DNA, Biological Evidence, Injuries and Arrests for Child and Adolescent Sexual Assault Victims with Acute Medical Examinations

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Importance of forensic medical examinations following sexual abuse

• Assures children and adolescents that their body is healthy
• Addresses any medical needs children have as a result of the abuse
• Can supply important evidence if done acutely
  – Biological evidence can counter perp denial
  – DNA can help identify suspects
  – Documentation of injuries counters consent defense
Gaps in knowledge

- Limited research on results from medical examinations
- No study presents results for adolescents
  - Are adolescent cases more like children or adults?
- No study considers age of consent
  - Below age of consent, sexual assault cases may involve less force and injury
- Limited research on criminal justice actions following medical examinations
Current study

• Compares child, adolescent and adult sexual assault victims with forensic medical exams
  – Case characteristics
  – Non-genital and genital injuries
  – Evidence of biological products (sperm, blood)
  – DNA evidence and matches
  – Unfounding (police deciding no grounds to pursue investigation)
  – Arrests
Sample

- Massachusetts statewide sample of emergency department exams in sexual assault cases
- Years: 2008-2010
- N=563
- Victims age 1 to adult
- Relevant age cutoffs:
  - Pediatric kit: Age 11 and younger
  - Age of consent: 16
Types of Data Collected

State Medical Exam Database
- Victim age, sex, race/ethnicity
- Location of assault (city and surroundings)
- Location/date/time of exam
- Exam provider (SANE/non SANE)
- Number of assailants
- Assailant-victim relationship
- Weapon type
- Description of assault
- Reported to police
- Completion of evidence kit/toxicology

Crime Laboratory Data
- Injury type, frequency, location
- Type of examinations completed
- Type of evidence collected (physical, forensic)
- Date/time of evidence kit collected
- Date/time kit arrival to lab
- Date/time of report of lab results
- Laboratory results

Police Outcome Data
- Unfounded
- Arrest made/arrest date
- Charged/charge date

Some data not collected for victims age 11 and younger
Age distribution of sample

- Age 18+: 73.8%
- Age 12-15: 11.7%
- Age 16-17: 8.5%
- Age 1-11: 5.9%
Exam conducted within 72 hours of assault by victim age

- 1 to 11: 90%
- 12 to 15: 80%
- 16 to 17: 90%
- 18+: 100%
Perpetrator type by age

Adolescents not much different from adults!
Penetration by age of victim

Data not available for Age 1 to 11
Use of force by age of victim

Data not available for Age 1 to 11
Use of weapon by age of victim

Data not available for Age 1 to 11
Non-genital injury rate by age
Genital injury rate by age

- 1 to 11
- 12 to 15: 30%
- 16 to 17
- 18 +: 40%
Crime lab evidence of sperm/semen by age
Crime lab evidence of blood by age
DNA profile generated by age

- 1 to 11: [10%]
- 12 to 15: [30%]
- 16 to 17: [20%]
- 18+: [20%]
DNA match to suspect by age
DNA match to suspect in another case

- 0% for 1 to 11 years
- 0% for 12 to 15 years
- 0% for 16 to 17 years
- 18% for 18+ years
DNA match to a convicted offender

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<th>Category</th>
<th>Percentage</th>
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Cases unfounded by police
(not determined to be a crime)
Arrests made in founded cases

- 1 to 11
- 12 to 15
- 16 to 17
- 18 +
Timing of crime lab analysis and arrests

- N=123 arrests
- 2/3 of arrests occurred within 2 days of assault
- Only 11 arrests took place near or after crime lab analysis
  - 5 adolescents (14 or 15 years old)
  - 6 adult
- DNA was significantly more likely when arrest took place near or after crime lab analysis – but only for adults in sample
- Biological evidence leads to arrest in a small % of cases, but may have an important impact when arrest is not immediate
Conclusions

• Cases with adolescents (even young adolescents) resemble adult cases more than child cases

• Risk for adolescents = risk for adults
  – Injury
  – Penetration, force, weapon

• Adolescents comparable to adults in rates of biological evidence, including DNA
Conclusions (cont.)

• Police are less likely to found adolescent cases than child cases, i.e., determine a crime has been committed
  – Unfounding can mean police think action futile
  – Unfounding rates comparable in adult and adolescent cases, even under age of consent
• Arrests more likely under the age of consent
• Biological evidence is a factor in a small % of arrests and no arrests for children under age 12

Contact info

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See our Centers website on sexual abuse:

http://cfrc.illinois.edu/publications.php?dim=topic#SexualAbuse andAssault

I welcome any questions or requests for copies