SEXUAL ASSAULT REPORTING AND NEGATIVE PSYCHOLOGICAL OUTCOMES AMONG ADOLESCENTS

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Sexual Assault Reporting and Negative Psychological Outcomes Among Adolescents

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Abstract

An overview of current literature on sexual assault is provided. The present study addresses reporting rates of adolescent victims of sexual assault and resulting effects on negative mental health outcomes such as posttraumatic stress disorder (PTSD) and major depressive episodes (MDE). Data from the National Survey of Adolescents were analyzed. Results show significantly greater occurrence of PTSD and MDE in sexual assault victims than in non-victims. Differences in PTSD and MDE between victims of sexual assault who report assaults to police and those who do not were not statistically significant. Future research and policy implications of this research are discussed.

Sexual Assault: Literature Review

The Department of Justice's most recent reports on the prevalence of sexual assault shows substantial decreases of up to 58 percent in the rate of sexual assault victimization since 1995 (Planty, 2013). Rates of attempted and completed rapes of females have remained stable around 2 people per 1000 for the last five years (Planty, 2013). Rates of all forms of sexual assaults, in both adult and adolescent populations, including forced touching of another person's genitalia, as well as oral, vaginal, or anal penetration with a finger, genitalia, or foreign object (South Carolina Code of Laws, 2012), are estimated to be between 5.4 and 40 percent (Young, Grey, & Boyd, 2008; Young, King, Abbey, & Boyd, 2009). Additionally, adolescent rates of sexual assault seem to be slightly higher than adult rates potentially because most victims are under 30 years old. A study conducted by Bramsen and colleagues (2012) found a six-month incidence rate of 18.5 percent for persons aged 12 to 17.

Victim and Perpetrator Characteristics

Overall, approximately 91 percent of victims are female (Planty, 2013). In adolescent populations the gender distinction is less defined with studies showing that females account for closer to 70 percent of the victims. While male adult victimization rates are fairly low, male adolescent rates are significant, with 26-28 percent of 12-17 year old male reporting having experienced some sort of victimization (Young et al., 2008).

In both adult and adolescent populations, the perpetrator is usually someone that the victim knows: an acquaintance or friend, followed closely by an intimate partner

(Kilpatrick, 2000). Stranger rapes account for only 20-23 percent of all crimes (Kilpatrick, 2000; Planty, 2013; Young et al., 2008). Acquaintance perpetration accounts for about 40 percent of adult assaults and over 50 percent of adolescent assaults. In adult populations and some reports (Young et al., 2008) on adolescent populations, perpetrators are least likely to be relatives (Planty, 2013). However, according to the National Survey of Adolescents, family members (22.1%) are about as likely as strangers (23.2%) to be the perpetrators (Kilpatrick, 1996).

Perpetrators are most likely to be over 30 years old, while victims are most likely to be under 30. Perpetrators are also most likely to be white (Planty, 2013). In virtually all cases the perpetrator is male (Planty, 2013). In adolescent populations the perpetrators are more likely to be sexually active (i.e. having engaged in sexual intercourse previously) than their non-offending peers, and adolescent perpetrators who are under the influence of alcohol or drugs at the time of the assault are more likely to regularly consume alcohol or have a drug or alcohol problem in general (Young et al., 2009).

In a longitudinal study, Bramsem et al. (2012) found that having more than one sexual partner and exhibiting risky sexual behavior, like unprotected sexual intercourse, were risk factors for sexual assault victimization among adolescents. Contrary to popular belief and what researchers expected, risk factors for victimization did not include early sexual onset, childhood sexual assault, or whether the victim signaled boundaries (Bramsem et al., 2012).

Context

The context in which sexual assault occurs varies significantly from case to case. Sexual assaults differ in terms of location of the crime, who is involved, whether force is used, and whether drugs or alcohol are consumed by the victim or offender(s). These aspects also differ between adult cases and adolescent cases.

