



# Sexual Violence Against Girls and Young Women in Hampden County

An Environmental Scan of Existing Data, Programs, and Policies  
*September 2020*



**PUBLIC HEALTH INSTITUTE  
OF WESTERN MASSACHUSETTS**  
PARTNERS FOR HEALTH EQUITY

# Acknowledgements

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## **About the Public Health Institute of Western MA**

The Public Health Institute of Western Massachusetts builds measurably healthier and more equitable communities through community engagement, collaborative partnerships, research and evaluation and policy advocacy.

## **Health Equity Statement**

A history of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently with some bearing a great burden of poorer health. These inequities can influence health more than individual choices or access to health care. The Public Health Institute of Western Massachusetts recognizes its responsibility to dismantle these injustices by promoting health through policies, practices and organizational systems that benefit all.

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# Executive Summary

This assessment was initiated by the YEAH! (Youth Empowerment Adolescent Health) Network partners in an effort to better understand violence against children and youth in Hampden County. In 2007, the YEAH! Network was created to address the high teen birth rates in Holyoke and Springfield. Over a ten year period through a comprehensive regional approach, teen birth rates were reduced significantly though inequities continued to exist for some populations. The YEAH! Network was focused on empowering youth and increasing education and access to young people to support healthy choices and behavior as well as public policy to enhance systems addressing adolescent health. One theme that was particularly hard to quantify was the amount of sexual violence that young women experience, which research suggests increases risk for becoming a “teen parent”. In addition to the physical and emotional traumas of sexual violence, experiences of sexual violence are strongly associated with experiences of other types of violence<sup>1,2</sup> as well as a variety of negative sexual, mental, and physical health outcomes. These include sexually transmitted infections, unintended pregnancies, depression and anxiety, engaging in risky and unhealthy behaviors, and experiencing other types of violence over the lifespan.<sup>3,4,5</sup> This effort is intended to be a catalyst to understand the links between sexual violence and other health determinants and long term health outcomes in Hampden County. We hope this report will spawn conversations and multi-sector efforts to better address sexual violence in our region and beyond.

Over the past twenty years, there has been a global shift to raise awareness of interpersonal violence as a public health issue and to understand its population level impact. Few systematic efforts have been made at a local level to understand the extent of violence against children and youth. This report—the results of an environmental scan of existing data, programs, and policies focused primarily on adolescent girls and young women’s experiences of sexual violence—aims to address that gap.

Although Hampden County community partners have expressed interest in collectively working together to further prevent and respond to sexual violence experienced by girls and young women along with related sexual and mental health issues they face, it is challenging to do so without an understanding of the scale and scope of the problem. As far as we know, to date there has not been a systematic examination of sexual violence against girls and young women in Hampden County or the state as a whole. Thus, this environmental scan takes stock of and examines existing data and other available information to:

- identify data collection gaps,
- characterize and describe the problem,
- highlight available resources, and
- recognize policies/funding aimed at preventing and responding to sexual violence.

## Methods

A variety of data were collected from various sources for this environmental scan. The Public Health Institute of Western Massachusetts convened an Advisory Group to review the plan for conducting the environmental scan and identify additional subject matter experts who could be contacted to gather the desired information. Additional subject matter experts were identified based on snow-balling and Internet searches. Data were gathered by reaching out to the identified subject matter experts and those with access to the identified data of interest. Therefore, both programmatic and epidemiological data are included in this report.

## Key Findings

As hypothesized by the research team and the Advisory Group, there are numerous data gaps when it comes to trying to comprehensively understand sexual violence against adolescent girls and young women. These gaps include data characterizing the extent (prevalence and incidence of various types of violence) of the problem, risk and protective factors associated with the violence, and contextual information about incidents of violence (e.g., location, perpetration, circumstances). In the Commonwealth of Massachusetts, multiple governmental agencies are charged with collecting sexual violence data from various sources across the state. Piecing together data from these sources still leaves gaps in understanding how sexual violence is affecting all of Hampden County on a population level. Incident reporting systems vary from agency to agency as does the information these systems collect (e.g., the context of sexual violence incidents and the people involved) and who completes and files the reports of sexual violence. There are no current efforts to collect population-level violence data through a single dedicated approach such as a survey exclusively about violence or a coordinated and comprehensive violence surveillance system housed at the county or state level.

The scan process identified the following sources that provide at least some data on sexual violence against adolescent girls and young women (defined for this report as approximately aged 12 to 24) in Hampden County:

- Massachusetts State Police CrimeSOLV houses data on sexual offenses known to law enforcement, reported to the MA State Police Crime Reporting Unit using the National Incident-Based Reporting System.
- Rape Crisis Centers reporting to the MA Department of Public Health provides data on all sexual assaults perpetrated against individuals aged 12 and older and seen at Rape Crisis Centers.
- Provider Sexual Crime Reports reported to the MA State Executive Office of Public Safety and Security provides data on sexual assaults where a victim/survivor has sought medical attention and the medical provider (typically) completes a report of the violence.
- Program data from local social service providers (e.g., Child Advocacy Centers, domestic violence agencies) may include summary demographic data of individuals who received services in support of experiences of sexual violence, including intimate partner violence and sexual exploitation. Data from Child Advocacy Centers includes referrals from 51A reports to the Department of Children and Families for any cases of suspected or alleged abuse or neglect of a child (including sexual abuse and child exploitation) by anyone who observes or suspects abuse.
- Springfield Public Schools' student health surveys ask students in 8th, 10th, and 12th grades select questions about experiencing dating and other sexual violence (these are not conducted county-wide).

Available data reviewed during this scan are in alignment with countless state, national, and international reports and studies that show girls and women experience far more sexual violence than their male counterparts. These data also align with previous findings that most sexual violence incidents are perpetrated by someone the victim/survivor knows (e.g., an acquaintance, family member, intimate partner).

Social service agencies in Hampden County are providing a range of services and programs to support victims/survivors of sexual and physical violence, intimate partner violence, exploitation and trafficking. Some of these include emergency shelter, hotlines, support groups, court accompaniment and legal advocacy, case management, and individual and group therapy. Some programs report seeing and serving more clients, annually, than are often reported through other data sources.

A number of state policies (in the form of state legislation) exist to prohibit the perpetration of violence and protect the rights of individuals who experience intimate partner and sexual violence, and child exploitation. The policies are fairly comprehensive and inclusive, focused on the protection of the victims/survivors. However, policies and laws are only as good as their implementation, enforcement, and accountability. This scan did not attempt to assess these aspects of the policy process.

There are also policies in the form of state funding to support violence prevention and response efforts. Some of these are state budget line items, renewed annually, and others provide for funding to a state agency to make grants to organizations throughout the state. Again, an analysis of the effectiveness of these budgetary policies was not in the scope of this assessment.

## Recommendations

Currently, gathering data on sexual violence against adolescent girls and young women is disjointed and fractured, and available data do not tell a complete story about the issue. The following recommendations were developed with the Advisory Group based on the findings from this assessment:

- Identify a systematic way to collect population level data in order to have a clearer and more accurate understanding of the true extent of sexual violence against adolescent girls and young women. One consideration could be the creation of a surveillance system for reporting violence that is consistent in terms of the information reported (e.g., type of violence, age of victim/survivor, gender of victim/survivor, location of incident) and where it is reported to (e.g., local or state health department), similar to how health care providers and institutions and health departments report certain diseases.
- Create a task force to develop goals for filling data gaps and for preventing and responding to violence in a more coordinated way that is driven by data findings and supportive of improving health outcomes for adolescent girls and young women.

