RESEARCH ARTICLE

The Prevalence of Sexual Abuse Among Adolescents in School

Elizabeth M. Saewyc, RN, PHN, PhD; Sandra Pettingell, PhD; and Lara L. Magee, RN, PHN, BSN

ABSTRACT: Sexual abuse is a profound stressor that complicates the development and health of adolescents, yet its prevalence has been difficult to estimate among adolescents in school populations. This study explored the prevalence of both incest and nonfamily abuse in 2 cohorts of adolescents in Minnesota in the 1990s (1992: $N = 77,374$; 1998: $N = 81,247$). Findings indicate that sexual abuse was reported by both boys and girls and among students of all ethnic groups. Approximately 10% of adolescents reported sexual abuse in each cohort, with girls 5 times more likely to report abuse than boys. Ethnic variation was minor, with African American, Native American, and Hispanic teens slightly more likely to report abuse than White or Asian American youth. School nurses should routinely assess for a history of sexual abuse in adolescents and should be prepared to provide support and referral for abused students and their families.

KEY WORDS: adolescents, incest, population surveys, school health, sexual abuse

INTRODUCTION

Sexual abuse experienced in childhood or adolescence is a developmental stressor that can have profound, long-term physiologic and psychosocial effects (Banyard, Williams, & Siegel, 2001; Cicchetti & Rogosch, 2001; DeBellis, 2001). It has been associated with a variety of health-compromising behaviors and health problems, often considered attempts to cope with the trauma engendered by the abuse (Barker & Musick, 1994; Finkelhor & Browne, 1985; Hutchinson & Langlykke, 1997). Adolescents with a history of sexual abuse are more likely than their nonabused peers to report depression, anxiety, suicidal ideation and attempts, disordered eating behaviors, substance use and abuse, school problems, early sexual debut, teen pregnancy involvement, delinquent or violent behaviors, running away, and prostitution (Bensley, Spieker, Van Eenwyk, & Schoder, 1999; Chandy, Blum, & Resnick, 1996; Holmes & Slap, 1998; Kelly, 1995; Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996). The type of sexual abuse experienced may influence the type and seriousness of these risky behaviors (Taussig & Litrownik, 1997). Clearly, this is a population that needs assessment, intervention, and monitoring from school nurses. But how many of the adolescents in a school are likely to have such a history of trauma?

REVIEW OF LITERATURE

The prevalence of sexual abuse history in the general population of adolescents has been difficult to quantify. Estimates have varied widely, with data from clinical and nonclinical samples suggesting that anywhere between 6% and 62% of girls and 3% and 76% of boys have experienced some form of sexual abuse (Finkelhor, 1994; Holmes & Slap, 1998). The difficulties in assessing prevalence stem from three main issues: sampling challenges, variations in definitions of sexual abuse and measures, and potential underreporting due to the sensitive nature of the topic and

Elizabeth M. Saewyc, RN, PHN, PhD, is an assistant professor for the Center for Adolescent Nursing, School of Nursing, University of Minnesota, Minneapolis, MN.

Sandra Pettingell, PhD, is a research associate in the Center for Adolescent Nursing, School of Nursing, University of Minnesota, Minneapolis, MN.

Lara L. Magee, RN, PHN, BSN is a research assistant in the Center for Adolescent Nursing, School of Nursing, University of Minnesota, Minneapolis, MN.

the accompanying shame and stigma experienced by sexual abuse survivors.

Sampling choices can lead to under- or overestimated prevalence of sexual abuse. Studies that draw from clinical samples or special populations such as homeless youth tend to report much higher prevalence than population-based or school-based studies. For example, Bennett (1993), from a retrospective chart review of 3- to 10-year-olds admitted to a hospital for psychiatric treatment, found the prevalence of sexual abuse history among girls was 45% and among boys was 35%. In contrast, surveys of adolescents from stratified random samples of schools in Oregon (Nelson, Higginson, & Grant-Worley, 1994) and Minnesota (Chandy et al., 1996) found a much lower prevalence of approximately 10–15% of girls and 2–3% of boys. Studies estimating sexual abuse prevalence solely from reported and substantiated cases of abuse from child protective services or court records can greatly underestimate abuse among adolescents, because sexual abuse has consistently been underreported (Hutchinson & Langlykke, 1997). Further, relatively small samples of abused adolescents, even when population based, limit the ability to explore gender and ethnic variation in prevalence of abuse.