Assault Characteristics

Sexual assault may be committed with or without force and according to the Department of Justice, only about 17 percent are committed in the presence of a weapon (Planty, 2013). However, about 40 percent of victims report that they experienced fear during the assault and over half (58%) of all assaults resulted in some injury (McCauley, Conoscenti, Ruggierio, Resnick, Saunders, & Kilpatrick, 2009; Planty, 2013).

Location

More than half of adult sexual assaults take place at or near the victim's home (55%), followed next by a friend or relative's house (12%), then at a parking garage or a commercial place (10%) and finally at school (8%; Planty, 2013). An additional 15 percent of respondents stated the assault occurred in a location not specified (Planty, 2013). Additionally, assaults occur more frequently in rural areas, followed by urban areas, and lastly by suburban areas (Planty, 2013). This trend has changed drastically in the last 20 years as previously sexual assault was most likely to occur in urban areas and least likely to occur in rural areas (Planty, 2013).

Adolescent sexual assault, on the other hand, is most likely to occur on school grounds followed closely by either the victim's or the perpetrator's home. Context risk seems to be a function of age. As age increases adolescents gain more freedom and thus are more likely to spend time unsupervised outside of the realm of school, which is likely

reflected by statistics that more closely resemble those found in adult assaults. The shift from victimization at school to home becomes pronounced between ages 15 and 16 (Bramsen et al., 2012).

Alcohol and Other Drug Use

While not all assaults involve alcohol or drug consumption, many do and it is an important component to consider when determining the victim's level of incapacitation as well as an important target for assault prevention efforts. Young et al. (2009) found that in adolescent populations (ages 12-17) approximately a fifth of all assaults involve either drug or alcohol consumption by either the perpetrator, victim, or by both parties. In 20 percent of these assaults both parties consumed alcohol, and the additional assaults were evenly split between perpetrator consumption only and victim consumption only. The Department of Justice reports that in adult assaults, perpetrators consumed alcohol in two-fifths of all assaults, though 30 percent of respondents were unsure whether alcohol was consumed or not (Planty, 2013).

Further studies have delved into the relationship between sexual assault and victims' voluntary and involuntary drug consumption. In a study of undergraduate students participants, 6 percent reported being a victim of forcible rape since age 14 while 30 percent reported they had been a victim of a drug or alcohol-facilitated assault (Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010). Additionally, all students who reported experiencing a forcible rape also reported a drug-facilitated assault. In the drug or alcohol- facilitated assaults, victims reported voluntary consumption of alcohol or drugs in 84.4 percent of the assaults while the remainder of participants indicated that drugs or alcohol were consumed at least partially involuntarily. Alcohol was the drug

consumed in the vast majority (96%) of both voluntary and involuntary cases. Marijuana was also consumed in a significant number of cases (38%) either alone or in conjunction with alcohol. Rohypnol, Ketamine, and GHB were also reported but with significantly less frequency (cumulatively, 14%). Finally, the victims in drug or alcohol-facilitated assaults tended to be more likely than non-victims to use drugs or alcohol for recreational purposes in the months prior to the assault suggesting that recreational consumption may be a risk factor for sexual assault (Lawyer et al., 2010).

The Criminal Justice System

Legal Differentiation of Rape

In the state of South Carolina sexual assault as a criminal act is termed sexual battery and is defined as "sexual intercourse, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, except when such intrusion is accomplished for medically recognized treatment or diagnostic purposes" (SC State Legislature Section 16-3-651 – 16-3-654). Criminal Sexual Conduct in the first degree involves sexual battery with aggravated force, confinement or kidnapping, or intentional incapacitation. First-degree offenses are punishable by not more than thirty years in prison. Second-degree offenses involve sexual battery by way of aggravated coercion and perpetrators may be sentenced to no more than twenty years in prison. Third-degree criminal sexual conduct involves sexual battery that is accomplished through force or coercion, or the perpetrator has reason to know that the victim is incapacitated or physically helpless. This includes incapacitation due to alcohol or other drug consumption or "physical helplessness" in which the victim is sleeping or otherwise

unconscious. Third-degree offenses are punishable by not more than ten years in prison. Federal regulations support these same distinctions though assert that it is the responsibility of the state to provide sentencing terms (United States Code of Laws).

