

Teen Center

Teen Dating Violence Technical Assistance Center



Issue Brief **Teen Pregnancy, Parenting, And Dating Violence**

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Dating violence and teen pregnancy are intricately linked. Research indicates that teen girls who are in abusive relationships are at a greater risk of becoming pregnant. Also, for many teens, the violence and abusive behaviors begin or increase at the time that they become pregnant. At least one fourth of adolescent mothers, and as many as 50-80 percent, are in abusive relationships before, during or after their pregnancies.¹ Understanding and responding to some of the unique needs of those who are abused during and after pregnancy can greatly impact the services you provide, as well as the health and safety of pregnant and parenting teens.

Links Between Teen Dating Violence and Teen Pregnancy

Evidence suggests that teens in abusive relationships are at a high risk of becoming pregnant. High school girls experiencing dating violence were found to be 4 to 6 times more likely than their non-abused peers to have ever been pregnant.² The following are some of the factors and dynamics in abusive relationships that contribute to this higher rate of pregnancy.

Forced Sexual Activity

For many teens, this is because one component of the abuse is sexual violence. According to the CDC, 7.8 percent of teen students nationwide have been physically

forced to have sexual intercourse and about 60% of teens who are physically abused are also sexually assaulted by their partner.³ Overall, forced sexual intercourse was higher among females, 11.3 percent compared to 4.5 percent of males, and many females become pregnant as a result of being forced into sexual activity.⁴ Additionally, abusers may otherwise coerce, threaten, or intimidate their partners into engaging in sexual activity. Teen victims may also acquiesce to sexual intercourse to avoid an incident of physical violence. While these behaviors are not obviously violent or abusive, they also increase the likelihood that an abused teen will become pregnant.

Birth Control Sabotage

Teens who are in abusive relationships are often unable to negotiate choices about sex and contraceptives. Abusers may force or coerce their partners to have sex without a condom, or may take away or hide their partner's birth control pills. Anecdotal evidence suggests that many abusers believe that if a partner is on birth control she must be cheating and this message often coerces teen girls to stop taking birth control in an effort to appease their partner. Some abusers intentionally keep their partner pregnant is another form of control, since this makes it more difficult for a woman to leave the relationship.

Risky Sexual Behavior

At least one fourth of adolescent mothers are in abusive relationships before, during, or after their pregnancies.



Teens in abusive relationships are also more likely to engage in risky sexual behavior that can often lead to pregnancy. These behaviors include having intercourse before age 15, not using a condom the last time of intercourse, and having 3 or more sexual partners in the previous three months.⁵ Teen dating violence victims are also more likely to begin or increase use of alcohol or drugs, and substance abuse frequently leads to more sexual risk taking.⁶

Onset of Abuse

Abuse often starts when a woman becomes pregnant. Of women whose pregnancies were intended, 5.3 percent reported abuse at time of pregnancy, compared to 15.3 percent of women whose pregnancies were unplanned.⁷ Abuse begins at the onset of pregnancy for a variety of reasons. An abuser may be jealous of the baby, angry because the pregnancy was unplanned or believes that the pregnancy followed too soon after the last pregnancy.⁸

Health Concerns

In general, pregnant teens are at a higher risk of illness and death than their non-pregnant peers because of medical complications, increased self-inflicted harm and elevated levels of physical abuse. They are at a higher risk than pregnant adults of dying while pregnant, experiencing serious medical complications, such as a premature delivery and pregnancy-induced hypertension, and having other pregnancy-related health problems.⁹ Experiencing physical abuse during pregnancy poses an even greater threat to the well-being of both the mother and the baby. Teens who are abused while pregnant are more likely to abuse alcohol or drugs and to receive inadequate prenatal care, both of which can have damaging

effects on the mother and child. In addition, over one-half of teens in physically abusive relationships report being injured in the abdominal area.¹⁰ Teens who are abused while pregnant are also at a significant risk of delivering their baby pre-term or delivering a low birth weight baby.¹¹

