
Adolescence: Sexual Behaviour and Sexual Assault

Why they think they know it all,
and why we still have so much to learn.

J. Anne S. SMITH, Director VFPMS,
FAMSACA Conference, Melbourne, Sept 2007

Overview

Adolescents are NOT YET adults

- Neurodevelopmental changes during adolescence
- Youth sexual risk taking – modifiable influences?
- Sexual assault in adolescence
 - What we know and what we don't know
 - The victims
 - The offenders
 - The assault
- What we know about adolescent sexuality and behaviour
 - International data and trends
 - Normal behaviour
 - Health impacts
 - Problems



HEADSS

- home
- education
- peer activities
- drugs
- sexuality – *part of the clinical evaluation of every adolescent*
- suicide



The adolescent brain



Frontal lobe of the brain (control of sexual drives + abstract reasoning and planning) is not completely myelinated until at least 14 or 15 years.

Major changes in cognitive ability occur between early and late adolescence, most notably the capacity to reason abstractly, predict future consequences, and see things from different perspectives.

"Neo-Piagetian" theorists – half adolescents remain in concrete operational thinking or transitional phase until ~mid 20s

Gender differences

A young brain - a work in progress one that functions differently than brains of adults. nucleus accumbens of the frontal cortex motivation to weigh costs and benefits of actions = developing (? into 20s)

- neuronal proliferation (11-25 yrs)
 - Peak 11yrs females 12 yrs boys
- pruning
- myelinisation
- hormones
 - more dopamine less serotonin (thrill)
 - less melatonin (night owl)

Results in

- accentuated stress response
- emotional lability
- sensation seeking
- propensity - use drugs /alcohol
- propensity mental health problems
- immature forces of self-control

Adolescent thinking and behaviour

- The conception of the self as invulnerable diminishes and the impact of knowledge of risk increases.
- Cognitive bias (distorted perception risk/consequences)
 - Illusion of invulnerability, 'immortality'
 - Focus on here-and-now
 - Immediate > long term (pleasure, self worth > pregnancy, STI)
- Developmental path, identity formation
- Desire to experiment and experience
- Short term relationships
- Normative influence of peers
- Less likely to access health services
 - Complain of minor symptoms
 - (tentative Q, confidentiality?)



Sexual behaviour data and trends

Canada and US

Most aged 15 to 19 years - at least once.

Females - 2 or more sexual partners in the past year

23.9% Canada

45.5% of US

Males - 2 or more sexual partners in past year

32.1% of Canadian males

50.8% US

Sweden 17 year old boys

54.2% of boys had experienced vaginal intercourse

16.7% before 15 y of age.

Independent predictors for coital experience were the vocational study program (odds ratio) 1.91

early puberty OR 1.69

use of tobacco OR 5.32 and alcohol OR 4.09.

STI = 4.1% of coitally active student boys

Impregnating a girlfriend - 4.3%.

Early starters, 14.6% > 10 sex partners

Later starters, 2.5% ($p > 0.0001$) and this was predictive of STI, OR 5.4 (95% CI 1.5–19.7).

First-date intercourse more than twice was predictive of pregnancy, OR 14.4 (95% CI 3.8–54.5).

School non-attenders, 74.2% reported coital experience, 33.7% were early starters, and 12.5% had impregnated a girl

Teen pregnancy

- United States (22% of women reported having had a child before age 20)

- A lower proportion of teenage pregnancies are resolved through abortion in the United States than in the other countries

- because of high pregnancy rate, U.S. teenagers have the highest abortion rate.

- Great Britain (15%),
- Canada (11%),
- France (6%)
- Sweden (4%)



K Edgardh (2002) Sexual behaviour and early coitarche in a national sample of 17-year-old Swedish boys Acta Paediatrica 91 (9), 985–991.

Australian Adolescents



Most frequent users of emergency contraception at Australian Family Planning clinics

6th highest teenage pregnancy rate among OECD countries

22 abortions per 1000 teenagers pa, compared with 19 live births

45% of sexually active Australian high-school students do not use condoms consistently

31% use condoms without another form of contraception

Delay seeking prescription contraception for an average of one year after initiating sexual activity

Half of adolescent pregnancies occur in the first 6 months of sexual activity

Younger age is a strong risk factor for Chlamydia trachomatis (CT) infection (prevalence up to 28%)

Indigenous = high risk CT and gono

Preferred forms of contraception

- Condoms - 64.4%
- The pill - 36.8%
- Withdrawal - 11.8%
- No contraception used - 9.4%

A New South Wales study found that 86% of young people in relationships of one year's duration or less don't use condoms every time they have sex.

Over half of those who use the contraceptive pill don't use condoms to protect themselves from sexually transmissible infections (STIs).

Statistics from 1998 show that medical abortion is the second most common hospital procedure for Australian women aged between 12 and 24 years.

Vic data 10.8 per 1000 teens per year

Vic estimate 13 abortions per 1000 teens per year

Australian Adolescents



Most adolescents in Years 10 and 12 are sexually active.

About one in four Year 10, half of all Year 12 students have had vaginal intercourse.

Of the young people who had ever had sex, about half of the males and 61% of the females had at least one sexual partner in the last year.

Between 15% and 19% had two sexual partners in the last year.

37.3% of Year 10 students and 56.7% of Year 12 students have engaged in oral sex.

The most recent sexual encounter for about two thirds of young people was with their regular girlfriend or boyfriend.

The most recent sexual encounter for 10.8% of teenagers was with someone they had met for the first time, with higher figures for males (18.1%) than females (4.6%).

Students in Year 10 are more likely to have had their most recent sexual encounter with someone they met for the first time (15%) than students in Year 12 (7.6%).

2002 third National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health,

NZ



Christchurch

1582 young people. 72% responded.

49% had experienced sexual intercourse. Mean age 16.7 years.

The **prevalence of *C. trachomatis* among the sexually active participants who provided a urine sample was 2.0% (1.8% of males and 2.3% of females).**

39% of sexually active participants had had one partner in their lifetime

13% had had more than five partners.

51% of males and 39% of females indicated that they always used **condoms**

69% of males and 57% of females reported using a condom on the last occasion

Chlamydia trachomatis prevalence and sexual behaviour in Christchurch high school students

Paul Corwin, Gillian Abel, J. Elisabeth Wells, Edward Coughlan, Sue Bagshaw, Margaret Sutherland, Libby Plumridge
Journal of the New Zealand Medical Association, 26-July-2002, Vol 115 No 1158

Dunedin Study – At 18 years 37% of the sample had one or more mental health disorders, while **58% of the men and 68% of the women reported having had sexual intercourse**

- **Mental illness** (substance dependence, schizophrenia spectrum, and antisocial disorders, incl depression) associated with increased rates of risky sex, sexually transmitted diseases, and early sexual experience (before 16 years).
- Young people with **mania** were more likely to report risky sexual intercourse and have sexually transmitted diseases.

Silva PA, Stanton WR, eds. *From child to adult: the Dunedin multidisciplinary health and development study*. Auckland: Oxford University Press, 1996. also, *BMJ* 2000;321:263-266 (29 July)

Dunedin Study age 21

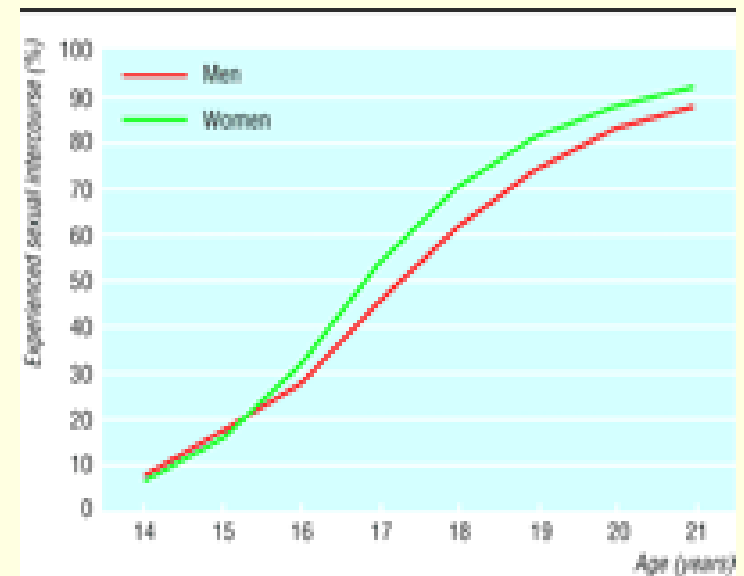
**477 men and 458 women 93-94
median age at first intercourse - 17
yrs for men, 16 yrs for women.
one man (0.2%) but 30 (7%) women
reported being forced to have
intercourse on the first occasion.**

**For women, there were increasing
rates of coercion with younger
age at first intercourse.**

**More men than women reported that
they and their partner were
equally willing (77% (316/413) v
53% (222/419)). Mutual
willingness of both partners was
greater for those who reported
that it was also the first time for
their partner.**

**First sexual intercourse: age, coercion, and later regrets
reported by a birth cohort. Nigel Dickson, Charlotte
Paul, Peter Herbison, Phil Silva, *BMJ* 1998;316:29-33**

**Timing of first intercourse was considered
about right by 49% (200/411) of men and
38% (148/388) of women
Many women (54% (211/388) reported that
they should have waited longer, and this
rose to 70% (90/129) for women reporting
intercourse before age 16.**



Median age @ first intercourse

British women (17 yrs), Brit men (17 yrs)

- one in five girls experience their first sexual intercourse before the age of consent (16).
- More than a quarter of boys will have experienced sex by the same age.
- Over the past four decades, the median age of first intercourse has fallen by four years for women and three years for men.
- Convergence between men and women in age at first intercourse has been reported for younger cohorts in Britain.

New Zealand women (16 yrs) NZ men (17 yrs)

- New Zealand crossover in the past 20 years, with more women than men now having first intercourse before age 18.

same in Norway and Sweden

not in the United States

- >half of females, nearly two-thirds of males had intercourse by 18.
- Trend – more adolescents report sexual activity at each year of age. Increases have been greatest among females, especially among young females. Thus, more than twice as many females ages 14, 15, and 16 are sexually active now, compared with young women of the same ages just 15 years ago.