Reporting and Prosecution

While essentially all types of sexual misconduct are punishable by law, very few cases are reported to officials and even fewer are recommended for prosecution. "Reporting", as used here, refers to reporting assaults to police officials, college campus officials, or child protective services. "Disclosure", unless otherwise specified, refers to telling any person about an assault. Slightly more than two-thirds of undergraduate assault victims disclosed the assault to a friend or family member but as few as 10 percent reported the assaults to the police or campus officials (Fisher, Daigle, Cullen, & Turner, 2003). Adult rates of reporting reached an all time high of 56 percent ten years ago and have decreased to 35 percent reporting since (Planty, 2013). Assaults that involve incapacitation due to alcohol or drugs are reported even less frequently (5%) even though legal statutes clearly include incapacitated assaults in each degree of offense. (Fisher et al, 2003; McCauley et al., 2009).

Unfortunately, the most common reason cited for not reporting criminal sexual assault is the victim's belief that the crime is not serious enough to report (Fisher et al., 2003). Approximately 81 percent of victims cite this reasoning, regardless of level of seriousness as defined by legal statutes; forcible rape victims cite perceived lack of seriousness of the offense as often as do third-degree sexual misconduct victims. Secondary reasons for neglecting to report assaults include not knowing if the assault was actually a crime, or believing that no harm was intended (Fisher et al., 2003). Though

less frequently, victims also cite believing police would not think it was serious enough or would not want to be bothered as additional deterrents to reporting (Fisher et al., 2003). Rape and threats of sexual misconduct were also more often reported than nonconsensual sexual contact such as fondling or groping (Fisher et al., 2003), suggesting that nonconsensual sexual contact is perceived as less serious than other offenses.

Though the vast majority of assaults are not reported, there are factors that increase the likelihood of a victim's reporting. Victims are more likely to report if a weapon is involved or if the victim sustains injury (Frazier & Haney, 1996; Planty, 2013). Additionally, rapes in which the perpetrator is a stranger, the victim is an African American, or assaults in which there is interracial victimization are more likely to be reported to police (Fisher et al., 2003). For those cases that are reported, prosecution of the perpetrator is most likely to result if DNA evidence is present (Campbell et al., 2002; Frazier & Haney, 1996). Additionally referral for prosecution in adolescent cases is more likely if the perpetrator is a family member or is otherwise known to the victim (Campbell, Greeson, Bybee, & Gehler-Cabral, 2012). Finally, the likelihood of prosecution increases in both adult and child cases when the crime involves the use of a weapon or the victim experiences injury that requires medical attention (Frazier & Haney, 1996).

Frazier and Haney (1996) found that suspects are identified in only about 50 percent of reported cases, regardless of the fact that people known to the victim perpetrate most assaults. However, prosecution of the perpetrator occurs in less than half of the cases in which suspects are identified (Frazier & Haney, 1996). Furthermore, only slightly more than half of convicted offenders receive jail time with offenders of

acquaintance assaults being the least likely to be convicted and/or sentenced to prison or jail (Frazier & Haney, 1996). When these offenders do receive jail time it is often for substantially shorter periods of time than jail time served by perpetrators in stranger rapes. Overall, only a very small minority of reported cases in this study progressed to trial, with case attrition rates as high as 97 percent (Frazier & Haney, 1996).