Measures that have been used in studies also vary greatly, making it difficult to compare findings across groups (Hamby & Finkelhor, 2000). Assessing for sexual abuse in population-based adolescent surveys is often limited to a single item, which does not allow for separating incest and nonfamily abuse, sexual assault by strangers, or date rape (for examples, see Chandy et al., 1996; Saewyc, Skay, Bearinger, Blum, & Resnick, 1998). Some surveys compound this limitation further by narrowing the definition of sexual abuse to heterosexual forms of penetration. For example, the item from the Youth Risk Behavior Survey (YRBS), which is conducted by the Centers for Disease Control and Prevention across several states, asks only about forced intercourse (Pierre, Shrier, Emans, & DuRant, 1998). Other forms of sexual abuse, which may be equally traumatizing, are not assessed in the national or statewide surveys based on the YRBS.

How data are gathered can also influence the estimated prevalence of sexual abuse. Sensitive matters are often underreported in interviews compared with anonymous surveys (Dashiff, 2001). One example of an interview study assessing the prevalence of abuse was conducted by Finkelhor and Dziuba-Leatherman (1994); in the study, they held random-sampled telephone interviews with youth in several states. Adolescent boys may have greater difficulty recognizing or reporting sexual abuse than girls their age, in part because of cultural norms of masculinity (Holmes & Slap, 1998; Rew, 1990; Smith, Fromuth, & Morris, 1997).

When there is an opportunity to assess an entire population, and to do so in ways that mitigate some of the challenges just described, it is an excellent chance to develop a more accurate estimate of the extent of abuse experienced among adolescents (Lodico, Gruber, & DiClemente, 1996). As part of a larger study exploring sexual abuse and health behaviors, this study represented such an opportunity. The purpose of this analysis was to examine the prevalence of adolescents reporting a history of two types of sexual abuse in two different cohorts of statewide populations of students during the 1990s in Minnesota. Because the study included large populations, it offered a further opportunity to explore ethnic and gender variation in the prevalence of types of abuse.

METHODS

Sample

This study was a secondary analysis of the 1992 and 1998 Minnesota Student Survey (MSS), a statewide, anonymous, pencil-and-paper survey of health and risk behaviors. The MSS was administered to all 9th- and 12th-graders attending public schools in Minnesota in participating school districts in 1992 (N = 77,374) and 1998 (N = 81,247). In 1992, 95% of the school districts in Minnesota participated in the survey, and 99% of school districts participated in 1998. Half of the respondents in 1992 were female (50.1%), the majority of students identified as White (89.5%), and 57.3% were 9th-graders. In 1998, the demographic characteristics of respondents were similar: 50.4% were female, 86.4% were White, and 60.4% were 9th-graders.

Measures

The definition of sexual abuse in this survey was relatively expansive. The wording of the items was designed to identify activities that could reasonably be assumed to cause some distress and would qualify as sexual abuse or criminal sexual conduct under Minnesota law. However, the definition excludes noncontact activities such as voyeurism or indecent exposure, which may still be reportable criminal sexual conduct. The definition also excludes sexual behaviors that are not necessarily unwanted sexual activity but might be defined as criminal sexual conduct or statutory rape depending on the age differences between the parties, such as consensual sexual behavior between adolescents and nonrelated adults.