Unique Obstacles Experienced by Teen Parents

Teen parents in abusive relationships are faced with unique challenges in accessing help and services. Some of these challenges include:

- Increased isolation:
 - ◇ Abusers frequently isolate victims from their family, and this may be especially common when the victim is pregnant. Because of this isolation, pregnant teens often have very limited support networks to reach out to should they attempt to leave the relationship.
- Shame and embarrassment associated with being a teen parent:
 - ◇ Teens may already feel guilty about being pregnant or having children and consequently be reluctant to seek services. For some teens, they may even believe that they deserve the abuse because they are pregnant or parenting, or that service providers will be less willing to help them.
- Financial dependence on abusive partner:
 - ◇ The abusive partner may be providing money for prenatal care or childcare, or may be looking after the child while the mother is in school or at work.
 - ◇ The teen may not want her abuser to be put in jail because that would cut off her

access to childcare or the money for food and shelter for herself and her children.

◇ Financial burdens may also pose an obstacle for the teen parent in trying to get custody of children if she does not have a job, housing, or adequate resources to support the children on her own.

• Fear of losing custody of children:

◇ A teen may be reluctant in reaching out to a service provider and disclosing abuse for fear that she will lose custody of her children, especially if the abuser is an adult.

Screening and Responding to Pregnant Teens in Violent Relationships

Screening for Abuse

Providers who interact with teens should screen for abuse during the pregnancy and post partum period. RADAR was developed by the Massachusetts Medical Society to assess the safety and well being of pregnant adolescents.

RADAR Screening

R – Routinely screen all pregnant teens. Some teens will disclose violence to a health care provider if they are asked about it. Interview the teen alone.

A – Ask specific and direct questions in a caring and non-judgmental manner. Use language that is teen-friendly, and be aware of your body language. Prior to engaging with the teen about any abusive behavior she may be experiencing, let the teen know your role and responsibilities as a mandated reporter.¹² Some questions to ask are:

• “Are you in a relationship in which you have been physically hurt or threatened?” If not, “Have you ever been?”

• “I noticed you have a number of bruises; did someone do this to you?”

• “Do you feel safe when you are with your dating partner?”

◇ If the teen answers “yes” to any of the questions probing violence, encourage the teen to talk about it more. Validate the experiences she is going through and connect her to community organizations in your area that address teen dating violence.

◇ If the teen answers “no” or doesn’t want to open up about the abuse, be mindful of any clinical signs that may indicate abuse, like injury to neck, torso, breasts, abdomen, or genitals; psychological distress such as suicidal ideation, eating disorders, anxiety; a partner who will not leave the teen’s side or who is overly protective and answers on her behalf; substance abuse.

D – Document suspected information about suspected dating violence. Use a body map and record all pertinent physical findings. Document teen’s explanation for injuries, and write the name of the individual(s) who caused the injuries. Be aware of any mandatory reporting requirements as they vary by state and profession.

A – Assess the teen’s safety. Find out if it is safe for the teen to go home, school, and/or work.

R – Review options and provide referrals. If teen patient is in danger, offer to connect her to community resources and hotlines. Make a follow-up appointment to see the teen.¹³

Stay on the lookout for upcoming webinars on other issues affecting service providers who work with teens at the Teen Center website.

Teens abused while pregnant are at a significant risk for health problems.

Responding to Abuse

One of the most important steps in responding and providing services to teens experiencing dating violence is to become familiar with and look for the warning signs indicating abuse. Red flags can include a drop in academic performance, unexplained absences from school or work, high risk sexual behaviors, depression, and disordered eating. Look for any signs of physical abuse or injury, and take seriously reports by the teen that she is being physically abused even if there are no visible injuries.