The Advisory Group also thought it critical to address the issue of screening for experiences of violence across age groups and through a variety of sectors. However, the group acknowledged the need for better data to fully realize that recommendation, along with a comprehensive look into existing screening practices through different sectors (e.g., health, education, law enforcement) and with different audiences (i.e., children, youth, adults).



# Background

## Sexual Violence as a Public Health Problem

Sexual violence is a widespread public health problem that is often overlooked and underreported. It affects people across the globe of all ages, races/ethnicities, and gender and sexual identities, albeit not always proportionately. Sexual violence, in broad terms, is any “sexual activity when consent is not obtained or freely given,”<sup>6</sup> such as completed or attempted forced sex, coerced sex, or unwanted sexual touching. Sexual violence may be experienced as one incident or multiple incidents over any length of time. Sexual violence is usually perpetrated by someone the victim/survivor knows (e.g., a current or former intimate partner, a relative, a friend, a neighbor). Although people of all genders experience sexual violence, female (i.e., typically cisgender female) and transgender individuals consistently report higher rates of lifetime and past year experiences of sexual violence than males (i.e., typically cisgender males). According to the 2015 National Intimate Partner and Sexual Violence Survey (NISVS) and the 2015 US Transgender Survey (which was informed by NISVS questions), 43.6% of females, 24.8% of males, and 47% of transgender individuals reported sexual violence involving physical contact in their lifetime.<sup>7,8</sup> NISVS data also showed women who identified as Multiracial and American Indian/Alaskan Native, experienced rates of rape and other sexual violence higher than all other racial/ethnic groups.<sup>7</sup>

Adolescence and young adulthood are times of greater risk of experiencing sexual violence. Based on NISVS findings, sexual violence often occurs for the first time during childhood (i.e., prior to the age of 18). In Massachusetts, 41.2% of females who experienced a rape in their lifetime first experienced one prior to the age of 18. This was consistent with the national estimate (41.3%). Although data are not available for Massachusetts, nationally, 11.2% of women were aged ten or younger and 30.1% were aged 11 to 17 when they first experienced a rape. Young adulthood is also a time of great risk for sexual violence. In Massachusetts, 42.1% of women were aged 18 to 24 when they first experienced rape.\* This was slightly higher than the national estimate at 36.5%.<sup>9</sup>

Similarly, an analysis using results from three years of national telephone surveys (NatSCEV 2008 and 2011 and Developmental Victimization Survey 2003—data not available at a state level) found lifetime prevalence of sexual violence increased over the later years of adolescence from 16.8% among female and 4.3% among male adolescents aged 15 to 26.6% among female and 5.1% among male adolescents aged 17.<sup>10</sup> These findings (from both data sets) suggest increased experiences of sexual violence as children age into adolescence and young adulthood, especially among girls and young women.

Studies on sexual violence have largely shown that victims/survivors know their perpetrator. Massachusetts data is similar to that at the national level showing that the vast majority of women who experienced contact sexual violence<sup>†</sup> in their lifetime knew the perpetrator(s). The 2010-2012 NISVS State Report estimated that approximately half of women in Massachusetts were perpetrated by an acquaintance (53.5% MA; 49.6% nationally) or current/former partner (44.4% MA; 45.1% nationally) and just over one in ten by a family member (12.6% MA; 18.3% nationally). A perpetrator was reported to be a stranger by over a quarter of women in Massachusetts in the survey (28.5% MA; 19.1% nationally). It is important to note that some women reported multiple perpetrators and consequently the percentages add up to more than 100%. Among all women in Massachusetts aged 18 and older in the survey, 15.2% experienced contact sexual violence by an intimate partner in their lifetime, slightly lower than the national estimate at 16.4%.<sup>11</sup>

In addition to the physical and emotional traumas of sexual violence, experiences of sexual violence are strongly associated with experiences of other types of violence<sup>12,13</sup> as well as a variety of negative sexual, mental, and physical health outcomes. These include sexually transmitted infections, unintended pregnancies, depression and anxiety, engaging in risky and unhealthy behaviors, and experiencing other types of violence over the lifespan.<sup>14,15,16</sup> Some of these health outcomes are specific to adolescent girls and young women (AGYW) who, arguably, carry the burden of sexual violence.

Understanding the extent of sexual violence AGYW experience and the characteristics surrounding their experiences are critical to developing programs and policies to adequately prevent and respond to the problem of sexual violence and other related health concerns. This vital need for strong, clear, and consistent data on sexual violence is in alignment with the public health

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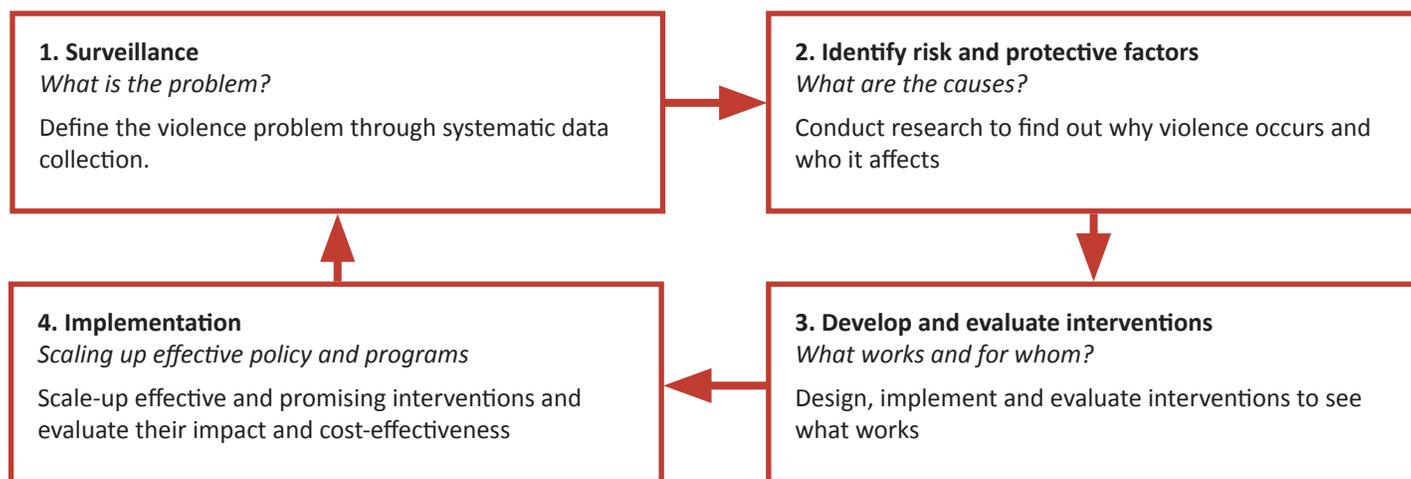
\* Comparable data for men were not available because the estimates were not statistically reliable.