In both years, the MSS included identically worded items assessing two types of sexual abuse: incest and nonfamily abuse. To assess for a history of incest, the survey asked, ''Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?'' To assess for nonfamily sexual abuse, the survey asked, ''Has any older adult or older person outside of your family ever touched you sexually against your wishes or forced you to touch them

sexually?'' For this analysis, sexual abuse was coded as a categorical variable with the following options: (a) *not abused,* (b) *incest only,* (c) *nonfamily abuse only,* and (d) *both types of abuse.*

Ethnicity was assessed somewhat differently between the MSS in 1992 and the MSS in 1998. In the earlier year, there was a single forced-choice item that required students to select one category that best represented their ethnicity. Response options included *American Indian; Black or African American, non-Hispanic; Mexican American or Chicano; Puerto Rican or other Latin American; Oriental, Asian American, or Pacific Islander; White; Other or mixed race;* and *I don't know.* Only 0.9% of the respondents did not answer this question. In 1998, students were instructed to ''Mark all that apply'' in choosing among the options for ethnicity; the Asian American category was changed to *Asian American or Pacific Islander (including Cambodian, Hmong, Korean, Laotian, Vietnamese)*; and *other or mixed race* was eliminated. In attempting to create a mixed-race category from these multiple choices to provide comparable categories between the years, we found that none of the respondents had selected more than one race; instead, 3.2% of the subjects left this item blank. Therefore, there is no mixed-race category in 1998. Table 1 shows the ethnicity distributions for both the 1992 and 1998 populations.

The prevalence of each type of sexual abuse was compared by gender and by grade. Ethnic variations in the prevalence of each type of sexual abuse were also examined, analyzed separately by gender. Cross-tabulations with χ^2 were used to test differences in prevalence between groups. Because of the large sample size, alpha was set to .01 for tests of significance.

Table 1. Ethnicity in the 1992 and 1998 Minnesota Student Surveys, Overall Samples

Ethnicity	1992 (*N* = 77,374), *n* (%)	1998 (*N* = 81,247), *n* (%)
African American	1,151 (1.5)	1,725 (2.1)
Asian American	1,984 (2.6)	2,919 (3.6)
Hispanic	835 (1.1)	1,250 (1.5)
Native American	750 (1.0)	648 (0.8)
White	69,216 (89.5)	70,164 (86.4)
Mixed race	1,810 (2.3)	—
Unknown	969 (1.3)	1,921 (2.4)
Missing	659 (0.9)	2,620 (3.2)

FINDINGS

In 1992, 10.5% of students reported some type of sexual abuse; in 1998, 8.6% of students reported some type of sexual abuse.

As seen in Table 2, in both 1992 and 1998, a significantly higher proportion of girls reported each type of sexual abuse (17.2% overall for girls in 1992, compared with 3.7% for boys; 12.5% overall in 1998 for girls, vs. 4.7% for boys). The prevalence of reported abuse decreased among girls in 1998 compared with the earlier year, whereas it increased for boys. However, this may be due to variation in school district participation: Although the percentage of participating school districts increased from 95% of all districts in 1992 to 99% in 1998, a few of the school districts that chose to participate in 1992 did not elect to do so in 1998. Nonfamily sexual abuse was the most common type of sexual abuse reported in both years by both genders.

In 1992, 12th-graders were significantly more likely to report a history of sexual abuse (9.6% of 9th-graders vs. 11.7% of 12th-graders, $\chi^2 = 82.03$, $df = 1$, $p < .001$). However, in 1998, there was no significant difference in the prevalence of sexual abuse by grade. Table 3 shows the prevalence of each type of sexual abuse by grade for both years. When examining the specific types of sexual abuse in 1992, 12th-graders were more likely to report incest only and nonfamily sexual abuse only when compared with their 9th-grade counterparts, but both grades report similar proportions of students who have experienced both incest and nonfamily abuse. In 1998, there were no differences between the grades in prevalence of each type of abuse ($p = .019$).

