

The Link Between Sexual Violence and Teen Pregnancy Risk: Why it Matters and What We Need to Do About it

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In 20+ years of healthy youth development and teen pregnancy prevention, I have learned many important things from people working with pregnant and parenting teens. From young people, I have also learned key things that seem constant and true. The learnings help me explain why I believe we can and must respond more effectively to sexual violence in order to prevent teen pregnancy.

Lessons from young people

Many young people feel judged, disrespected, disliked and feared by adults. I've witnessed adult behaviors and attitudes informing those perceptions. I also know adults who defy the stereotypes. The difference is quickly evident. Young people respond positively to adults who like them, are kind, respectful and help them feel they belong. Research clearly indicates caring adults are critical for healthy youth development. Social isolation is dangerous. Conversely, connection with a caring adult can serve as a "super protective factor". Young people who feel cared about, liked and respected by adults, tend to take fewer risks that can hurt themselves or others.

Pregnant and parenting teens are likely to be victims of adults' judgments, disdain and anger.

Lessons from colleagues working with pregnant/parenting teens

Always, there are stories about sexual violence in many of these young people's histories. The stories may stick with me because when just out of college, I volunteered for several years as a victim advocate and counselor at a rape crisis center. I learned that persons who experience sexual violence can heal and do well in their lives. To heal, people need support to face and work through the trauma. As a public health professional, I've learned that traumas left unexamined and unresolved, frequently take other forms during teen and adult years, e.g., drug/alcohol abuse, mental/emotional challenges, relationship/sexuality problems, including teen pregnancy, more sexual violence, etc.

"The moment we learn something, everything changes." Jean-Paul Sartre

In 2003, university researcher, Elizabeth Saewyc, PhD, RN, PHN, completely changed our thinking about teen pregnancy with implications for practice, including how and what we teach others about the issue. Saewyc found those most vulnerable to sexual violence and exploitation, and subsequently to teen pregnancy, are:

- Boys before puberty, especially those gender non-conforming;
- Girls at and just after puberty;
- Children from chaotic families with substance abuse, mental illness, domestic violence; and
- Gay, lesbian, bisexual (GLB) teens who have less protection in or outside of family.

Analyzing Minnesota Student Survey data, Saewyc found that among males involved in a teen pregnancy, conservative estimates suggest nearly 1:4 are victims of sexual abuse during childhood and/or adolescence, at least *eight times* as likely to have been abused as their overall peers. Among girls ever pregnant, nearly 1:3 have been sexually abused, almost *twice* as likely as their overall peers. She found GLB young people (male and female) are more likely to have a history of sexual abuse and to report pregnancy than heterosexual teens. Among sexually abused teens, reports of recent same-gender sexual behavior was one of the strongest pregnancy predictors. Additionally, while pregnancy declined among heterosexual teens, pregnancy increased among GLB teens in Minnesota, Seattle and Canada. Other

researchers have found that among homeless youth, young people with histories of sexual violence, as well as GLB young people are disproportionately represented on the streets.

What now?

Wanting our teen pregnancy work to be effective, Saewyc's information caused us to examine and reconsider assumptions, judgments and blind spots, and how they shaped our work.

While being encouraging and supportive of the effective work done over the past decade to reduce the U.S. teen pregnancy rate, Saewyc believes we may not further decrease the rate until we do more to prevent sexual violence and ensure that young sexual violence victims (male and female) have the support needed to heal.

In conclusion, I believe the research calls us to action. It's time to consider our practices and policies in light of the link between sexual violence history and teen pregnancy risk. All young people benefit from our compassion and support. Those who have experienced sexual violence need it all the more. We must ensure that our programs and services effectively reach out and speak to the needs of all young people and especially those most vulnerable.