

# Characteristics and Health Consequences of Adolescent Sexual Assault at Police General Hospital, Thailand

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**Objective:** To describe the characteristic and epidemiology of adolescent sexual assaults and to compare health consequences between adolescent and adult victims.

**Material and Method:** Retrospective review of sexual assault victims records of those who were examined in sexual assault program in Police General Hospital between January 1 and December 31, 2012.

**Results:** There were 335 cases of adolescents sexual assault victims. Most of them were in junior high school (62.4%). Most adolescent sexual assaults were committed by boyfriends (50.3%) and acquaintance/friends (14.7%). The most common place for the assaults was the offender's residence (52.9%). Delayed medical evaluation was common. Only 49.4% attended medical evaluation within 72 hours. Adolescent victims had a higher pregnancy rate than adult victims (9.0% vs. 3.6%), but lower rate of non-genital injuries (14.6% vs. 36.3%). Only labia minora injury of adolescent was significantly lower than adult (9.3% vs. 17.5%) among genital injuries. Hepatitis B infection rate of adolescent was lower than adult (1.2% vs. 4.5%), whereas other types of infection were not different.

**Conclusion:** Thai adolescents had set the unique assault characteristic different from adult victims. Adolescent victims were mainly assaulted by boyfriends at assailant's residence, with higher pregnancy rate than other international reports. Promote education to adolescences is highly recommended to decrease cases of rape and rape-related pregnancy in female adolescent.

**Keywords:** Sexual assault, Adolescent, Pregnancy, Sexual transmitted diseases, Genital injuries, Non-genital injuries

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Sexual assault has a profound effect on both physical and mental health<sup>(1)</sup>. For physical injury, victims may suffer from genital injuries as a resulting from forced sexual intercourse, and non-genital injuries such as from slap, punch, weapon usage, or even death. Infectious diseases namely *Neisseria gonorrhoea*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, human immunodeficiency virus (HIV), syphilis, and hepatitis B virus can be transmitted from offenders to victims. Unwanted pregnancies were frequently found, which led to legal and illegal abortion. If babies were born, they were mostly abandoned by their birth mothers<sup>(1)</sup>. The mental health of victims can be profoundly affected. Posttraumatic stress disorder (PTSD) and depression may occur after the sexual assaults<sup>(2)</sup>.

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There are only a few rape-related researches in Thailand. Teerapong et al<sup>(1)</sup> reviewed 1,251 rape victims at Police General Hospital and showed that the majorities of victim were in the 15 to 19 (37.2%) and 10 to 14 (31.6%) age groups. Boonma et al<sup>(3)</sup>, at Taksin General Hospital, reported that the most common groups of victims were late and early adolescents (15 to 20 and 9 to 15 years old), 32.40%, and 52.40%, respectively. It was reported that sexual assault commonly occurred in adolescent<sup>(1,3)</sup>. It is important to obtain more local data to describe the characteristic of adolescent sexual assault.

The objectives of the present research aimed to describe characteristic of demographic data and epidemiology of adolescent sexual assault and compared health consequences between adolescent and adult victims.

**Material and Method**

Retrospective medical records of sexual assault cases attended the sexual assault program at the

Police General Hospital, Bangkok, Thailand, between January and December 2012 were reviewed. Cases selected were of those who met the following criteria.

#### **Inclusion criteria**

1. Victims who had been sexual assaulted between January 1, 2012 and December 31, 2012.
2. Victim age was between 13 and 39 years.

#### **Exclusion criteria**

1. Victims with consensual sexual intercourse
2. Deceased victims
3. Victims who refuse to get medical evaluation
4. Victims with missing medical records

#### **Definition**

Span of age<sup>(4)</sup>

Adolescent = age between 13 and 17 years

Adult = age between 18 and 39 years

Sexual assault is any form of forced or inappropriate unwanted sexual contact ranging from forced touching or kissing to verbally or physically force vaginal, oral, or anal penetration. These include situations in which the victim was unable to consent because of intoxication, inability to understand the consequences, misperceptions because of age, and other incapacities<sup>(5,6)</sup>.

#### **Data collection**

Data were collected retrospectively through reviewed medical records of sexual assault cases examined in the sexual assault forensic examiner program at the Police General Hospital. Confidentiality and data collection performed by group of medical researcher. All of medical records were reviewed only in the medical documentary room and were not taken out of the room. The study was approved by the Ethic Committee of Police General Hospital.

