

Addressing Sexual Abuse and Trauma in Teen Pregnancy Prevention Programming
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Presentation Objectives

By the end of the presentation, participants should be able to:

- Explain the link between trauma and sexual risk taking for youth
- Identify concrete strategies for appropriately addressing trauma within teen pregnancy prevention group intervention settings;
- Describe ways to create a "safe space" for youth in at risk conditions to address their trauma within the context of learning teen pregnancy prevention information and skills.

Trauma and Sexual Risk Taking

- Childhood trauma exposure associated with:
 - Delinquency (e.g., Adams et al., 2012)
 - Substance use (e.g., Adams et al., 2012)
 - Psychopathology (e.g., Adams et al., 2012)
 - Unprotected sexual intercourse (Sonn et al., 2008)
- Girls with trauma exposure:
 - Increased stress-reactivity (Chamberlain & Moore, 2002)
 - Increase in oppositional and aggressive behaviors (Ford, 2002)
 - Major depression and PTSD (e.g., Adams et al., 2012)
 - Childhood abuse in girls is a predictor of promiscuity, prostitution, and pregnancy (Wisdom & Kuhos, 1996)

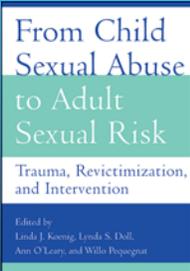
Trauma and Sexual Risk Taking

- Females in conditions that place them at high-risk have greater difficulty practicing safe sexual behaviors (e.g., condom use) than male counterparts (Robertson, et al., 2004)
- WHY?
 - Dissociation
 - Chronic victimization and power imbalance
 - Poor condom negotiation skills
 - Fear of violence
 - Low self-esteem and self-efficacy
 - Self-loathing (self-blame and guilt)
 - Distorted cognitions ("I deserve this")
 - Pregnancy intentions
 - Self-medicating with substances

Childhood Sexual Abuse (CSA)

- ❖ CSA associated with increased rates of unprotected sexual intercourse and higher incidence of HIV/STIs (e.g., Seto et al., 2006, 2009; Sweet et al., 2013)
- ❖ CSA may confer increased HIV/STI risk among sexual minority men and women versus heterosexuals (Sweet et al., 2013)
- ❖ A metaanalysis of 21 studies demonstrated that CSA significantly increased the odds of adolescent pregnancy (Noll, Shenk & Putnam, 2009)
- ❖ 4.5 out of 10 pregnant adolescents may have a history of CSA

Book recommendation: Koenig, Doll, O'Leary and Pequegnat, 2003



The book cover features a blue and green color scheme. The title 'From Child Sexual Abuse to Adult Sexual Risk' is prominently displayed in white and green text. Below the title, the subtitle 'Trauma, Revictimization, and Intervention' is written in white. At the bottom, the editors' names are listed in white text on a dark blue background.

Trauma Interventions

- ## Aspects to consider...
- Various modalities: Individual, group, family (a "safe space")
 - Trusting, genuine relationship between therapist and client
 - Different ways of processing the trauma: in vivo exposure, writing about the trauma ("trauma narratives"), no intentional exploration of trauma memories, relaxation
 - Focus on (adaptive coping) skills
 - Skills rehearsal/ practice (rather than just discussing)
 - Emotion regulation

Adolescent pregnancy prevention interventions

Aspects to consider

- Modality: group, school, family, community/structural
- Trust
- "Safe space"
- Values clarification
- Exposure (e.g., condom demonstrations)
- Skills practice (e.g., condom relay races)
- Emotion regulation

Ways to address trauma within pregnancy prevention programs

Aspects that may be common to both types of interventions...

- Modality flexibility
- Exposure
- Skills learning and rehearsal
- Emotion regulation
- Need for trust and "safe space" (i.e., discussing sensitive issues)
- Handling emergencies

Ways that effects of trauma may arise

- Straight disclosure within the group setting
- Individual, private disclosure outside of program
- Refusal to complete program activity (e.g. condom demo)
- Emotional breakdown (e.g., crying, anxiety) during group discussion (e.g., of partner communication about sex)
- Unable to consider forming any healthy relationships
- Lack of "buy-in" or engagement related to hierarchy of needs
- Others???

Suggested guidelines for handling disclosures

Disclosures: System-level approaches

- Discussion with system in which you are implementing the intervention about their past approaches to handling such disclosures
- Knowledge of the definition of "mandated reporter" in your state:
 - See: <http://www.ncsl.org/issues-research/human-services/child-abuse-and-neglect-reporting-statutes.aspx>

Disclosures: System-level approaches

- Develop a protocol (preferably written) to address such disclosures *before* they have a chance to occur
 - Outlines what state mandated reporting laws are
 - Provides facilitators with a step-by-step plan about whom to contact in case of disclosure (e.g., supervisor)
 - Instructions for documenting the disclosure according to system expectations
 - Instructions for how to interview the teenager (privately) to more fully assess for imminent risk (e.g., creating a disclosure script)
 - Instructions for how to deal with imminent safety concerns (harm to self or others, eg., get police intervention).