Teen sex in USA



Blacks begin at younger ages than whites or Hispanics.

Early puberty and high levels of **androgen hormones** (i.e., testosterone), which are associated with increased adolescent sexual behavior.

Dating, and especially early steady dating, provides a context for many adolescent sexual experiences.

Unconventional **psychosocial attitudes** and behaviors--as reflected by early use of alcohol, tobacco and other drugs, school problems, delinquency, and physical aggression--are associated with earlier onset of adolescent sexual intercourse.

Parents' **marital disruption** and living with a single parent (lower family incomes, disadvantaged neighborhoods, lesser supervision, parental modeling, and more permissive attitudes in single parent families).

Similarly, having **sexually active siblings and friends** is strongly related to a younger age at the onset of sexual activity.

Better educated parents, supportive family relationships, parental supervision, sexually abstinent friends, good school grades and attending church frequently are all related to later onset of sexual intercourse.

Neighborhoods (community economic base and labor market conditions for women), account for a substantial portion of the racial differences among blacks and whites in the timing of first sexual intercourse. (female full-time employment in the community, related to a greater risk of first sex).

Poor mental health -> more risky sex

Ext behavior, (substance use / conduct disorder),
younger at first intercourse
more sexual partners
less condoms use.

- Antisocial, dependent, and paranoid personality disorders - associated with high-risk sexual behavior in adolescents, especially in females.
- Depression - can also be a risk factor for risky sexual behavior. Analyses conducted on the National Longitudinal Survey of Adolescent Health data found that among boys, depressive symptoms were associated with a decreased likelihood of condom use, while among girls, depressive symptoms were associated with a history of STIs. This relationship is often found even at a preclinical level; feelings of depression and stress in the general adolescent population are associated with the nonuse of birth control.[38]

WHY?

- impaired judgment,
- problem-solving difficulties,
- problems with risk assessment,
- impulsivity,
- self-destructive tendencies,
- affective instability
- peers condone risky behavior
- substance use
- (to procure dugs)
- less parental engagement



Is sex is bad for teens?

pregnancy, (> physical and psychiatric morbidity)
cervical dysplasia, (early onset sex)
sexually transmitted disease, adjusted rates (for sexual activity), are greater for adolescents than for any other group.

Early sex → more partners

NB. COGNITIVE IMMATURITY

In adolescence, sex is part of a wider spectrum of risk taking behaviour, in which substance abuse, smoking, alcohol consumption, and under age sex are more likely to occur in combination.

- Experience and experimentation required for cognitive growth?
- Beware - Self harm



Sex affects affect?



Every 3 waking hours, sexually active adolescents aged 15-21 years used a handheld computer to report current affect and recent sexual intercourse in response to random signals. Participants also completed a report after sexual intercourse. Affect was determined by eight states, as well as composite variables for positive and negative affect

Sixty-seven youth completed 1385 random and 392 event reports. There were 266 unique coital reports (median 2.6/participant/week); 94% were with a main partner and 49% involved condom use. Youth were more likely to report positive affect and less likely to report negative affect when they were also reporting recent sexual intercourse

Adolescents report improvement in specific positive and negative affective states following sexual intercourse

Shrier, Lydia A. Shih, Mei-Chiung. Hacker, Laura. de Moor, Carl

A momentary sampling study of the affective experience following coital events in adolescents *Journal of Adolescent Health*. 40(4):357.e1-8, 2007 Apr

Do parents influence age of first sex?

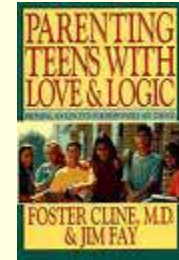
Longitudinal data from a survey of Scottish teenagers (N=5041) to show how **low parental monitoring predicts early sexual activity** for both sexes (with some reverse causation), and for females it also predicts **more sexual partners and less condom use**.

- A lot of **spending money** also predicts early sexual activity and, for males, having more sexual partners.
- Comfort talking with parents about sex, however, seems to bear little relationship to sexual behaviour

Wight, Daniel. Williamson, Lisa. Henderson, Marion
Parental influences on young people's sexual behaviour:
a longitudinal analysis. *Journal of Adolescence*. 29(4):473-94, 2006 Aug



Parents promote abstinence



Computer-assisted data entry system from one parent and one youth in 1,350 randomly selected households in inner-city areas of two Midwestern cities

- **Youth-parent positive agreement scores** about these conversations were significant after controlling for youth age, race, gender, family structure, and parental income and education.
- Scores were associated with **youth abstinence and with the use of contraception** if the youth had become sexually active
- Aspy, Cheryl B. Vesely, Sara K. Oman, Roy F. Rodine, Sharon. Marshall, LaDonna. Fluhr, Janene. McLeroy, Ken Youth-parent communication and youth sexual behavior: implications for physicians Family Medicine. 38(7):500-4, 2006 Jul-Aug

NB benefits of 'Authoritative parenting style' (rules + responsive)

Sexual risk behaviour



2,652 sexually active adolescents from the first two waves of the National Longitudinal Study of Adolescent Health (Add Health).

African-American adolescents had lower risk for sexual risk behavior.

Supportive friendships and parent connectedness interacted in predicting decreased likelihood of sexual risk behavior.

Mother-child communication about sex contributed to decreased likelihood of sexual risk only for girls.

There were also small reciprocal effects of sexual risk behavior on decreased relationship quality over time.

CONCLUSION: To better understand the parents' role in adolescent sexual risk behavior, multiple facets of parenting, the social contexts of parenting and adolescents' peers, and the effects of adolescents' behavior on these relationships should be taken into consideration.

- Henrich, Christopher C. Brookmeyer, Kathryn A. Shrier, Lydia A. Shahar, Golan. Supportive relationships and sexual risk behavior in adolescence: an ecological-transactional approach. *Journal of Pediatric Psychology*. 31(3):286-97, 2006 Apr.

Ready or not? and STI



103 US females (ages 18-24).

- 78% of the participants were in the three earliest stages of behavior (precontemplative, contemplative, and ready for action) with respect to condom use for STI prevention;
- conversely only 47% were in early stages with respect to birth control practices.
- Of the participants tested, 12/81 (15%) had chlamydial infection detected by molecular techniques, whereas no participants had gonorrhoeae.
- Among the subset tested for HPV DNA, 18/45 (40%) were positive. The diagnostic behavior stage for STI prevention did not correlate with the presence of chlamydia
- females are more likely to protect themselves against pregnancy than against an STI

Kasowitz, Andrea R. McCusker, Mark. Coury-Doniger, Patricia. Neal, Wendy P. Indyk, Debbie. Burk, Robert D. Jenkins, Stephen G. Rickert, Vaughn I. Herold, Betsy C.

Stage of change behavioral assessment tool fails to predict the prevalence of chlamydia in an urban adolescent health clinic *Journal of Pediatric & Adolescent Gynecology*. 19(4):277-83, 2006 Aug

Does Sex-Ed work?



“Opponents are correct in observing that sex education is associated with adverse health outcomes, but are generally incorrect in interpreting this relationship causally.

Proponents are generally correct in claiming that sex education does not encourage risky sexual activity, but are incorrect in asserting that investments in typical school-based sex education programs produce measurable health benefits”.

Sabia, Joseph J.

Does sex education affect adolescent sexual behaviors and health?. *Journal of Policy Analysis & Management*. 25(4):783-802, 2006

Is music to blame for early sex?



National US longitudinal telephone survey of 1461 adolescents.

Participants were interviewed at baseline (T1), when they were 12 to 17 years old, and again 1 and 3 years later (T2 and T3).

- 1242 participants , 938 were identified as virgins before music exposure ,
- youth who listened to **more degrading sexual content** at T2 were more likely to subsequently initiate intercourse and to progress to more advanced levels of noncoital sexual activity, even after controlling for 18 respondent characteristics that might otherwise explain these relationships.
- In contrast, exposure to nondegrading sexual content was unrelated to changes in participants' sexual behavior.

Martino, Steven C. Collins, Rebecca L. Elliott, Marc N. Strachman, Amy. Kanouse, David E. Berry, Sandra H.

Exposure to degrading versus nondegrading music lyrics and sexual behavior among youth *Pediatrics*. 118(2):e430-41, 2006 Aug

Nope, its grog and dope!



Stanton et al showed that increased use of alcohol and marijuana at younger ages was related to subsequent riskier sexual activity and increased drug misuse.

Alcohol and drug consumption may increase the likelihood that young people will engage in high risk sexual behaviour, as a result of impaired decision making, mood elevation, and the reduction of inhibitions.

Youths who drop out of school have special and complex needs, with extremely high rates of sexual behaviour, mental health problems, and drug misuse.

The causal relations and direction remain to be elucidated, but the **coexistence of drugs, risky sex, and mental health problems** remains a consistent observation in epidemiological studies

Sex and the media



A sample of 1011 Black and White adolescents from 14 middle schools in the Southeastern United States - 264 media

■ Media explained

- 13% of the variance in intentions to initiate sexual intercourse in the near future,
- and 8-10% of the variance in light and heavy sexual behaviors, which was comparable to other contexts.
- Media influences also demonstrated significant associations with intentions and behaviors after all other factors were considered.
- All contextual factors, including media, explained 54% of the variance in sexual intentions and 21-33% of the variance in sexual behaviors

- Adolescents who are exposed to more sexual content in the media, and who perceive greater support from the media for teen sexual behavior, report greater intentions to engage in sexual intercourse and more sexual activity.

L'Engle, Kelly Ladin. Brown, Jane D. Kenneavy, Kristin. The mass media are an important context for adolescents' sexual behavior. *Journal of Adolescent Health*. 38(3):186-92, 2006 Mar. r

- More than 80% of the top teen shows contain sexual content, and the average teen views nearly 14,000 sexual references on television alone

Strasburger, Victor C. Adolescents, sex, and the media: ooooo, baby, baby-a Q & A. *Adolescent Medicine Clinics*. 16(2):269-88, vii, 2005 Jun

The TV made me do it!



1792 adolescents, 12 to 17 years of age. In baseline and 1-year follow-up interviews, participants reported their TV viewing habits and sexual experience

- Youths in the 90th percentile of TV sex viewing had a predicted probability of intercourse initiation that was approximately **double that of youths in the 10th percentile**, for all ages studied.
- Exposure to TV that included only talk about sex was associated with the same risks as exposure to TV that depicted sexual behavior.

