

EMPIRICAL REVIEW**Adolescents and sexual assault: A critical integrative review**
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Funding information
 Office On Violence Against Women, U.S.
 Department of Justice, Grant/Award Number:
 2017-SI-AX-0001
Abstract

Adolescents are sexually assaulted at remarkably high rates. Adolescents are also unique given the specific dynamics of adolescent sexual assault, their current stage in human development, their limited legal standing and rights, and their experiences navigating postassault services and resources. While literature exists within each of these domains, it is somewhat disconnected and overlooks how adolescents are often relegated to the margins in research and practice. The purpose of this integrative review is to (1) provide a more complete understanding of adolescent sexual assault and survivors' nuanced needs; (2) frame adolescent survivors as a too-often-overlooked oppressed group that researchers and responders must consider and center in their work, lest contribute to their further marginalization; and (3) inspire and orient social justice-minded scholar activists to various action steps to take to center and prioritize adolescents in research and practice. Through our intersectional feminist approach, we offer specific action steps for social justice-minded scholar activists to recenter adolescents in their research and practice.

KEYWORDS

adolescent, adolescent development, adultism, age-based oppression, gender-based violence, integrative review, intersectional feminism, intersectionality, rape, sexual assault, sexual violence

Highlights

- Adolescents are sexually assaulted at remarkably high rates.
- Yet, research and practice often relegate adolescents to the margins.
- We must center adolescents in sexual violence research and practice.
- This review provides a more complete understanding of adolescent sexual assault.
- We offer action steps for scholar activists to (re)center adolescents in their work.

INTRODUCTION

Adolescents are sexually assaulted at remarkably high rates. In comparison to adults, adolescents are two to four times more likely to be sexually assaulted, with one-in-three women experiencing their first rape between the ages of 11 and 17 years old (Black et al., 2011; Breiding et al., 2014; Crawford-Jakubiak et al., 2017; Danielson & Holmes, 2004; Smith et al., 2017). Operating within the gender binary, one recent nationally representative survey among high school students found that 4.6% of

male and 17.9% of female high school students had experienced sexual violence (SV) in the past year, with lesbian, gay, bisexual, and questioning students reporting higher rates of SV than their heterosexual counterparts (Clayton et al., 2023; Lowery St. John et al., 2023). High rates of sexual victimization among adolescents demand focused attention and concerted effort to ensure appropriate responses meet their specific postassault needs. Adolescent-centered responses require an integrated understanding of the specific dynamics in which adolescent sexual assault (SA) occurs, adolescents' current stage

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in human development, their limited legal standing and rights, and how each of these unique aspects impact adolescent survivors' experiences attempting to navigate postassault services and resources. While literature exists within each of these domains, it is somewhat disconnected and disjointed as several disciplines (e.g., psychology, sociology, nursing, medicine, law, social work) explore these areas. Additionally, adolescents' unique positioning in the world often relegates them to the margins in both research and practice. Yet, the existing literature does not often discuss their marginalized status, nor frame the need for focusing on and centering adolescents in SV research and practice response as a social justice imperative.

As such, we employed an intersectional feminist approach to conduct an integrative review that can inform future research on, and practice responses to, adolescent SA. Integrative reviews allow researchers to purposively select which literatures to include in a review so that they may develop a more complete understanding of a specific phenomenon (see Booth et al., 2016). Our intersectional feminist approach, then, provided guidance when determining which specific literatures to include and concepts to emphasize. The purpose of our integrative review is threefold: (1) to provide a more complete understanding of adolescent SA and survivors' nuanced needs by integrating disjointed literatures on what we know about the dynamics of adolescent SA, adolescent development, adolescents' legal positioning and rights, and the experiences of teens as they attempt to navigate postassault resources; (2) to specifically frame adolescent survivors as a too-often-overlooked marginalized group that researchers and responders must consider and center in their work, especially as it relates to their experiences of age-based oppression, lest contribute to their further marginalization; and (3) to inspire and orient other social justice-minded scholar activists to various action steps we can take to center and prioritize adolescents in our research and practice.

A note on terminology and the literature

Before presenting the results of our review, there are several important notes to make about the terminology and literature we use therein. First, existing literature often approaches discussions of adolescent SA (and SV among all ages, more broadly) in the context of male–female relationships. SV is indeed a gendered phenomenon, in which it is used to maintain existing gender-based, and other, power inequities (Armstrong et al., 2018). It often manifests in acts of violence committed by men against women and anyone who threatens the gender binary or gender norms (Mims & Waddell, 2022; Smith et al., 2017). However, presumptions (explicit or not) that SV only occurs in

male–female relationships reify rape myths and excludes the experiences of gender-expansive folks. While this review relies on existing research that sometimes operates within a cisheteronormative framework, or the gender binary, we do our best to be intentional in how we discuss gender and relationships when reporting patterns from prior work.

Second, existing literature often presents survivors' choices to not disclose or engage formal service providers as problematic inaction (see Huemmer et al., 2018). We reject this conceptualization and instead honor all decisions that survivors make as agential. Survivors engage in an *active* process of imagining potential postassault courses of action, and the likely outcomes of each, before deciding how to move forward (Huemmer et al., 2018). Prior research finds that interactions with both formal and informal responders often do not help the survivor, and instead cause additional harm (e.g., see Campbell & Raja, 2005; Patterson, 2011; Relyea & Ullman, 2015). Thus, a decision to not disclose or engage is not problematic, but often proactive and protective. Accordingly, we take care to frame all choices made by survivors as expressions of agency and control, and do not presume which choices are best for individual survivors.

Third, existing literature often draws a line between SA and intimate partner violence. Our discussion of adolescent SV is intended to be inclusive of all acts of SV, including isolated incidents of sexual harm, as well as ongoing SV that may occur within an intimate relationship. As discussed when reviewing the dynamics of adolescent SA, this also includes sexual harm carried out by a wide array of individuals with varying relationships to the survivor. As such, we use the terms “SV” and “sexual harm,” as overarching terms that refers to all forms of contact and noncontact violence that are of a sexual nature. This includes SA, rape, and sexual harassment across the many contexts and relationships in which it occurs. We use “SA” to refer to all nonconsensual sexual contact, up to and including rape (RAINN, n.d.). We use “rape” to refer specifically to nonconsensual attempted or completed oral, anal, or vaginal penetration (see Department of Justice Office on Violence Against Women, 2012).

Fourth, existing literature often uses the term “perpetrator” or “offender” when referring to the person who committed sexual harm. Instead, we refer to “those who have caused harm,” which resists the application of static labels, and disrupts cycles of harm by recognizing and asserting that those who sexually harm others are capable of change and restoration (Crocker & Smith, 2019). We also use the terms “victim” and “survivor” interchangeably throughout this manuscript recognizing that individuals who are sexually harmed identify with varying terms and have varying needs throughout their lives. We also use terms “adolescent,” “teen,” “youth,” and “young people” interchangeably to refer to anyone between the ages

of 12- and 17-years-old, our age demographic of interest and the focus of this paper. We focus on this specific age group of adolescents because they are often eligible to receive postassault care from adult/adolescent SA service providers but are still legally considered a minor. Therefore, as a result of their unique positioning, teens survivors may experience further marginalization when seeking postassault care. Finally, the literature included in this review is based within the United States.

Finally, it is important to note that the intentional choices we made here regarding the terminology used may be different than how we have approached these conversations in the past and will likely change in the future. Our commitment to antioppressive thinking and action requires ongoing reflection, reflexivity, and change as we learn how to better show up and engage with this important work.

METHODS

To achieve the specific aims of this paper, we conducted an integrative review. The purpose of an integrative review is to provide a complete understanding of a phenomenon of interest (Booth et al., 2016). A broad range of research review methods are employed to include both empirical and conceptual literatures, as they are both necessary to allow for a full understanding of the phenomenon of interest. In addition to traditional exhaustive search strategies, researchers often also use purposive sampling to select intentionally specific topics, literatures, and articles that warrant inclusion if the review is to provide a full understanding of the selected phenomenon and achieve its intended purpose.

The purpose of this paper is to provide a holistic review of adolescent SA to inform future research on, and practice responses to, adolescent SV. We identified the need for such a review through our intersectional feminist approach in our work. Intersectional feminism stems from and is grounded in a rich history of Black women engaging in antioppressive, intersectional, and social justice advocacy, practice, and research in their communities (Taylor, 2017). Intersectional feminism recognizes, accounts for, and examines the many intersecting systems of oppression (e.g., racism and white supremacy, patriarchy, cisheterosexism, ageism) that place individuals at specific intersections of structural violence (e.g., health, economic, educational inequities) as a function of their group-based social identities (e.g., race, ethnicity, gender, sexual orientation; see Combahee River Collective, 1983; Crenshaw, 1989, 1991; Moradi & Grzanka, 2017). Age is often overlooked as one of these group-based social identities. However, in recognizing and analyzing intersecting power structures, it is evident that adolescents are subjected to structural violence within adultist systems (Bell, 2010; Schapiro & Meija, 2018). Thus, our focus on adolescents and

adultism in this review stemmed from our intersectional feminist commitments to identify who is being pushed to the margins and to recenter them in our work. Intersectional feminism reminds us that the experience and meaning of SV is not uniform across adolescent survivors, as they simultaneously belong to multiple intertwined social categories that place them at particular intersections of oppressive systems. We do our best to engage these intersections with different examples and applications throughout our review. However, we are necessarily limited in what we can cover in a single review and focus most on integrating the literature on adolescents and SA.

