalimpacts2009.pdf>

Intimate Partner Sexual Violence and Teens (PDF, 5 pages) This issue brief (July 2009) by Break the Cycle discusses intimate partner sexual violence (IPSV) in the context of teen dating relationships. Challenges for service providers and tips for overcoming obstacles in helping teen survivors are also discussed.

➡ <https://www.breakthecycle.org/sites/default/files/Intimate%20Partner%20Sexual%20Violence.pdf>

2014 Sexual Assault Awareness Month (SAAM) Campaign - Healthy Teens (Website) The 2014 SAAM campaign provides resources on healthy adolescent sexuality and engaging youth. Materials include an overview on healthy adolescent sexual development, strategies for becoming an adult ally, and specific resources just for teens. Many of the resources are also available in Spanish.

➡ <https://www.nsvrc.org/publications/nsvrc-publications-sexual-assault-awareness-month-resource-kits/SAAM2014>

Connections between Bullying and Other Types of Violence: Family Violence, Sexual Harassment, and Dating Violence (Webinar) This recorded webinar (March 2015) by Children's Safety Network discusses the connections between bullying and other forms of violence including sexual harassment. Risk factors for bullying and how it varies by age group are discussed as well as what should be taken into consideration when designing and implementing an effective bullying intervention and prevention program.

➡ <https://www.childrenssafetynetwork.org/webinar/connections-between-bullying>



SERVING TEEN SURVIVORS:

The following resources provide guidance for advocates and service providers around the complex issues surrounding serving and meeting the needs of teen sexual assault survivors.

Working with Teen Survivors of Sexual Violence (PDF, 12 pages) This document by the Resource Sharing Project discusses teen sexual violence, the intersections between sexual violence and teen dating violence, and provides tips on how service providers can serve teen survivors.

➡ http://www.resource-sharingproject.org/sites/resource-sharingproject.org/files/SASP_teen_FINAL.pdf

Teen Support Group Guide: A Guide to Psychoeducational Support Groups for Teen Survivors of Sexual Abuse and Assault (PDF, 138 pages) This document, written by the Washington Coalition of Sexual Assault Programs, is a guide on providing support groups to teen survivors. Practical considerations for working with teens and a sample eight-week curriculum are provided.

➡ http://www.wcsap.org/sites/default/files/uploads/working_with_survivors/csa//teen_support_guide_2013_04.pdf

Reaching and Serving Teen Victims: A Practical Handbook (PDF, 44 pages) This handbook by National Crime Prevention Council and the National Center for Victims of Crime provides information about how to reach and serve teen victims of all crimes including survivors of sexual violence. Specific steps service providers can implement in their practice to reach teen victims are discussed.

➡ <https://www.ovc.gov/pdf/text/ncj211701.pdf>

Teen Action Toolkit: Building a Youth-Led Resource to Teen Victimization (PDF, 168 pages) This toolkit by National Center for Victims of Crime is a resource to implement a youth-led effort to improve local policies, outreach, and services to youth crime victims.

➡ <http://victimsofcrime.org/docs/Youth%20Initiative/Teen%20TOOLKIT.pdf?sfvrsn=0>

Fostering Resilience in Children, Teens, and Caregivers (PDF, 7 pages) This document by the Washington Coalition of Sexual Assault Programs provides information about how sexual violence can impact children and teens and provides tips on how service providers can promote resilience in the children and teens they serve and their caregivers.

➡ http://www.wcsap.org/sites/default/files/uploads/resources_publications/advocacy_station/ACESandResiliencefinal.pdf

Linking the Roads: Working with Youth Who Experience Homelessness and Sexual Violence (PDF, 36 pages) This guide by the National Sexual Violence Resource Center provides an overview on the intersections of sexual violence and homelessness youth face. It highlights core skills and techniques that advocates need, and it focuses on adapting advocacy skills to serve youth by helping those who experience homelessness and sexual violence build resiliency.

➡ http://nsvrc.org/sites/default/files/publications_nsvrc-publications-guides-linking-roads-working-youth-who-experience-homelessness_0.pdf

CONFIDENTIALITY AND MANDATED REPORTING:

The following resources discuss issues around confidentiality and mandated reporting requirements for advocates and service providers when working with teen survivors of sexual violence. These documents provide a basic overview so it is important to know and understand your state and jurisdictional laws around these issues.