Collins, Rebecca L. Elliott, Marc N. Berry, Sandra H. Kanouse, David E. Kunkel, Dale. Hunter, Sarah B. Miu, Angela

Watching sex on television predicts adolescent initiation of sexual behavior Pediatrics. 114(3):e280-9, 2004 Sep

It's all around us?

The 'normalisation' process

In 2003, 83% of the episodes of the top 20 US shows among teen viewers contained some sexual content, including 20% with sexual intercourse

42% of the songs on the top CDs in 1999 contained sexual content -- 19% included direct descriptions of sexual intercourse

On average, music videos contain 93 sexual situations per hour, including eleven "hard core" scenes depicting behaviors such as intercourse and oral sex

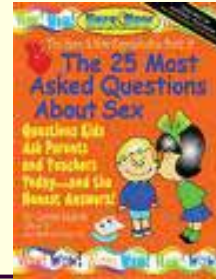
Girls who watched more than 14 hours of rap music videos per week were more likely to have multiple sex partners and to be diagnosed with a sexually transmitted disease

MYTHS

- all teens are having sex
- Sex = love (female idea?)
- Sex = a casual activity with minimal risks and consequences
- having sex makes you an adult
- something is wrong with an older teen (17-19) who is not having sex
- a girl can't get pregnant if she's menstruating
- a girl can't get pregnant if it's her first time
- you are a virgin as long as you don't have sexual intercourse -- oral sex doesn't count



Sex in grade 5



Survey 408 fifth graders and their caregivers.

- Almost 5% of girls and 17% of boys reported they had engaged in sexual intercourse.
- Only 34% of girls and 13% of boys said they did not expect to engage in any type of sexual contact in the next 12 months if they were going with someone they "liked a lot."
- Parental factors associated with fewer risk behaviors and expected sexual behaviors included higher levels of monitoring, fewer communication barriers, less permissive attitudes regarding adolescent sexual behavior, higher relationship quality with child, having fewer than five children in the household, higher levels of education, and being employed.

Rose, Allison. Koo, Helen P. Bhaskar, Brinda. Anderson, Karen. White, Gregory. Jenkins, Renee R
The influence of primary caregivers on the sexual behavior of early adolescents. *Journal of Adolescent Health*.
37(2):135-44, 2005 Aug

Oral sex in grade 9



580 ethnically diverse ninth-grade adolescents (mean age: 14.54; 58% female) longitudinal study on the relationship between risk and benefit perceptions and sexual activity.

- self-administered questionnaire: sexual experiences and percent chance of experiencing outcomes from, attitudes toward, and perceived prevalence of oral versus vaginal sex among adolescents
- More study participants reported having had oral sex (19.6%) than vaginal sex (13.5%), and more participants intended to have oral sex in the next 6 months (31.5%) than vaginal sex (26.3%). Adolescents evaluated oral sex as significantly less risky than vaginal sex on health, social, and emotional consequences. Adolescents also believed that oral sex is more acceptable than vaginal sex for adolescents their own age in both dating and nondating situations, oral sex is less of a threat to their values and beliefs, and more of their peers will have oral sex than vaginal sex in the near future.

Halpern-Felsher, Bonnie L. Cornell, Jodi L. Kropp, Rhonda Y. Tschann, Jeanne M
Oral versus vaginal sex among adolescents: perceptions, attitudes, and behavior *Pediatrics*. 115(4):845-51,
2005 Apr

Why oral sex?



Adolescents' perceived reasons why teens have oral sex ranged from physical pleasure, improving intimate relationships, reducing risks associated with vaginal sex, the influence of substances, and social factors such as reputation concerns and peer experiences

- Cornell, Jodi L. Halpern-Felsher, Bonnie L. Adolescents tell us why teens have oral sex . *Journal of Adolescent Health*. 38(3):299-301, 2006 Mar

First sex with older partner

First sexual experience with a partner three or more years older, compared with a similar-aged partner and compared with not engaging in sexual intercourse

Manlove, Jennifer S. Ryan, Suzanne. Franzetta, Kerry

Risk and protective factors associated with the transition to a first sexual relationship with an older partner

Journal of Adolescent Health. 40(2):135-43, 2007 Feb



- Younger age
 - and foreign-born teens,
 - with lower parent education,
 - with older friendship networks,
 - and attending a school that spans multiple grades,had greater odds of having a first sexual experience with an older partner than with a similar-aged partner.

- Older age,
 - lower parent education,
 - nonintact family structure,
 - less connection to and more communication with parents,
 - substance use or having peers who used substances,
 - and having older peerswere associated with increased odds of having sex with an older partner, compared with not engaging in sexual intercourse.

British first sex – age difference

3277 men and 4734 women aged 25-44 years, heterosexual intercourse

Men and women with relatively older first partners were more likely to

- have just met their partner

- had a more willing first partner

- not used condoms at first sex

- non-autonomous reason for first sex

Men with relatively younger first partners were more likely to regret the timing of the first occasion

First partnerships involving relatively older or younger partners are associated with adverse circumstances of first intercourse.

Condoms and other reliable contraception are less likely to be used, and age differences may reflect unequal power relations.

Mercer, Catherine H. Wellings, Kaye. Macdowall, Wendy. Copas, Andrew J. McManus, Sally. Erens, Bob. Fenton, Kevin A. Johnson, Anne M

First sexual partnerships--age differences and their significance: empirical evidence from the 2000 British National Survey of Sexual Attitudes and Lifestyles ('Natsal 2000').
Journal of Adolescent Health. 39(1):87-95, 2006 Jul.



The older boyfriend



Secondary analysis - 670 adolescent girls of Waves I and II National Longitudinal Study of Adolescent Health.

- Girls included in the analyses had not already had an older romantic partner in Wave I but did have a romantic partner in the 18 months before Wave II.

RESULTS: The presence of an older partner was a mediator of psychosocial risk factors and adolescent problem behaviors (including early sexual activity).

- Psychosocial characteristics of adolescent girls in Wave I predicted whether they would enter romantic relationships with older boyfriends by Wave II.
- In turn, though, the presence of an older boyfriend increased problem behavior in Wave II above and beyond the effects of the psychosocial risk factors

Young, Amy M. d'Arcy, Hannah

Older boyfriends of adolescent girls: the cause or a sign of the problem?. *Journal of Adolescent Health*. 36(5):410-9, 2005 May.

Self esteem predicts sexual risk?

155 sexually active adolescent females, aged 14-19 years, who participated in the first two waves of a longitudinal study of human immunodeficiency virus (HIV)/sexually transmitted disease (STD) and pregnancy risk. The Rosenberg Self-esteem scale, the Perceived Stress Scale, and three subscales of the Brief Symptom Inventory (depression, anxiety, hostility) and a variety of self-report measures of sexual history and sexual behavior were administered

- Adolescents who had **lower self-esteem** at baseline reported **initiating sex earlier** and having had **risky partners**.
- Alternatively, adolescents with **more emotional distress** at baseline were less likely to have had a previous STD, had **more partners** per year of sexual activity and a history of **risky partners**.
- Self-esteem influenced subsequent unprotected sex and emotional distress influenced subsequent multiple partners

Ethier, Kathleen A. Kershaw, Trace S. Lewis, Jessica B. Milan, Stephanie. Niccolai, Linda M. Ickovics, Jeannette R. Self-esteem, emotional distress and sexual behavior among adolescent females: inter-relationships and temporal effects *Journal of Adolescent Health*. 38(3):268-74, 2006 Mar.

No link: self esteem and sex



Systematic review:

A total of 189 findings (average = 4.97/publication, range 1-28) were analyzed. Most findings (n = 138, 73%) consisted of tests of self-esteem and sexual behaviors

- Regarding the nature of the relationship between self-esteem and the various behavior/attitude/intention variables, 62% of behavior findings and 72% of the attitudinal findings exhibited no statistically significant association. All of the intention-related findings exhibited some type of relationship (either positive or inverse). Studies' average MQS was 11.71 (SD = 1.60). Higher quality studies yielded findings of positive or absence of relationship (Cramer's $V = .329$, $p = .001$).
- **CONCLUSIONS:** If most findings exhibit no association between self-esteem and adolescent sexual behaviors/attitudes/intentions, questions are inevitably raised whether the emphasis placed on self-esteem by public health professionals is innocuous.

Goodson, Patricia. Buhi, Eric R. Dunsmore, Sarah C Self-esteem and adolescent sexual behaviors, attitudes, and intentions: a systematic review. [Review] [91 refs] Journal of Adolescent Health. 38(3):310-9, 2006 Mar.

Think about it, then do it!



162 12- to 15-year-old girls examines timing of changes in sexual cognitions and behaviors (breast fondling, genital contact, and sexual intercourse) over a 1-year period.

- Percentages who reported breast fondling, genital contact, and sexual intercourse (18%, 24%, and 6%) increased significantly over the year (42%, 44%, and 19%) and with age. For each behavior, analyses compared girls who did not report the behavior at either Time 1 or 2, those who reported by Time 2 but not 1, or those who reported at both time points.
- Girls with no breast fondling experience at either time point had stronger abstinence values, and lower arousability, agency, peer approval, and sexual self-esteem scores compared to girls who initiated breast fondling over the year (transitioners).
- Transitioners were markedly similar in sexual cognitions to girls with this experience before Time 1, suggesting that changes in sexual cognitions precede actual experience.
- A similar pattern was found between groups for genital contact.
- Few differences between groups by comparison were noted for sexual intercourse, which occurs later in the trajectory.
- **Changes in cognitions precede, rather than follow, new sexual experiences**

O'Sullivan, Lucia F. Brooks-Gunn, Jeanne

The timing of changes in girls' sexual cognitions and behaviors in early adolescence: a prospective, cohort study *Journal of Adolescent Health*. 37(3):211-9, 2005 Sep

AIDS education



Educating young people about AIDS does not promote sex and encourages safer sex, reducing the likelihood of HIV transmission and lowering the subsequent social costs.

No significant effects of AIDS education on the probability of abstinence, but we do find that AIDS education significantly raises the likelihood of condom-protected relative to unprotected intercourse.