Intersectional feminism also informed our selection of specific literatures for this review. Intersectional feminism recognizes that the categories within group-based social identities are both a function of individuals and the social context they inhabit (Else-Quest & Hyde, 2016). Individual identities and experiences, interpersonal interactions, and institutions and social structures construct social categories and enforce power inequities. Accordingly, and in line with our integrative review approach, we purposively included literature from across these levels of analysis: adolescent development at the individual level; dynamics of adolescent SA at the interpersonal level; and adolescents' legal standing, rights, and systems experiences at the institutional and structural level. Before completing this integrative review, we conducted a scoping review of mandatory reporting (MR) and adolescent SA (see Bailey et al., 2023). That initial review was conducted using "SA" or "rape" in combination with (i.e., and) "adolescent" or "teenager" in combination with (i.e., and) "mandatory report" or "mandated report." Articles from the adolescent SA and MR review that aligned with this integrated review were included and used to inform sections of this review. We then searched PsycINFO, PubMed, Scopus, and Web of Science for peer-reviewed articles published through 2022 using the search words "sexual assault," "rape," or "sexual violence," in combination with (i.e., and) "adolescent," "teenager," or "teen." This search provided articles that were used primarily to develop the sections on the dynamics of adolescent SA and adolescent survivors' postassault disclosure and help-seeking. Because of the limited research on adolescent survivor's postassault experiences, specifically reasons why survivors may not seek out wanted or needed postassault services, we broadened our search by conducting an additional search with the term "adolescent," in combination with (i.e., and) "confidentiality" or "rights." This subsequent search allowed us to further develop the section on adolescent survivor's postassault disclosure and help-seeking, and informed the adolescents' legal position and rights section of this review. Finally, because we wanted to weave together these disconnected knowledge domains by taking a developmentally-focused approach that attended to

the experiences of all adolescent survivors, we turned to the literature on human development; more specifically, we examined what is known about teens' brains, bodies, relationships, and identities, and how these evolving areas of their life can impact their thoughts, actions, and experiences related to SV. By combining these literatures in this way, we accomplish the goal of an integrated review—to understand more fully a phenomenon of concern—in this case, adolescent SA (Booth et al., 2016).

RESULTS

Dynamics of adolescent SA

While we know that teens are sexually assaulted at some of the highest rates, literature on the dynamics of teen SA and what defines it from SV among other age groups is somewhat limited. This is due in part to how this phenomenon is studied. Oftentimes, studies focus on either adult, or child populations. Adolescents are often included in the latter, making it difficult to discern between patterns present in child SV, as compared to SV committed against teens (e.g., see Finkelhor et al., 2014). The lack of emphasis placed on examining adolescent SA in its own right is a form of epistemic exclusion that contributes to the marginalization of this age group (see Settles et al., 2020). Still, we can glean some information on the dynamics of adolescent SA from the available literature and how SV committed against this age group differs from SV targeting older or younger individuals. It is important to note that in comparing the dynamics of SA across age, we are not suggesting that one form of SA is more or less harmful than another. We make these comparisons to demonstrate how the dynamics and characteristics of adolescent SA are different from SAs involving older or younger survivors. The tendency to collapse adolescent survivors in with child or adult cases makes these differences undetectable and assumes that adolescents' needs are no different than older or younger survivors. This tendency is also counter to an intersectional feminist approach as it overlooks how adolescents occupy different intersections of power and privilege that can shape their experiences. To improve if and how adolescent SA survivors are included in research and in their interactions with responders, we first need a basic understanding of the dynamics of adolescent SA incidents.

Relationship to the person who harmed them

SA survivors of all ages are most often harmed by someone they know (e.g., see Smith et al., 2017). Research supports this dynamic in teen SA as well, with multiple studies finding that in three-out-of-four incidents of teen SA, the adolescent survivor reported

knowing the person who harmed them (e.g., Breiding et al., 2014; Crawford-Jakubiak et al., 2017; Danielson & Holmes, 2004; Kaufman, 2008; Kilpatrick et al., 2003; Trotman et al., 2016). Those who committed the assault against the teen can range in familiarity to the adolescent, from an acquaintance to a family member (Crawford-Jakubiak et al., 2017; Finkelhor et al., 2014; Giroux et al., 2018; Kaufman, 2008; Muram et al., 1995; Peipert & Domagalski, 1994). However, teens most often experience SV by someone they know outside of their family. In a recent national survey among 15- to 17-year-old adolescents, over half of adolescent survivors experienced SA at the hands of someone similar in age, typically a peer (Finkelhor et al., 2014). A more robust literature on SV in the context of dating or intimate partners demonstrates further that adolescent survivors are often harmed by a nonfamilial known person (Giroux et al., 2018; Lopez et al., 2012; Teitelman et al., 2008; Volpe et al., 2013). Looking across age demographics, teens operate in the “in-between” as they are less likely to be assaulted by a family member as compared to younger victims, and less likely to be assaulted by a stranger as compared to older victims (Douglas & Finkelhor, 2011; Giroux et al., 2018; Jones et al., 2003; Kilpatrick et al., 2003; Peipert & Domagalski, 1994).

Substance use

Adolescence is a time when many teens first experiment with drugs and alcohol (American Psychological Association, 2002; Crawford-Jakubiak et al., 2017). In a 2015 nationally representative survey administered among high school students, more than 63% of teens disclosed that they have had at least one drink of alcohol, and 42.1% had a drink within the last 30 days (Kann et al., 2016; Schapiro & Meija, 2018). While experimentation with drugs and alcohol is a normal part of adolescence, those who cause harm may exploit this to create an environment for SV to occur (Crawford-Jakubiak et al., 2017; Eisman et al., 2018; Kaufman, 2008). Specifically, those who cause harm in the form of SA utilize drugs and alcohol as coercive tools to lower inhibition, increase libido, and sedate survivors to limit their agency (Schapiro & Meija, 2018). The effects of drugs and alcohol in lowering inhibition and sedation are exacerbated for adolescents who have little to no experience with substance use at the time of the assault as they may not fully understand the effects of these substances and know how to monitor their consumption (Crawford-Jakubiak et al., 2017; Eisman et al., 2018). Research has found that drug and alcohol use is more common among adolescents as compared to adult survivors, with 40%–50% of adolescents disclosing that they or the person who harmed them were using drugs or alcohol before the assault (Adams

et al., 2001; Crawford-Jakubiak et al., 2017; Fehler-Cabral & Campbell, 2013; Kaufman, 2008; Peipert & Domagalski, 1994; Seifert, 1999).

Physical force, weapon use, and injuries

In comparison to adults, physical force and the use of a weapon (e.g., a gun or knife) during an SA is less common for adolescents (Cross & Schmitt, 2019; Jones et al., 2003; Muram et al., 1995; Peipert & Domagalski, 1994). However, SV among adolescents is more intrusive and forceful as compared to children (Giroux et al., 2018). Similarly, prior research has found higher physical injury rates among comparatively older victims who sought postassault medical care. That is, physical injuries are more common among adolescent survivors as compared to younger survivors, but less common as compared to adults, further demonstrating how teens seem to occupy the “in-between” (Cross & Schmitt, 2019; Jones et al., 2003; Muram et al., 1995; Peipert & Domagalski, 1994). However, several studies have pointed to an important nuance in the patterns of injuries sustained, as the documentation of fewer injuries among adolescents as compared to adults is specific to nonanogenital injuries. Anogenital injuries are more common among adolescents as compared to nonanogenital injuries, and as compared to older survivors (Drocton et al., 2008; Feeney et al., 2017; Jones et al., 2003; Rosay & Henry, 2008).

Individual incidents of adolescent SA will vary in terms of the specific dynamics in play. However, the existing literature suggests that teens are most often sexually assaulted by someone known to them and even in their same peer group. These assaults are more likely to involve coercion or the use of drugs or alcohol to facilitate the assault as opposed to physical force or a weapon. The specific context in which adolescents are sexually assaulted seems to be different than younger or older survivors. We explore this context further by drawing upon the literature on adolescent development, adolescents' legal position and rights, and adolescents' experiences attempting to navigate postassault resources.

Adolescent development and SA

The rise of public disclosures by adult survivors of adolescent SA during the #MeToo movement has included survivors' explicit discussions of the harmful, lifelong impact of experiencing this type of violence (Deggans, 2019; Fortin, 2018). Indeed, the prevalence of SV among adolescents is particularly concerning, as experiencing this type of trauma and its aftermath may affect teens throughout their lives (Macmillan, 2001; Sampson & Laub, 1992). Adolescents are in a phase of rapid human development where experiences of SV are

likely to be formative events that impact them not only in the short term, but in how they see the world and their place in it over time (American Psychological Association, 2002; Black, 2017; De Bellis & Zisk, 2014; Eisman et al., 2018; Macmillan, 2001). Of course, this is not to suggest that adolescent SA survivors have suffered irreparable damage. Adolescent survivors, like all survivors, are adaptive, resourceful, and capable of healing and thriving. Here, we begin to integrate disparate literatures by drawing upon developmental research and linking it to what we know about the dynamics of adolescent SA. In so doing, we aim to develop a more nuanced understanding of how SV may impact adolescents.

The developing brain

Research has identified adolescence as the second most significant period for brain development (following infancy), specifically regarding teens' prefrontal cortex and the limbic system, as these areas of the brain are rapidly developing and continuing to change, even into early adulthood (Black, 2017). The prefrontal cortex is the area of the brain that houses a person's executive functioning, including emotional regulation, impulse control, and planning for the future (Black, 2017). Therefore, as teens are exposed to different experiences and scenarios, their ability and approach to decisions and anticipating the consequences of their actions are directly affected by their evolving cognitive functioning (Black, 2017; De Bellis & Zisk, 2014). Due to their rapid development, teens' brains are particularly malleable, with each experience contributing to the formation of adolescent's neural networks, and how they think and behave (Black, 2017; De Bellis & Zisk, 2014; Mathews & Bross, 2015). Thus, the assault itself, the way teens cope with it, and how they view the impact of what happened to them can be formative events, affecting them throughout the rest of their lives.