In addition to the previously mentioned factors that increase the likelihood of prosecution (e.g., DNA evidence, presence of a weapon, or sustained injury), likelihood of prosecution also seems to be a function of age. Prosecution rates for child assault cases (up to age 12) are substantially higher than prosecution rates for both adolescent (ages 12-17) and adult cases (ages 18 and older; Campbell et al., 2012). Adolescent rates, estimated at about 40 percent successful prosecution (i.e. leads to a conviction), are generally higher than adult rates. The importance of victims' age in determining the likelihood of prosecution is further supported by significantly higher prosecution rates for 13-15 year olds compared to 16-17 year olds, though both are considered to be part of the adolescent population, suggesting that as age increases victim-blame or perceived victims responsibility may also increase (Campbell et al., 2012).

Even though there are low prosecution rates and high case attrition in sexual assault cases, victims reported generally positive attitudes towards police and advocacy workers (Frazier & Haney, 1996). However, they report negative attitudes towards the criminal justice system in general, often claiming that defendants have substantially more rights than do victims (Frazier & Haney, 1996). This dichotomy of attitudes also suggests that the police are viewed by victims as separate entities and not as part of the criminal justice system.

Psychological Outcomes

Sexual assault is generally associated with a range of negative psycho-social-emotional outcomes. Most significant, however, is the increased risk for post-traumatic stress disorder (PTSD). Almost one third of those who experience sexual assault meet clinical criteria for PTSD, over six times the rate of PTSD in the general population (National Crime Victims Research and Treatment Center (NCVC), 1992). The majority of people who experience PTSD are sexual assault victims, with rates even higher than post-combat war veterans (Goodman, Ross, Fitzgerald, Russo, & Keita, 1993). Victims of sexual assault are also more likely than the general population to report major depressive disorder, suicidal ideation, and they are also more likely to attempt suicide (McCauley et al., 2009; NCVC, 1992). Increased risk for alcohol, marijuana, and other drug use also plagues victims (NCVC, 1992). Drug or alcohol-facilitated assault victims are at even greater risk for drug abuse than are forcible rape victims and non-victims (McCauley et al., 2009). Among adolescents, negative psychological outcomes also include increased likelihood of behavioral problems in school that result in detentions or suspension (Young et al., 2009). In addition to psychological outcomes, adult victims are also more likely to experience negative physical outcomes. Adult victims report almost twice as many primary care doctor visits, as do non-victims and greater likelihood of becoming ill (Goodman et al., 1993). Adult victims also are at greater risk for engaging in high-risk behaviors like problem drinking, smoking, and decreased seatbelt use (Goodman et al., 1993).

Sexual Assault Reporting and Negative Psychological Outcomes Among Adolescents

Although sexual assault is prevalent across all age groups, 29 percent of victims are aged 12-17 and each category of victims (children, adolescents, and adults) has distinct characteristics and thus warrants separate considerations. The National Survey of Adolescents, a study conducted by the Medical University of South Carolina's (MUSC) Crime Victims Center, reported that 7.5 - 8.1 percent of American adolescents (persons aged 12-17), or about 1.8 million adolescents, have ever been sexually assaulted (Broman-Fulks et al., 2007; Kilpatrick et al., 2003). Additionally, 42 percent of these adolescents report being victimized a second time (Kilpatrick & Saunders, 1998). While these prevalence rates alone are disheartening, the rates of case-reporting are even more concerning. In a study by Kilpatrick (1996), reporting rates were as low as 33 percent. Though the Rape, Abuse, and Incest National Network (RAINN) report that average reporting rates for adult and adolescent populations from the past five years have increased, they still remain below half (46%; RAINN, 2012). Previous research has cited the perceived low likelihood of prosecution, victim self-blame, and perpetrator retaliation as deterrents to reporting, though much of this research has been conducted in adult, rather than adolescent, populations (Bachman, 1998; Dukes & Mattley, 1977; Finkelson & Oswalt, 1995, as cited in Fisher et al., 2003).