These results indicate that risk-altering and risk-revealing AIDS education dominate any utility-altering effects favoring intercourse over abstinence.

We also find that young women are influenced by AIDS education to a greater extent than young men

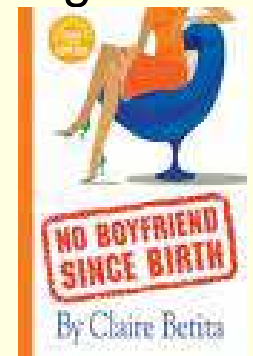
Tremblay, Carol Horton. Ling, Davina C

AIDS education, condom demand, and the sexual activity of American youth *Health Economics*. 14(8):851-67, 2005
Aug

Abstinence programs no effect on HIV

Systematic review, high income countries

- 13 trials enrolling about 15 940 US youths.
- no programme affected incidence of unprotected vaginal sex, number of partners, condom use, or sexual initiation
- One trial observed **adverse effects at short term follow-up** (sexually transmitted infections, frequency of sex) and long term follow-up (sexually transmitted infections, pregnancy) (Others = no difference)
- Another trial observed a protective effect on incidence of vaginal sex (others = no difference)
- BMJ 2007;335:248 (4 August), doi:10.1136/bmj.39245.446586.BE



Contraception



England - In 1993-4, 37000 girls aged under 16 attended family planning clinics

US 35% 1st sex = nil contraception

- none used at first or recent intercourse =25% and 20%, respectively

France (11% and 12%, respectively),

Great Britain (21% and 4%, respectively)

Sweden (22% and 7%, respectively).

Contraception: Why not?



375 non-pregnant African-American girls aged 14-18 years who reported sexual activity in the previous six months

Adolescents who were inconsistent contraceptive users at follow-up were more likely to have reported

- a desire for pregnancy,
- previous inconsistent contraceptive use,
- less frequent communication with their partners about prevention issues,
- and an increased number of lifetime sexual partners at the baseline assessment.
- Of equal importance was the finding that a previous pregnancy or sexually transmitted infection did not influence future contraceptive behaviors

Davies, Susan L. DiClemente, Ralph J. Wingood, Gina M. Person, Sharina D. Dix, Emily S. Harrington, Kathy. Crosby, Richard A. Oh, Kim

Predictors of inconsistent contraceptive use among adolescent girls: findings from a prospective study *Journal of Adolescent Health*. 39(1):43-9, 2006 Jul

Condoms and substance use



25 Scotland schools

- Interviews – youth aged 14 and 16
- Among adolescent substance users, being "drunk or stoned" at intercourse was only one factor related to not using condoms.
- Regular use of any of the three substances (alcohol, tobacco, cannabis) at age 14 or 16 was associated with lower condom use at age 16, adjusting for gender and social background
- Psychosocial factors (including attitudes to sexual risks and peer sexual norms) and having more sexual partners also explained substance users' condom use, with lesser effects due to greater intercourse frequency and pill use. Multiple explanations for substance use/condom use associations may guide counseling and education services.

Parkes, Alison. Wight, Daniel. Henderson, Marion. Hart, Graham.
Explaining associations between adolescent substance use and condom use.
Journal of Adolescent Health. 40(2):180.e1-18, 2007 Feb.

STI in adolescents

National Longitudinal Study of Adolescent Health (Add Health)

- 7% sexually experienced teenagers - ever had STD as of Wave 1, and almost 7% reported having had an STD between Waves 1 and 2.
- Respondents' age, gender, race or ethnicity, and their family background, neighborhood and school characteristics affect STD acquisition at Wave 1.
- Among teenagers who were sexually experienced at Wave 1, **younger age at first intercourse elevates STD risk.**
- Other factors contribute, but to a lesser degree.
- For acquisition of an STD between Waves 1 and 2, females, blacks, teenagers with lower levels of mother's education and those who have had a prior STD are at higher risk
- Multiple social and behavioral factors influence lifetime history of STD. Age at first intercourse and STD history affect subsequent STD acquisition

Upchurch, Dawn M. Mason, William M. Kusunoki, Yasamin. Kriechbaum, Maria Johnson California Center for Population Research, USA.

Social and behavioral determinants of self-reported STD among adolescents. Perspectives on Sexual & Reproductive Health. 36(6):276-87, 2004 Nov-Dec

STI prevalence

AUSTRALIA 2006

- Chlamydia = 47,252 notifications
 - 15-19 year olds, rate per 100,000
 - M = 343.9 F = 1,231.3
- Gonococcus = 8,599 notifications
 - 15-19 year olds, rate per 100,000
 - M = 93.8, F = 120.6
- Hep B (not incident) = 6,279 notifications
 - 15-19 year olds, rate per 100,000
 - M = 18.2, F = 20.0
- Hep C (unspecified) = 12079 notifications
 - 15-19 year olds, rate per 100,000
 - M=16.2, F = 24.5

National Notifiable Diseases Surveillance System

Comparison Canada and USA

- chlamydia rates per 100,000
 - 563.3 Canada
 - 1131.6 US
- gonorrhea rates per 100,000
 - 59.4 Canada
 - 571.8 US,
- syphilis among 15 to 19 year olds per 100,000
 - 0.6 Canada
 - 6.4 US (rise in the rate of syphilis in this age group)
- Aust 18 deaths from HIV AIDS in 13-19 year olds , 24 under 13 year olds—to Sept 06

NB. National Sexually Transmissible Infections Strategy 2005-2008 (ATSI, MSM, Chlamydia)

GUM Clinics UK, 97-2006

Year	Syphilis, primary and secondary	Gonorrhoea (uncomplicated)	Chlamydia (uncomplicated)	Herpes (first attack)	Warts (first attack)	All new diagnoses
1997	162	13,063	42,668	16,615	68,883	231,185
1998	139	13,212	48,726	17,248	70,291	244,282
1999	223	16,470	56,991	17,509	71,748	261,406
2000	342	21,800	68,332	17,823	71,317	284,035
2001	753	23,705	76,515	18,944	73,458	303,169
2002	1,258	25,599	87,592	19,426	74,991	324,196
2003	1,652	24,965	96,151	19,231	76,598	346,126
2004	2,282	22,321	104,733	19,073	80,055	363,248
2005	2,804	19,248	109,418	19,830	81,201	368,341
2006	2,766	19,007	113,585	21,698	83,745	376,508
% change (2005-2006)	-1%	-1%	4%	9%	3%	2%
% (1997-2006)	1,607%	46%	166%	31%	22%	63%

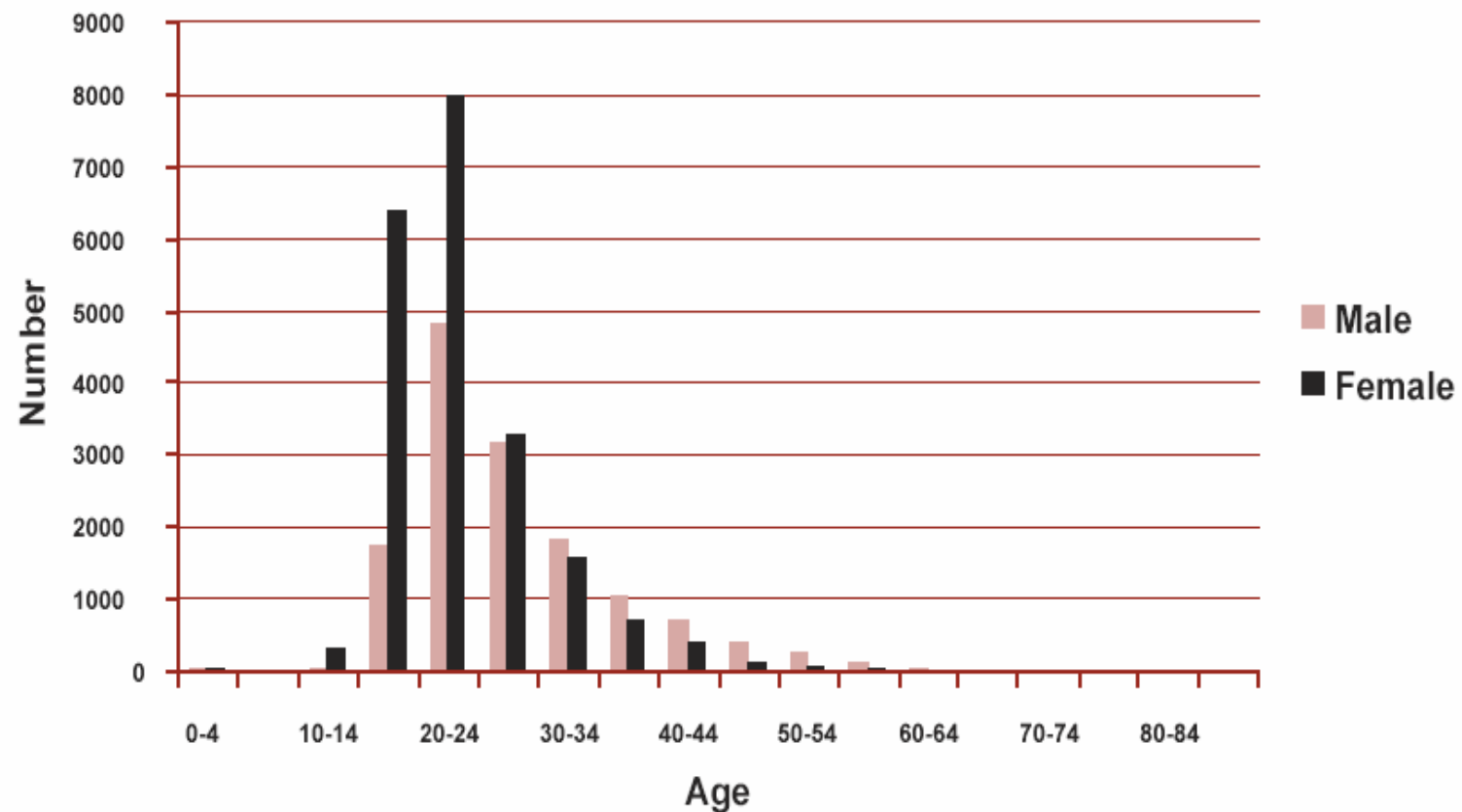
Number of new diagnoses of selected STIs, GUM clinics, England, Wales & Northern Ireland*, 2003

