MAKING THE CONNECTIONS: REDUCING TEEN PREGNANCY RISK BY PROMOTING HEALTHY RELATIONSHIPS

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US DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES (ACYF)
FAMILY AND YOUTH SERVICES BUREAU (FYSB)
ADOLESCENT PREGNANCY PREVENTION PROGRAM
Presenters:

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OBJECTIVES

Upon conclusion of this Webinar, participants will be able to

- describe the dynamics of adolescent relationship abuse;
- identify the link between teen pregnancy and adolescent relationship abuse; and
- list options for addressing adolescent relationship abuse in the context of existing pregnancy prevention programs or curricula.
DESCRIBE THE DYNAMICS OF ADOLESCENT RELATIONSHIP ABUSE
How do you refer to it? (Select all that apply)

a) Dating abuse
b) Intimate partner violence
c) Adolescent relationship abuse
d) Healthy/unhealthy relationships
e) Some other term
<table>
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<tr>
<th>Dating abuse</th>
<th>Teen dating violence</th>
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<td>Adolescent relationship abuse</td>
<td>Unhealthy relationships</td>
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<td>Intimate partner violence</td>
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WHAT IS DATING ABUSE?

Dating abuse is a *pattern of abusive behaviors* used to exert *power and control* over a *dating partner.*
“a pattern...”
Physical Abuse

Any intentional unwanted contact with the victim’s body by either the abuser or an object within the abuser’s control

Sexual Abuse

Any sexual behavior that is unwanted or interferes with the victim’s right to control the circumstances of sexual activity

Emotional/Verbal Abuse

Anything the abuser says or does to the victim that causes the victim to be afraid, lowers the victim's self-esteem, or manipulates or controls the victim’s feelings or behavior

(Adapted from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html)
Reproductive Coercion (RC) involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Specifically, RC is related to behaviors that interfere with contraception use and/or pregnancy.

These behaviors may include:

- explicit attempts to impregnate a partner against her wishes;
- controlling outcomes of a pregnancy;
- coercing a partner to have unprotected sex; and
- interfering with birth control methods.

(Miller et al., 2011)
“...used to exert power and control...”
“...over a dating partner.”
DATING ABUSE IS PREVALENT

- One in three teen girls experience some kind of abuse victimization in their romantic relationships, including verbal and emotional abuse.
- During the 12 months before taking the YRBS, 9.4% of middle and high school students surveyed had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend.
- Young women between the ages of 16 and 24 experience the highest per capita rates of dating abuse.

(CDC, 2006; CDC, 2010; Davis, 2008; Halpern et al., 2001; Rennison & Welchans, 2000)
Dating abuse victimization is more prevalent among American Indian and Alaska Native (16.3%), black (12.2%), and Hispanic (11.4%) students than among white (7.6%) students.

Lesbian and gay students were nearly 3 times more likely (27.5%) to report abuse victimization than their heterosexual peers (10.2%).

(CDC, 2011; CDC, 2012)
Victims and perpetrators are more likely to carry weapons as well as engage in physical fighting and other high risk behaviors.

Physical and sexual victimization is associated with an increased risk for school dropout, lower grades, and less connectedness to school.

A third (32%) of female homicides among adolescents between the ages of 11 and 18 are committed by an intimate partner.

(Banyard & Cross, 2008; Champion et al., 2008; Coyne-Beasley et al., 2003)
Young men who believe in gender equality are less likely to be violent toward their female partners.

Similarly, young women who believe in gender equality are less likely to be involved with male partners who are violent.

(World Health Organization, 2009)
KEY RELATIONSHIP INFLUENCERS

- Peer Groups
  - Lack of Resources
  - Prevalence of Technology
  - Distrust of Authority
  - Limited Life Experience

Targeted Youth
TEENS AND TECHNOLOGY

- 78% of teens own cell phones.
- 75% of teens text.
- 95% of teens are online.
- 80% of online teens are users of social media sites.

Technology use among American Indian/Alaska Native youth mirrors or exceeds national rates.

(Baum et al., 2009; Craig Rushing & Stephens, 2011; Pew Internet & American Life Project, 2011, 2012, 2013)
HOW TEENS USE TECHNOLOGY IN RELATIONSHIPS

Teens use technology for
- starting a relationship;
- healthy communication;
- arguing;
- monitoring a partner or trying to controlling their activities;
- emotional aggression toward a partner;
- seeking help during a violent episode;
- distancing a partner’s access; and
- reestablishing contact after a violent episode.

(Draucker & Martsolf, 2010)
What is the median number of texts sent on a typical day by teens 12-17?

a) under 30
b) 40
c) 60
d) over 80
**TECHNOLOGY AND DATING ABUSE**

1 in every 3 teens say they’ve been texted 10, 20, or 30 times an hour by a partner finding out where they are, what they’re doing, or who they’re with.

1 in every 4 teens say they have been called names, harassed, or put down by their partner through cell phones and texting.

1 in every 5 teens have been asked by cell phone or the Internet to engage in sexual activity when they did not want to.

Nearly 1 in 5 teens say that their partner has used a cell phone or the Internet to spread rumors about them.

(Liz Claiborne Inc., 2007)
IDENTIFY THE LINK BETWEEN TEEN PREGNANCY AND ADOLESCENT RELATIONSHIP ABUSE
ARA AND TEEN PREGNANCY

- Adolescent girls in physically abusive relationships were 3.5 times more likely to become pregnant than girls who were not abused.

- Pregnant adolescents were 2–3 times more likely to have experienced violence during and after pregnancy than older pregnant women.