That sexual assault perpetrators face a low likelihood of being prosecuted suggests that the criminal justice system itself represents at least one deterrent to victims' reporting their assault. Often cases are not referred to prosecuting attorneys, or are subsequently dismissed when the victim displays no visible injuries or there is no

substantial physical evidence (e.g., DNA) (Frazier & Haney, 1996; Murphy, Banyard, & Dudley, 2012). Victims also often report having negative experiences with the criminal justice system and other professional helping systems (e.g. attorneys), such as disregard for the victim's claims, victim-blaming, or the perceived unwillingness to pursue a case, which can in turn exacerbate the effects of the traumatic events (Murphy, Banyard, & Dudley, 2012). Past studies have also alluded to the potential for the criminal justice process to create a sort of secondary victimization that occurs through the retelling of and interrogation of the victim about the traumatic event (Holmes, 1980; Holmstrom & Burgess, 1975, 1978; McCahill, Meyer, & Fischman, 1979, as cited in Frazier & Haney, 1996).

Frazier and Haney (1996) report on an analysis of the mental health (e.g., PTSD) of sexual assault victims in relation to the outcomes of victims' cases in the criminal justice system. Cases were coded based upon whether the police named a suspect, whether that suspect was arrested, prosecuted or convicted. They then assessed the severity of PTSD symptoms. Contrary to prior research (Holmes,1980, Homstrom & Burgess, 1975, and McCahill, Meyer, & Fischman, 1979 as cited in Frazier & Haney, 1996) , Frazier and Haney (1996) found no significant differences in PTSD severity based on case outcomes, suggesting that either secondary victimization did not occur or that the secondary trauma was not substantial enough to significantly increase symptoms. However, according to the study, victims tend to believe that defendants still have more rights than victims and that the system has a positive bias towards the accused. Due to the fact that the previous research is somewhat dated, it is likely that significant improvements have been made in the criminal justice system and its treatment of victims.

Research has also been conducted on victims' disclosure, both formal and informal, and resulting mental health outcomes. Formal disclosure is similar to reporting in that it involves disclosing to police or campus officials, while informal disclosure is generally disclosing to a family member or friend. Jacques-Tiura, Tkatch, Abbey, and Wegner (2010) assessed victims' tendencies to disclose and the reaction they received from those to whom they disclosed their victimization. They report that most victims experience consoling and understanding responses and support when disclosing to both formal and informal sources. However, they also found that African American women who disclose to formal sources receive significantly more negative responses than do Caucasian women. Additionally, they found that African American women exhibit higher levels of PTSD symptoms than do Caucasian women when disregard by either formal or informal authorities is high, suggesting that disclosure responses play an important role in mental health for this subgroup. This may be due to the tendency for African American victims to receive less support from formal officials and are more often met with negative responses (Jacques-Tiura et al., 2010). It may also be a result of lower satisfaction from therapy and support services felt in general by African Americans (Thompson, Worthington, & Atkinson, 1994).

While research has been conducted to assess sexual assault prevalence rates, case attrition, secondary victimization, and effects of pursuing prosecution through the criminal justice system, little research has been conducted on the relationship between the actual act of reporting assaults versus not reporting assaults and victims' positive mental health, especially in adolescent populations. Existing research has not addressed the function of reporting without including case outcomes in analyses. The present study

used the National Survey of Adolescents to assess the mental health of adolescent sexual assault victims as a function of reporting sexual assaults to police authorities or child protection agencies. It was predicted that adolescents reporting assaults to authorities would exhibit lower rates of poor mental health outcome, specifically PTSD and MDE, largely due to the perceived benefits of disclosure.

Method

Participants

Data for this research comes from the National Survey of Adolescents (NSA). The NSA is a nationally representative survey of American households, which produced responses from 3,614 adolescents. The NSA was conducted by the MUSC's National Crime Victim Center in 2005. The survey was administered using random digit-dialed, stratified, multistage sampling, and fitted to the general population in order to account for demographic variables such as race, ethnicity, age, and gender. The current study analyzes data from the first wave replication conducted in 2005. Of those adolescents who provided data (n = 3614), 269 reported having ever experienced a sexual assault (7.4%). Unless otherwise stated, all analyses were conducted using this subset of the population. See Kilpatrick, Acierno, Resnick, Saunders, and Best (2000) and Kilpatrick, Acierno, Resnick, Saunders, and Best (2003) for additional information regarding the procedures and methodology employed in the NSA.