	% change		
	2003	2002-2003	1995-2003
Chlamydia	89,818	9%	192%
Genital warts	70,883	2%	27%
Gonorrhoea	24,309	-3%	139%
Genital herpes	17,990	-2%	15%
Syphilis	1,575	28%	1058%

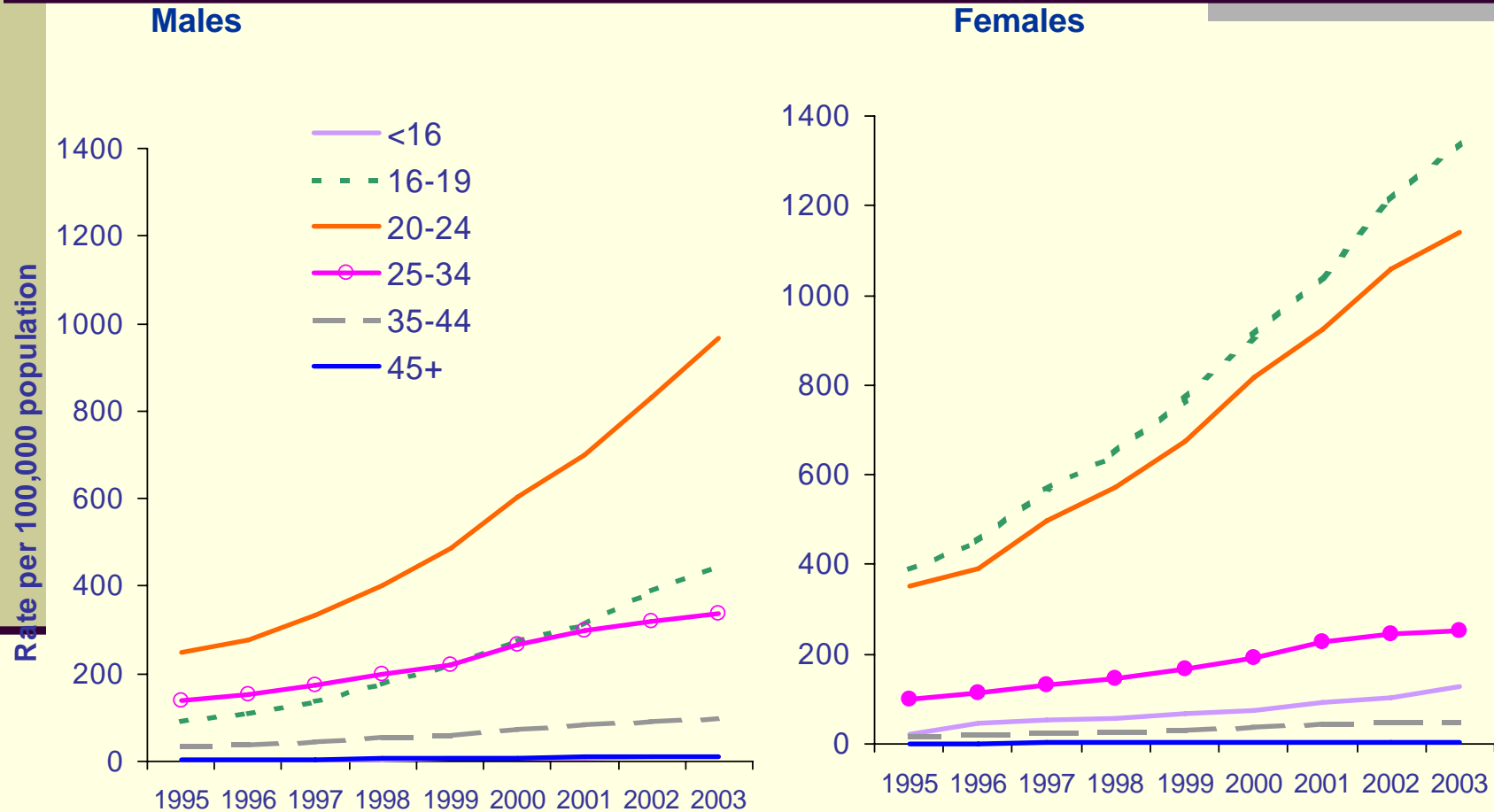
* As data are currently unavailable from Scotland for 2001, 2002 and 2003, Scottish data has been excluded
Data source: KC60 statutory returns

Chlamydia in Australia 2004

Figure 2. Chlamydia notifications by age group and sex for 2004



Rates of diagnoses of uncomplicated genital chlamydial infection by sex and age group, GUM clinics, United Kingdom*, 1995 - 2003



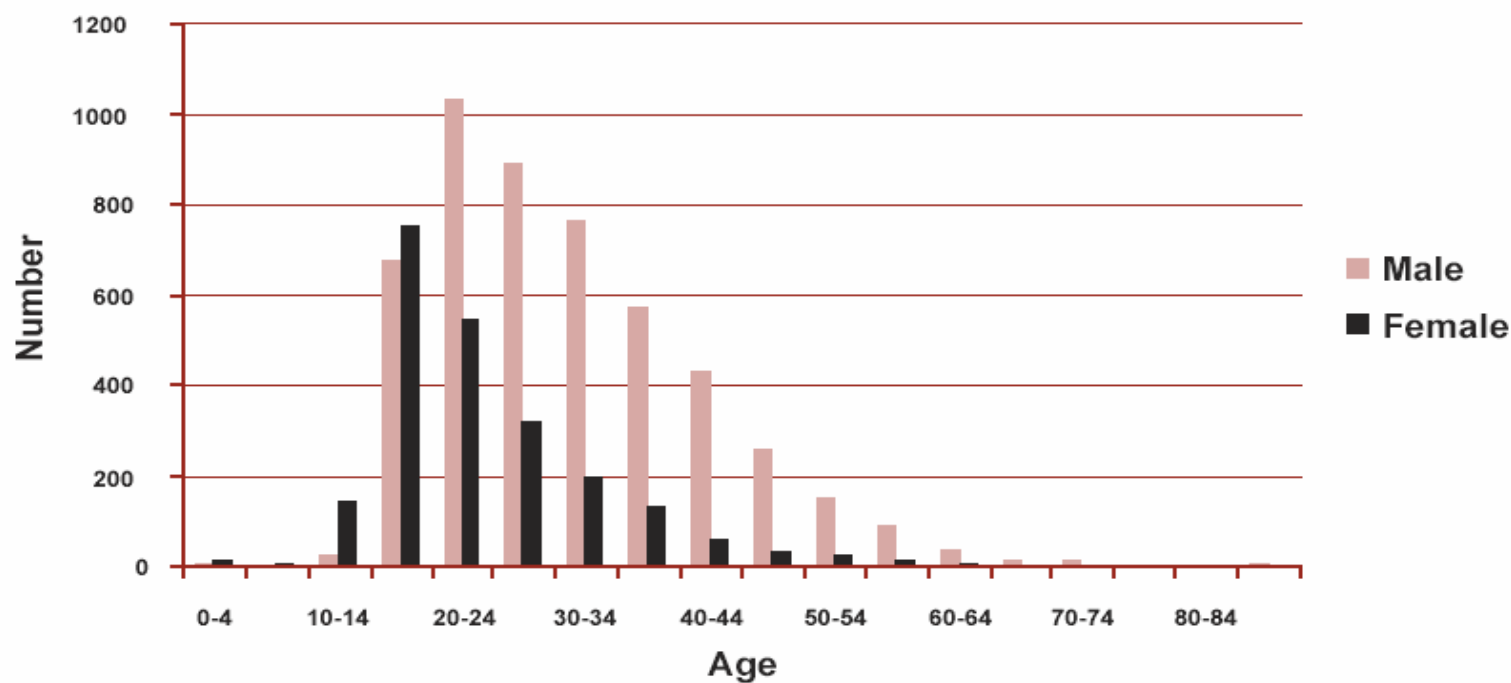
* Data are currently unavailable from Scotland for 2001, 2002 and 2003
 Data source: KC60 statutory returns and ISD(D)5 data.

Estimated new cases of **chlamydia** infections (in millions) among adults, 1995 and 1999

Region	1995			1999		
	Male	Female	Total	Male	Female	Total
North America	1.64	2.34	3.99	1.77	2.16	3.93
Western Europe	2.30	3.20	5.50	2.28	2.94	5.22
North Africa & Middle Europe	1.67	1.28	2.95	1.71	1.44	3.15
Eastern Europe & Central Asia	2.15	2.92	5.07	2.72	3.25	5.97
Sub-Saharan Africa	6.96	8.44	15.40	7.65	8.24	15.89
South and Southeast Asia	20.20	20.28	40.48	18.93	23.96	42.89
East Asia & Pacific	2.70	2.63	5.33	2.56	2.74	5.30
Australia & New Zealand	0.12	0.17	0.30	0.14	0.17	0.30
Latin America & Caribbean	5.01	5.12	10.13	4.19	5.12	9.31
Total	42.77	46.38	89.15	41.95	50.03	91.98