† According to the NISVS Key Terms and FAQs webpage, “contact sexual violence (Contact SV) is a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.” Available at: <https://www.cdc.gov/violenceprevention/datasources/nisvs/FAQ.html>

approach to violence prevention outlined by both the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).<sup>17, 18</sup> This approach, consistent with understanding and responding to other public health problems, has four steps grounded in data and defining the problem (see Figure 1), and can provide the foundation for responding to any and all types of violence in any community.

**Figure 1. Public Health Approach to Violence Prevention**

Source: World Health Organization.



## Assessment on Sexual Violence

This environmental scan or assessment was initiated by the YEAH! (Youth Empowerment Adolescent Health) Network partners in an effort to better understand sexual violence against girls and young women in Hampden County. The YEAH! Network was convened to improve reproductive and sexual health among youth in Hampden County and was able to successfully reduce teen birth rates and improve sexual health through advocacy, education and policy change that was done in partnership between local organizations and youth. Though tremendous progress has been made, teen birth rates continue to remain elevated in Hampden County with a rate double that of the state in 2016 (teen births per 1,000: Hampden County=16.8, MA=8.5).<sup>19</sup> Large inequities continue to exist among Latinx teens, particularly in Hampden County, where the Latinx teen birth rate was over four times that of the overall state rate (Figure 2)(Note - Additional data on sexual and reproductive health among Hampden County youth are beyond the scope of this assessment and can be found in the Appendix).

**Figure 2. Teen Birth Rates (per 1,000) by County and Race/Ethnicity**

	Overall	Latinx	Asian	Black	White
<i>Hampden</i>	16.8	39.8	12.6*	11.7	4.7
<i>Statewide</i>	8.5	29.9	2.4	11.7	3.8

\*Numerator count is less than 10 and should be interpreted with caution.

Source: MA DPH Birth Data Set, 2016

YEAH! Network partners have continued to convene to address systems and structures that create sexual health inequities among youth as well as to educate youth about behaviors to support sexual health. As part of these efforts, some community partners have expressed interest in collectively working together to further address sexual violence experienced by girls and young women along with related sexual and mental health issues they face. However, it is difficult to develop appropriate public health approaches without a better understanding of the scale and scope of this public health issue locally. To date there has not been a systematic examination of sexual violence against girls and young women in Hampden County. In addition, we have included available data on dating violence because of the associations between sexual violence and other types of violence that may be experienced in a dating relationship.



# Methods

The three main objectives of this environmental scan on sexual violence against girls and young women were:

1. Determine the current state of data measuring prevalence, incidence, context, risk, and protective factors of sexual violence against girls and young women.
2. Determine the current state of services, programs, resources, organizations in the catchment area involved in prevention of and response to sexual violence against girls and young women.
3. Identify the policies, systems, and funding that affect sexual violence prevention and response.

To initiate the scan, the Public Health Institute of Western Massachusetts convened an Advisory Group to review the plan for conducting the environmental scan and identify additional subject matter experts who could be contacted to gather the desired information. The following individuals/organizations provided subject matter expertise and/or data for this scan by participating in the Advisory Group, providing context and experience, and/or sharing programmatic or epidemiologic data:

- Yoshi Bird, JD – (formerly) YWCA of Western Massachusetts
- Paula Braverman, MD – Baystate Medical Center
- Dalila Cardona, LCSW – YWCA of Western Massachusetts
- Jessica Collins, MS – Public Health Institute of Western Massachusetts
- Elizabeth Dineen, JD – YWCA of Western Massachusetts
- Dawn Distefano, MPA – Hampden County Commission on the Status of Women and Girls; Square One
- Jen Falcone, LCWS - Businesses Against Human Trafficking
- Samantha Hamilton, MA – Public Health Institute of Western Massachusetts
- Sharon Hall-Smith, MPH – Gándara Center
- Deirdre Hussey, PsyD – Baystate Health Family Advocacy Center
- Cindy Miller, BS – Tapestry Health Systems, Inc.
- Vera Mouradian, PhD – Massachusetts Department of Public Health
- Carmen Nieves – Womanshelter/Compañeras
- Suzanne Parker, JD – Girls Inc. of Holyoke
- Cheryl Re, RN, BSN – Massachusetts Department of Public Health
- Lisa Sampson, MS – Massachusetts State Executive Office of Public Safety and Security
- Milta Vargas – Springfield Police Department
- Amy Waldman, MS – Massachusetts Department of Public Health
- Jessica Wozniak, PsyD – Baystate Health Family Advocacy Center

Additional subject matter experts were identified based on snow-balling and Internet searches. The data gathered for this scan was accessed by reaching out to subject matter experts and those with access to data. Both programmatic and epidemiological data are included in this report. Descriptive statistics from data sets are shared when possible and appropriate.

The following data sources were identified through members of the Advisory Group, other subject matter experts, and Internet research:

- Massachusetts State Police CrimeSOLV (includes local law enforcement data if submitted)
- Reports to Rape Crisis Centers (RCCs)
- Provider Sexual Crime Reports (PSCRs)
- Program data from local social service providers (e.g., Child Advocacy Centers, domestic violence agencies), including those from 51A reports to the Department of Children and Families
- Springfield Public Schools student health surveys

We were able to obtain these data by accessing publicly available databases and reaching out directly to state and local agencies that house these data. In some cases, the availability of disaggregated data was limited by how the data are collected and reported and/or by the need to protect victim/survivor identities. Throughout the report, we have indicated limitations to the data while highlighting what was available.



# Findings

In Hampden County, there are no county-wide or municipal population-level surveys or surveillance systems set up to systematically measure incidence, prevalence, risk and protective factors, and negative health outcomes associated with sexual violence. Data currently available include medical provider, law enforcement, rape crisis center, family/child advocacy center, and middle and high school health survey data. Service providers' records and reports by medical providers and law enforcement rely on victims/survivors seeking services and self-reporting experiences of violence. These types of data are widely understood to be a gross underrepresentation of the actual burden of violence experienced, especially at a community and/or county level.

Throughout this report we present data for the geographic scope that they were available. Some data were available by county, others by community/municipality or region. If possible, we focus on the county. If not, we present available data and describe the geographic scope they represent. Subject matter experts across Western MA and at the State (MA Department of Public Health and Executive Office of Public Safety and Security) provided programmatic and incidence data, where available, along with suggestions for national resources.

The following sections draw from these sources to show what data exist to document the extent of sexual violence that adolescent girls and young women, approximately aged 12 to 24, continue to experience in Hampden County despite the many social service, policy, and cultural advancements to protect them. As discussed above, although people of all gender and sexual identities and ages experience sexual violence, this report focuses on this particular age group and predominantly on cisgender females. This is due to multiple factors, including that national and state reports indicate that this population experiences a large burden of sexual violence and because available data is limited for other groups. Despite protective legislation and existing supportive and preventive services and efforts, cultural change is slow and strong and consistent accountability is rare. Robust population level data (that are inclusive of all gender and sexual identities) are still needed to gain a deeper understanding of how best to shift culture, consider risk and protective factors, and allocate limited resources for effective prevention.