Adolescents' developing brains are not only important to understand in relation to how they process and recover from SV, but also how this may be exploited as a vulnerability by those who commit harm, or otherwise contribute to adolescents being targeted (American Psychological Association, 2002; Black, 2017; Butler, 2013; Felson & Cundiff, 2014; Kaufman, 2008). Developmental features of adolescence like emerging executive functioning skills, including impulse control and decision-making, may contribute to the social surroundings and contexts that facilitate SV. Specifically, individuals may exploit teens' still-developing impulse control and decision-making to isolate and sexually harm them (American Psychological Association, 2002; Crawford-Jakubiak et al., 2017; Felson & Cundiff, 2014). Teens who are targeted in this way may then be less likely to disclose or seek help as they think their “poor

decision-making” led to the assault (American Psychological Association, 2002; Crawford-Jakubiak et al., 2017; Felson & Cundiff, 2014). Adolescents are also used to their evolving executive functioning being used against them by adults who dismiss their experiences and emotions and deny them agency in accessing resources, further contributing to adolescents' decisions to not disclose or seek help (Crawford-Jakubiak et al., 2017; Felson & Cundiff, 2014; Greeson et al., 2014).

Sexual exploration

The physical changes teens experience during adolescence (i.e., puberty), combined with teen's exposure to sexualized media, fosters a natural curiosity around sexual activity (American Psychological Association, 2002; Black, 2017; Ybarra & Thompson, 2018). In a national study among high school students, grades 9–12, 41.6% of students reported that they had already experienced sexual intercourse at the time of the survey (Kann et al., 2016; Schapiro & Meija, 2018). However, navigating sexual relationships and setting appropriate boundaries can be challenging when adults, other authority figures, and formal health education curriculum have not provided proper sexual education (American Psychological Association, 2002; Finkelhor & Browne, 1985; Pariera & Brody, 2018; Willis et al., 2019). Despite growing awareness of the emphasis and promotion of sexuality and sexual exploration among adolescents, many adults and authority figures continue to be ill-equipped in providing the necessary resources and education (American Psychological Association, 2002; Finkelhor & Browne, 1985; Pariera & Brody, 2018; Schapiro & Meija, 2018). For example, a recent analysis of K-12 health education standards in the United States revealed that sexual consent is not often discussed in sex education in K-12 schools (Willis et al., 2019). This, then, creates a void in teens' sexual development, leaving teens to often navigate these experiences on their own, with little to no understanding of what healthy, realistic sexual behaviors look like, while being influenced by television and social media (American Psychological Association, 2002; Kaufman, 2008; Sharkey et al., 2017). Accordingly, the pairing of teens' sexual curiosity and this void in knowledge and resources can be exploited by someone to commit SA, or otherwise cause harm. (Ybarra & Thompson, 2018). Indeed, one recent study found that comprehensive sexual education can be an effective strategy in preventing SA (Santelli et al., 2018). For teens with no prior sexual activity, being sexually assaulted at a young age can place this experience at the forefront of their sexual understanding and identity, which can impact an adolescents' ability to navigate and negotiate sexual interactions throughout their life (Finkelhor & Browne, 1985; Kaufman, 2008; Macmillan, 2001).

Importance of peers and social networks

Adolescence is a time when teens are exploring peer relationships and establishing social networks, as they begin to distance themselves from adults and rely more on peers (American Psychological Association, 2002; Eisman et al., 2018; Frydman & Mayor, 2017). Many teens are beginning to individuate from parents and caregivers as they utilize and engage with peers in developing their world beliefs and a sense of their “possible self” (e.g., their view of who they can become; American Psychological Association, 2002; Frydman & Mayor, 2017; Greeson et al., 2014; Tomlinson et al., 2021). This shift is essential to adolescents' development as they learn how to incorporate personal relationships into their identity formation, and what this means for their life trajectory as they establish various support networks (American Psychological Association, 2002; Sharkey et al., 2017). However, these developmental shifts can be targeted as vulnerabilities to cause harm, as increased isolation from parents or caregivers creates opportunity and access to the teen, and decreases their likelihood of reporting the rape or assault (American Psychological Association, 2002; Eisman et al., 2018; Felson & Cundiff, 2014; Frydman & Mayor, 2017).

This is particularly important as adolescents are most often sexually assaulted by someone they know, and oftentimes by someone in their same peer group. Being harmed by someone you know can have damaging consequences to your relationships with others, including greater distrust, increased isolation, and avoidance of relationships altogether (Crawford-Jakubiak et al., 2017; Finkelhor & Browne, 1985; Frydman & Mayor, 2017; Kaufman, 2008; Sharkey et al., 2017; Tomlinson et al., 2021). Because teens place high priority on their peer networks, being assaulted by a fellow teen can cause the survivor to disconnect from peers and experience significant disruption to their development (American Psychological Association, 2002; Crawford-Jakubiak et al., 2017; Eisman et al., 2018; Tomlinson et al., 2021). This disruption to adolescent survivors' development and well-being has been documented in research, with a recent study by Tomlinson and colleagues (2021) finding that teen survivor's social network centrality (i.e., the extent that the survivor is connected to others in their social network) and popularity among their friends decreased after being sexually assaulted (Tomlinson et al., 2021). As such, rape or SA can disrupt vital relationships for adolescents especially when it comes to developing aspects of healthy relationships, including trust, boundaries, and intimacy (Finkelhor & Browne, 1985; Frydman & Mayor, 2017; Pariera & Brody, 2018; Tomlinson et al., 2021).

Adolescents' routines

Adolescents' engagement in activities (e.g., sports, clubs, theater) and age-relevant responsibilities (e.g., school,



part-time job, etc.) contribute to their independence from parents or caregivers (American Psychological Association, 2002; Eisman et al., 2018; Felson & Cundiff, 2014; Frydman & Mayor, 2017). Naturally, these aspects of teens' lives become predictable and routine, as adolescents' activities and responsibilities revolve around family life and schedule (American Psychological Association, 2002). These activities and responsibilities result in the teen spending more time outside of the home, away from trusted adults, and with peers or less familiar others (American Psychological Association, 2002; Felson & Cundiff, 2014). These age-appropriate routine aspects of teens' lives and the increased time they spend outside of the home may be seized as an opportunity by someone to cause harm, especially if they are in the same social circle or setting (American Psychological Association, 2002; Butler, 2013; Felson & Cundiff, 2014; Frydman & Mayor, 2017).

Adolescence is also marked by an assertion of independence through engagement in adult responsibilities, like obtaining employment. Teens who desire more independence, or who enter the workforce out of necessity, may then be in environments where they are interacting with other adults or peers that may sexually harm them (American Psychological Association, 2002). Depending on the class or socioeconomic status of the teen, adolescents may also be working or engaging in other, unregulated work that offer fewer protections. For example, undocumented and trans youth are often excluded from legal forms of employment and are forced to find work in the secondary labor market as a means of self and familial advancement (Canizales, 2022; Swaner et al., 2016). This can sometimes include sex work. With the growing body of research on teens engaged in sex work and what we know about adult sex workers and their experiences with SV (i.e., d in sex work often experience SV in the workplace; Deering et al., 2014; Swaner et al., 2016), it is imperative to also recognize how teens in the sex trade may be facing this form of harm. Therefore, whether teens are engaged in extra-curricular activities, regulated employment, or even sex work, these aspects of adolescents' lives influence their routines and the extent to which trusted parents, caregivers, or others are available and able to help ensure their safety.

Restricted agency

Although teens are seeking greater independence from adults, their agency is restricted due to their age and the accepted, generalized belief that teens have limited abilities to make autonomous decisions as a result of their still-developing brain (i.e., adultism; American Psychological Association, 2002; Bell, 2010; Schapiro & Meija, 2018). The limits placed on teens by parents and caregivers, and society at large, does not allow for their

full independence; teens struggle in this explorative period as they seek more autonomy while still under parental monitoring (American Psychological Association, 2002; Frydman & Mayor, 2017; Greeson et al., 2014; Schapiro & Meija, 2018). For example, it was not until the 1970s and 1980s that specific states began to allow teens to consent to certain medical procedures without parent approval (Schapiro & Meija, 2018).

Although there have been strides made to facilitate teens' independence, many teens still experience barriers to achieving independence and autonomy (American Psychological Association, 2002; Butler, 2013; Schapiro & Meija, 2018). The conflict between adolescents' desire for independence and their limited agency due to their age can further alienate teens from adult supports, increasing their likeliness to engage in unsupervised activities and behaviors that others may exploit to cause harm (American Psychological Association, 2002; Butler, 2013; Frydman & Mayor, 2017; Greeson et al., 2014). In some cases, adolescents who have strained relationships with adults and caregivers may be targeted by someone to cause sexual harm, as this strain decreases the likelihood of the survivor disclosing or reporting the assault (Butler, 2013; Felson & Cundiff, 2014; Frydman & Mayor, 2017).

Intersecting identities

In using an intersectional lens, it is important that we also highlight the ways both teen's evolving identity development and age-based oppression intersects with their experiences with SV, especially as it relates to SV being used as a tool of oppression to target, harm, and further marginalize teens (American Psychological Association, 2002; Klimstra et al., 2010; Reese et al., 2010; Velez & Spencer, 2018). Intersectionality has been, and continues to be, critical for understanding the experiences of marginalized individuals and communities, especially around experiences of oppression and harm (Crenshaw, 1991; Velez & Spencer, 2018). Teens are marginalized as a function of their age within unequal social systems that grant more autonomy, power, and social value to adults (i.e., age-based oppression). Unequal social structures also disproportionately allocate power and social value based on other aspects of group-based identities (e.g., race, gender, religion). These interlocking systems of oppression (e.g., racism, sexism, heterosexism, ableism, adultism) result in any given individual existing at a specific intersection of identities that shapes how they see the world, how the world sees them, and how they are able to move through it. Who teens are, how they identify, and the ways that others perceive them directly impact teens' experiences and how teens respond to and internalize their experiences (American Psychological Association, 2002; Reese et al., 2010; Velez & Spencer, 2018). This can shape

their self-perception and process of becoming (Velez & Spencer, 2018).

Of course, being a teen is only one component of adolescents' identities. Intersectionality invites us to look beyond identity and focus on the power dynamics that use age, and construction of the category of adolescence, as a mechanism to oppress a specific group of people (Cho et al., 2013). Our attention to age-based oppression is intended to highlight the ways in which SV is a tool of oppression wielded against adolescents specifically. By focusing primarily on age-based oppression, we do not discount the nuanced nature of individuals' experiences based on the intersections they occupy. Instead, our focus on the underlying system of power invites an exploration of how this system intersects and interacts with others to shape adolescent survivors' experiences.