#### **Statistical analysis**

Data were analyzed by computer statistical program Stata version 12 (Bangkok, Thailand). Demographic character was described by percentage (%) and number. Chi-square test or Fisher's exact test determined the association between two groups. A *p*-value of less than 0.05 was considered statistically significant.

#### **Results**

According to the flow chart, there were 970 sexual assault cases. After excluded victims who

refused to get medical evaluation (*n* = 6), missing medical record (*n* = 27), unknown age (*n* = 2), other age group (*n* = 150), 785 cases were studied. These consisted of adolescent victims (*n* = 537) and adult victims (*n* = 248). After consensual intercourse cases were excluded, there were 335 cases of adolescent victims and 223 cases of adult sexual assault.

Characteristics of sexual assault victims were shown in Table 1. All of 335 adolescent victims were female and single. Most cases (94.7%) of the victims were Thai citizen. Two hundred forty six cases (75.7%) of adolescent sexual assault were students/undergraduates. The majority was in junior high school (62.4%). Majority of victims had income of less than 5,000 baht (86.4%).

Table 2 showed most assailants of adolescent group were Thai nationality male. Most common age

**Table 1.** Characteristics of sexual assault victims

Characteristic	Number (%)	
	Adolescent ( <i>n</i> = 335)	Adult ( <i>n</i> = 223)
Nationality		
Thai	324 (58.1)	202 (36.2)
Foreigner	11 (3.3)	21 (9.4)
Sex		
Male	0	1 (0.5)
Female	335 (100.0)	222 (99.6)
Marital status		
Single	330 (100.0)	205 (94.0)
Married	0	12 (5.5)
Divorced/widow/seperated	0	1 (0.5)
Current/highest education		
Elementary education	10 (3.9)	1 (1.5)
Junior high school	161 (62.4)	6 (9.1)
Senior high school	74 (28.7)	11 (16.7)
Vocational/college/university	13 (5.0)	48 (72.7)
Occupations		
Government officer	0	10 (4.6)
Private business employee	10 (3.1)	55 (25.5)
Businessman	5 (1.5)	10 (4.6)
Freelance	22 (6.8)	48 (22.2)
Student/undergraduated	246 (75.7)	54 (25.0)
Prostitute	4 (1.2)	2 (0.9)
Night entertainment	3 (0.9)	1 (0.5)
Other	35 (10.8)	36 (16.7)
Income (baht)		
≤5,000	203 (86.4)	79 (40.5)
5,001-10,000	26 (11.1)	56 (28.7)
10,001-20,000	4 (1.7)	34 (17.4)
20,001-30,000	1 (0.4)	10 (5.1)
30,001-50,000	0	10 (5.1)
≥50,000	1 (0.4)	6 (3.1)

Total numbers in each group may differ because of missing data

group was between 15 and 19 years (45.1%). Vaginal route was the main type of assault (87.2%). Most of sexual assaults were committed by single offender (88.1%). For relationship, boyfriend was the largest assailant group of adolescent group (50.3%). Stranger was the major assailants in adult group (30.9%). The most common location of adolescent sexual assault was at the offender's residence (52.9%), whereas most adult sexual assault occurred at victim's residence (30.6%). For adolescent victims, 57.6% were multiple assaults, while it was 34.5% in adult victims. In case of adolescent sexual assault, knife and gun usage were 1.8% and 0.9%, respectively. While in adult sexual assault, the knife and gun usage were 5.4% and 1.8%, respectively. Only 49.4% of adolescent victims received medical examination within 72 hours compared to 76.8% of adult victims at the same time interval.

Table 3 showed the consequence of sexual assault. Pregnancy rate of adolescent was higher than adult victims ( $p$ -value = 0.014). Pregnancy rate in adolescent was 9.0%, compared to 3.6% in adult. Adolescent victims had less non-genital injury than adult ( $p$ -value <0.001). Adolescent had 14.6% of non-genital injuries compared to 36.3% in adult cases. Hymen was the most common site of genital injuries (21.5%) in adolescent. Labia minora is more common in adult (17.5%) than adolescent (9.3%) ( $p$ -value = 0.004). In adolescent and adult group, the prevalence of STD, Neisseria gonorrhoea was 10.7 and 13.9%, HIV in two and three cases and hepatitis B in 1.2% and 4.5% respectively. There were significant differences in both groups ( $p$ -value = 0.015). Only one syphilis infection was found in adult group.