## Data Findings

### *Sexual Violence*

Through this scan, the following sources of sexual violence data were identified:

- Reports to Rape Crisis Centers (RCCs), available at the county level and capture various data associated with the sexual assault reported, e.g., type of violence, survivor's gender and age, survivor's relationship with perpetrator/offender.
- Provider Sexual Crime Reports (PSCRs), available at the county level and capture various data associated with the sexual assault reported, e.g., survivor's gender, age, race, and ethnicity; survivor's relationship with perpetrator/offender, if police were contacted.
- Massachusetts State Police CrimeSOLV houses data on sexual offenses known to law enforcement, reported to the MA State Police Crime Reporting Unit using the National Incident-Based Reporting System. Data through CrimeSolv are available at the county level and capture data on reported rapes and other sexual offenses, including survivor's gender, age, race, and ethnicity.
- Springfield Youth Health and Youth Risk Behavior Surveys, available at the municipal level and capture experiences of teen dating violence; types of sexual violence; and survivor's age, grade, gender and sexual identity, race, and ethnicity.
- Direct Service Providers, including Hampden County Child Advocacy Center (Baystate Health Family Advocacy Center), YWCA of Western MA, and Womanshelter/Compañeras. Hampden County Child Advocacy Center receives referrals from 51A reports to DCF available at the county level and capture experiences of commercial sexual exploitation and sexual abuse, although these data are not available disaggregated by type of violence. YWCA and Womanshelter/Compañeras predominantly receive self-referrals from survivors of violence, and the data they collect are mainly reflective of the supportive services they provide to those survivors.

Each source receives and categorizes its information on sexual violence differently, and none is a comprehensive source reflective of the extent of sexual violence in its many forms. Only one (Springfield youth surveys) captures population-level data—and only at the municipal level—whereas the data from the rest of the sources do not reflect a representative sample of the broader county population.

## Reports to Rape Crisis Centers (RCCs)

Rape Crisis Centers receive reports directly from survivors of sexual assaults, from someone known to the survivor of the assault, and from professionals. These reports include survivors aged 12 and older. Between 2014 and 2017, there were 465 incidents of sexual assault reported to RCCs in Hampden County and 7,788 statewide. A quarter of the incidents in Hampden County were perpetrated against children/youth aged 12 to 17 and 28.8% were perpetrated against young adults aged 18 to 24. Although additional descriptive data were not available specific to girls and young women, the combined data as a whole helps to better understand who is impacted and trends over time.

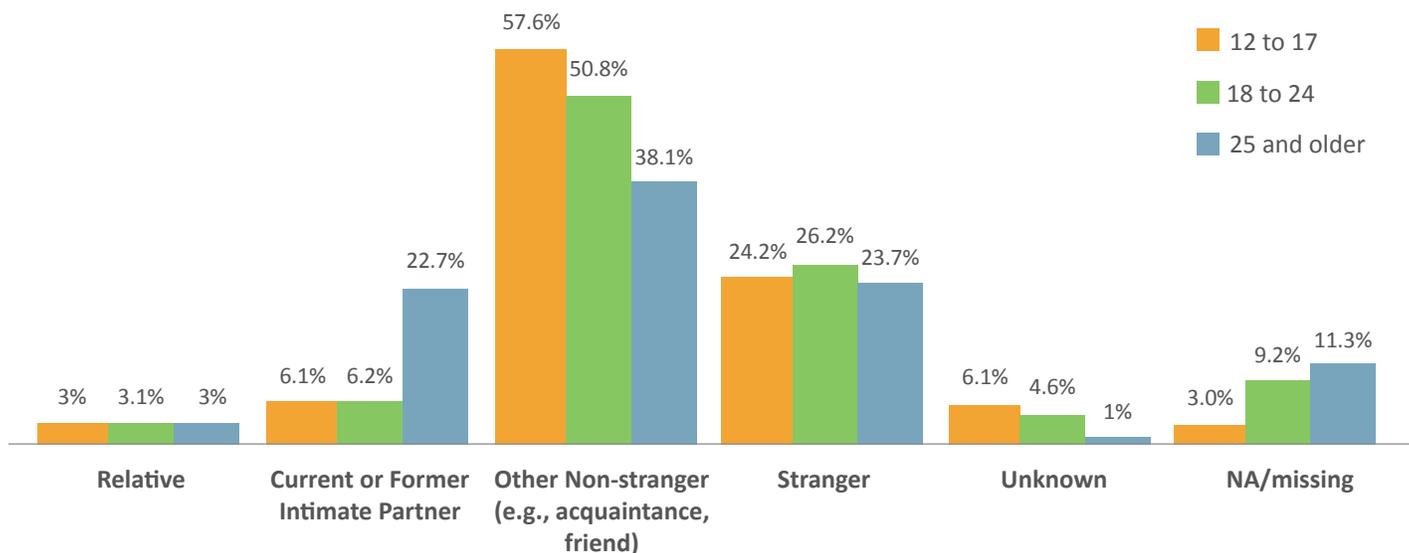
Over 90% of the assaults over the four years, across age groups, were perpetrated against females. In the majority of incidents (69.2%), across age groups, the perpetrator was known to the survivor; in a quarter of the incidents the perpetrator was an intimate partner or family member.<sup>20</sup> For the first three of the reporting years, the number and crude rate per 100,000 of reported sexual assaults to RCCs across all age groups stayed fairly stable (between 124 and 138 assaults per year at a rate of about 30). The rates in Hampden County over those three years were consistently lower than the crude rates in nearby Franklin and Hampshire Counties and similar to those of the state as a whole. In 2017, the rate in Hampden County dipped to 78 assaults and a rate just shy of 20. It is unclear if this reflects a decrease in the number of assaults or a change in reporting. It will be important to monitor this over time to best understand if this was the start of a downward trend or an outlying year. The age data were not provided to the research team by county and individual year.

## Provider Sexual Crime Reports (PSCRs)

Typically, a medical provider completes a PSCR when an individual seeks medical attention (most often in a hospital/medical center) following a sexual assault. PSCRs are submitted to the MA State Executive Office of Public Safety and Security (EOPSS). Over a two-year period, 2017 and 2018, a total of 218 PSCRs were completed in Hampden County and 2,934 statewide. For those in Hampden County aged 12 to 24, 45 were completed in 2017 and 52 in 2018.

Adolescent girls aged 12 to 17 accounted for 15.1% of the cases in Hampden County and young women aged 18 to 24 for 29.8%. Across age groups, survivors predominantly identified as female (95.4%). Race/ethnicity of female survivors aged 12 to 24 was known in the vast majority of the cases: 33.7% were Latinx, 15.3% non-Hispanic Black, 46.9% non-Hispanic White, and for 4.1% race/ethnicity was unknown/missing. These young survivors of color represent a disproportionate percent of all survivors when compared with the percentage of Latinx (25.3%) and Black (7.7%) women in Hampden County as a whole.<sup>21</sup> Among the Hampden County cases, law enforcement was notified in nearly two-thirds (64.3%) of the assaults against AGYW. The perpetrator was known to the girl or young woman in 74.5% of the cases, similar to the proportion of perpetrators known to adult women. For AGYW, more than half of the sexual assaults were perpetrated by an acquaintance or friend. However, among older adult women less than forty percent of sexual assaults were perpetrated by an acquaintance or friend and nearly a quarter were perpetrated by a current or former intimate partner (e.g., a spouse or boy/girlfriend) (Figure 3).<sup>22</sup>

**Figure 3. Relationship of Perpetrator to Victim/Survivor by Age, 2017-2018**



Source: EOPSS. PSCRs 2017-2018.