Regardless, there is a growing body of research illuminating how rates of SV differ between groups of adolescents. For example, research on the incidence and prevalence of SV among sexually minoritized (i.e., teens who report same-sex sexual attraction or nonheterosexual identity) and transgender (i.e., teens who do not identify with their sex assigned at birth) adolescents has documented that teens' with these identities are sexually assaulted at higher rates than heterosexual teens and teens who do not identify as transgender (Galupo et al., 2017; Norris & Orchowski, 2020). Similarly, prior research has also indicated that teens experiencing poverty or who identify as having a disability are more likely to be targeted (Eisman et al., 2018; Kaufman, 2008; Krotoski et al., 1996). While these patterns are perhaps most visible when we explore them along lines of identity, it is the underlying systems of power that are responsible for the patterns observed. Those who cause harm often target teens with multiple marginalized identities, as they view these identities as vulnerabilities to be exploited within current power structures. Whether intentional or not, they use their status and social location to exert power over others they view as having characteristics or identities that can be manipulated, subjugated, or undermined (Felson & Cundiff, 2014; Frydman & Mayor, 2017; Shaw & Lee, 2019; Shaw, Campbell, Cain, et al., 2017). Accordingly, experiences of and responses to SV during adolescence may not only act as formative events for how teens think about sex and sexuality, but how they conceptualize their value, worth, and humanity. These experiences may magnify the ways in which they are already marginalized and introduce new experiences of marginalization.

Adolescents' legal positioning and rights to access care

Bringing together the existing literature on the dynamics of adolescent SA and adolescent development, we gain a better understanding of the interplay between

teens' development and their experiences of SV and how this can contribute to teens' marginalization. To better understand how teen survivors are further marginalized in the aftermath of the assault, it is important to review adolescents' legal positioning and rights, generally. Teens are viewed and treated as a group that is not capable of making important decisions, and instead of using what is known about human development to understand teens' experiences and supporting their agency whenever possible, information on human development is most often used as justification to deny teen's agency and decision-making power. Dismissing adolescents as incapable of making decisions and taking action because of their age and experience is a form of adultism—a type of structural oppression that operates on the assumption that adults know more than and are better than young people, and as such, are entitled to act upon young people without their agreement (Bell, 2010). We see this directly reflected in both historic and current policy regarding adolescents' access to and utilization of medical and confidential care. Indeed, policies around what medical resources and procedures teens have access to are rapidly evolving in our current moment. For example, the United States has seen a dramatic increase in antitransgender legislation (i.e., legislation that restricts individuals' rights and access to gender-affirming information, care, and expression) in the last several years (Nakajima & Jin, 2022). According to Trans Legislation Tracker, 566 antitrans bills have been introduced across 49 states. Of these bills, many specifically target transgender youth, including denying them access to gender-affirming healthcare, censoring education on and information about transgender issues and history, and preventing transgender youth from using public accommodations (e.g., locker rooms and bathrooms; American Civil Liberties Union, 2023). As of July 2023, 83 of the 566 antitrans bills have been passed and signed into law and are negatively impacting transgender youth today (American Civil Liberties Union, 2023; Trans Legislation Tracker, 2023). These types of policies not only affect teens' experiences attempting to access postassault services and resources, but also dramatically impact their experiences with medical care and responders before and beyond the SA. Here, we integrate literatures on accessing confidential medical care, MR, and adolescent SA.

Accessing (confidential) medical care

Although it varies by state, most jurisdictions have legislation that outlines circumstances in which adolescents can independently choose to access certain medical care procedures, without the consent of a caregiver. According to the Guttmacher Institute (2023), as of July 2023, 19 states allow only certain categories of minors to independently consent to contraceptive services (e.g.,

young people who are already married, already pregnant, or already have kids); twenty-six states require parental consent for a minor to receive an abortion; and 18 states allow (though do not require) medical professionals to inform a minor's parents or caregiver that they are seeking or receiving services for a sexually transmitted infection (STI). Additionally, under the Health Insurance Portability and Accountability Act, parents or caregivers are deemed as "personal representatives" of their minor children, meaning that even if a teen is legally able to consent to and access confidential medical care, parents and caregivers still have access to their child's protected health information (English & Ford, 2004). Such policies prohibiting adolescents' rights and independent access to sexual and reproductive services are grounded in adultism and contribute to adolescents' age-based oppression because they assert that adolescents are not capable of making decisions for themselves. With the recent overturning of *Roe v. Wade*, adolescents are facing increased threats and barriers to getting the health and reproductive medical care they need (Hernandez, 2022). This is particularly frightening in the context of SV as teen survivors may need postassault care related to an STI or unwanted pregnancy, but are now unable to get the critical care they need.

Concerns related to adolescents' access to confidential reproductive and sexual health services have been raised by several groups, including the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists who fear that teens engaging in sex will not seek out the necessary services or resources if confidentiality cannot be guaranteed (i.e., contraception, abortion, STI treatment; American Academy of Pediatrics AAP, 2017; American College of Obstetricians and Gynecologists ACOG, 2020). Concerns around access to care are also supported by research, with one study finding that adolescents seeking out services from a family planning clinic would terminate services if parents or caregivers were required to be notified to receive contraceptive services (Reddy, 2002). These obstacles to receiving care are exacerbated further for adolescents who are under supervision of the state (e.g., foster care, mental health facilities). Such teens may experience additional constraints to their autonomy, and confusion as to who might be notified or required to be involved when receiving care when guardianship is unclear, uncertain, or changing (American Academy of Pediatrics. Task Force on Health Care for Children in Foster Care, 2005; Szilagyi et al., 2015; US General Accounting Office, 1995).

Adolescence is marked by an increase in autonomy as teens have the opportunity to exercise power in making decisions that will impact their lives. However, their precarious legal position established through varied laws across states conflicts with what adolescents are required to know and do to be future-functioning adults. As identified by the American College of Obstetricians and

Gynecologists, empowering teens to be active in the decision-making related to their health is key as these experiences are foundational and formative for adolescents to develop into healthy and functioning adults (American College of Obstetricians and Gynecologists ACOG, 2020). This is especially relevant for teens when they experience SV, as being an agential participant in their care can provide adolescents much-needed control after experiencing a trauma in which control was taken away.

Mandatory reporting

Although some states have established legislation to ensure confidentiality and protect the privacy of teens who seek out specific medical care (see Guttmacher Institute, 2023), these laws can be usurped by MR policies, particularly when the medical professional believes that the teen is seeking services as a result of abuse or neglect (Mathews & Bross, 2015; see Bailey et al., 2023, for a review of MR in the context of adolescent SA). MR policies were first instituted in the 1960s in direct response to the rising awareness and concerns around child abuse (Mathews & Bross, 2015). Since then, MR policies have continued to expand across the United States, and other parts of the world, as an intervention for stopping current and preventing future harm to vulnerable groups (e.g., the elderly, those with disabilities, those under the age of 18), and to increase awareness of abuse (Bailey et al., 2023; Jenny et al., 2013; Mathews & Bross, 2015; Palusci & Vandervort, 2014; Raz, 2017).

Despite the intention of MR, this policy can deny agency to marginalize, and cause increased harm to adolescent survivors (Society of Adolescent Medicine, 2004; Walker, 2017). MR laws were created to stop and prevent child abuse, including child sexual abuse that is often ongoing, and most often committed by a family member in the home (see Giroux et al., 2018). Indeed, while MR laws vary a great deal in regard to when a case must be reported to a child protection agency, child protection agencies often only respond to cases in which a child is being harmed by a caregiver, someone responsible for the well-being of the child, or someone otherwise in a position of authority (Bailey et al., 2023). Teens, on the other hand, are most often sexually assaulted by a nonfamilial acquaintance outside of the home (e.g., a friend, peer, or significant other; Douglas & Finkelhor, 2011; Giroux et al., 2018; Jones et al., 2003; Kilpatrick et al., 2003; Peipert & Domagalski, 1994). Thus, the intended effects of MR laws may not apply in the same way for adolescent SA, and may instead have deleterious unintended impacts with their blanket application.

For teen survivors who independently choose to seek out services or resources from a variety of responders,

including medical professionals, law enforcement, mental health professionals, or legal system professionals (e.g., legal advocate, civil legal attorney), legislation in their state may protect their right to do so. However, depending on the MR laws, the responders the teen encounters may be mandatory reporters with varying requirements as to the circumstances that mandate a report to a child protection agency (see Bailey et al., 2023). This means that teen survivors may unknowingly initiate unwanted interactions with responders who are required to report the rape or SA to child protection agencies. Due to the degree of variation in who is a mandatory reporter and the circumstances under which a report is required (see Bailey et al., 2023), teens are not able to make informed decisions as to if and where they seek care. For example, if a teen experiences SA at the hands of an intimate partner and then seeks out legally protected confidential medical care for the assault (e.g., the rape kit), the teens' parents or caregivers and other responders (e.g., local child protection agencies, police, and prosecution) may be notified about the teen seeking care for the assault (Alderman, 2017). These additional notifications may do little more than compromise the teens' trust, as child protection agencies often do not pursue cases in which the person causing harm is not a caregiver, person in position of authority, or otherwise responsible for the adolescent's well-being. This compromised trust can cause further harm to the teen, as this can discourage them from seeking out additional care or support in the future, for fear of being required to interface with others with whom they did not choose to interact (e.g., parents, other formal responders), and the potential social ramifications of peers and others finding out. Thus, blanket applications of MR to adolescent SA, though well-intentioned, may deter adolescent survivors from seeking needed care and services altogether, and harm teens' relationships with responders more generally (Alderman, 2017; Campbell et al., 2013; Hall & Gloyer, 1985; Schapiro & Meija, 2018; Society of Adolescent Medicine, 2004; Walker, 2017; see Bailey et al., 2023 for a more thorough review of MR as it relates to adolescent SA).