## Discussion

In the population studied, adolescent victims were majority. This yielded a similar result to other Asian studies<sup>(1,3,9)</sup>. Sexual assaulted victims at the Police General Hospital were mainly Thais. Typical profile was single adolescence student status with monthly income below 5,000 baht. In adult victims, most victims were of the low economic status (86.4% income below 20,000 baht) and the most common occupation was employee.

In adolescent group, the majority of assailants were between 15 and 19 years old (45.1%). It was different from other studies<sup>(1,8,9)</sup>, that reported that assailant age was between 20 and 30 years. It may be because the majority of the offenders in the present study were their boyfriends, so they were of the same

**Table 2.** Characteristics of assailants and assault

Characteristic	Number (%)	
	Adolescent (n = 335)	Adult (n = 223)
Nationality		
Thai	297 (99.3)	157 (90.8)
Foreigner	2 (0.7)	16 (9.3)
Sex		
Male	334 (99.7)	222 (99.6)
Female	1 (0.3)	1 (0.5)
Age (years)		
<15	18 (6.1)	1 (0.6)
15-19	134 (45.1)	11 (6.6)
20-29	93 (31.3)	75 (44.9)
30-39	29 (9.8)	56 (33.5)
40-49	15 (5.1)	14 (8.4)
50-59	5 (1.7)	7 (4.2)
>60	3 (1.0)	3 (1.8)
Relationship		
Father/stepfather	9 (2.8)	4 (1.8)
Relatives/siblings	8 (2.5)	8 (3.7)
Acquaintance/friends	48 (14.7)	51 (23.5)
Boyfriend	164 (50.3)	28 (12.9)
Employer	1 (0.3)	6 (2.8)
People they just know	26 (8.0)	31 (14.3)
Prostitution	0	1 (0.5)
Stranger	39 (12.0)	67 (30.9)
Others	31 (9.5)	21 (9.7)
Amount of intercourse		
1	136 (42.4)	131 (65.5)
≥2	185 (57.6)	69 (34.5)
Number of offender		
1	289 (88.1)	196 (92.0)
≥2	39 (11.9)	17 (7.9)
Location		
Offender's residence	172 (52.9)	43 (20.6)
Victim's residence	58 (17.9)	64 (30.6)
Hotel	25 (7.7)	39 (18.7)
Cinema/place of amusement	9 (2.8)	1 (0.5)
School	6 (1.9)	1 (0.5)
Place of work	3 (0.9)	4 (1.9)
Other	52 (16.0)	57 (27.3)
Type of assault (penetration)		
Vaginal	319 (87.2)	201 (88.2)
Rectal	16 (4.4)	10 (4.4)
Oral	31 (8.5)	17 (7.5)
Weapon		
Knife	6 (1.8)	12 (5.4)
Gun	3 (0.9)	4 (1.8)
No weapon use	326 (97.3)	207 (92.8)
Time (days)		
<3	163 (49.4)	169 (76.8)
3-7	60 (18.2)	17 (7.7)
>7	107 (32.4)	34 (15.5)

Time: time to medical examination; People just know: people that victims know in less than 1 month  
Total numbers in each group may differ because of missing data

**Table 3.** Pregnancy status, evidence of injury and sexually transmitted disease

Characteristic	Number (%)		p-value
	Adolescent (n = 335)	Adult (n = 223)	
Pregnant	30 (9.0)	8 (3.6)	0.014
Injury	127 (37.9)	139 (62.3)	
Physical injury	49 (14.6)	81 (36.3)	<0.001
Genital injury	98 (29.3)	94 (42.2)	0.002
Vulva	12 (3.6)	13 (5.8)	0.209
Anus	1 (0.3)	1 (0.4)	1.0
Labia minora	31 (9.3)	39 (17.5)	0.004
Labia majora	7 (2.0)	5 (2.2)	1.0
Hymen	72 (21.5)	63 (28.3)	0.068
Vagina	9 (2.7)	8 (3.6)	0.544
Both physical injury and genital injury	20 (6.0)	36 (16.1)	<0.001
Infection			<0.001
No	313 (93.4)	158 (70.9)	
Yes	70 (20.9)	57 (25.6)	
<i>N. gonorrhoea</i>	36 (10.7)	31 (13.9)	0.261
<i>C. trachomatis</i>	36 (10.7)	20 (9.0)	0.494
HIV	2 (0.6)	3 (1.3)	0.393
Syphilis	0	1 (0.4)	0.400
Hepatitis B	4 (1.2)	10 (4.5)	0.015