Coordinating Interventions for Pregnant and Parenting Teens

The other essential aspect of your role as a service provider is to be aware of the different needs that a pregnant or parenting teen who is experiencing dating violence might have. Talk to the teen about the kinds of services available and make referrals as needed. Some of the most important interventions and resources include:

- Health care:
 - ◇ Make sure that the teen receives medical care for any injuries she sustains.
 - ◇ Connect her to information about and providers of prenatal care, as well as infant/child healthcare. Regardless of whether the teen is pregnant or parenting, having both kinds of resources is important.
- Legal options:
 - ◇ Advise the teen about the availability of protection orders and make referrals to organizations that can assist with filing orders.
 - ◇ Inform the teen that other legal issues such as paternity, custody, and child support are relevant and refer her to organizations that can help her address these matters.
- Counseling:

- ◇ Encourage the teen to seek mental healthcare services.
 - ◇ Be sensitive to the fact that group counseling options for pregnant and parenting teens may not adequately consider teens who are experiencing dating violence. Also, options for teen dating violence victims may not fully take into account the needs of pregnant and parenting teens.
- Economic Concerns:
 - ◇ Be aware of the practical needs of your parenting teen clients, such as access to transportation, child care, and safe and adequate housing. Offer these kinds of services at your organization or connect the teen to organizations that can help her meet the needs.
 - ◇ Advise your teen client about her options for taking a pregnancy leave from work under the Family Medical Leave Act and/or the policies at her place of employment. If your teen client is a father, advise him about options for paternity leave.
 - ◇ Inform your teen client of public benefits available for parents, including TANF and any other local benefits.
 - Educational services:
 - ◇ Look into the educational options for pregnant and parenting teens in your local schools, such as whether the school offers ways for teens to take any necessary time off from school but stay on track to graduate or receive a GED. Inform your teen client of her options to continue schooling.
 - ◇ Learn about the availability of parenting classes, employment referral services, and other educational services in your area, and make referrals to your teen client.

Notes

¹ Leiderman, Sally, Cari Almo. "Interpersonal Violence and Teen Pregnancy: Prevalence and Implications for Practice and Policy," Healthy Teen Network (2001).

² Silverman, Jay G., Anita Raj, Lorelei A. Mucci, and Jeanne E. Hathaway. "Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality," American Medical Association, vol 286, no. 5 (August 1, 2001).

³ Malecha, Ann, Judith McFarlane, "Sexual Assault Among Intimates: Frequency, Consequences and Treatments" (2005).

⁴ Center for Disease Control, "Youth Risk Behavior Surveillance. United States, 2005." <http://www.gov/mmwr/preview/mmwrhtml/ss5505a1.htm#tab10> (accessed April 1, 2009).

⁵ Silverman, Jay G., Anita Raj, Lorelei A. Mucci, and Jeanne E. Hathaway. "Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality," American Medical Association, vol. 286, no. 5 (August 1, 2001).

⁶ Id.

⁷ National Coalition Against Domestic Violence, "Domestic Violence and Pregnancy Fact Sheet," http://www.vawnet.org/category/Documents.php?docid=615&category_id=504 (accessed June 7, 2009).

⁸ University of Pittsburg Medical Center (2003). "Abuse During Pregnancy," <http://www.upmc.com/HealthAtoZ/patienteducation/Documents/AbusePregnancy.pdf> (accessed June 7, 2009).

⁹ Healthline, "Mother Less Than 20 Years Old," <http://www.healthline.com/adamcontent/adolescent-pregnancy?Print=true> (accessed April 1, 2009).

¹⁰ Covington, Deborah L, Dr. P.H., Betsy J. Justason, MPH, and Lydia N. Wright, MD. "Severity, Manifestations, and Consequences of Violence Among Pregnant Adolescents," Journal of Adolescent Health, (2001)

¹¹ Id.

¹² Mandated reporting varies with profession and state laws. Know your own ability to keep your client's disclosures confidential. Be sure to communicate upfront before she discloses something that she may want to keep confidential. If you are unable to maintain the level of confidentiality that your teen client desires, connect her to another provider who can.

¹³ Pennsylvania Medical Society, RADAR: A Domestic Violence Intervention.

Be aware of the different needs that a pregnant or parenting teen who is experiencing dating violence might have.



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