FOR MORE INFORMATION:

On confidentiality, and mandated reporting see page 37.

Providing Care to Sexual Assault Victims who are Minors: A Privacy and Confidentiality Tool for SANEs, Advocates and Other Providers (PDF, 2 pages) This document by the Victim Rights Law Center provides an overview on considerations around privacy and informed consent for victim service professionals serving minors.

➡ <https://tinyurl.com/providingcaretominors>

Balancing Obligations: Serving Teen Victims and Mandated Reporting of Statutory Rape (PDF, 4 pages) This issue brief (August 2008) by Break the Cycle discusses the issues of serving sexual assault survivors and mandated reporting requirements and provides tips for overcoming these obstacles when working with teen survivors.

➡ <https://www.breakthecycle.org/sites/default/files/Balancing%20Obligations%20Serving%20Teen%20Victims%20and%20Mandated%20Reporting%20of%20Statutory%20Rape.pdf>

Teen Sexual Assault Survivors: Legal Impacts and Considerations: (PDF, 28 pages) This issue of *Connections* (Winter 2009) by the Washington Coalition of Sexual Assault Programs provides an overview on sexual assault against teens including an article on the legal impacts and considerations when working with teens who are survivors. Some information is specific to Washington state; however, most of the information is applicable when serving survivors in any state.

➡ http://www.wcsap.org/sites/default/files/uploads/resources_publications/connections/TeenSurvivorsLegalImpacts2009.pdf

Walking a Tightrope: Balancing Victim Privacy and Offender Accountability in Domestic Violence and Sexual Assault Prosecutions (PDF, 9 pages) This issue of *Strategies* (May 2013) by AEquitas explains privilege and how it relates to sexual assault and domestic violence.

➡ http://www.aequitasresource.org/Issue_10_Walking_A_Tightrope_Balancing_Victim_Privacy_and_Offender_Accountability_in_Domestic_Violence_and_Sexual_Assault_Prosecutions_Part_II_May_2013.pdf

Fifty State Survey of Confidentiality and Privilege Statutes: Rape Crisis/Sexual Assault Counselors (PDF, 299 pages) This document by the National PREA Resource Center (December 2013) provides the laws in each state related to privilege, confidentiality, and mandatory reporting for rape crisis counselors.

➡ <https://www.prearesourcecenter.org/sites/default/files/library/fiftystatesurveyofconfidentialityandprivilegestatutes-rapecrisis-sexualassaultcounselors.pdf>

State Law Database (webpage) This RAINN webpage provides an interactive tool for users to search the laws applicable in their state.

➡ <https://apps.rainn.org/policy/>

Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions (PDF, 117 pages) This document by the Center for Law and Public Policy on Sexual Violence discusses issues of privacy, confidentiality, and privilege. The guide provides a checklist of issues, questions, and tips when creating a confidentiality guide specific to your state.

➡ <https://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>

Victim Advocate Confidentiality Statutes (PDF, 157 pages): This resource from the National Center for Prosecution of Violence Against Women provides a summary of state statutes on victim-consoler privilege for survivors of domestic and sexual violence.

➡ http://ndaa.org/wp-content/uploads/Victim-Advocate-Confidentiality_1.pdf

Child Welfare Information Gateway: Reporting Child Abuse and Neglect (Webpage) This webpage provides information for each state on how to report child abuse, and state-specific resources are available.

➡ <https://www.childwelfare.gov/topics/responding/reporting/>



RESOURCES FOR TEEN SURVIVORS:

The following resources serve to support advocates and allied service providers as they seek to help teen survivors.

Love is Respect (Website) A project of the Domestic Violence Hotline, loveisrespect seeks to engage, educate, and empower young people to prevent and end dating violence. They offer support, information, and advocacy to young people concerned about their dating relationships. They provide free and confidential phone, live chat, and texting services 24/7/365.

➡ <http://www.loveisrespect.org/>

Disponible en español aquí:

➡ <http://espanol.loveisrespect.org>

That's Not Cool (Website) Developed by Futures Without Violence, this is a national public education initiative that works with young people to help raise awareness, and bring educational and organizing tools to communities to address teen dating violence, unhealthy relationships, and digital abuse. There are interactive tools for youth and resources for adult allies.