HIV = human immunodeficiency virus

Total numbers in each group may differ because of missing data

age as the victims. Most victims had known the assailants before the attack. This is a common finding from other Asian countries<sup>(1,9,11)</sup>. Majority of adolescent victims in the present study were assaulted by their boyfriends (50.3%). Due to consensual intercourses being excluded from the study, the number was of the victims that were assaulted by their boyfriends. Most studies reported acquaintance/friends as the majority offenders<sup>(9,12,13)</sup>. These published references did not have a boyfriend slot on their questionnaires. As a result, assaults by boyfriends could fall into acquaintance/friends category. However, in 2013 Karanfil et al<sup>(10)</sup> reported that boyfriends were the largest group of sexual offender among adolescent in Turkey. This showed that a better refined questionnaire revealed a better picture of the relationship between assailants and victims as seen from data of the same country<sup>(9,10)</sup>.

In Thailand, the culture dictates that sexual gratification should be delayed until after the couple gets married. This is remnant from the 18<sup>th</sup> century agriculture society where women were considered as wives and mothers. They had no career outside family institutes, and were socially sequestered from the

opposite gender at all time. Age for suitable marriage for men was 21 and after three months induction into Buddhist monkhood. Women from literature (novels, folk tales) got married around 15 years of age or older.

Now, the western culture brought different social engagement to Thailand. Male and female adolescence meet routinely though schooling and other social setting. However, the marriage institution is expected to be delayed until the man could earn a living, i.e., after college graduation. Cultural setting has changed but sexual physiology and sexual desire have probably not changed with time. With many young people migrating from upcountry to seek education in Bangkok, many rent their own dwelling and live by themselves unsupervised. Young adolescent males that are unable to get married to have a constant sexual partner due to their economic status still have the same sexual desire. This may explain why adolescent assault occurred with girlfriends in the assailant's dwelling. The number of assaults committed by strangers is higher in the adult than adolescent. Most of adult's assault occur in victim's residence and offender's residence<sup>(1,9,10)</sup>. In cases of adolescent victims, offender's residence is the predominant.

Female, in general, has a more delicate physical build up than their male counterpart. Most adolescent victims were girlfriends of the assailants. As a result, there was less reported incidence of using weapon during an assault similar to other report<sup>(11)</sup>. Adolescent cases were more likely to be assaulted more than once, and they delayed in seeking medical evaluation. This delayed evaluation affect quality of evidence collection, prevention of sexual transmitted disease, and pregnancy. The delay was caused by the lack of understanding of the importance of medical evaluation, embarrassment of sexual assault, and social taboo of being assaulted by boyfriends or close relative.

Adolescent victims had less bodily injury rate compared to adult victims at 14.6% and 36.3% respectively (Table 3). This may be a consequence from romantic relationship of most victims with their assailants. Adult victims had higher rate of assault by acquaintances or strangers and had higher percentage of physical injuries.

The physical injury of adolescent victim was 14.6%, and did not require suture or hospitalization. This frequency was within the range 13 to 39% in other studies<sup>(1,3,7-9)</sup>. Adult victims reported more physical injuries as majority of them were attacked by stranger (30.9%) in their own residences. Physical injury occurred from fighting back the attackers. Genital

injury in adolescence victims was at 29.3%, within the range of 13 to 53% reported in other investigations<sup>(1,3,7)</sup>. Most occurrences were hymen injuries<sup>(11)</sup>. All genital injuries in the present investigation were mild, namely contusion, abrasion, and small laceration, none required any suture.

Pregnancy rate in adolescent victims (9.0%) was significantly more than that of adult victims (3.6%) as seen in Table 1. This was the highest rate compared to other studies<sup>(1,3,12)</sup>. The investigation showed majority of cases had reported repeated intercourses by the same offenders who were in close relationship with the victims. It is postulated that pregnancy occurred with these repeated offended cases and many did not report the assault until the pregnancy occurred.