Table 4 shows the ethnic variation in reports of each type of sexual abuse. In both years, Asian American and White students were less likely than other groups to report any type of sexual abuse. In 1992, nearly 1 in 7 African Americans, Hispanics, Native Americans, and multi-ethnic students, as well as those who did not identify their ethnicity, reported a history of some type of sexual abuse, whereas 1 in 10 Whites

Table 2. Prevalence of Sexual Abuse Among Minnesota Boys and Girls in 1992 and 1998

	1992[a]		1998[b]	
Type of Sexual Abuse	Boys, *n* (%)	Girls, *n* (%)	Boys, *n* (%)	Girls, *n* (%)
None	36,913 (96.3)	31,970 (82.8)	37,379 (95.3)	35,397 (87.5)
Incest	237 (0.6)	1,145 (3.0)	280 (0.7)	1,091 (2.7)
Nonfamily	764 (2.0)	4,156 (10.8)	950 (2.4)	3,051 (7.5)
Both types of abuse	436 (1.1)	1,349 (3.5)	603 (1.5)	902 (2.2)

[a] 1992: $\chi^2 = 3{,}755.9$, $df = 3$, $p < .001$.
[b] 1998: $\chi^2 = 1{,}677.8$, $df = 3$, $p < .001$.

and Asian Americans did so. In 1998, the proportions remained nearly the same for African Americans, Hispanics, Native Americans, and those who did not identify their ethnicity, whereas the proportions of Asian American and White students reporting sexual abuse decreased slightly, to 8%.

DISCUSSION

In Minnesota in 1992 and 1998, incest and nonfamily sexual abuse were reported by both boys and girls, in both 9th and 12th grade, and among students of all ethnic groups. Although there was some variation in the prevalence of abuse overall and in the prevalence of each type of abuse by ethnic group, the differences were not profound, suggesting that sexual abuse is a problem of relatively similar magnitude in most cultural groups. Ethnic variation should be interpreted with caution, however, given the small populations of some ethnic groups in Minnesota.

According to these findings, approximately 1 in 10 students throughout Minnesota will have a history of sexual abuse. The prevalence of abuse was similar for both grades in 1998, although more 12th-graders than 9th-graders reported abuse in 1992. This would tend to suggest that sexual abuse primarily occurs before 9th grade. However, because there was a significant increase among 12th-graders in 1992, in both incest and nonfamily abuse, it is a reminder that sexual abuse can also occur among older adolescents.

The most common type of sexual abuse for boys and girls in both 9th and 12th grades is nonfamily sexual abuse; however, a small proportion of adolescents report both incest and nonfamily abuse. Although these students represent only about 2% of all 9th- and 12th-graders in the state, this still means that well over 1,000 adolescents in Minnesota have been abused by both family members and adults outside their families. Adolescent who have experienced abuse from multiple sources are likely to be at greater risk for mental health problems and difficulties coping (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001).

In both studies, girls were more likely than boys to report a history of sexual abuse. This finding is consistent with all studies that have explored sexual abuse histories with both male and female adolescents. This would support the notion that women's status in society brings a greater vulnerability to sexual violence or coercion—that is, because women, like children, have lower status and less power, they are perceived to be more ''victimizable,'' and female children would be at greater risk. However, an alternative explanation is that boys are less likely to report the abuse, even on an anonymous survey, because the gender-role expectations placed on boys increase the shame and stigma of being sexually abused if you are male.

A strength of this study is that it explores responses from two statewide populations of adolescent students, rather than a sample—even a population-based sample—of a larger population of students. As a result, the size of both populations provides an opportunity to explore ethnic variation in the prevalence of sexual abuse among several different ethnic groups. By drawing on surveys at least 6 years apart, we had the opportunity to test the stability of these findings within

Table 3. Prevalence of Sexual Abuse Among Minnesota 9th- and 12th-Grade Students in 1992 and 1998

	1992[a]		1998[b]	
Type of Sexual Abuse	**9th Grade, *n* (%)**	**12th Grade, *n* (%)**	**9th Grade, *n* (%)**	**12th Grade, *n* (%)**
None	39,803 (90.4)	29,080 (88.3)	43,825 (91.2)	28,951 (91.6)
Incest	713 (1.6)	669 (2.0)	838 (1.7)	533 (1.7)
Nonfamily	2,521 (5.7)	2,399 (7.3)	2,462 (5.1)	1,539 (4.9)
Both types of abuse	1,013 (2.3)	772 (2.3)	932 (1.9)	573 (1.8)

[a] 1992: $\chi^2 = 98.86$, $df = 3$, $p < .001$.
[b] 1998: $\chi^2 = 4.76$, $df = 3$, $p = .190$ (*ns*).