It is important to consider limitations to these data. These data are based on those individuals who sought medical attention after a sexual assault, where a PSCR was completed, and the institution submitted the reports to EOPSS. A higher number of cases from a particular County could signify a higher incidence of sexual violence; it could also signify a higher rate of help seeking and/or PSCR completions and submissions.

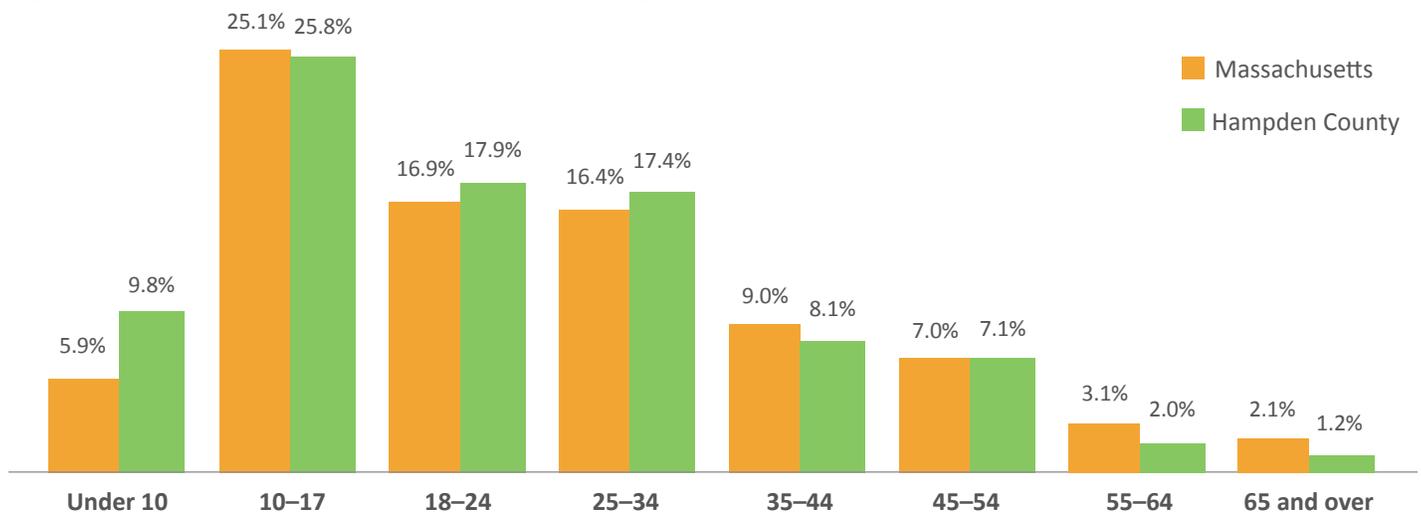
### Sexual Assault Crime Reports to Law Enforcement

Another source of sexual violence data available at a local level is the Massachusetts State Police CrimeSOLV, which allows the public to access crime data reported by police agencies in MA. These data are available by police jurisdiction (which includes municipality and college/university campuses), county, and state. The data include victims of all ages as well as other sociodemographic information, information about perpetrators’ relationship to victims, and contextual information of the incidents. Sexual violence incidents include rape, sodomy, sexual assault with an object, and fondling. For the purposes of this report, aggregate data across all types of sexual violence are presented.

According to CrimeSOLV data, in Hampden County there were 364 incidents of sexual violence in 2018. Of these, 43.7% were perpetrated against females aged 10 to 24 (25.8% among those aged 10 to 17 and 17.9% among those aged 18 to 24), consistent with the overall rates for the whole state (Figure 4). Of note, although not the age group of focus for this report, nearly 10% of victims in Hampden County were under the age of 10; statewide, this age group made up 5.9% of victims. Of all sexual violence victims in Hampden County in 2018, 89.4% were female.

In 2018, the number of sexual violence incidents perpetrated against girls and young women aged 10 to 24 in Hampden County (alone) accounted for 11.8% of the state’s sexual violence incidents among that age group. Hampden County represents 8% of the state’s population.

**Figure 4. Percent of Female Victims of Sexual Assault by Age, 2018**



Source: MA State Police CrimeSOLV 2018

Though sexual violence reports to law enforcement and health care providers in the region help us to understand sexual violence against AGYW to some extent, they likely represented only a fraction of the incidents actually experienced because they are based on reported incidents. As described below, the YWCA of Western Massachusetts provided services to a far greater number of individuals seeking services for sexual violence than the numbers reported in the previous sections of this report.

Based on the high rates of sexual violence in these publicly available sources of data, sexual and intimate partner violence were identified as needs in the 2019 Community Health Needs Assessments (CHNA) for the Coalition of Western Massachusetts Hospitals/Insurer member focused on Hampden County.<sup>23</sup> In addition, high rates of intimate partner and sexual violence in the more rural Baystate Wing service area, particularly Palmer and Ware, has led to their inclusion as prioritized needs in the 2016 and 2019 CHNAs.<sup>24</sup> Though not specifically focused on AGYW, their identification as prioritized needs highlights the importance of focusing on these issues, which impact many AGYW.

## Springfield Public Schools Student Youth Health Surveys

Student youth surveys can offer population-level information on self-reported experiences of sexual violence. The state's Youth Risk Behavior Survey and Youth Health Survey have included questions about sexual and physical dating violence. Unfortunately, this information is only available at a state level unless local municipalities administer the surveys. The Public Health Institute of Western MA conducts these youth health surveys in Springfield as part of the Springfield Youth Health Survey Initiative, a partnership of the Public Health Institute of Western MA, Springfield Public Schools, Springfield Department of Health and Human Services, Gandara Center, and Martin Luther King Jr. Family Services, Inc. Every two years, the Youth Health Survey (YHS) is administered to 8th grade students and the Youth Risk Behavior Survey (YRBS) to 10th and 12th grade students in Springfield Public Schools. The most recent surveys were conducted in Springfield in early 2019. Where available and the same questions were asked, we present comparable data from the state. Because 2017 is the most recent year of state data available, local data compared with the state are from 2017 surveys. These data are not available at a county level and to the best of our knowledge are not currently being collected in any school districts in Hampden County besides Springfield Public Schools.