Adolescent postassault disclosure and help-seeking

Following an SA, survivors of all ages may choose to engage several different formal systems for support or services. This includes the (1) the medical system, most often accessed to attend to physical and psychological healthcare needs (Du Mont et al., 2009), while also providing forensic evidence collection (see Office on Violence Against Women, 2013); (2) the criminal legal system, which survivors may choose to access due to safety concerns or for a means of holding accountable the person who harmed them (see Spohn & Tellis, 2012);

and (3) rape crisis centers, which often provide crisis intervention, counseling services, and personal, medical, and legal advocacy as survivors attempt to navigate complex systems (see Shaw & Campbell, 2011; Wegrzyn et al., 2023). Survivors may also be offered advocacy services through the criminal legal system with police-based or prosecutor-based victim advocacy services. Such systems-based advocates are often dependent on survivors' engagement with the criminal legal system, and cannot guarantee confidentiality in the same way as a community-based advocacy through a rape crisis center (Sexual Assault Kit Initiative, n.d.).

In the case of adolescent SA, several additional formal systems or organizations may be accessed, or activated once the teen initiates formal system contact. This includes (1) state child protective services, which are not often accessed directly by adolescents, but instead tasked with responding to mandatory reports (see Bailey et al., 2023); (2) schools, in which adolescents spend a majority of their time and where teachers and other school officials may be the first formal responders to learn of an SA (see Fehler-Cabral & Campbell, 2013); and (3) children's advocacy centers (CACs), which are often criminal legal system-based, and may be brought in to coordinate between police, prosecution, child protection services, advocates, and medical and mental health services for cases that are being pursued in the criminal legal system (see Brink et al., 2015; Newton & Vandeven, 2010). Given the history and current practices of CACs, they may be most relevant when child sexual abuse is suspected, but has not been disclosed (see Connell, 2009). As such, adolescents may be less likely to interact with CACs given their age and circumstances of the assault.

We know relatively little about teens' experiences with formal postassault supports and services. In the only known published study to interview adolescent survivors about their postassault help-seeking experiences, 14- to 17-year-old survivors disclosed that their posttraumatic symptoms were exacerbated after interactions with officials, such as police, particularly if survivors viewed the interaction poorly (Greeson et al., 2016). These poor interactions were often defined by victim-blaming sentiments from the responder (Campbell et al., 2015; Greeson et al., 2016). However, teen survivors who experienced validation from responding police officers while reporting their assault steadily increased their engagement with the criminal legal system (Campbell et al., 2015). In this same study, adolescents reported generally positive experiences with the Sexual Assault Nurse Examiners (SANEs—medical providers specially trained and certified to provide survivor-centered, comprehensive medical forensic care) and the rape crisis advocate (Campbell et al., 2013). Teen participants described SANEs as caring, compassionate, and personable throughout their medical forensic exam (Campbell et al., 2013). Overall, participants in the study

who had more control over their decision to seek out formal help were more likely to stay consistently engaged in postassault system processes, including prosecution (Campbell et al., 2015).

While Campbell and colleague's study (2011) provides critical insight into adolescents' postassault decision-making and experiences among those who choose to disclose to formal service providers, the limited research on formal help-seeking among teens suggests that the vast majority of adolescent survivors choose not to disclose to formal responders or seek postassault services. Because studies most often focus on adult or child populations, it is difficult to extract rates and patterns for adolescents alone. While dated, the National Survey of Adolescents interviewed about 4000 12–17 years olds in 1995 and found that 13% of the SA cases were reported to police, 5.8% were reported to child protective services, 5% were reported to school authorities, and 1.3% were reported to other authorities (Kilpatrick et al., 2003). These rates are somewhat similar to a second survey of 1310 adult women survivors published in 2006 that found 8% of respondents who experienced SV during adolescence ultimately reported that incident to police (Casey & Nurius, 2006). Prior research has also found that adolescents tend to delay disclosure and help-seeking, with one study reporting that adolescents waited longer to seek postassault medical care as compared to adults (Broman-Fulks et al., 2007; Peipert & Domagalski, 1994). Instead of seeking formal supports or services, the literature suggests that teen survivors often disclose the assault to informal supports (e.g., friends and peers), which then sometimes leads them to formal system contact (Campbell et al., 2015; Casey & Nurius, 2006; Tomlinson et al., 2021; Trotman et al., 2016). Teen survivors may choose to seek out all, some, or none of these available services for a variety of reasons. Each choice a survivor makes, whether it to be disclose, or to not disclose, is an act of agency. Here, we describe some of the factors that arose during our integrative review that may inform adolescent survivors' choices to disclose or seek help, including not having enough information about the process and what constitutes SA, concerns about confidentiality and privacy, or fears about how others will react. Teens' marginal status within our social systems complicates this further as teens are not provided key information and legal protections to support informed decision-making; are required to rely on adults as gatekeepers to system resources; and have grown in their distrust toward system responders.

Limited knowledge

Based on the few studies examining teens' postassault experiences, we know teens have limited knowledge about what constitutes an SA and what services are available to

them (Campbell et al., 2013; Hall & Gloyer, 1985; Rousseau et al., 2020; Wilson & Miller, 2016). A recent study examining adolescents' awareness of rape crisis centers found that only half of the 14- to 17-year-olds ($n = 1633$) surveyed had heard of their local rape crisis center (Lee et al., 2015). While survivors of all ages may have limited knowledge or awareness of services or what constitutes SA, this barrier is particularly salient to teens because of their developmental and experiential stage. As mentioned previously, SV may be teen's first sexual experience with and exposure to sexual activity, which can significantly distort teen survivors' future understanding and identification of healthy sexuality versus SV (American Psychological Association, 2002; Sharkey et al., 2017). Lack of education, access to information, and examples on healthy sexuality and navigating sexual encounters can exacerbate teen survivors' ability to acknowledge and label their experience as a form of harm committed against them (Crawford-Jakubiak et al., 2017; Finkelhor & Browne, 1985). For some teens, this void can increase feelings of shame and isolation, making the survivor even more susceptible to victim-blaming ideologies, such that the assault was the survivor's fault or something they did caused the harm to occur (Crawford-Jakubiak et al., 2017; Finkelhor & Browne, 1985; Harris, 2021; Kaufman, 2008). This is concerning as a recent study on teen and adult female survivors' labeling of their assault found that survivors' adherence to victim-blaming ideologies made it less likely for them to label and identify their experience as SA, ultimately impacting their decisions to disclose or seek formal help (Rousseau et al., 2020).

Confidentiality and privacy concerns

As has been discussed, teens generally have confidentiality concerns related to seeking medical care that are further complicated and exacerbated due to MR laws and their legal ability to consent to care. However, teens' concerns with confidentiality may also go beyond their interactions with adults and postassault officials, as some teens fear their peers, and even the person who harmed them, may find out about the assault or the survivor's decision to disclose or seek help. As we now know, teens are most often assaulted by a peer, meaning that the person who harmed them may be embedded within their life and social network (American Psychological Association, 2002; Crawford-Jakubiak et al., 2017; Eisman et al., 2018; Tomlinson et al., 2021). For some survivors, the potential risk of being teased, stigmatized, or ostracized by their peers is a greater price to pay than the SA itself (Finkelhor et al., 2001). This has been supported by recent empirical evidence which found teen survivors are ostracized once their social circle finds out about the assault; as previously discussed, Tomlinson and colleagues (2021) found that adolescent

survivors' social network centrality and popularity decreased after being sexually assaulted.

Although there exists limited literature on confidentiality and adolescent survivors, Hall and Gloyer (1985) surveyed adolescents and found that concerns around confidentiality impacted teen survivors' decisions to disclose or seek out postassault services or resources. Specifically, of the adolescents surveyed, almost all teens reported they would seek out postassault services if they were confident that confidentiality would be maintained (Hall & Gloyer, 1985). Although many things have changed since the 1980s when this study was conducted, legislation still does not guarantee confidentiality to the adolescent when seeking care (The Guttmacher Institute, 2023). To the contrary, recent policy changes, as discussed herein, introduce new threats (American Civil Liberties Union, 2023; Hernandez, 2022; Nakajima & Jin, 2022; Trans Legislation Tracker, 2023). It is difficult for teens to know if confidentiality will be maintained in this current political context, when they have limited knowledge of how support systems and services work, and due to the variation in how locales, organizations, and even individuals implement MR and related laws. This uncertainty, then, can confuse and dissuade adolescent survivors from disclosing or seeking help (Brigham & Goldstein, 2008; Bailey et al., 2023).

Adults as gatekeepers

As previously discussed, in some cases, adolescents cannot access formal systems on their own; if they can, adults may be notified of their system contact. However, some teens may not want adults to be involved and may not want to have to be reliant on them to access services. In surveying 973 adolescents, ages 14–17 years old, Hall and Gloyer (1985) found that the vast majority of respondents (95% of female respondents, 89% of male respondents) reported they would be most likely to seek out SA responders who ensured their information would not be provided to police or parents/caregivers. Although this study was published almost 40 years ago, a developmentally-informed perspective would expect similar patterns today. Teens' desire to access formal systems without adults or authority figures being involved aligns with their desire for greater independence from parents, caregivers, and adults in all areas of their lives. Adolescence is a time in which young people are spending significantly more time outside of the home and with peers, developing their own ideas and beliefs, and no longer wanting to rely on adults for the things they want or need (American Psychological Association, 2002). This tension can be heightened further when teens' legal standing within a given state requires parental permission to access certain medical services (e.g., getting birth control, getting an abortion; American College of Obstetricians and Gynecologists ACOG, 2020; English &

Ford, 2004), or when they must rely on a parent or caregiver to transport them to the facility for care (Alderman, 2017; American Psychological Association, 2002; Campbell et al., 2013; Society of Adolescent Medicine, 2004). In weighing their options, some adolescents consider the many ways in which they might lose control over the process, including who is involved in it, before deciding what to do next (see Huemmer et al., 2018).