Table 4. Prevalence of Sexual Abuse Among Minnesota Ethnic Groups

	1992[a]				1998[b]			
Ethnic Group	**No Abuse (%)**	**Incest (%)**	**Nonfamily Abuse (%)**	**Both Types of Abuse (%)**	**No Abuse (%)**	**Incest (%)**	**Nonfamily Abuse (%)**	**Both Types of Abuse (%)**
African American	85.1	2.7	6.0	6.3	84.8	3.3	7.7	4.2
Asian American	88.9	2.0	6.8	2.3	91.7	1.6	5.4	1.3
Hispanic	83.6	3.5	8.3	4.6	84.3	2.6	7.1	6.0
Native American	82.1	2.6	8.4	6.9	83.2	3.0	9.7	4.1
White	90.0	1.7	6.3	2.0	92.2	1.6	4.7	1.6
Mixed Race	84.4	2.6	9.2	3.8				
Unknown	84.1	2.9	5.8	7.2	84.3	2.7	8.0	5.0

[a] $\chi^2 = 405.46$, $df = 21$, $p < .001$.
[b] $\chi^2 = 522.44$, $df = 18$, $p < .001$.

two distinct cohorts. This study includes boys as well as girls and younger as well as older adolescents, providing a direct comparison of prevalence within the same population, rather than from different samples in different studies. The study separates incest from abuse by adults outside the family and excludes consensual sexual experiences among adolescents with older partners.

Given the sensitivity of sexual abuse questions and the tendency of sexual abuse to be underreported, an anonymous population survey is more likely to include respondents with sexual abuse histories who have not reported the abuse to anyone. Thus, surveys such as these may more accurately capture the underlying prevalence of abuse in the population than do studies that draw on clinical samples of distressed adolescents, homeless youth, or incarcerated youth, or those that rely on cases documented by child protective services. Self-report, however, is also a limitation. To the extent that respondents did not understand the questions or did not feel confident of their anonymity in responding, the prevalence reported from these studies still represents a potential undercounting of the true prevalence of sexual abuse among children and adolescents.

There are additional limitations to the study that should be considered when applying the findings to other populations. The wording of the questions and the definition of sexual abuse in this study may make it difficult to directly compare the findings with other studies that used differently worded survey items or a different definition of sexual abuse. The survey was administered only to those adolescents who were enrolled in school and who attended school the day the survey was administered. Sexually abused adolescents may be more likely to drop out of school, and the mental and physical trauma associated with sexual abuse may cause more frequent school absences. The populations in these two surveys are predominately White and from an upper midwestern state in the United States; the prevalence of sexual abuse may differ in other regions of the country or in other nations of the world.

School nurses, as with other clinicians, should regularly screen adolescents—boys and girls—for experiences of sexual abuse and should be prepared to respond therapeutically in the event that a young person reports such abuse (Saewyc, 2003; Sevier, 2003).

These two surveys are cross-sectional and represent a picture at one moment in time for two populations. The nature of the survey does not allow the possibility of assessing age of onset, frequency, severity, duration, or nature of the actual sexual abuse. Nevertheless, the information that 1 in 10 adolescents in Minnesota have experienced at least one episode of sexual abuse in childhood or adolescence should be of concern. The long-term consequences of abuse for these adolescents can have a profound effect, not only upon their health and well-being, their school success and quality of life, but on the health and resources of the community as a whole.

Further research is needed in other states and countries assessing the prevalence of sexual abuse to gain further understanding of the scope of this form of violence toward youth throughout the world and to monitor changes in prevalence in communities over time. Large-scale, population-based surveys of health and risk behaviors should include questions about sexual violence and sexual abuse as a matter of routine.