➡ <https://thatsnotcool.com/>

The LGBT National Youth Talkline (Website) The site provides peer support to teens and young adults up to the age of 25 through telephone, online private chat, and email peer support. The organization also provide resources to young people with questions on sexual orientation or gender identities. All services are free and confidential. LGBT Youth Talkline: 1-800-246-7743, Monday through Friday, 4pm-midnight eastern time and Saturday noon to 5pm eastern time.

➡ <http://www.glbthotline.org/youth-talkline.html>





Infographic References

- ¹Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ... Stevens, M. R. (2011). *National Intimate Partner and Sexual Violence Survey: 2010 summary report*. Retrieved from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- ²Centers for Disease Control and Prevention. (n.d.) *Sexual violence in youth: Findings from the 2012 National Intimate Partner and Sexual Violence Survey*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2012FindingsonSVinYouth.pdf>
- ³Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., ... Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report*. Retrieved from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- ⁴Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*, 430-438. doi:10.1016/j.amepre.2005.01.015
- ⁵Macmillan, R., & Hagan, J. (2004). Violence in the transition to adulthood: Adolescent victimization, education, and socioeconomic attainment in later life. *Journal of Research on Adolescence, 14*, 127-158. doi:10.1111/j.1532-7795.2004.01402001.x
- ⁶Lang, D. L., Sales, J. M., Salazar, L. F., Hardin, J. W., DiClemente, R. J., Wingood, G. M., & Rose, E. (2011). Rape victimization and high risk sexual behaviors: Longitudinal study of African-American adolescent females. *Western Journal of Emergency Medicine, 12*, 333-342. Retrieved from the U.S. National Library of Medicine, National Center for Biotechnology Information: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3117610/pdf/wjem12_3p0333.pdf
- ⁷Noll, J. G., Shenk, C. E., & Putman, K. T. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. *Journal of Pediatric Psychology, 34*, 336-378. doi:10.1093/jpepsy/jsn098
- ⁸Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse: Results from a prospective study. *Journal of Interpersonal Violence, 18*, 1452-1471. doi:10.1177/0886260503258035
- ⁹Young, A. M., Grey, M., & Boyd, C. J. (2009). Adolescents' experiences of sexual assault by peers: Prevalence, and nature of victimization occurring within and outside of school. *Journal of Youth and Adolescence, 38*, 1072-1083. doi:10.1007/s10964-008-9363-y
- ¹⁰Kilpatrick, D. G., Saunders, B. E., & Smith, D. W. (2003, April). Youth victimization: Prevalence and implications (NCJ 194972). *NIJ Research in Brief*. Retrieved from National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/194972.pdf>
- ¹¹Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology, 71*, 692-700. doi:10.1037/0022-006X.71.4.692
- ¹²Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting and Clinical Psychology, 68*, 19-30. doi:10.1037/0022-006X.68.1.19
- ¹³Thompson, K. M., Wonderlich, S. A., Crosby, R. D., & Mitchell, J. E. (2001). Sexual violence and weight control techniques among adolescent girls. *International Journal of Eating Disorders, 29*, 166-176. doi:10.1002/1098-108X(200103)29:2<166::AID-EAT1006>3.0.CO;2-3