Distrust toward responders

Even when adults do not play a gatekeeping role in adolescents engaging with a formal system, teens may be concerned that they will not be in control of the decisions made thereafter. Because of their legal positioning, adolescents may worry that other actors within formal systems will hold decision-making power, and question if such actors will make the “right” decision for the survivor. This is particularly concerning for teens as these “others” have not demonstrated to teens that they can be trusted with this responsibility. For example, in the time of #MeToo and the rise of public disclosures of SA, adolescents have witnessed significant backlash targeting survivors who have disclosed and relied on systems to do the “right” thing (Deggans, 2019; Fortin, 2018). Witnessing an individual accused of adolescent SA being appointed to the US Supreme Court communicates to survivors that formal systems will not believe or protect them (Fortin, 2018). Survivors not being believed by systems and responders has also been documented in research, with a recent study highlighting police prejudice toward teen survivors (O'Neal & Hayes, 2020). Specifically, 75% of the 52 police officers interviewed in the study mentioned that they believe adolescent survivors often lie about being sexually assaulted (O'Neal & Hayes, 2020). This mindset has also been identified as one of the primary causes of victim-blaming sentiments and attitudes toward survivors, similar to that experienced by the participants in Greeson and colleagues' (2014) study on their interactions with police. Multiply marginalized teens may be at increased risk for harmful interaction with postassault responders. For example, Black girls are often perceived by adults to be older than their actual age, and treated as less innocent and more culpable for the violence they experience than their white counterparts (Epstein et al., 2017).

In the rise of media and increased access to others' experiences throughout the world, many adolescents are becoming more aware of how they are the target of violence by the very systems that claim to serve and protect them. For example, Dajerria Becton and Taylor Bracey are two young women whose stories went viral on the internet when others captured the police's use of unnecessary, and excessive force against these young

women on camera (Cole-Frowe & Fausset, 2015; Deliso, 2021). These well-known stories are supported by a growing body of research on the disproportionate harm committed by systems against teens. More specifically, a recent report using statewide emergency department data found that in the years 2005–2017, 15,873 teens (e.g., those between the ages 10 and 19 years old) in California were treated for an injury at the hands of police (Farkas et al., 2022). This same study also found that Black teens experienced higher rates of injuries at the hands of police in comparison to teens with other racial or ethnic backgrounds in the study (i.e., Latinx or Hispanic teens, White teens, Asian or Pacific Islander teens, and Native American or Alaska Native teens; Farkas et al., 2022). Additionally, these same systems often criminalize adolescent survivors. Indeed, there is a growing body of research demonstrating the increased incarceration of Indigenous and Black teens who have experienced SV, specifically those who have run away from an abusive home, escaped sex trafficking, or are involved with child protection services (Ocen, 2015; Saar et al., 2015). Thus, with the rising evidence of the ways systems and responders target and further harm teens most affected by violence, it is clear why many adolescents believe they cannot rely on or trust certain postassault systems. In delineating the many different considerations for teen survivors when deciding how to move forward following an SA, it becomes more clear why they may more readily arrive at a decision to not seek help from formal systems. Steps we must take to recenter teen survivors in our research and practice also emerge.

DISCUSSION

Adolescents are unique because they are in the midst of one of the most rapid phases of human development. They are establishing important relationships outside of their immediate families, beginning to exercise independence and agency, and through their lived experiences, they are learning who they are and their place in the world. Adolescents are also sexually assaulted at some of the highest rates and face nuanced complexities related to their developmental, experiential, and legal positioning as they attempt to navigate their lives postassault. They oftentimes encounter systems that were not designed for them, as these systems largely attend to the needs of older or younger survivors and do not fully engage the complexities and messiness of the “in-between.” Adolescents, then, are too often relegated to the margins, resulting in responder systems and practices that do not serve or help them, and a dearth of research dedicated to engaging and centering their needs and experiences. Because of this marginalization, this integrative review sought to bring together a disjointed knowledge base to provide a more comprehensive

understanding of what adolescents are experiencing, and what they might need after an SA. Table 1 provides a summary of the key findings of our review, promoting an integrated, more complete understanding of adolescent SA.

Limitations and future research

Of course, our review is not without limitations. First, while taking up an intersectional feminist approach, we chose to engage and organize the literature in a way that explicitly highlighted and fostered an examination of the intersection of adolescence, age-based oppression, and SV. As a result, we were unable to deeply engage other interlocking systems of oppression that impact SV and survivors' experiences with postassault responders and care. As such, further reviews and research are needed to build upon this knowledge base. For instance, although adolescent survivors may have some similarities in their experiences related to their age, their experiences likely differ in relation to other aspects of their identities, including gender, ability, size, race, and ethnicity. We did our best to engage these intersections throughout our manuscript through different examples, such as the gendered adultification of Black girls that invokes intertwined systems of power related to race, gender, and age (Epstein et al., 2017). However, additional dedicated attention is needed to understand more fully how systems of oppression intersect to influence adolescents' multifaceted experiences. In future research, we encourage researchers to be intentional in choosing specific groups of adolescent survivors to focus on and center in their work.

An additional limitation of this review is that it was conducted in a rapidly changing political environment. We anticipate that as soon as this paper is published, it will in some ways be out of date. For example, in the time this manuscript was under review for consideration of publication, distinct and important legislative changes were made that required revisions to accurately describe specific laws and their interaction with teen survivors. Our original submission stated that 21 states required parental consent for a minor to receive an abortion. At the time we revised our paper, we had to update this to 26 states (Guttmacher Institute, 2023). This caused us to reflect on the multiple ways in which we may choose to disseminate our work, and the importance of future research further exploring how to disseminate information in timely and responsive ways, some of which may require moving outside of the peer-review process.

Action items and next steps

We now turn to next steps. Just as our intersectional feminist approach informed the need for and the

TABLE 1 Summary of key findings.

Knowledge domains	Subdomains	Key findings
Dynamics of adolescent SA	Relationship to the person who harmed them	<ul style="list-style-type: none"> • Teen survivors often know the person who harmed them, typically an acquaintance.^a
	Substance use	<ul style="list-style-type: none"> • Substance use is more common in adolescent SA compared to adult SA.^b
	Physical force, weapon use, and injuries	<ul style="list-style-type: none"> • Physical force and weapon use in adolescent SA is less common compared to adult SA, but adolescent SA is more intrusive and forceful than SA among children.^c • Compared to adult SA, anogenital injuries are more common in adolescent SA while nonanogenital injuries are less common.^d
Adolescent development	Brain development	<ul style="list-style-type: none"> • Adolescence is the second most significant period of brain development, specifically as it relates to their executive functioning and impulse control which is important for understanding the context and impact of SA among teens.^e
	Sexual exploration	<ul style="list-style-type: none"> • Adolescents are experiencing significant physical and hormonal changes, increased exposure to sexualized media, and growing pressure from peers, making sexual exploration a natural part of their development.^f • Adolescent SA can shape one's understanding of sex and their sexual identity.^g • A lack of sex education and knowledge can compound the effect of adolescent SA.^h
	Peers and social networks	<ul style="list-style-type: none"> • As adolescents begin to individuate from their parents, they become more reliant on peers for their social, emotional, and identity development.ⁱ • SA impacts teen survivors' ability to trust and connect with others, particularly when they are assaulted by someone in their social network.^j
	Routines and activities	<ul style="list-style-type: none"> • Some adolescents' daily lives are dictated by new routines and more time spent away from home, which may provide opportunities for someone to sexually harm them.^k
	Agency	<ul style="list-style-type: none"> • Adults often view and treat adolescents as unable to make decisions for themselves.^l • Adultist beliefs shape policy and practice which limit teens' agency.^m
	Intersecting identities	<ul style="list-style-type: none"> • Sexual violence is used as tool of oppression to further marginalize adolescents, as reflected in high rates of sexual victimization among transgender, lesbian, gay, and bisexual teens, teens experiencing poverty, and teens with disabilities.ⁿ • Adolescent SA can impact multiple aspects of teens' identities and how they see themselves throughout their lives, as these identities are interconnected and shaped by interlocking systems of oppression.
Legal positioning and rights	Accessing confidential care	<ul style="list-style-type: none"> • Current policies and practices prevent adolescents from accessing confidential medical care, posing risks to their physical and sexual health.^o
	MR	<ul style="list-style-type: none"> • Laws ensuring confidentiality and privacy to adolescents seeking medical care is usurped by MR laws.^p • Because MR laws are designed to disrupt ongoing harm or harm being done by someone in a position of authority, this intervention may not be appropriate for adolescent SA and may cause further harm, rather than help adolescent survivors.^q
Postassault disclosure and help-seeking	Formal versus informal responders	<ul style="list-style-type: none"> • Some research indicates that adolescents have had poor interactions when seeking postassault help, including victim-blaming sentiments and attitudes from responders.^r • Other research indicates that adolescents have also had positive interactions when seeking postassault help, especially when responders were compassionate and when the teen had control over the process.^s • Overall, the research asserts that a majority of adolescent survivors do not seek help from formal responders but rather disclose to and seek help from informal supports (e.g., friends, peers, family).^t
	Knowledge and awareness	<ul style="list-style-type: none"> • Teen survivors may not seek postassault care because they do not know what constitutes an SA or are not aware of available postassault services and resources.^u

TABLE 1 (Continued)

Knowledge domains	Subdomains	Key findings
	Confidentiality and privacy	<ul style="list-style-type: none"> • Adolescents, broadly, and teen survivors, specifically, have confidentiality and privacy concerns that contribute to their decisions whether to seek postassault care.^v
	Adult gatekeeping	<ul style="list-style-type: none"> • Adolescents' legal positioning and rights often place adults in a gatekeeper role when it comes to accessing services and resources, creating concern and confusion for teens and preventing them from seeking postassault care.^w
	Distrust of responders	<ul style="list-style-type: none"> • Teens may distrust the intentions and helpfulness of responders based on their direct and indirect experiences with them, contributing to teen survivors' decisions to not engage postassault care.^x • Adolescents have also experienced violence from the systems designated to help and support teens who have been sexually assaulted, creating concerns around experiencing more harm as a result of seeking help postassault.^y

Abbreviations: MR, mandatory reporting; SA, sexual assault.

^aGiroux et al. (2018); Lopez et al. (2012); Smith et al. (2017); Teitelman et al. (2008); Volpe et al. (2013).