IMPLICATIONS FOR SCHOOL NURSING PRACTICE

School nurses, as with other clinicians, should regularly screen adolescents—boys and girls—for experiences of sexual abuse and should be prepared to respond therapeutically in the event that a young person reports such abuse (Saewyc, 2003; Sevier, 2003). Such screening should be done with sensitivity; it is important to provide privacy when asking such questions and to ask about abuse in a nonjudgmental, matter-of-fact tone, explaining that you ask everyone these questions, because it happens to a lot of teens. One way to ask, for example, is to say, ''Many teens have had sexual experiences they didn't want to have, where someone forced them to do something sexual when they didn't want to. So I always ask everybody about this: Have you ever had a sexual experience when you didn't want to?'' This opening question may elicit reports of incest, nonfamily sexual abuse, acquaintance rape, sexual assault, or even just sexual experiences the teen now regrets. Any positive responses should be explored further so that you can determine if a teen is currently at risk or if this is a prior trauma. Adolescents who have been sexually abused are also more likely to have experienced date rape or other sexual assault than their nonabused peers, in part because the traumatic effects of sexual abuse in childhood may impair their abilities to judge relationships or risky situations (Finkelhor & Browne, 1985; Lodico et al., 1996). Therefore, this type of assessment question provides an opportunity to help teens identify circumstances in which they are at risk for further unwanted sexual experiences or assault, and to help them strategize ways to avoid these situations.

Confidentiality in the health care setting is an important issue to adolescents, but a school nurse cannot promise to keep reports of sexual abuse in confidence. Every state in the United States has laws that mandate

nurses to report suspected child maltreatment. It is important for school nurses to be familiar with the mandated reporting laws in their state and know to what agency they should report suspected sexual abuse (most often, Child Protective Services). To prevent a teen from feeling betrayed after he or she has confided sexual abuse, nurses should routinely begin their screening or health history interviews with a statement that addresses confidentiality and identifies under which circumstances they must break that confidentiality and why. An example of what to say might be, ''Usually, the things that you tell me are kept private, and I won't tell school people or your parents what we talk about unless you give me permission to tell them. However, there are three situations when I can't keep what you tell me private: if you tell me that someone has been hurting you physically or sexually, if you tell me you plan to hurt someone else, or if you tell me that you are thinking about hurting yourself or killing yourself. In all those situations, I need to get other people involved to make sure you're safe, but I will tell you first before I talk to others.''

Adolescents who have been sexually abused have difficulty trusting adults, and it is important for the nurse to be careful to model therapeutic behaviors. It is usually better not to touch a teen with a history of sexual abuse without permission and without clearly identifying why you need to touch them. It is essential to be familiar with the resources available in the community for both supporting adolescents and helping their families be supportive when dealing with this challenging issue. Parents may react in unexpected ways when sexual abuse or sexual assault of their adolescent is disclosed. If the abuser is a family member, both the abuser and the nonabusing parent may respond with disbelief or denial of the abuse. If the abuser is someone outside the family, parents may feel extreme guilt over not having protected their child, or may blame themselves for allowing the teen to participate in the situation that put her or him at risk. Regardless of the source of the abuse, many parents will initially express anger toward the teen as a way of coping with their guilt or shame. One way a school nurse can assist the family is to make them aware of this common response and coach them on how best to help their teen cope with the trauma of the abuse. Research has indicated that abused adolescents who can rely on strong parental or family support have fewer long-term negative outcomes (Merrill et al., 2001).

Because sexual abuse is generally a taboo topic, it is important to raise awareness not only in schools, but also in the community. Interventions aimed at prevention of sexual abuse require changing community perceptions and responses, not just individual behaviors. The first step toward prevention of sexual abuse is an understanding of the prevalence and scope of the problem. However, this requires the ability to talk about the issue in public venues in meaningful ways. Until the community understands the prevalence of sexual abuse among adolescents and can talk about it in the public discourse, interventions will only be able to focus on treatment after abuse has occurred, and for most abused young people, sexual abuse will remain a secret trauma.

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