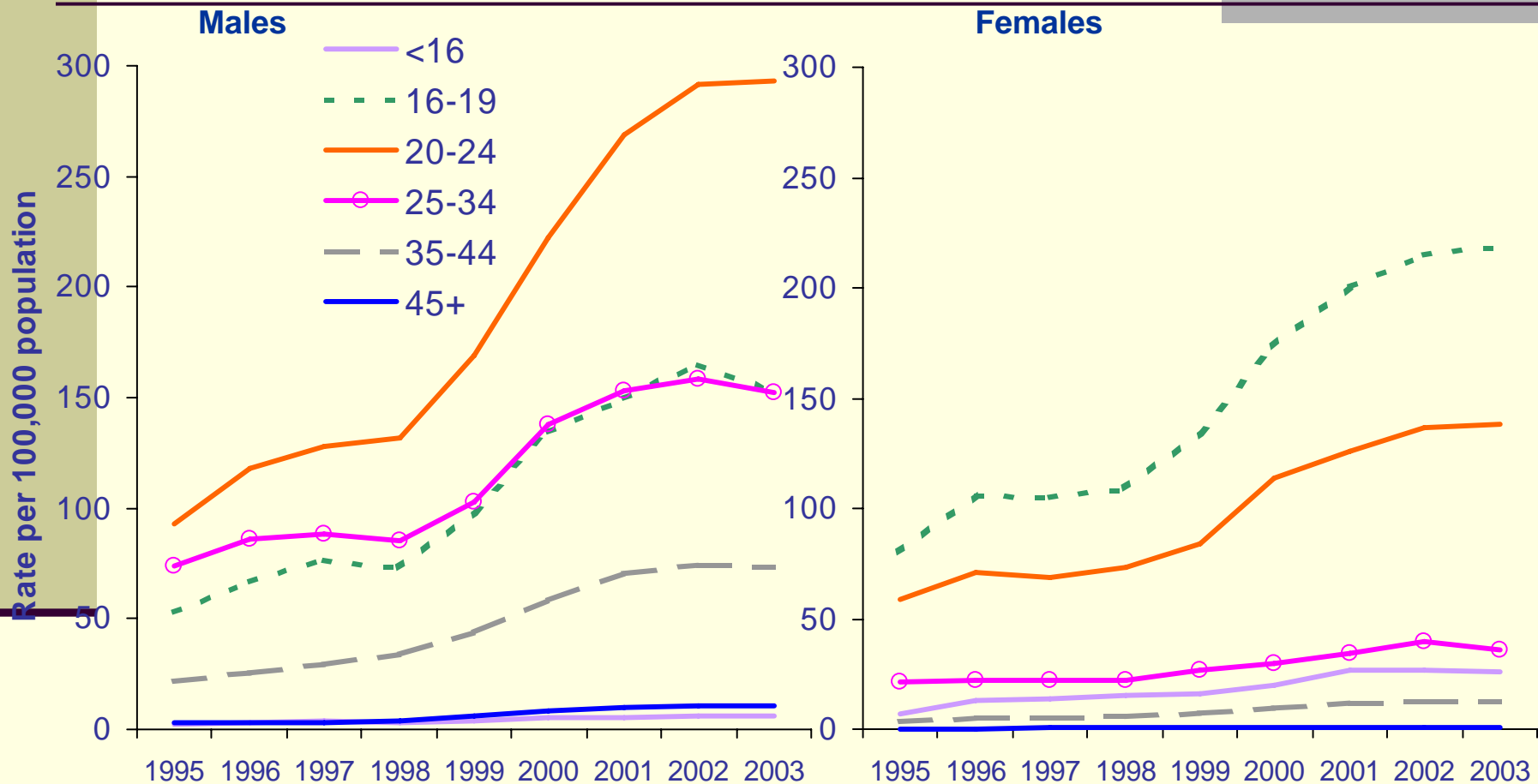
Gonorrhoea in Australia 2004

Figure 4. Gonococcal notifications by age group and sex for 2004



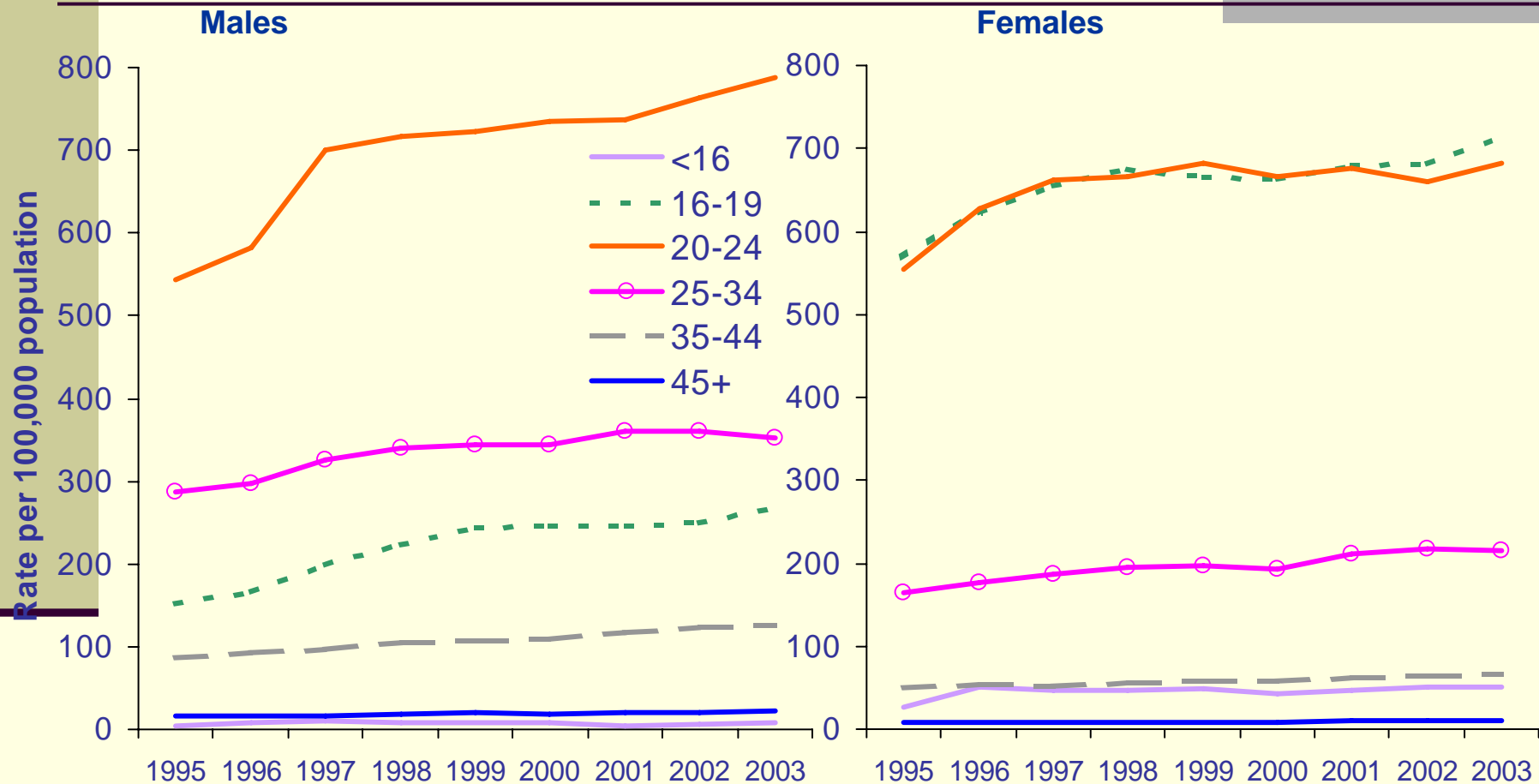
Source: Commonwealth Department of Health and Ageing, National Notifiable Diseases Surveillance System (NB. 2004 data is provisional.)

Rates of diagnoses of uncomplicated gonorrhoea by sex and age group, GUM clinics, United Kingdom*, 1995 - 2003



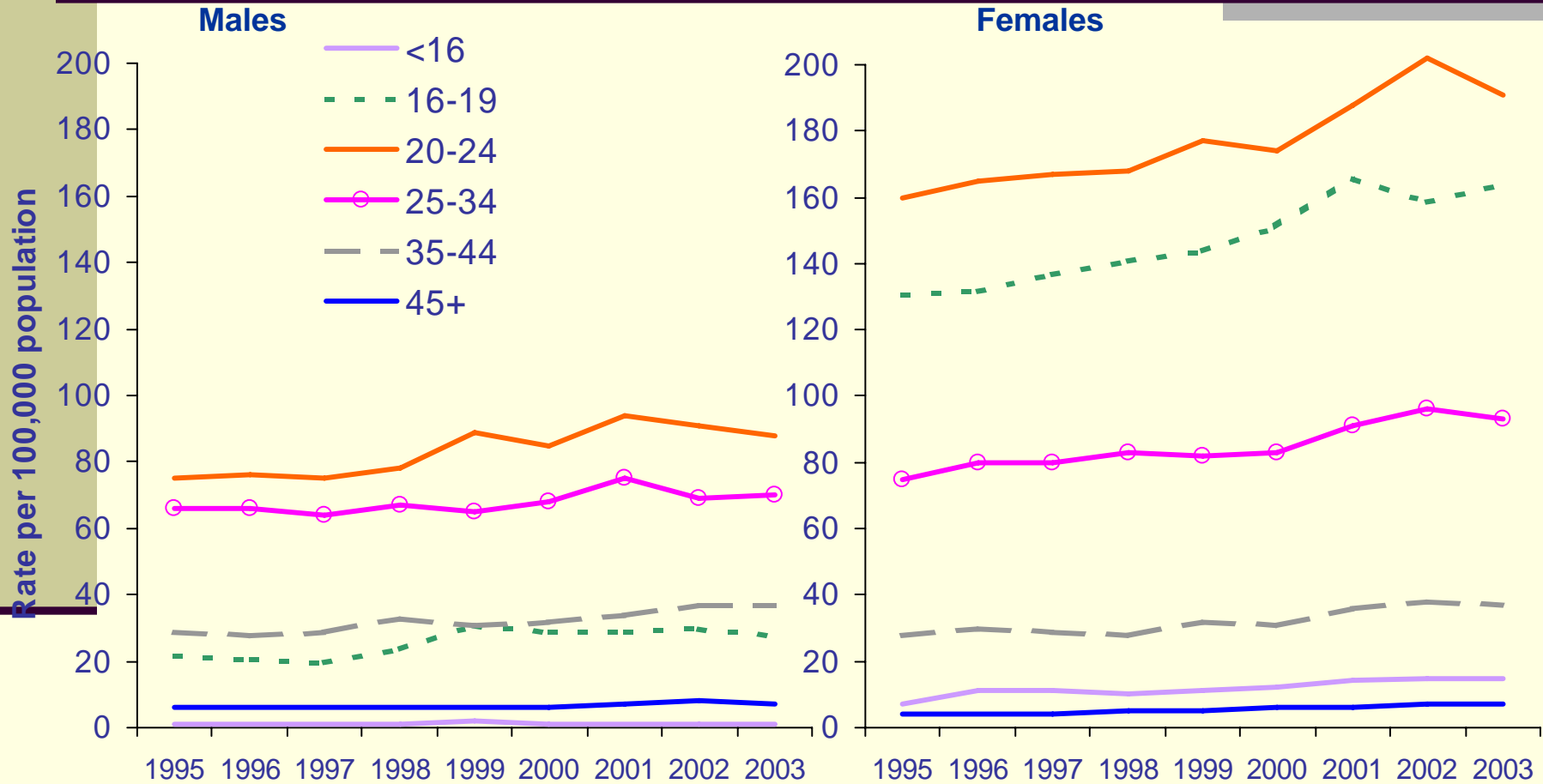
* Data are currently unavailable from Scotland for 2001, 2002 and 2003
 Data source: KC60 statutory returns and ISD(D)5 data.

