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## Child Abuse & Neglect



# Multiple perpetrator rape among girls evaluated at a hospital-based Child Advocacy Center: Seven years of reviewed cases<sup>☆</sup>

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### ARTICLE INFO

#### Article history:

Received 3 January 2014

Received in revised form 30 April 2014

Accepted 12 May 2014

Available online xxx

#### Keywords:

Adolescents

Sexual abuse

Alcohol

Runaways

Multiple perpetrator rape

Gang rape

### ABSTRACT

The aim of this study was to describe contextual events, abuse experiences, and disclosure processes of adolescents who presented to a hospital-based Child Advocacy Center for medical evaluation and evidentiary collection as indicated after experiencing multiple perpetrator rape during a single event ( $n = 32$ ) and to compare these findings to a group of single perpetrator sexual assaults ( $n = 534$ ). This study used a retrospective mixed-methods design with in-depth, forensic interviews and complete physical examinations of gang-raped adolescents. Patients ranged from 12 to 17 years ( $M = 14$  years). Girls who experienced multiple perpetrator rape during a single event were more likely to have run away, to have drunk alcohol in the past month, and to have participated in binge drinking in the past 2 weeks. Acute presentation of these victims were rare but 30% had hymenal transections and 38% had sexually transmitted infections (STIs). Forensic interviews revealed alcohol was a common weapon used by offenders, and its use resulted in victims experiencing difficulty in remembering and reporting details for police investigation or physical and mental health care. Most victims were raped at parties they attended with people they thought they could trust, and they felt let down by witnesses who could have helped but did not intervene. Although relatively rare, multiple perpetrator rape during a single event is a type of severe sexual assault experience and has significant risks for deleterious health outcomes. These victims require health care by trained providers to diagnose physical findings, treat STIs, screen for trauma, and support victims.

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### Introduction

The nature and prevalence of *multiple perpetrator rape* during a single event among adolescents in the general population in the United States are extremely difficult to estimate. Cases of this type of sexual assault (i.e., multiple perpetrators and multiple assaults during one instance, also sometimes referred to as *gang rape*) are not tracked within the national crime

<sup>☆</sup> The authors would like to acknowledge funding support from Children's Hospital and Clinics of Minnesota Educational and Research committee for this research. This study was also supported in part by grants #HOA 80059 and #CPP 86374 of the Canadian Institutes of Health Research's Institute for Population and Public Health and Institute for Gender and Health.

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<http://dx.doi.org/10.1016/j.chiabu.2014.05.008>

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Please cite this article in press as: Edinburgh, L., et al. Multiple perpetrator rape among girls evaluated at a hospital-based Child Advocacy Center: Seven years of reviewed cases. *Child Abuse & Neglect* (2014), <http://dx.doi.org/10.1016/j.chiabu.2014.05.008>

victimization database, and questions about multiple perpetrator rape are not asked in population-based surveys. In one sample of college-aged adults (Gidycz & Koss, 1990), fewer than 2% of all sexual assault types involved multiple perpetrators. In a study sample of older adolescents presenting at a sexual abuse referral center in England, 11% reported gang rape (Kelly, Lovett, & Regan, 2005), and prevalence has ranged as high as 26% in police database research (Ullman, 2007). Some forms of multiple perpetrator rape are gang-related, while others are not. For example, among 96 gang-involved young women in a study in England, a third had witnessed multiple perpetrator rapes among gang members (Beckett et al., 2013). For the purposes of our study, we use the definition of multiple perpetrator rape defined by Horvath and Kelly (2009): multiple-perpetrator rape occurring within a single assault experience that may or may not be related to gang activity.

Victims of multiple perpetrator sexual assaults in the United States may present for health care in hospital emergency departments, primary care clinics, or at Child Advocacy Centers (CACs). The most common sexual assaults seen in these settings are single perpetrator offenses committed by an acquaintance (Edinburgh, Harpin, Garcia, & Saewyc, 2013). By comparison, one of the least commonly reported sexual abuse types is a multiple perpetrator rape. As a result, less is known about clinical presentation or health sequelae among adolescents of this type than of other forms of sexual assault.