Data analysis in the present study was supervised by Dr. Joah Williams of MUSC and all participant information remained confidential. The present study was approved by the College of Charleston's Institutional Review Board.

Measures

Adolescents' sexual assault history was assessed using a series of specific experience questions. Sexual assault was defined as (a) unwanted penetration of the vagina, anus, or mouth with a finger, foreign object, or penis, (b) unwanted oral contact with genitalia, either receiving or giving, or (c) unwanted physical touching of genitalia or breasts, either giving or receiving. Male victimization also included completing acts outlined in criteria (a). Respondents were asked questions regarding the first assault they experienced, the second assault experienced (if applicable), and the most recent assault experienced if respondent had experienced three or more incidents.

Respondents were identified as reporting at least one assault if they responded affirmatively to the question, "Was this incident (were these incidents) ever reported to the police or to a child protection agency?" Participants' responses were coded as "yes" if at least one of the experienced assaults had been reported and coded as "no" if none of the assaults were reported.

PTSD was assessed using a variation of the National Women's Study PTSD Module (Kilpatrick, Resnick, Saunders, & Best, 1989), which assessed each of the clinical PTSD criterion outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) during the six-month period prior to interview. The PTSD criterion includes PTSD with functional impairment, which means the adolescent experienced difficulties or significant distress in normal daily functioning in social, educational, or other areas (American Psychological Association, 2000). The

National Women's Study-PTSD measure has been shown to be both reliable and valid (Kilpatrick, Resnick, Freedy, Pelcovitz, Resick, et al., 1998).

Occurrence of MDE was assessed using the National Women's Study Depression Module (Kilpatrick, Resnick, Saunders, & Best, 1989), which assessed each of the clinical MDE criterion outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) during the six-month period prior to the interview. The National Women's Study-MDE has been shown to be both reliable and valid (Kilpatrick et al., 2003).

Results

Data for this analysis focus on the 269 adolescents in the NSA who reported ever experiencing a sexual assault. Of those adolescents, 74% were female (n = 200), 64% were of European descent (n = 172), 17% were of African decent (n = 45), 10% were of Hispanic ethnicity (n = 27), 3% were Native American/Alaskan native (n = 8), and 2% were of Asian decent (n = 5). Only 78 (29%) indicated that they had reported at least one assault to the police or a child protection agency.

Reporting and Psychosocial Functioning

Chi-square tests were conducted to assess rates of PTSD and MDE in those who had not experienced (n = 3304) a sexual assault and those who had (n = 269). Results show that PTSD is significantly more likely in those who had experienced a sexual assault (16.7%), versus those who had not (2.9%), X^2 (1, n = 5614) = 123.935, $p < .01$. Occurrence of MDE was also significantly more common in those who reported a history

of sexual assault (26.8%), than in those who did not report a history (4.6%), $\mathbf{X^2}$ (1, n = 5614) = 207.889, p < .01.

Chi-square analyses were also conducted to examine reporting to police or child protection agencies in relation to past 6 month PTSD and MDE. Past 6 month PTSD did not differ significantly based on victims' reporting (14.5%) or lack thereof (17.6%), $\mathbf{X^2}$ (1, n = 264) = .370, p > .10. Past 6 month MDE also did not differ significantly based on victims' reporting (25.6%) or lack thereof (27.2%), $\mathbf{X^2}$ (1, n = 269) = .071, p > .10.

Discussion

Few studies have assessed reporting rates of sexual assaults in the adolescent population prior to this study. Additionally, the reporting rate found in this study, about 29 percent, is lower than the statistics found by RAINN (46%) and lower than rates reported by Kilpatrick in 1996 (33%) despite evidence that those rates were on the rise. This is even more disconcerting as rates of reporting tend to decline even further as victims age.