### Nonconsensual First Sex

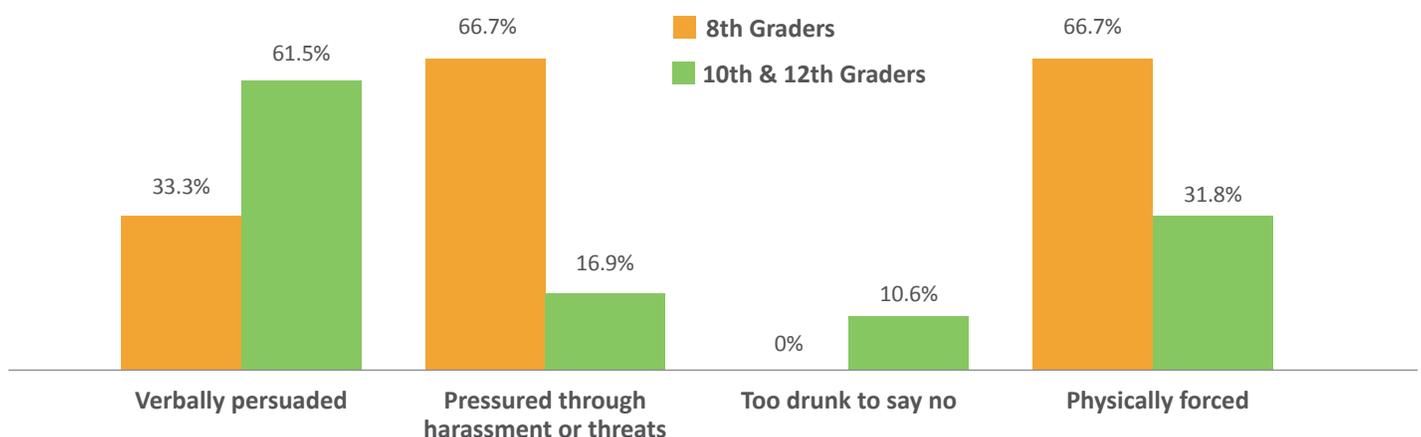
In 2019, as part of the Springfield Youth Health Survey Initiative, new questions were piloted about youth's first sexual experience and the circumstances surrounding it through both the YHS and the YRBS. A total of 1,267 8th grade students completed the 2019 YHS (participation rate=72%) and 1,885 10th and 12th grade students completed the YRBS (participation rates: 10th grade=64%, 12th grade=56%). Sexual activity and sexual violence questions were included in the core survey questions, which all students were asked to respond to, and also in the safety module, which were asked of a subset of students based on a randomization process. All new questions used were validated questions that the Division of Violence Prevention at the Centers for Disease Control and Prevention has used globally in many countries.

Among 8th grade students, 13.7% said they'd had sex with at least one partner. Among students reporting they had sex, 21.8% described the first time they had sex as forced or coerced. Data suggest the rate of reported first sex being forced or coerced for female students (31.6%) was nearly twice that of male students (16.7%). These female students reported high rates of threats and harassment and physical force the first time they had sex (Figure 5). Due to the sampling in this survey the number of students who answered this question was low and these rates should be interpreted with caution.<sup>25</sup>

Nearly two-thirds (64.1%) of 10th and 12th graders who said they'd had sex, reported that they were younger than 16 the first time they had sex. Of students who said they'd had sex, 17.7% of female students said the first time they had sex they were forced or coerced compared to 10.1% of males. Female students who were forced or coerced into having sex the first time reported high rates of verbal persuasion and physical force the first time they had sex (Figure 5).<sup>26</sup>

It is important to understand the negative associated consequences of unwanted sexual activity in order to strategically design appropriate prevention interventions. Data from the 2011-2017 National Survey of Family Growth showed 6.5% of women nationwide, aged 18 to 44, reported forced sexual initiation at an average age of 15.6 years and a greater likelihood of unwanted pregnancies and abortions among women whose sexual initiation had been forced.<sup>27</sup>

**Figure 5. Coerced, Pressured, and Forced First Sex (%), 2019 YHS and YRBS**



Source: Springfield YHS and YRBS, 2019



## *Dating Violence (Middle and High School Aged Youth)*

2017 dating violence data from Springfield and state YHS and YRBS were examined for this report as it was the most recent year for which comparable local and state data were available. The experience of sexual violence in a dating relationship was not asked separately from other types of physical dating violence in the 2017 Youth Health Survey administered to the 8th grade students. In 2017, 3.5% of all 8th grade girls in Springfield middle schools responding to the survey reported experiencing physical dating violence, compared with 6.1% of boys.<sup>28</sup> When only examining responses among girls who stated they had ever dated, the percent who experienced physical dating violence was more than doubled at 7.7% (for boys it was 9.0%). In 2017, 2.4% of all middle school girls statewide \* reported physical dating violence, similar to the 2.5% of boys.<sup>29</sup>

According to the 2017 YRBS, † 6.8% of all 10th and 12th grade girls in Springfield high schools who completed the survey reported being forced to do sexual things by a dating partner and 6.6% reported experiencing physical harm from a dating partner, rates 2.4 and nearly 2 times that of boys, respectively.<sup>30</sup> When only examining responses among students who reported that they had ever dated, 9.5% reported being forced to do sexual things and 9.2% reported being physically harmed by a dating partner. During the same year, 9.3% of all high school girls statewide ‡ experienced sexual dating violence and 5.6% of high school girls statewide reported experiencing physical harm from a dating partner.<sup>31</sup>

## **Direct Service Providers**

### *Hampden County Child Advocacy Center (Baystate Health Family Advocacy Center)*

For this report, Baystate Health Family Advocacy Center, which acts as the Child Advocacy Center for Hampden County, provided commercial sexual exploitation of children (CSEC) § data based on the children they serve. Most of their referrals are received from the Department of Children and Families based on the filings of 51A ¶ Reports. Between February 2016 and January 2019 the Family Advocacy Center received 291 referrals of children/transitional age youth (aged 7 to 24) who were exploited or deemed at extremely high risk of exploitation by the Department of Children and Families. Of those referrals, the majority were females (88.7%) and over half (51.5%) were children aged 7 to 16. The remaining 44.3% were adolescents and young adults aged 17 and over. More than half of the referrals are considered active cases with activity within the past year.<sup>32</sup> At the time of completing this report, age breakdowns aligned with some of the other data sources were unavailable for these data.

### *YWCA of Western MA*

The YWCA of Western MA provides crisis intervention services for survivors of intimate partner violence and sexual violence. The YWCA Sexual Assault services are available to anyone aged 12 and older. Most recent Sexual Assault services programmatic data (Figure 6), shared for this report (for March 2019 – March 2020), showed AGYW make up more than a quarter of counseling clients and 40% of requests to be accompanied to an area hospital following an assault.

Prior year data, although not made available by age similar age groups, showed higher usage of the same sexual assault services. In 2018, the agency fielded 994 sexual assault related calls to its hotline. The YWCA's Sexual Assault Services Program provided counseling services to 253 clients in CY2018 and received 179 requests for on-site medical accompaniment for survivors reporting sexual assault at area hospitals<sup>33</sup>.

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\* The Massachusetts YHS is conducted with middle school students in grades 6–8.

† Note: The participation rate for the Springfield Youth Risk Behavior Survey in 2017 was 57% among 10th graders and 54% among 12th graders. Any data from these surveys should be interpreted with caution given these low rates recognizing they may not be generalizable across the full 10th and 12th grade population of Springfield.

‡ The Massachusetts YRBS is conducted with high school students in grades 9–12.

§ CSEC is the sexual abuse or exploitation of any child under the age of 18 for someone's financial benefit or in exchange for something else of value, such as food or shelter. Examples of commercial sexual exploitation of children include child sex trafficking and child pornography.

¶ A 51A Report is filed by a "mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim." Source: MA State Legislature General Laws Chapter 119: Protection and Care of Children, and Proceedings Against Them. Available at: <https://malegis-lature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51A>. Accessed April 3, 2019.