Sexual assaults by single perpetrators may result in genital injuries (Kellogg, Menard, & Santos, 2004; Gavril, Kellogg, & Nair, 2012). Multiple perpetrator rape seems to result in more injuries, but the quality of how these are assessed and characterized in studies has varied widely. Ullman (2007) found that physical findings were more common in multiple perpetrator rape cases among adults than in individual rape cases, though she did not describe the type of findings or how the injuries were assessed. In a literature review of genital injury patterns from sexual assault among post-pubertal adolescent and adult females, Sommers (2007) noted that the prevalence, number and locations of injuries vary widely, although findings are almost always attributed to the sexual assault, without consideration of other possible etiologies, such as prior consensual sexual behaviors. In one study, 63% of adolescents with a history of sexual abuse had a genital injury, and in 29% of these cases the injury was a transection of the hymen (Slaughter, Brown, Crowley, & Peck, 1997). A more recent clinical review of young adolescents (under age 15) who experienced extra-familial sexual abuse found 27% of girls had anogenital injuries (Edinburgh, Saewyc, & Levitt, 2006). Gavril et al. (2012) found that 37% of adolescents had a genital exam finding diagnostic of trauma, and this was seen most commonly between two and nine days post assault. Finally, a recent systematic review of genital injury among pre-pubertal and adolescent sexual abuse victims (Adams, 2008) found that rates vary widely, from 6% to 53%, and were more common in adolescents than in children. These injuries tended to heal within days, often with no visible evidence, except for the more severe injuries that result in complete transections of the hymen.

Sexually transmitted infections (STIs) and pregnancy can also occur as a result of a sexual assault (Gavril et al., 2012; Hagemann, Nordbo, Myhre, Ormstad, & Schei, 2014; Myhre et al., 2013). The incidence of pregnancy after a sexual assault has been estimated at 5% (Holmes, Resnick, Kilpatrick, & Best, 1996). The rates of STI vary widely and differ by age, from 6% of 12- to 15-year-olds to 20% of 16- to 19-year-olds in a European clinical sexual assault sample (Hagemann et al., 2014). The American College of Obstetrics and Gynecology (2014) reports that unintended pregnancy and STIs are more likely to occur in adolescent patients after a sexual assault because of the relative lack of contraception use in this population. In the years after an adolescent is assaulted by a single perpetrator, sexually abused youth are still more likely to have STIs and unplanned pregnancies, even within consensual relationships (Doll, Koenig, Purcell, 2004; Saewyc, Magee, & Pettingell, 2004; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2006).

The negative mental health effects of sexual abuse during adolescence are significant. Abused youth are more likely to suffer post-traumatic stress disorder, depression, suicidal ideation, substance abuse, and use avoidant coping techniques following an assault (Bal, Van Oost, De Bourdeaudhuij, & Crombez, 2003; Champion, Foley, DuRant, Hensberry, Altman, & Wolfson, 2004; Hagemann et al., 2014; Moran, Vuchinnich, & Hall, 2004). Many youth also experience poor mental health outcomes years following the abuse, including substance abuse, post-traumatic stress symptoms, suicide attempts and self-harm (Danielson, de Arellano, Kilpatrick, Saunders, & Resnick, 2005). Abused youth may also develop other risk behaviors such as running away (Saewyc et al., 2004).

Given the rare likelihood of multiple perpetrator rape among types of sexual abuse, health and forensic research among adolescent victims is limited. Research that focuses on juvenile perpetrators of multiple perpetrator rape is more common. Comparisons of individual versus multiple perpetrator rapes show mixed findings around ethnic distribution of perpetrators but no ethnic differences among victims, and studies also have contradictory findings about how well perpetrators know their victims (Bijleveld, Weerman, Looije, & Hendriks, 2007). In one study of 42 juvenile offenders (age 9–17) from The Netherlands, the average age of victims was 13 years old, the sexual offense was rarely planned, and the victim an acquaintance of at least one of the perpetrators, often of a different racial ethnicity than the perpetrators (Bijleveld et al., 2007). In Ullman's two studies of adult victims (1999; 2007), she found that perpetrators of these assaults had more alcohol and drug involvement than single assaults, and were more likely to include violence with weapons. The limitations of these studies are twofold: either they extract victim information from criminal records of offenders rather than examination of victims directly, or they are focused on convenience samples of mostly adult women. These studies do not provide sufficient information about adolescent victims of multiple perpetrator rape to inform forensic evaluation and treatment in clinical settings.

At the same time, a single CAC or other clinical setting would have few, if any, cases involving adolescent victims of multiple perpetrator rape in a year, and individual clinicians are likely to have limited professional experience in evaluating and treating these victims. Existing research literature does not describe forensic interviews with adolescent victims of multiple perpetrator rape, which may involve different kinds of responses and disclosure than in more common single sexual assault or abuse cases. The level and types of details teens are likely to disclose during a forensic interview about

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