- 61% of American Indian teen mothers reported abuse victimization; 37.5% reported abuse during pregnancy.

(Mylant & Mann, 2008; Roberts et al., 2005)
Partner violence among teen girls is linked to

- early sexual intercourse (before age 15);
- inconsistent condom use or non-use at last sex;
- having 3 or more sexual partners in past 3 months;
- using alcohol or other drugs before sex;
- having a past or current sexually transmitted infection; and
- having a partner with known HIV risk factors.

(Kim-Goodwin et al., 2009; Silverman, et al., 2004; Wu et al., 2003)
Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use than girls who were not abused.

(Wingood et al., 2001)
“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first six times the condom broke. Six condoms, that's kind of rare. I could understand one but six times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

— 17-year-old female

(Miller et al., 2007)
¼ of abused adolescent females reported that their male partners were trying to get them pregnant

(Miller et al., 2007)
Among teen mothers on public assistance who experienced recent IPV:

66% experienced birth control sabotage by a dating partner.

(Raphael, 2005)
Abused women are more likely to have used emergency contraception when compared to non-abused women.

(Gee et al., 2009)
CONNECTING THE DOTS FOR TEENS
Contraceptive options are not just about side effects and efficacy.
ADDRESSING ADOLESCENT RELATIONSHIP ABUSE IN THE CONTEXT OF EXISTING PREGNANCY PREVENTION PROGRAMS OR CURRICULA
What is the biggest obstacle to addressing adolescent dating abuse in your project?
WHAT TO INCLUDE: ELEMENTS OF HEALTHY RELATIONSHIP EDUCATION

- Distinguish between healthy and unhealthy relationship behavior including power and control by intimate partners.
- Encourage safe and respectful relationships.
- Address how to help a friend in an unhealthy relationship.
- Educate sexually active adolescents about sexual coercion and the importance of consent.
- Practice relationship skills including how to negotiate use of contraception.
- Discuss gender norms.
- Consider the impact of trauma on youths’ ability to absorb prevention messages.
- Create a safe place where youth can seek advice and assistance for relationship abuse.
WHERE TO ADDRESS DATING ABUSE

- Communication skills
- Boundary setting
- Negotiation
- Peer pressure
- Contraceptive options
- Alcohol and other drugs
HOW TO ADDRESS DATING ABUSE

- Stand alone modules
- Vignettes
- Short stories
- Music lyrics
- Role plays
- Research assignments
Train staff and volunteers on the link between dating abuse and pregnancy.

Create comprehensive referral lists and develop collaborative relationships with dating/sexual abuse providers.

Ensure all programs meet ACF requirements for GLBT protections and inclusiveness.

Tribes and tribal governments may have specific referral or confidentiality requirements that should be followed.
Look at your organizational or Tribal policies.

- Do they include information on mandated reporting of child abuse?
- Do they identify who is a reporter?
- Do they clearly state what types of abuse are reportable under state law?
- Do they create protocols for making a report?
- Do they articulate procedures for responding to disclosure of any unhealthy relationship, regardless of reporting requirements?
INDIVIDUAL PREPAREDNESS

Know the teen’s options

Know the words

Know your preconceptions
INDIVIDUAL STEPS

- Seek out training opportunities to educate yourself and your colleagues.
- Develop partnerships with local dating/sexual abuse providers.
- Be prepared to do supported referrals to trusted allies and advocates who can work with participants.
It is key that you know the level of confidentiality that you can promise and any obligations that limit your ability to keep information confidential.

Educate yourself on
- organizational policies and
- mandated reporting laws.

Always disclose limits of confidentiality *up front.*
Respect participants’ autonomy and experiences.
Create a safe environment for participants to discuss healthy relationships and disclose abuse.
Model healthy relationships in your personal and professional environments.
OBSTACLES TO REPORTING

- Low-self esteem, caused by abusive partner
- Desire to keep relationship a secret
- Shame and embarrassment
- Self-blame or minimizing
- Wanting to protect the abuser
- Pregnancy and parenting
- Distrust of the police
- Fear of not being believed
- Fear of retaliation
- Isolation
- Love
“I’m glad that you told me about this.”
“This is important.”
“I want you to be safe.”
“Let’s make sure you get the help you need right now.”
“It’s not your fault.”
“You deserve to be treated with respect in your relationship.”
“I am here if you ever need help or want to talk.”

RESPONDING TO DISCLOSURE
TIPS FOR HANDLING DISCLOSURES

- Disclose reporting duties and confidentiality up front.
- Practice explaining your role/what you can offer.
- Acknowledge the importance of teen relationships.
- Ask teens how they want to handle the situation.
- Approach teens without judging sexual or relationship choice and without assuming sexual orientation or gender identity.
- Know great teen-friendly resources to share.
MORE TAKE-AWAY TIPS

- Have a referral network of providers ready and able to work with teen survivors (shelter, therapeutic support, legal support).
- Train staff on working with teen survivors.
- Develop collaborative relationships/cross-training with dating/sexual abuse providers.
- Prepare!
What action steps will you take as a result of attending this Webinar? (Select all that apply)

- Visit the Break the Cycle and/or Futures Without Violence Websites
- Order client education materials about the link between adolescent relationship abuse and pregnancy
- Talk with my colleagues about how our project can address adolescent relationship abuse with our participants
- Identify additional training opportunities on adolescent relationship abuse
- Seek TA through my project officer
QUESTIONS?


REFERENCES (CO-H)


REFERENCES (K-MI)


REFERENCES (RE-Z)

THANK YOU!

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