^bAdams et al. (2001); Crawford-Jakubiak et al. (2017); Kaufman (2008); Peipert and Domagalski (1994); Seifert (1999).

^cCross and Scmitt (2019); Giroux et al. (2018); Jones et al. (2003); Muram et al. (1995); Peipert and Domagalski (1994).

^dDrocton et al. (2008); Feeney et al. (2017); Jones et al. (2003); Rosay and Henry (2008).

^eBlack (2017); De Bellis and Zisk (2014).

^fAPA (2002); Black (2017); Princeton Survey Research Associates (1996); Ybarra and Thompson (2018).

^gFinkelhor and Browne (1985); Kaufman (2008); Macmillan (2001).

^hAPA (2002); Finkelhor and Browne (1985); Pariera and Brody (2018); Schapiro and Meija (2018).

ⁱAPA (2002); Frydman and Mayor (2017); Greeson et al. (2014); Sharkey et al. (2017); Tomlinson et al. (2021).

^jAPA (2002); Crawford-Jakubiak et al. (2017); Eisman et al. (2018); Tomlinson et al. (2021).

^kAPA (2002); Butler (2013); Felson and Cundiff (2014); Frydman and Mayor (2017).

^lAPA (2002); Bell (2010); Schapiro and Meija (2018).

^mAPA (2002); Frydman and Mayor (2017); Greeson et al. (2014); Schapiro and Meija (2018).

ⁿAPA (2002); Eisman et al. (2018); Galupo et al. (2017); Kaufman (2008); Klimstra et al. (2010); Krotoski et al. (1996); Norris and Orchowski (2020); Reese et al. (2010); Velez and Spencer (2018).

^oAAP (2017); ACOG (2020); Guttmacher Institute (2023); English and Ford (2004); Reddy et al. (2002).

^pBailey et al. (2023); Mathews and Bross (2015).

^qMathews and Bross (2015); Society of Adolescent Medicine, 2004; Walker (2017).

^rCampbell et al. (2015); Greeson et al. (2016).

^sCampbell et al. (2013), (2015).

^tCampbell et al. (2015); Casey and Nurius (2006); Tomlinson et al. (2021); Trotman et al. (2016).

^uCampbell et al. (2013); Hall and Gloyer (1985); Rousseau et al. (2020); Wilson and Miller (2016).

^vAPA (2002); Crawford-Jakubiak et al. (2017); Eisman et al. (2018); Hall and Gloyer (1985); Tomlinson et al. (2021).

^wACOG (2020); Alderman (2017); APA (2002); Campbell et al. (2013); English and Ford (2004); Huemmer et al. (2018); Society of Adolescent Medicine, 2004.

^xDeggans (2019); Fortin (2018); O'Neal and Hayes (2020).

^yCole-Frowe and Fausset (2015); Deliso (2021); Farkas et al. (2022).

boundaries of our integrative review. We now return to this framing as a guide for action. Intersectionality is a *critical* social theory. While social theories primarily describe and explain, *critical* social theories are those dedicated to the pursuit of social justice and require action (Collins, 2000, as cited in Moradi & Grzanka, 2017). Similar to calls for action as a key part of value-based praxis toward social justice in community psychology (Prilleltensky, 2001), Black feminists call for action in the form of critical praxis toward social justice when evoking intersectionality. In this review, we organized the theory and research. Now, we heed the call for praxis by offering specific steps that the social justice-minded-scholar activist can take to (re)center adolescents in our research and practice.

Step 1: Conceptualize age as a group-based identity used to allocate power and adolescents as a marginalized group within adultist systems

Our critical integrative review documented and highlighted the many ways that adolescents are denied the opportunity to independently make decisions, and instead must rely on adults to access and navigate postassault response systems. Specifically, MR and other laws governing adolescents' legal abilities to consent to medical care prevent adolescents from accessing confidential, private postassault services. No matter how well-intentioned, these policies assume that adults know more, know better, and are entitled to make decisions for young people without their consent. Because these policies operate on these key assumptions, they are

adultist and allow adults to systematically exercise power over adolescents (see Bell, 2010). Thus, as a first action step, it is critical that scholar activists begin to, or further develop, their understanding of age as a group-based identity that is used to allocate power within adultist systems. Of course, this is often easier said than done, as the systematic subordination of young people through individual, interpersonal, institutional, and societal structures is so commonplace that it often goes undetected and is not characterized as a form of oppression (Bell, 2010; DeJong & Love, 2013, 2016). Instead, people often draw upon human development literature to make the case for and justify the differential treatment of adolescents, including denying adolescents' agency and opportunities to make decisions (Bell, 2010). Of course, there are biological, intellectual, cognitive, and other developmental changes that happen across the lifespan that should be considered when responding to or understanding the experiences of adolescents (DeJong & Love, 2016). Indeed, this was a key focus of our review, prompting our inclusion of literature on adolescent development and SA. However, the issue arises when developmentally-based arguments are used to justify the systematic suppression of teens' agency in their own lives.

Because adultism is often overlooked and all oppressive systems are intertwined, we can turn to theorizing on other forms of structural oppression to understand this problematic process. In discussing structural racism and how it operates, Memmi (2000) describes four key moments, or criteria: (1) the insistence on difference, whether real or imaginary; (2) the negative valuation imposed on those who are different; (3) the generalization of the negative valuation to an entire group; and (4) the use of these generalized, negative valuations to justify and legitimize hostility. These same four key moments can be applied to structural adultism (DeJong & Love, 2016), in which the initial insistence on difference may be based on what is known about human development (e.g., young people are different in that their brains and bodies are still developing). From this initial insistence on difference, one may easily assign a negative value (i.e., those with developing brains and bodies are incapable of making sound decisions); generalize it to an entire group (i.e., all adolescents are incapable of making sound decisions); and use these generalizations to justify hostility (i.e., adolescents must not be allowed to exercise agency nor make decisions). While the initial insistence on difference may be true, in whole or in part, it cannot and should not be used as a starting point to move through these additional moments and justify structural oppression. Instead of using what we know about human development to dismiss teens and strip them of power and control, we should use what we know to inform how we understand and engage with individuals across the lifespan.

We have modeled this in our integrative review by using the developmental literature to understand more fully the complex experience and impact of adolescent SA, and the potential nuances in adolescents' postassault needs. Thus, our first call to action is for scholar activists to make concerted efforts to learn more about and understand how age operates as a group-based identity to allocate power within adultist systems. This disproportionate and unjust age-based allocation of power comes up in our research, in our practice, and in all aspects of our lives. We must name adultism for what it is, understand how it marginalizes adolescents, and reject developmentally-based claims that attempt to justify its many manifestations. We must also engage the intersections of adultism with other systems of power to understand how these systems interact and produce varied experiences for different teens—particularly those who are multiply marginalized. Table 2 provides a list of questions for scholar activists to consider as they begin this work.

Step 2: Assess your current program of research

Once we understand how adultist systems operate to marginalize adolescents, we can begin to enact change. While intersectional feminism aspires to effect transformative change (Moradi & Grzanka, 2017), we can begin by focusing on our program of research and the extent to which it creates space for and centers adolescents. Our review demonstrated the lack of literature focused specifically on adolescent SA despite the high rates of SV among this age group. This gap in the literature makes it difficult to design and implement empirically-informed policies and practices that are particularly suited for teen survivors. To remedy this, we need more research that focuses specifically and intentionally on adolescent SA. As a first action step, SV scholar activists must examine the extent to which their current programs of research consider the experience of adolescent SA. As a key part of this examination, SV scholar activists must consider why they have elected to focus on, include, or exclude adolescent SA in their research pursuits. In some cases, scholar activists may choose to focus on other age groups or demographics intentionally (e.g., SV research that focuses on elder abuse). In other cases, scholar activists' decisions to exclude adolescent SA cases and survivors from their research may be due in part to scholar activists' accurate perceptions that designing and carrying out this type of research is inherently challenging.

While all SV research must be designed and implemented with care (see Campbell & Wasco, 2000; Campbell et al., 2019), additional complexities arise in research that involves adolescents. First, the Office for Human Research Protections regulations (2016) require both parental consent and child assent for “children” under the age of

TABLE 2 Questions to guide the scholar activist's next steps.

Examining and understanding adultism	Assessing current program of research	Planning for future research
<ol style="list-style-type: none"> 1. How does adultism manifest in the settings I occupy (e.g., at work, at home)? 2. How are adolescents systematically excluded from decision-making or denied agency in the settings I occupy? 3. What arguments are used to justify adultism and the systematic marginalization of adolescents in the settings I occupy? 4. How do these manifestations vary for different groups of adolescents and what other systems of oppression are invoked? 	<ol style="list-style-type: none"> 1. Do I focus on adolescent SA or include adolescent cases or individuals in my SV research? Which adolescents? 2. What is my rationale for (not) studying adolescent SA or for (not) including adolescents or adolescent SA cases in my research? 3. How would/does my team attend to and attempt to reduce the power hierarchy among adult researchers of varying ages and adolescent collaborators or participants? 4. Does/could my team routinely consider the implications of our research on adolescents and adolescent SA, even if they are not the focus of or included in the research? 5. What challenges have emerged in considering/carrying out research on adolescent SA, and how have other SV and trauma researchers overcome them? 	<ol style="list-style-type: none"> 1. What would it mean to (more intentionally) center adolescent SA and adolescents in my research and response systems? Which adolescents? 2. How should I prioritize and select specific adolescent groups or SA topics for further investigation? 3. What relationships do I need to develop (further) or prioritize to allow me to pursue this research in an authentic way? 4. What community-based and -directed approaches do I want to explore further to inform my work and development as a scholar activist? 5. How do I invite imaginative thinking into my research?

Abbreviations: SA, sexual assault; SV, sexual violence.