**Figure 6. YWCA Sexual Assault Services Program Data, March 2019 – March 2020.**

Age	Sexual Assault Services Program		SAFEPLAN Program
	Counseling n(%)	On-site medical accompaniment n(%)	n(%)
12-17	12 (10.0%)	16 (19.8%)	7 (2.1%)
18-24	21 (17.5%)	16 (19.8%)	45 (13.7%)
24+	77 (64.2%)	42 (51.9%)	264 (80.2%)
Unknown	5 (4.2%)	7 (8.6%)	13 (4.0%)
All Ages	120	81	329

### *Womanshelter/Compañeras*

Womanshelter/Compañeras provides crisis intervention services for survivors of intimate partner violence in Western MA, with a focus on the Spanish-speaking population of Hampden County. The organization provided programmatic data on individuals served; however, these data were not specific to sexual violence and it was not possible to tease out sexual violence experienced in the context of intimate partner violence from other types of intimate partner violence (e.g., physical and emotional). For this reason, the research team chose not to include these data here.

### *Data Gaps*

One of the main data findings from this scan is the clear gaps in the data. As previously mentioned, there are no population level data collected on sexual violence for Hampden County. Therefore, understanding the true prevalence and incidence is not currently possible. Though the data included in this report provides some information about the scope of sexual violence against young women and girls in Western Massachusetts, they are from different types of data sources and cannot be combined to ascertain overall scale of the issue. Rates calculated and provided above are estimates to show scale and comparability between geographic areas of different population sizes (e.g., Hampden County in comparison to the state). All of the county-level data cited in this report are based on data sources that rely on survivors seeking services because of the violence they experienced, self-reporting to law enforcement, and/or individuals reporting suspected or observed violence. Low disclosure rates in cases of sexual violence have been well-documented through numerous studies.<sup>34</sup> Therefore, all rates presented here should be interpreted as gross underestimations of the true extent of sexual violence among AGYW in Hampden County.

Additional gaps exist in what information is made easily available to the public by the existing data sources and about what details are captured about each violent incident. Similarly, the DCF data on child sexual abuse and exploitation from the 51A reports are only available publicly in aggregate form in quarterly reports with no information about the age, gender, race/ethnicity of the victims/survivors or even the type of abuse reported. Multiple attempts to get disaggregated data from DCF were unsuccessful. In addition, because of the nature of how most of the data described in this report are collected by DCF (through reports often soon after the incident occurs), it is understandable that the context of the incident, such as location or perpetrator identity and relationship to the victim/survivor, may not be consistently documented.

Still another data gap is geographic representation. MA DPH and EOPSS were both able and willing to run tailored reports to provide Hampden County information; however, it is not clear if there are any geographic areas in Hampden County that are not represented in those data. Currently, there are no county-wide school-based surveys conducted, unlike the other three counties in Western MA.



Finally, trafficking data for young women is limited. In our assessment, we were unable to identify trafficking data for adults (aged 18 and older), and CSEC data from the Family Advocacy Center, which includes children and transitional age youth up to the age of 24 is still newly being defined, and more systematically reported. These numbers will likely increase in future years due to greater awareness and reporting of the problem.

## Services & Programs Findings

The following is a summary of the primary providers of supportive services for sexual assault survivors in Hampden County as identified by the Advisory Group. It is not an exhaustive list of service providers and programs as a number of different types of organizations provide select services and programs to prevent and respond to sexual violence.

### *Baystate Family Advocacy Center*

The Baystate Family Advocacy Center's One Mission Program is focused on improving and increasing access to safety, coordination, and services for children and families who are at high risk or victims of commercial sexual exploitation (CSE) through age 25. It is the service and coordination hub for all identified CSE cases reported in Hampden County Massachusetts. Services provided include:

- **Case Management:** The case management team provides a multitude of services and supports to victims of CSEC and their families. Family Advocacy Center Case Workers orient victims, families, and professionals to the definition and risk factors of CSEC and offer emotional support, safety planning and technology safety tools, social service advocacy, information and referrals, and court support. The case management team also assists in the coordination of medical and mental health evaluations.
- **Individual and Group Therapy:** Therapists provide individual evidence-based and trauma focused therapeutic services to children and their families. Treatment is tailored to empower individuals, promote resiliency, and reduce symptoms of trauma. Group treatment specific to those at high risk or victims of CSE is also available.

### *Womanshelter/Compañeras*

Womanshelter/Compañeras provides crisis intervention services for survivors of intimate partner violence (which may include sexual violence) in Western MA, with a focus on the Spanish-speaking population of Hampden County.

### *YWCA of Western MA*

YWCA of Western MA has numerous programs set up to serve the needs of survivors of sexual and intimate partner violence. Specific to the YWCA's Sexual Assault Services, are individual and group counseling; medical, police, and court advocacy; outreach; education; and 24-hour hotline for victims of sexual assault.

## Policy and Budgetary Support Findings

This scan included a cursory review of existing policies for protecting and serving AGYW from sexual violence to understand readiness and willingness of decision-makers to act. There are numerous policies—both legislation and budgetary line items—at the state level that support violence prevention and response services. The policies appear comprehensive and inclusive, focused on the protection of victims/survivors. However, policies and laws are only as good as their implementation and accountability and it was beyond the scope of to assess these aspects of the identified policies. Likewise, an analysis of the effectiveness of the budgetary policies listed below was also not in the scope of this assessment. Below are a number of policies relevant to this environmental scan.

### *Intimate Partner Violence/Domestic Violence*

- The passing of the PATCH Act (Protect Access to Confidential Healthcare), effective April 1, 2019, ensures that confidential information contained in Explanations of Benefits (EOBs)—such as reproductive health care—is not shared with anyone other than the patient when people are on the same health plan. Not only can patients now choose how to receive EOBs, but the information contained in them will be more generic (e.g., “office visit”) when sensitive care is provided. In addition, patients will now be sent for preventive health services with no cost-sharing (e.g., counseling for domestic violence).<sup>35</sup>

- Massachusetts General Law 209A is the primary domestic violence law of the state and outlines information such as what constitutes abuse, who is protected, what action can be taken under the law. More information available at [www.mass.gov/info-details/massachusetts-law-about-domestic-violence-209a](http://www.mass.gov/info-details/massachusetts-law-about-domestic-violence-209a). Associated 2017 Law Enforcement Guidelines are available at: <https://www.mass.gov/doc/2017-domestic-violence-law-enforcement-guidelines-1>.

### *Sexual Assault*

Section 22 under Massachusetts General Law 265 (Crimes Against the Person) is focused on “rape, generally; weapons; punishment; eligibility for furlough, education, training or employment programs.” More information is available at <https://malegislature.gov/Laws/GeneralLaws/PartIV/Title/Chapter265/Section22>. Sections 13B and 23 are more specifically about non-forced “rape” of children under 14 and under 16 (statutory rape), respectively. Additional information about these sections available at <https://malegislature.gov/Laws/GeneralLaws/PartIV/Title/Chapter265/Section13B> and <https://malegislature.gov/Laws/GeneralLaws/PartIV/Title/Chapter265/Section23>.