Contrary to what was expected, adolescents who report experiencing sexual assault do not report decreased levels of either PTSD or MDE. This finding could be due to a number of explanations. It is possible that disclosure to somebody other than the police may be beneficial, but disclosure to police may not provide additional relief (Broman-Fulks et al., 2007). This may complicate the present study in a number of ways. First, disclosure to anyone met by a positive response may be the most beneficial aspect in reducing PTSD and MDE in assault victims and thus reporting provides no additional relief (Jacques-Tiura, 2010). In this study those who did not report did not necessarily

withhold information about the assault from friends and/or family, they simply did not report to police. Broman-Fulks et al. (2007) found that adolescents who disclose first to their mothers have significantly lower levels of PTSD, MDE, substance abuse and delinquency, suggesting this may be the primary action that helps to reduce negative mental health outcomes. Reporting to the mother may have been common in both the reporting population and non-reporting population in the NSA and thus may account for similar rates of PTSD and MDE between populations.

Additionally, as suggested by Jacques-Tiura (2010), PTSD rates may be influenced by the reaction of those to whom the victims disclose their sexual assault. It is possible, though unlikely considering previous research (Frazier & Haney, 1996), that victims who did report received negative or neutral reactions from police. While not statistically significant, rates of PTSD in this study were lower among those who did report. Thus, it is unlikely that reporting increased risk for negative mental health outcomes. However, disclosure reactions were not addressed in this survey, so it is not possible to analyze these effects; they should be considered in future research. Another explanation is that most sexual assault cases are not prosecuted in the criminal justice system and low prosecution rates may limit the number of positive outcomes for victims that might result from reporting. More successful prosecution rates and lower case attrition may help to increase positive mental health outcomes among victims who choose to report their assaults.

It is still debatable whether reporting to police is productive or counterproductive. On the one hand, as seen from results of this study, reporting seems to provide no additional benefit in the reduction of PTSD or MDE symptoms in victims. There are also

low success rates in terms of prosecution and few offenders see the inside of the court room or the inside of a jail cell (Frazier & Haney, 1996). On the other hand, reporting to police and pursuing prosecution are still crucial to society as sexual assault in any degree is a crime that should be punished, and leaving offenders unpunished increases the likelihood that they will victimize another individual or re-victimize the same individual. Further research is necessary to assess and improve effectiveness of the criminal justice system in terms of prosecution but also in terms of victim satisfaction and mental health. Further research is also necessary to determine why disclosure to family and friends is effective in reducing negative mental health outcomes (Jacques-Tiura et al., 2010) and also to determine why reporting to the police is done so infrequently and seems to provide little to no benefits to victims' mental health.

There are a number of other factors that may complicate results of this study. The survey was extensive and included additional questions about other types of negative or traumatic life events. Respondents who endorsed a number of traumatic events (e.g., physical assault, natural disasters, or loss of a loved one) in addition to sexual assault were not excluded from analyses and as a result PTSD and MDE rates may be a representation of not only sexual assault but also a combination of other traumatic events. The interview was also conducted via telephone and thus excludes households that do not have a telephone (~5%). This poses a problem especially in the analysis of sexual assault as research has shown that sexual assault is more prevalent in rural or low socioeconomic status (SES) populations (Broman-Fulks et al., 2007; Planty, 2013), which are less likely to own telephones. Low SES is also a risk factor for PTSD (Klest, Freyd, & Foynes, 2012).

Overall, it is concerning to see such low rates of reporting, even in an adolescent population alone. It is also disheartening to see that reporting sexual assaults to police or child protection agencies provide no additional benefit to adolescents in terms of decreasing rates of PTSD or MDE. However, while there were no obvious positive effects, it is important that there were seemingly no detrimental effects to reporting sexual assaults.

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