- ¹⁴Turner, H. A., Finkelhor, D., & Ormrod, R. (2010). The effects of adolescent victimization on self-concept and depressive symptoms. *Child Maltreatment, 15*, 76-90. doi:10.1177/1077559509349444
- ¹⁵Danielson, C. K., de Arellano, M. A., Kilpatrick, D. G., Saunders, B. E., & Resnick, H. S. (2005). Child maltreatment in depressed adolescents: Differences in symptomatology based on history of abuse. *Child Maltreatment, 10*, 37-48. doi:10.1177/1077559504271630
- ¹⁶Marshall, A. D. (2016). Developmental timing of trauma exposure relative to puberty and the nature of psychopathology among adolescent girls. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*, 25-32.e1. doi:10.1016/j.jaac.2015.10.004
- ¹⁷Anderson, L. M., Hayden, B. M., & Tomasula, J. L. (2014). Sexual assault, overweight, and suicide attempts in U.S. adolescents. *Suicide and Life-Threatening Behavior, 45*, 529-540. doi:10.1111/sltb.12148
- ¹⁸Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H. Hawkins, J., ... & Zaza, S. (2016, June 10). Youth risk behavior surveillance - United States, 2015. *Morbidity and Mortality Weekly Report: Surveillance Summaries, 65*(6). Retrieved from the Centers for Disease Control and Prevention: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf
- ¹⁹Hill, C., & Kearl, H. (2011). *Crossing the line: Sexual harassment at school*. Retrieved from American Association of University Women: <http://www.aauw.org/files/2013/02/Crossing-the-Line-Sexual-Harassment-at-School.pdf>
- ²⁰Beck, A. J., Cantor, D., Hartge, J., & Smith, T. (2013). *Sexual victimization in juvenile facilities reported by youth, 2012: National Survey of Youth in Custody, 2012* (NCJ 241708). Retrieved from the U.S. Department of Justice, Bureau of Justice Statistics: <https://www.bjs.gov/content/pub/pdf/svjfry12.pdf>
- ²¹Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual victimization in prisons and jails reported by inmates, 2011-12: National Inmate Survey, 2011-12* (NCJ 241399). Retrieved from U.S. Department of Justice, Bureau of Justice Statistics: <https://www.bjs.gov/content/pub/pdf/svpjri112.pdf>
- ²²Pennsylvania Coalition Against Rape. (n.d.). *Oppression & sexual violence*. Retrieved from <http://www.pcar.org/about-sexual-violence/oppression-sexual-violence>
- ²³Boothe, M. A. S., Wilson, R. M., Lassiter, T. E., & Holland, B. (2014). Differences in sexual behaviors and teen dating violence among Black, Hispanic, and White female adolescents. *Journal of Aggression, Maltreatment & Trauma, 23*, 1072-1089. doi:10.1080/10926771.2014.964436
- ²⁴Wong, C. F., Clark, L. F., & Marlotte, L. (2016). The impact of specific and complex trauma on the mental health of homeless youth. *Journal of Interpersonal Violence, 31*, 831-854. doi:10.1177/0886260514556770
- ²⁵National Alliance to End Homelessness. (2009). *Homeless youth and sexual exploitation: Research findings and practice implications*. Retrieved from: http://b3cdn.net/naeh/c0103117f1ee8f2d84_e8m6ii5q2.pdf
- ²⁶Cray, A, Miller, K., & Durso, L. E. (2013). *Seeking shelter: The experiences and unmet needs of LGBT homeless youth*. Retrieved from the Center for American Progress: <https://www.americanprogress.org/wp-content/uploads/2013/09/LGBTHomelessYouth.pdf>
- ²⁷Lindley, L. L., & Walsemann, K. M. (2015). Sexual orientation and risk of pregnancy among New York City high-school students. *American Journal of Public Health, 105*, 1379-1386. doi:10.2105/AJPH.2015.302553
- ²⁸Mitchell, K. J., Ybarra, M. L., & Obsuth, I. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse & Neglect, 38*, 280-295. doi:10.1016/j.chiabu.2013.09.008
- ²⁹Turner, H. A., Vanderminden, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment, 16*, 275-286. doi: 10.1177/1077559511427178
- ³⁰Mueller-Johnson, K., Eisner, M. P., & Obsuth, I. (2014). Sexual victimization of youth with a physical disability: An examination of prevalence rates, and risk and protective factors. *Journal of Interpersonal Violence, 29*, 3180-3206. doi:10.1177/0886260514534529