18 years old to participate in research. Research with minors, then, relies largely on working with parents and guardians to obtain parental consent, and even to make young people aware of the opportunity to participate in a given study. However, as discussed in this review, adolescents are in a life stage in which they are attempting to assert independence from adults and increasingly desire privacy and autonomy. This does not fit well with the parental consent/child assent model. For a parent or guardian to provide consent for their child to participate in a study on adolescent SA, the parent or guardian would have to know that their child was sexually assaulted. While some adolescents may choose to disclose their SA to their parent or guardian, the limited prior literature included in this integrative review suggests that many adolescents may choose not to disclose to their parent or guardian that they were sexually assaulted. This makes it unlikely that they would choose to participate in research that required such a disclosure as a condition of their participation. Relying on parental consent for a study with adolescents on SA, then, would likely result in a systematically different sample than a study that does not require parents to consent their child's participation (see Liu et al., 2017). Requiring parental consent, then, limits what we can learn about adolescent SA survivors' experiences and the contexts to which the research findings might apply. Similarly, MR laws introduce an additional potential challenge and deterrent to carrying out research on adolescent SA. Prior research has documented the extensive variation, confusion, and tension among responders in implementing MR laws (see Bailey et al., 2023). Scholar activists, too, may be confused and conflicted about how MR laws would apply to a study on adolescent SA.

These, and other, complexities of engaging minors in research may deter scholar activists from including this age demographic in SV research. However, in refusing to engage these challenges, scholar activists reify the marginalization of adolescents within adultist structures. The same response policies and practices that may prevent adolescents from accessing needed postassault care (e.g., legal minor standing; MR) may also effectively deny them the opportunity to participate in research that can be used to understand and improve such responses. While involving adolescents in our research is challenging, the challenge alone does not provide adequate justification for systematically excluding adolescents from SV research. We can interrupt this cycle. To do this, scholar activists must take steps to learn more about how these challenges have previously been overcome in SV research. For example, to overcome the challenge of requiring parental consent for adolescents to participate in a study on adolescent SA, Campbell and colleagues (2011) obtained IRB approval for an *in loco parentis* consent process. Campbell et al. made the case that requiring parental consent for adolescent SA survivors to participate in their study would result in a biased sample (as many adolescents do not want to disclose their assault to their parents as a condition of their participation) and put the teens at risk of additional harm (as their parents or individuals with close relationships to their parents may have sexually harmed them). Instead of a parent or guardian providing consent for the adolescent to participate, they partnered with a local rape crisis center who provided a rape crisis counselor to sit in with the interviewer and participant during the informed consent process and provide consent to accompany the participant's assent to participate.

Additional potential paths forward for navigating consent and assent requirements also appear in the Office for Human Research Protections regulations themselves. In defining who is considered a child for consent and assent purposes, the particular treatment or procedure involved in the proposed research is to be considered (Office for Human Research Protections, 2016). If the participant is legally able to consent to the treatment or procedure involved in the proposed research, they may also consent to participating in the research. Following this same logic, if a teen is legally able to consent to or access a specific type of postassault care or service, they should also be able to consent to participate in research that inquires about that care. Researchers have successfully made this argument to waive parental consent requirements and carry out research with adolescents (e.g., see Flicker & Guta, 2008; Holder, 2008). Thus, instead of shying away from these challenges, scholar activists should lean in, and think creatively and intentionally about how such work could be designed and carried out. They should also be sure to publish and make available solutions and paths forward as they are developed so that other researchers may learn from, cite, and continue to build upon this body of work.

Of course, we are not suggesting that every study on SV should focus on or include adolescents. We are calling on SV scholar activists to see the process of intentionally deciding if and how to focus on adolescent SA in their research as an essential antioppressive practice. This process involves an assessment of one's current program of research in terms of the specific populations, communities, and substantive foci; the extent to which the scholar activists think critically about age and adolescents in relation to their research; how their studies apply to adolescents even if they are not the primary group of interest; and how they attend to age-based power dynamics in their research. This process should not replace other antioppressive practices that attune to other systems of oppression. In assessing if their programs of research include adolescents, SV scholar activists should also ask, *which* adolescents, to ensure their work does not default to a focus on white cisgender heterosexual teen girls (see Moradi & Grzanka, 2017 for a discussion of the implicit prototype in gender research). Table 2 provides a list of questions to help scholar activists reflect on and examine their current research programs.

Step 3: Plan for future research and action

Equipped with a new understanding of the extent to which one's current program of research intentionally engages adolescent SA, we invite the SV researcher and scholar activist to plan for the future. Here, we think of the future in terms of individual scholar activists' programs of research, as well as collective transformative

change efforts. Our review identified gaps in our understanding of adolescent SA, and in how response systems are designed to meet the needs of teen survivors. To more intentionally center adolescents in SV research and practice, we must identify the type of work that needs to be done, who will do it, and how it will be carried out.

Our integrative review highlighted the dearth of literature that focuses exclusively on adolescent SA. However, research on adolescent survivors' experiences attempting to navigate their lives postassault is particularly scarce. Thus, while research on many topics related to adolescent SA would make an important contribution to the literature and have the potential to inform improvements to response systems, research examining adolescent survivors' postassault experiences and the extent to which their needs are met is particularly needed. As discussed in our integrative review, policies and practices written with children or adults in mind, and then extended to adolescents, may not adequately consider the complex nature of adolescent SA and how responses need to be tailored to meet the nuanced and varied needs of this age group. The available literature makes clear that adolescents have specific needs and concerns related to privacy, agency, and their peer networks. It is important to examine the extent to which existing systems, policies, and practices are designed to address and prioritize these specific concerns, the extent to which these systems, policies, and practices are being implemented as designed, and the extent to which they are having their intended impact. Identifying, documenting, and evaluating current policies and practices is a necessary first step to be able to target and change them (Seidman, 1988). By making visible these social regularities (i.e., patterns of social relations, connections, and linkages between different system or setting parts), it is then possible to determine if tuning, incremental change, or restructuring is needed (see Seidman, 1988). Within these efforts, scholar activists can also support responders in understanding the bounds of their legal obligations when interacting with teens (e.g., the specific criteria for filing a mandatory report), where there is flexibility and opportunities to support adolescents' agency, and how to provide adolescents with information that can help them make informed choices.

Of course, scholar activists know well that this work cannot and should not be carried out in a vacuum. Critical value-based praxis toward social justice and transformation requires collaboration and community engagement (see Kivell et al., 2022; Moradi & Grzanka, 2017; Prilleltensky, 2001). Only through community-based and -directed approaches can we develop an ecological understanding of adolescent SA survivors' experiences and needs, and have the opportunity to enact change. Fortunately, there is a sizable literature on community-based and -directed approaches within and beyond the field of community psychology that discuss key principles, concepts, traditions, and

strategies for collaborative and constructive community engagement (e.g., see Ozer et al., 2020; Paris & Winn, 2013; Trickett et al., 1985; Wallerstein et al., 2017). The SV scholar activist has myriad decisions to make in terms of with whom they collaborate on adolescent SA research and action—they must decide how best to build out their primary team; with which organizations, and individuals they develop relationships and partner; and how they invite adolescent survivors to be a part of or otherwise be represented in their work. While the available literature on community-based and -directed approaches provides guidance on *how* to engage in this work, our integrative review provides additional insight into some of the key players that should be considered. For example, we have highlighted specific legislative policies that define the terms in which adolescents can access and receive postassault care. If the SV scholar activist hopes to understand and act upon these policies, it becomes essential to develop relationships and partner with individuals and organizations involved in legislative advocacy. Another example is the use of Youth Participatory Action Research (YPAR), which views and involves young people as collaborators or co-researchers throughout the research process (e.g., see Stacy et al., 2018 for more information on YPAR). In using participatory approaches, the SV scholar activist can further engage in socially just and actionable research. As SV researchers identify specific focus areas for their future work, they should consider what additional relationships may need to be developed or prioritized and the specific community-based or -directed approaches most appropriate for their work.

Finally, as we collectively look to the future, we invite SV researchers and scholar activists to (re)commit to imaginative thinking. Current systems and structures are maintained in part because of our inability to imagine a different way of being. Intersectional feminism calls on us to uncover and transform systems of domination through critical praxis (Moradi & Grzanka, 2017). To dismantle the systems of oppression that support SV broadly, adolescent SA specifically, and the myriad of other interconnected forms of structural violence, we have to hold close the belief that there is another way. We can take steps to incorporate imaginative thinking into our research on adolescent SA. For example, in addition to evaluating adolescents' experiences in existing response systems, we can work alongside adolescents to imagine entirely new systems and settings designed by and for teen survivors to support their healing, recovery, and growth (see also Case & Hunter, 2012, for a discussion of settings as counterspaces). We can also reject damage-centered approaches to research. Tuck and Yang (2014) explain how damage-centered research operates within a theory of change in which harm must be recorded or proven to convince others that those experiencing harm matter and deserve amends. We can move away from research that primarily documents the

pain of adolescent SA and its aftermath, and look toward more critical, liberatory, and transformative frameworks (e.g., see Fox et al., 2009; Montero et al., 2017; Paris & Winn, 2013; Wallerstein et al., 2017). Of course, these examples are not intended to be exhaustive, but instead generative, inviting scholar activists to lean in, and imagine what could be. Table 2 provides a list of questions to help scholar activists consider and plan for their future work.

CONCLUSION

Adolescents need responders and researchers who are conscientious of adolescent survivors' unique postassault needs, as well as the ways in which teens continue to be marginalized within adultist societal structures. Scholar activists and practitioners have the power and the tools to transform how our institutions and society view and engage adolescents. With an understanding of how these systems operate and interact with adolescents, scholar activists and practitioners committed to antioppressive practice also have a responsibility to act. Our empirical and practical decisions can reinforce the status quo and maintain the current power structure that denies adolescents agency in their own lives. Alternatively, we can decide to center teens in our work and begin to move toward more socially just spaces for all.

ACKNOWLEDGMENTS

This project was supported by Grant No. 2017-SI-AX-0001 awarded by the Office On Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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How to cite this article: Bailey, C., Shaw, J., & Harris, A. (2024). Adolescents and sexual assault: A critical integrative review. *American Journal of Community Psychology, 73*, 337–359.
<https://doi.org/10.1002/ajcp.12740>