Victims carried some sexual transmitted diseases and infections. The infection rate was similar to other studies<sup>(13-15)</sup>. Hepatitis B infection was statistically different between the two groups. Thailand had new policy to vaccinate all newborn against hepatitis B since 2013. Adolescence received free vaccine as well. This policy might slightly contribute to lower hepatitis B infection among adolescent victim of sexual assault.

Data from this investigation allow us to understand some basic nature of adolescent sexual assault in metropolitan area of Thailand (the capital area). As a result, the education campaign is recommended to provide education to adolescence victim target group in all aspect of sexual assault, such as prevention, risk of pregnancy, trauma, and importance of early visiting health care service to prevent more complication.

### Conclusion

Thai adolescents had a set of unique assault characters different from adult victims. Adolescent victims were mainly assaulted by their boyfriends in assailants' residence, with higher pregnancy rate than other international reports. Promotion of education to adolescents is highly recommended to lower rape cases and rape-related pregnancy in female adolescent.

### What is already known on this topic?

Sexual assault has a profound effect on both physical and mental health<sup>(1)</sup>. For physical injury, victims may suffer from genital injuries and non-genital injuries. Infectious diseases namely *N. gonorrhoea*, *C. trachomatis*, *T. vaginalis*, human immunodeficiency virus (HIV), syphilis, and hepatitis B virus can be

transmitted from offenders to victims. Unwanted pregnancies and abandoned babies were frequently found. The mental health of victims can be profoundly affected. Posttraumatic stress disorder (PTSD) and depression may occur after the sexual assaults<sup>(2)</sup>. There are only a few rape-related researches in Thailand.

### What this study adds?

Thai adolescent were more assaulted by boyfriends in assailants' residence with higher pregnancy rate than other international reports. Delayed medical evaluation was common. Only 49.4% attended medical evaluation within 72 hours. Adolescent victims had a higher pregnancy rate than adult (9.0% vs. 3.6%). The rate of labia minora injury of adolescent was lower than adult (9.3% vs. 17.5%). Infection rate were similar in both groups except the hepatitis B virus infection rate of adolescent was lower than adult (1.2% vs. 4.5%).

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### Potential conflicts of interest

None.

### References

1. Teerapong S, Lumbiganon P, Limpongsanurak S, Udomprasertgul V. Physical health consequences of sexual assault victims. *J Med Assoc Thai* 2009; 92: 885-90.
2. Au TM, Dickstein BD, Comer JS, Salters-Pedneault K, Litz BT. Co-occurring posttraumatic stress and depression symptoms after sexual assault: a latent profile analysis. *J Affect Disord* 2013; 149: 209-16.
3. Boonma M, Bhoopat T, Treratwerapong T, Jintanadilog A. Physical effects of sexually abused children and adolescents at Taksin Hospital. *J Med Assoc Thai* 2007; 90: 2608-15.
4. Girardino BW, Datner EM, Asher JB, Girardin BW, Faugno DK, Spencer MJ. Sexual assault victimization across the life span: a color atlas. St. Louis: G.W. Medical Publishing; 2003.
5. Kaufman M. Care of the adolescent sexual assault victim. *Pediatrics* 2008; 122: 462-70.
6. Danielson CK, Holmes MM. Adolescent sexual

- assault: an update of the literature. *Curr Opin Obstet Gynecol* 2004; 16: 383-8.
7. Manzoor I, Hashmi NR, Mukhtar F. Medico-legal aspects of alleged rape victims in Lahore. *J Coll Physicians Surg Pak* 2010; 20: 785-9.
  8. Beh PS. Rape in Hong Kong: an overview of current knowledge. *J Clin Forensic Med* 1998; 5: 124-8.
  9. Küçük H. Analysis of 268 child and adolescent victims of sexual assault and the legal outcome. *Turk J Pediatr* 2008; 50: 313-6.
  10. Karanfil R, Keten A, Zeren C, Arslan MM, Eren A. Evaluation of sexual assaults in Turkey. *J Forensic Leg Med* 2013; 20: 404-7.
  11. Peipert JF, Domagalski LR. Epidemiology of adolescent sexual assault. *Obstet Gynecol* 1994; 84: 867-71.
  12. Islam MN, Islam MN. Retrospective study of alleged rape victims attended at Forensic Medicine Department of Dhaka Medical College, Bangladesh. *Leg Med (Tokyo)* 2003; 5 (Suppl 1): S351-3.
  13. Jenny C, Hooton TM, Bowers A, Copass MK, Krieger JN, Hillier SL, et al. Sexually transmitted diseases in victims of rape. *N Engl J Med* 1990; 322: 713-6.
  14. Reynolds MW, Peipert JF, Collins B. Epidemiologic issues of sexually transmitted diseases in sexual assault victims. *Obstet Gynecol Surv* 2000; 55: 51-7.
  15. Kawsar M, Anfield A, Walters E, McCabe S, Forster GE. Prevalence of sexually transmitted infections and mental health needs of female child and adolescent survivors of rape and sexual assault attending a specialist clinic. *Sex Transm Infect* 2004; 80: 138-41.