Rates of diagnoses of genital warts (first attack) by sex and age group, GUM clinics, United Kingdom*, 1995 - 2003



* Data are currently unavailable from Scotland for 2001, 2002 and 2003
 Data source: KC60 statutory returns and ISD(D)5 data.

Rates of diagnoses of genital herpes (first attack) by sex and age group, GUM clinics, United Kingdom*, 1995 - 2003



* Data are currently unavailable from Scotland for 2001, 2002 and 2003

Data source: KC60 statutory returns and ISD(D)5 data.

Teen Vaccines and STI Prophylaxis

- Post Assault PROTOCOLS
- Hep B
- HIV PEP
- Azithromycin
- Clarithromycin
- +/- other (discuss)

- UNIVERSAL Routine

- Gardasil



- MMR

- Tetanus booster

- Hep B



Unintended pregnancies in adolescents

Systematic review of RCTs

Primary prevention strategies evaluated to date do not delay the initiation of sexual intercourse, improve use of birth control among young men and women, or reduce the number of pregnancies in young women.

- no delay initiation of sexual intercourse in young women
- no delay initiation in sexual intercourse young men
- did not improve use of birth control by young women
 - at every intercourse
 - or at last intercourse (1.05; 0.50 to 2.19)
 - or by young men at every intercourse (0.90; 0.70 to 1.16)
 - or at last intercourse (1.25; 0.99 to 1.59)
- did not reduce pregnancy rates in young women (1.04; 0.78 to 1.40).

Four abstinence programmes and one school based sex education programme were associated with an **INCREASE** in number of pregnancies among partners of young male participants (1.54; 1.03 to 2.29).

There were significantly fewer pregnancies in young women who received a multifaceted programme (0.41; 0.20 to 0.83), though baseline differences in this study favoured the intervention.



Promiscuity

large numbers of partners,
increased frequency of sexual behavior,
repeatedly engaging in sexual behaviors in unsafe
environments

May be a sign of an underlying psychiatric disorder
such as attention deficit disorder, conduct disorder,
bipolar disorder, or personality disorder.

High-risk sexual behavior may also stem from a history
of sexual abuse



Behaviour change



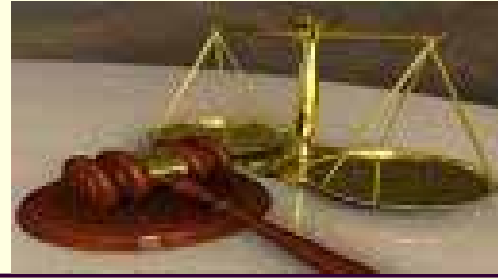
Intrinsic > extrinsic motivation

- Self-determination theory- individuals are more motivated to make and sustain behavior change when they perceive that they are doing it for internal (eg, personally held values) rather than for external reasons (eg, pressure from family, friends, caregivers).

Doctor – adolescent "autonomy supportive" relationship based on the premise that there is recognition of the adolescent's need for self-determination

- NOT coercive /controlling. Adolescents can be 'exquisitely sensitive' to signs that their freedom is being limited.

The Law



- Competency
- Age of consent (legislation varies)
 - Most common =16
 - Age difference between partners – some jurisdictions
 - Heterosexual vs same sex
- Sexual Assault (jurisdictional variation+++)
- Penetration – definitions vary
- Criminal charges and penalties vary
- Age of criminal responsibility = 10 yrs (mens rea)
- Indigenous issues (Koori court)
- Diversionary sentencing

Forced at first intercourse

British national survey - women = 2%

Dunedin study – women = 7%

American national survey – women = 4 %

Australia - unwanted sexual encounters

5% of teenagers - most recent sex was unwanted.

15.9% - because they were drunk, females (17.6%) males (13.9%).

6.1% - because using recreational drugs, males (6.9%) females (5.4%).

12.6% - because they were pressured, females (13.9%) males (11%).

2% - because pressured by friends, males (2.9%) females (1.2%).

Secondary students and sexual health: 2002 results of the 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health [book], Australian Research Centre in Sex, Health and Society, La Trobe University, Victoria.

Victims of sexual assault - Aust

- 2003, 1,821 males and 5,669 females aged under 15 years (police data)
- 2005, 44,100 adults in 12 mo (ABS data)
- Multiple data sources, all capture only a biased sample

	Victims '000	Non-victims '000	All persons '000	Total incidents '000	VICTIMISATION PREVALENCE RATES(a)		
					1998	2002	2005
					%	%	%
SEXUAL ASSAULT (e) (f)							
New South Wales	15.6	5 070.9	5 086.5	28.3	na	(c)0.3	0.3
Victoria	12.5	3 781.5	3 793.9	22.9	na	*(c)0.2	0.3
Queensland	9.9	2 894.3	2 904.2	11.3	na	*(c)0.3	0.3
South Australia	*2.2	1 166.1	1 168.3	2.7	na	*(c)0.1	*0.2
Western Australia	*2.7	1 486.1	1 488.8	4.7	na	*(c)0.2	*0.2
Tasmania	**0.5	360.9	361.4	0.9	na	*(c)0.3	**0.1
Northern Territory(d)	np	np	106.3	np	na	** (c)0.2	np
Australian Capital Territory	np	np	241.6	np	na	*(c)0.2	np
<i>Australia</i>	44.1	15 106.9	15 151.1	72.0	na	0.2	0.3

Recorded crime stats - Aust 2003

3.7 VICTIMS OF SEXUAL ASSAULT, By sex and age group

Age groups	MALES		FEMALES		PERSONS	
	Number	Rate per 100,000 males	Number	Rate per 100,000 females	Number	Rate per 100,000 persons
0-9	1 200	90.0	2 480	195.9	3 686	141.7
10-14	621	87.9	3 189	474.7	3 816	276.9
15-19	457	64.9	3 496	519.6	3 960	287.7
20-24	173	24.7	1 445	213.7	1 622	117.8
25-34	267	18.6	1 771	122.7	2 050	71.2
35-44	198	13.3	1 111	73.9	1 312	43.9
45-54	105	7.8	421	30.9	527	19.5
55-64	23	2.3	108	10.8	131	6.5
65 and over	6	0.5	73	5.2	79	6.1
Total(a)	3 255	33.0	17 892	148.8	18 237	91.7

(a) Includes victims for whom age and/or sex was not specified.

Source: ABS, Recorded Crime - Victims, Australia, 2003 (cat.no. 4510.0); Table 3.

41% = aged less than 15 yrs, 76% female 24% male

NSW '95 to '98

3.14 CHILD SEXUAL ASSAULT VICTIMS, Type of assault, 1994-95 to 1997-98

Type of assault	1994-95		1995-96		1996-97		1997-98	
	no.	%	no.	%	no.	%	no.	%
Touching	494	21.9	510	22.9	472	21.8	474	22.4
Vaginal penetration	367	16.3	364	16.3	354	16.3	336	15.9
Indecent assault	157	7.0	158	7.1	161	7.4	192	9.1
Digital stimulation (vaginal or anal)	191	8.5	226	10.1	184	8.5	170	8.0
Anal prenatration	121	5.4	140	6.3	118	5.4	127	6.0
Attempted (any type)	146	6.5	128	5.7	131	6.0	104	4.9
Masturbation on victim	89	3.9	99	4.4	74	3.4	76	3.6
Fellatio on abuser	95	4.2	76	3.4	85	3.9	67	3.2
Masturbation on abuser	65	2.9	55	2.5	45	2.1	52	2.5
Fellatio on victim	53	2.3	44	2.0	38	1.8	42	2.0
Cunnilingus on victim	31	1.4	46	2.1	39	1.8	33	1.6
Pornography (exposed to)	43	1.9	26	1.2	34	1.6	32	1.5
Stimulation by object (vaginal or anal)	19	0.8	15	0.7	11	0.5	13	0.6
Pornography (used in)	13	0.6	5	0.2	8	0.4	7	0.3
Cunnilingus on abuser	4	0.2	5	0.2	4	0.2	7	0.3
Other, Not determined, Unknown	370	16.4	332	14.9	412	19.0	382	18.1
Total	2 258	100.0	2 229	100.0	2 170	100.0	2 114	100.0

Source: NSW Health, *Initial Presentations to NSW Sexual Assault Services, 1994-95 - 1997-98, Table 8, pp 23-26.*

0-14 year olds, Australia, 2003

3.22 VICTIMS OF SEXUAL ASSAULT AGED 0-14 YEARS, By Sex and Relationship of Offender to Victim, Australia, 2003

	MALES		FEMALES		PERSONS(a)	
	no.	%	no.	%	no.	%
Known to Victim						
Family member						
Parent	534	29.3	1 733	30.6	2 267	30.2
Sibling	75	4.1	188	3.3	263	3.5
Other related family member	123	6.8	466	8.2	591	7.9
Non-family member	333	18.3	1 163	20.5	1 497	20.0
<i>Total known to victim</i>	<i>1 065</i>	<i>58.5</i>	<i>3 550</i>	<i>62.6</i>	<i>4 618</i>	<i>61.6</i>
Unknown to victim	90	4.9	378	6.7	469	6.3
Not stated/inadequately described	666	36.6	1 741	30.7	2 415	32.2
Total	1 821	100.0	5 669	100.0	7 502	100.0

(a) Includes persons for whom sex was not recorded.

Source: ABS, Recorded Crime - Victims, Australia, 2003; data available on request.