### *Child Protection*

Massachusetts General Law 119 is the primary law protecting children from maltreatment, neglect, and exploitation and includes associated proceedings and mandated reporting. More information is available at [www.mass.gov/info-details/massachusetts-law-about-child-abuse-and-neglect#massachusetts-laws-](http://www.mass.gov/info-details/massachusetts-law-about-child-abuse-and-neglect#massachusetts-laws-).

### *State Funding to Support Prevention of and Response to Violence*

According to Mass Budget’s Children’s Budget’s website,<sup>36</sup> there are state budget line items to fund numerous violence prevention and response programs in the state, including

- Domestic and sexual assault prevention and response and capacity building through state coalitions
- Rape Crisis Centers
- Certified Batterer Intervention programs
- Refugee and Immigrant Safety and Empowerment (RISE) Programs
- GLBT Domestic/Sexual Violence Services
- Child sexual abuse prevention

More information can be found at <http://children.massbudget.org/domestic-violence-and-sexual-assault-prevention?source=commonthread>.



# Limitations

Limitations for this scan mainly consisted of data gaps and challenges accessing data sources. As discussed above in the section on *Data Gaps*, data sources are not all created equal, which leads to varying data completeness based on the source. This greatly limits the ability to compare and/or collate data across sources to create a more complete picture of the problem.

Another critical limitation to mention is the cross-sectional nature of this report. Cross-sectional studies and data are limited because they offer information for a single point-in-time (e.g., one year of data). For data sources only available through a request to the managing state agency, it is more challenging to get multiple years' worth of data that are disaggregated and include numerous variables of interest. Therefore, when looking at a single year's data it is not possible to interpret if those data represent what is reported or occurring in a typical year or if that year may be an outlier for one or more reasons. Much of the data PHIWM was able to access for this scan were limited to one or two years or the data were not disaggregated for each year across the variables of interest. To be able to better understand sexual violence in Hampden County, these data would need to be analyzed across many years.

The other main limitation for this scan was accessing additional sources of data that exist, but are not readily accessible to the public. The research team unsuccessfully attempted to obtain data from the following sources:

- **Local law enforcement data on domestic violence.** The Springfield Police Department's Domestic Violence Advocate shared that the way calls are received and arrests are logged (often with multiple offenses and no clear standard across the department) makes it difficult to have a clear count of calls and arrests due to domestic violence.
- **Detailed DCF data on 51A reports.** Multiple individuals at DCF offices were contacted to request 51A report data that are disaggregated by type of violence as well as age, sex, and race/ethnicity of the child.
- **Additional information on child sexual abuse from Child Advocacy Centers.** Requests were made to the MA Children's Alliance for data they collect from Child Advocacy Centers about child sexual abuse and any other violence against children data they maintain.

# Recommendations

The following primary recommendations were made based on input from the Advisory Group and the findings of the scan, which indicate (1) a lack of data to fully understand the extent of sexual violence against AGYW at a population level in Hampden County, and (2) a lack of a system or entity to collect and report data that do exist in a consistent and consolidated way.

- Identify a systematic way to collect population level data in order to have a clearer and more accurate understanding of the true extent of sexual violence against girls and young women. One consideration could be the creation of a surveillance system for reporting violence that is consistent in terms of the information reported (e.g., type of violence, age of victim/survivor, gender of victim/survivor, location of incident) and where it is reported to (e.g., local or state health department), similar to how health systems report certain diseases.
- Create a task force to develop goals for filling data gaps and for preventing and responding to violence in a more coordinated way that is driven by data findings and supportive of improving health outcomes for adolescent girls and young women.

The Advisory Group also thought it critical to address the issue of screening for experiences of violence across age groups and through a variety of sectors (e.g., health, education, law enforcement). However, the group acknowledged that the lack of screening data made it difficult to create a data driven recommendation related to screening. In addition, more information about existing screening practices conducted by different sectors with different audiences (e.g., children, youth, adults) would be needed to inform the development of screening recommendations.



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# Appendix

## Hampden County Youth Sexual and Reproductive Health Data

Studies show an increased risk of sexually transmitted infections among those who experience sexual violence. Sexual violence has also been associated with increased sexual risk taking behaviors such as inconsistent condom use, which make AGYW more vulnerable to sexually transmitted infections and unintended pregnancies. <sup>\*,†</sup>

### Sexually Transmitted Infections (STIs)

Between 2013 and 2017 rates of gonorrhea and chlamydia among AGYW in Hampden County aged 15 to 19, were particularly concerning with rates much higher than overall female rates and rates of male peers.

- In Hampden County, the rate of chlamydia among AGYW was particularly high (3409.5) with a rate almost 70% greater than the state.
- The rate of chlamydia among AGYW was over ten times higher than among all females in Hampden County.
- The rate of chlamydia was 3.3 times higher among AGYW than their male peers.
- AGYW in Hampden County experienced rates of gonorrhea nearly two times the rate among their male peers and more than two and a half times the rate among AGYW statewide.<sup>‡</sup>

### Teen Birth Rates

Teen pregnancies are often connected with a number of risk factors, including inconsistent birth control access and use at last sex, lack of exposure to comprehensive sex education, not having a trusted adult at home to discuss pregnancy prevention, and sexual violence. Various studies have shown a strong association between experiences of sexual violence during childhood (usually defined as prior to age 18) and pregnancy in adolescence. <sup>§,¶</sup> Data from a national survey showed a greater likelihood of unwanted pregnancies and abortions among women whose sexual initiation had been forced. <sup>\*\*</sup> Given these associations, understanding rates of childhood sexual abuse, among girls in Hampden County, may provide additional insight into the high rate of teen pregnancies in the county and direction on how to approach prevention.

According to 2016 MA Department of Public Health Birth Data, the MA teen birth rate was among the lowest in the country at a rate of 8.5 per 1,000 compared to 20.3 per 1,000 nationally. <sup>††</sup> Despite incredible progress on decreasing the teen birth rate in Hampden County over the past decade, the rate in Hampden County was nearly twice the state rate at 16.8. Large inequities exist among Latinx teens, particularly in Hampden County, where the Latinx teen birth rate was over four times that of the overall state rate (Figure A1). Latinx teen births made up 74.4% of teen births in Western MA. <sup>‡‡</sup>

**Figure A1. Teen Birth Rates (per 1,000) by County and Race/Ethnicity**

	Overall	Latinx	Asian	Black	White
Hampden	16.8	39.8	12.6*	11.7	4.7
Statewide	8.5	29.9	2.4	11.7	3.8

\* Numerator count is less than 10 and should be interpreted with caution.

\* Basile KC, Smith SG, Chen J, Zwald M. Chronic diseases, health conditions, and other impacts associated with rape victimization of U.S. women. *Journal of Interpersonal Violence*. 2020; 00(0):1-17.

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¶ Noll JG, Shenk CE, Putnam KT. Childhood sexual abuse and adolescent pregnancy: a meta-analytic update. *J of Ped Psych*. 2009;34(4):366-78.

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†† U.S. Department of Health and Human Services. Office of Adolescent Health. Trends in Teen Pregnancy and Childbearing. Available at: [www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html#\\_ftn1](http://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html#_ftn1). Accessed March 8, 2019.

‡‡ Massachusetts Department of Public Health. Birth Data Set, 2016





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