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### ลักษณะเฉพาะและผลกระทบทางสุขภาพของวัยรุ่นที่ถูกล่วงละเมิดทางเพศในโรงพยาบาลตำรวจ ประเทศไทย

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**วัตถุประสงค์:** เพื่อศึกษาลักษณะของระดับความรุนแรงของวัยรุ่นที่ถูกล่วงละเมิดทางเพศ และเปรียบเทียบผลกระทบทางสุขภาพระหว่างวัยรุ่นกับผู้ใหญ่

**วัสดุและวิธีการ:** การศึกษาย้อนหลังของวัยรุ่นที่ถูกล่วงละเมิดทางเพศที่โรงพยาบาลตำรวจระหว่างวันที่ 1 มกราคม ถึง 31 ธันวาคม พ.ศ. 2555

**ผลการศึกษา:** วัยรุ่นเป็นกลุ่มอายุที่ถูกล่วงละเมิดทางเพศมากที่สุด (335 ราย) ส่วนใหญ่มีระดับการศึกษาอยู่ชั้นมัธยมศึกษาตอนต้น (ร้อยละ 62.4) ผู้ที่กระทำการล่วงละเมิดทางเพศมักเป็นคนที่รู้จักโดยเฉพะอย่างยิ่งคนรัก (ร้อยละ 50.3) และเพื่อน (ร้อยละ 14.7) ร้อยละ 52.9 ของเหตุการณ์เกิดขึ้น ณ ที่อยู่ของผู้ล่วงละเมิด การมารับการตรวจที่โรงพยาบาลมักล่าช้าโดยมีผู้ที่เข้ารับการตรวจเพียงร้อยละ 49.4 พบว่าวัยรุ่นมีอัตราการตั้งครรรภ์ที่สูงกว่าผู้ใหญ่ (ร้อยละ 9.0 และ 3.6) แต่มีการบาดเจ็บทางร่างกายต่ำกว่า (ร้อยละ 14.6 และ 36.3) มีเพียงการบาดเจ็บของแคมเล็กในวัยรุ่นที่น้อยกว่าผู้ใหญ่อย่างมีนัยสำคัญ (ร้อยละ 9.3 และ 17.5) ท่ามกลางการบาดเจ็บของอวัยวะเพศ อัตราการติดเชื้อไวรัสตับอักเสบบีในวัยรุ่นน้อยกว่าผู้ใหญ่ (ร้อยละ 1.2 และ 4.5) ขณะที่การติดเชื้อชนิดอื่น ๆ ไม่แตกต่างกันระหว่างสองกลุ่ม

**สรุป:** วัยรุ่นเป็นกลุ่มอายุที่ถูกล่วงละเมิดทางเพศมากที่สุด และการถูกล่วงละเมิดทางเพศในวัยรุ่นยังมีลักษณะเฉพาะตัวแตกต่างจากผู้ใหญ่ วัยรุ่นส่วนใหญ่ถูกล่วงละเมิดทางเพศจากคนรัก และเหตุการณ์ส่วนใหญ่เกิด ณ ที่อยู่ของผู้ทำการล่วงละเมิดทางเพศ และมีอัตราการตั้งครรรภ์สูงกว่ารายงานอื่น แนะนำว่าการสนับสนุนด้านการศึกษาให้แก่ผู้หญิงวัยรุ่นช่วยลดการถูกล่วงละเมิดทางเพศ และการตั้งครรรภ์ที่เป็นผลมาจากการถูกล่วงละเมิดทางเพศในกลุ่มวัยรุ่น