References

- Amar, A. F. (2008). Understanding the veil: Non-stranger sexual assault of a Muslim woman. *Journal of Forensic Nursing, 3*(3-4), 134-136. doi:10.1111/j.1939-3938.2007.tb00100.x
- American Psychological Association. (n.d.). *The road to resilience*. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- American Psychological Association. (2011). *Resilience for teens: Got bounce?* Retrieved from <http://www.apa.org/helpcenter/bounce.aspx>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ... Stevens, M. R. (2011). *National Intimate Partner and Sexual Violence Survey: 2010 summary report*. Retrieved from Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Campbell, R. (2012, December 3). *The neurobiology of sexual assault* [Webinar]. Retrieved from the National Institute of Justice: <https://nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx>
- Center on the Developing Child. (2007). *The impact of early adversity on children's development* (InBrief). Retrieved from <http://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>
- Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence, & Wisconsin Coalition Against Sexual Assault. (2011). *A practical guide for creating trauma-informed disability, domestic violence and sexual assault organizations*. Retrieved from <http://www.disabilityrightswi.org/wp-content/uploads/2012/05/Trauma-Informed-Guide.pdf>
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V.J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*, 430-438. doi:10.1016/j.amepre.2005.01.015
- Federal Interagency Forum on Child and Family Statistics. (n.d.). *POP1 child population: Number of children (in millions) ages 0-17 in the United States by age, 1950-2016 and projected 2017-2050*. Retrieved from <http://www.childstats.gov/americaschildren/tables/pop1.asp>
- Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*, 329-333. doi:10.1016/j.jadohealth.2013.12.026
- Finkelhor, D., Turner, H., Ormrod, R., Hamby S., & Kracke, K. (2009, October). Children's exposure to violence: A comprehensive national survey. *Juvenile Justice Bulletin*. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>
- Fisher P. A., & Pfeifer J. H. (2011). Conceptual and methodological issues in neuroimaging studies of the effects of child maltreatment. *Archives of Pediatric Adolescent Medicine, 165*, 1133-1134. doi:10.1001/archpediatrics.2011.1046
- Harrison, J., Grant, J., & Herman, J. L. (2012). A gender not listed here: Genderqueers, gender rebels, and otherwise in the National Transgender Discrimination Survey. *LGBTQ Policy Journal at the Harvard Kennedy School, 2*, 13-24. Retrieved from the Williams Institute, UCLA School of Law: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Harrison-Herman-Grant-AGender-Apr-2012.pdf>

Harvard Medical School, Harvard Health Publishing. (2016). *Understanding the stress response: Chronic activation of this survival mechanism impairs health*. Retrieved from <http://www.health.harvard.edu/staying-healthy/understanding-the-stress-response>

Hathaway, B. (2011, December 5). Past abuse leads to loss of gray matter in brain of adolescents. *Yale News*. Retrieved from <http://news.yale.edu/2011/12/05/past-abuse-leads-loss-gray-matter-brains-adolescents-0>

Jensen, F. E., & Nutt, A. E. (2015). *The teenage brain: A neuroscientist's survival guide to raising adolescents and young adults*. New York, NY: Harpers Collins.

Kilpatrick, D., G. (2000). *The mental health impact of rape*. Available from The Medical University of South Carolina: <https://mainweb-v.musc.edu/vawprevention/research/mentalimpact.shtml>

Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse, 11*, 159-177. doi:10.1177/1524838010378299

Mitchell, K. J., Ybarra, M. L., & Korchmaros, J. D. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse & Neglect, 38*, 280-295. doi:10.1016/j.chiabu.2013.09.008

National Center for Transgender Equality. (2016). *Understanding non-binary people: How to be respectful and supportive*. Available from https://www.transequality.org/sites/default/files/docs/resources/Understanding-Non-Binary-July-2016_1.pdf

National Institute on Drug Abuse. (2016). *Principles of substance abuse prevention for early childhood: A research-based guide*. Retrieved from https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/early_childhood_prevention_march_2016.pdf

National Institute of Mental Health. (2017). *Suicide*. Retrieved from <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

Nuttgens, S. A., & Campbell, A. J. (2010). Multi-cultural considerations for counselling First Nations clients. *Canadian Journal of Counselling and Psychotherapy, 44*, 115-129. Retrieved from https://www.mentalhealthacademy.net/journal_archive/ucp105.pdf

RAINN. (n.d.). *State law database*. Retrieved from <https://apps.rainn.org/policy/>

Resource Sharing Project, & National Sexual Violence Resource Center. (2013). *Building cultures of care: A guide for sexual assault services programs*. Retrieved from http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf

Safe Start Center. (n.d.). *Trauma-informed care for children exposed to violence: Tips for staff and advocates working with children: Polyvictimization*. Retrieved from the Office of Juvenile Justice and Delinquency Prevention: https://www.ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf

University of California Berkeley. (n.d.) *Neurobiology*. Retrieved from <https://mcb.berkeley.edu/undergrad/neu>

Wilson, C., Lonsway, K. A., & Archambault, J. (2016). *Understanding the neurobiology of trauma and implications for interviewing victims*. Retrieved from End Violence Against Women International: <https://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=842>

World Health Organization. (2001, March). *Global consultation on adolescent friendly health services a consensus statement*. Retrieved from http://www.who.int/maternal_child_adolescent/documents/pdfs/who_fch_cah_02.18.pdf?ua=1