30% female and male, offender = parents,
20% female and male = known, non-family

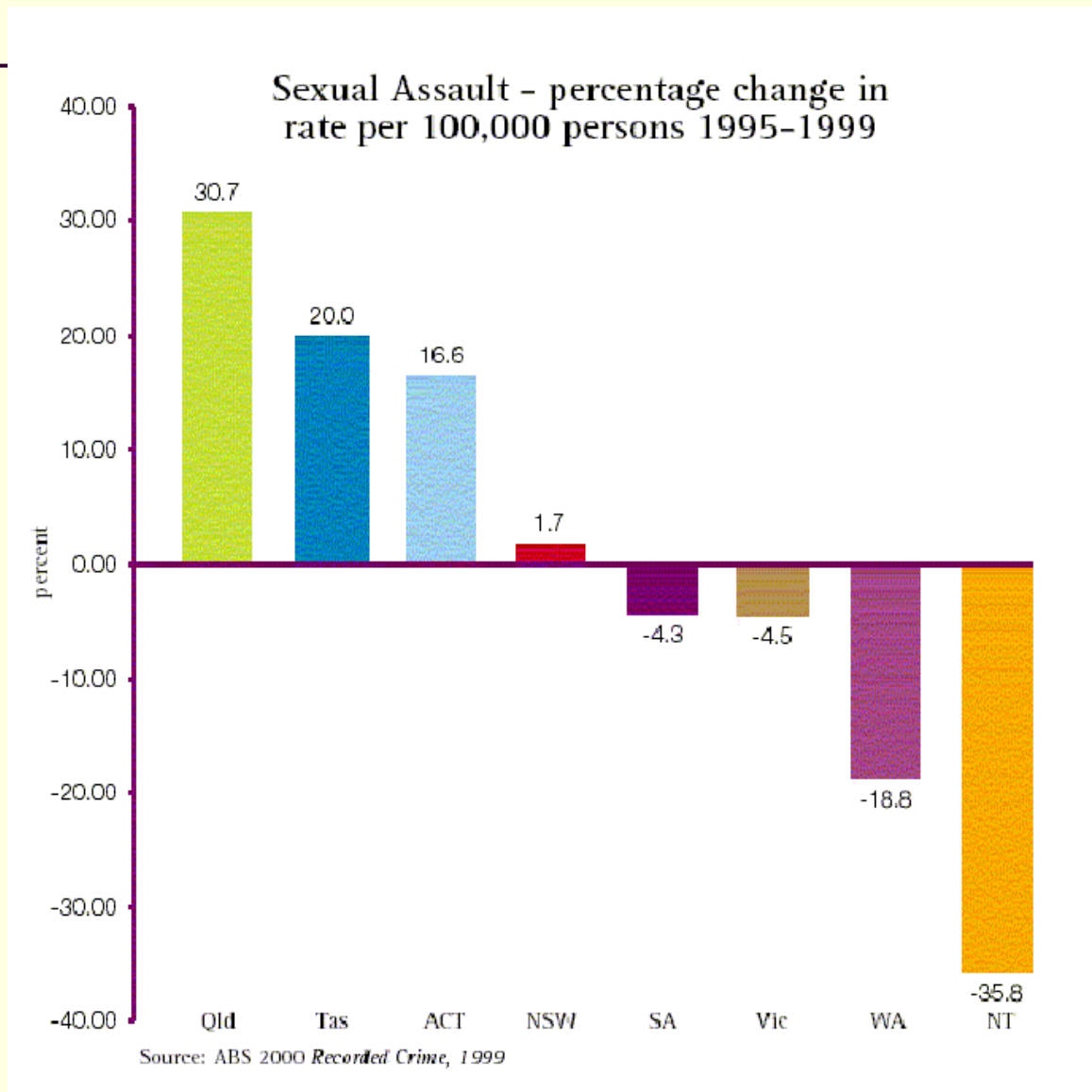
Lies, damn lies.....

NT 'dramatic' fall
in sexual
assaults 95-99

Since then
'dramatic'
awareness

CSA in
indigenous
communities

->crisis response
by government



Attitudes to rape: US adolescents' views

- Acquaintance rape and victim credibility - Aggressive behavior by male perpetrator may be seen by some adolescents as normative.
- Victim dressed in provocative clothing - victim was responsible for the assailant's behavior, more likely to view the male's behavior as justified, and less likely to judge the act as rape.
- A large survey of unwanted sexual experiences among middle and high school students - 18% of females and 12% of males reported having had an unwanted sexual experience.
- 1 study, SA led to unexpected gender-reversed patterns of behavior, including the internalizing behavior, bulimia, in males and externalizing behaviors, such as fighting, in females.



AMERICAN ACADEMY OF PEDIATRICS:
Care of the Adolescent Sexual Assault Victim POLICY

Adolescent sex offenders

Adolescent boys perpetrate 30-50 percent of child sexual offences
(modal age 14-15)

- 40% involve relative. (Ryan 1997)

Actuarial assessment tools + clinical information+ family assessment =
best means of assessment?

23 % juvenile offenders = 10-12 years old and 70 percent are 15 years
or younger (Griffith University Adolescent Forensic Assessment and Treatment Centre 2005)

40 to 90 % experienced physical, sexual, or severe emotional abuse or
neglect (Ryan 1999)

Come from families where instability, disorganisation, and violence are
prevalent (Morenz & Becker 1995)

High risk of abusing other children in care (Green & Masson 2002)

Once an adolescent's offending has been officially identified, the rate of
detected sex offending recidivism is relatively low, ranging from
seven to 12 percent (Rasmussen 1999)

- NOTE WA SafeCare Young People's Program (SYPP)

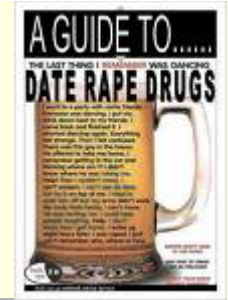
Young people who sexually abuse

Sample type	State	Age	Young offenders as % of all sexual assaults	Data source	Year of data
Alleged offenders non-rape sexual assault	Victoria	Under 17	12.0 13.0	Victoria Police ¹	2003/4 2004/5
Alleged offenders rape	Victoria	Under 17	14.0 9.0	Victoria Police ¹	2003/4 2004/5
Formal police apprehensions/cautions for all sexual offenders (may include multiple offences)	South Australia	Under 18 ²	13.9	SA Police ³	2004
All sexual abuse cases prompting police involvement	Queensland	Under 17	14.9	Qld Police ⁴	2004/5
Presentations of child sexual abuse cases to sexual assault services-victim reports of offender	New South Wales	Under 16	16.2	NSW Health ⁵	1995/6



Young people who sexually abuse: Key issues by **Cameron Boyd**
in collaboration with **Leah Bromfield National Child Protection Clearinghouse, Practice Brief No.1**

Drug Facilitated Sexual Assault



- **Drink spiking: dicussion paper.** [PDF 192kb]
Australia. Attorney-General's Department. Standing Committee of Attorneys-General. Model Criminal Code Officers' Committee Barton, ACT: Attorney-General's Department, April 2006, 38p
- **Illegal**
- **Numbers unknown: 4/5 Fe, half < 24 yrs**
- **Alcohol >>> Flunitrazepam, GHB, Ketamine, other drugs**
- **When 'drug-rape' suspected, and tested – most are negative**
- **Advocacy – awareness, prevention, rights**
- **literature reviews – Forensic Toxicology**

Victim–offender cycle – a myth?

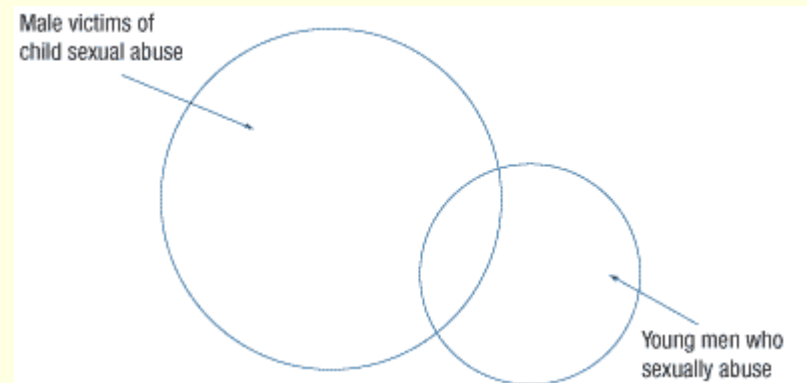
Risk of young people sexually re-offending as adults is low (9% in one study),

Repeat offences as juveniles are more likely (25%) (Nisbet et al., 2004).

The older the young man is when initially assessed, the greater the chance he will re-offend

'grow into it' rather than
'grow out of it'

Uncommon but might be re-enactment of abuse; social learning and modelling (learnt from an abusive environment); attempts to achieve mastery when sexual arousal is conditioned by fantasies of abuse (Epps & Fisher, 2004).



Females who sexually abuse children

Small Percentage of perpetrators recorded in case report studies = women and teenage girls - ranges from 3% to 10% (Kendall-Tackett and Simon, 1987; McCarty, 1986; Schultz and Jones, 1983; Wasserman and Kappel, 1985).

Male victim, female perpetrators account for **1 % to 24%** of abusers.

Female victim, female perpetrators account for **6% to 17%** of abusers (American Humane Association, 1981; Finkelhor and Russell, 1984; Finkelhor et al., 1990).

Ontario Incidence Study, **10%** of sexual abuse investigations involved female perpetrators (Trocmé, 1994).
6 studies reviewed by Russell and Finkelhor, female perpetrators accounted for **25%** of abusers.

Ramsay-Klawnsnik (1990) found that adult females were abusers of **males 37%** of the time and **female adolescents 19%** of the time. Both of these rates are **HIGHER** than the same study reported for adult and teen male abusers

Most commonly reported types of abuse by female perpetrators include **vaginal intercourse, oral sex, fondling and group sex** (Faller, 1987; Hunter et al., 1993)

8% of the female perpetrators were teachers and 23% were babysitters Kaufman et al. 1995

Co-abusers 25% - 77%

When Girls do it VIDEO http://www.canadiancrc.com/female_sexual_predators_awareness.htm

prevention

General principles

- Information
 - Self esteem
 - Resilience
 - Caring 'others'
 - After school activities
 - School as community
 - Service activities
 - Communication with parents
-
- Hopkins MJA 186, 10, S70-73, May 2007