Disclosures: System-level approaches

- Train staff on protocol before they implement intervention
- If you have a consent form, describe limits to confidentiality related to reporting (consistent with mandated reporting laws in your state)
- If not using consent forms, consider implementing a standard verbal notification process to all adolescents participating in the intervention(s).

Disclosures: System-level approaches

How might they arise?

- Outside of intervention
 - Before/after group
 - Written format related to intervention assignment
 - As part of assessments (if relevant)
 - Observation (e.g., between parent and youth)
 - Someone else (beside the youth) mentions to you
- During intervention
 - Disclosure during sensitive activity/discussion
 - Spontaneous disclosure
 - Disclosure as part of "side conversation" with peer

Disclosures: System-level approaches
Refer to your protocol

- Are you considered a mandated reporter?
 - If so, follow system(s) (and state) protocol for disclosures
- Are you not a state mandated reporter but your protocol indicates certain follow-up procedures with the youth?
 - If so, follow system(s) protocol for disclosures

Disclosures: System-level approaches
Sample disclosure script questions

- What happened?
- When did this happen?
- Where did this happen?
- How old were you when it happened?
- Who was the person?
- How old was he/she?
- What is this person's relationship to you?
- When was the last time you saw this person?
- How much time does this person spend around you now?
- Is this still going on right now?
- Does anyone know about this? (a family member? your therapist? the police?)
- How safe do you feel right now?
- How upset are you now that we've talked about this?
- (If very upset), do you think you might hurt yourself? someone else?

Trauma-exposed youth:
Facilitator guidelines

Facilitator guidelines
(borrowed from Najavits, 2002)

- If they indicate that a particular skill does not work for them, validate them and encourage them to move on to something that DOES work
- Avoiding giving “easy advice” that might be extremely unhelpful (e.g., “it’s okay, it wasn’t your fault!” or “just set a boundary with him!”)
- Use empathy to de-escalate (“I really hear that you are upset,” “I know it’s not easy for you right now”)

Facilitator guidelines
(borrowed from Najavits, 2002)

- Elicit what works from the adolescents
- Praise (noticing what is good) and accountability (holding to highest possible standards of behavior)
- Redirecting to use time well
- Validate adolescents’ criticisms of the program and principles
- Keep your statements brief and essential (i.e., directly relevant to adolescent’s needs)

Facilitator guidelines
(borrowed from Najavits, 2002)

- Protect adolescents from triggering each other
 - Steer youth away from describing all of the details of their trauma
- Whenever possible, give adolescents control
 - allow them to pass on a topic or exercise, allow them to choose for themselves whatever they reasonably can (e.g., external supports presuming they are safe decisions)

Vignette #1: Disclosure during group

- As a group leader, you are in the midst of leading an activity in which you are role-playing condom refusal skills. One of the girls in your group blurts out "I could never say that to my brother. He has been forcing me to have sex with him and he told me that if I say anything, he'll make sure that our mother sends me to a foster home."

As a group leader, how do you respond?

Vignette #1: Challenges

- Disclosure made in front of peers (confidentiality)
- Managing peer reactions (perhaps negative) and group, but also addressing girls' immediate needs and safety concerns
- Caregivers may not know
- Safety concerns at home related to disclosure

Vignette #1: Supports

- Teaching refusal skills, a form of communication
- Girl identifies that she cannot communicate so it fits within skills practice
- Relying on healthy relationships developed in group program
- If you've set up expectations regarding disclosures ahead of time, can redirect easily and then follow-up after session

Vignette #1: Actions

- Acknowledge in front of group that she was heard
- Validate her for sharing such sensitive information
- Explain that you will need to speak to her privately after group to understand more about the disclosure and to determine whether she is currently safe
- Emphasize to other group members, group rules about respect and confidentiality
- Avoid discussing the girl's disclosure with other group members

Vignette #1: Actions

- Bring back to group content focusing on the skills and ask that girl to practice refusal skills related to another risk area (e.g., substance use, peer pressure to engage in criminal activity)
- Make child abuse report, as necessary and according to your state guidelines and statutes
- If you do not know what your reporting responsibilities are, check in with your supervisor
- Make sure you know with which staff (if any) you have permission to share this information (e.g., in the school)
- Make referral to trauma treatment provider to occur in tandem with your intervention

Vignette # 2: Disclosure outside of group

- After a discussion of HIV/STD testing and partner communication about sex, one of the boys in your program approaches you and tells you that he thinks his girlfriend has herpes. He tells you that he thinks that because he's noticed some blisters on his genitals, but is afraid to discuss it (or testing) with her because she has hit him in the past when angry or jealous. In addition, he reports that this violence makes him angry because his father has been "beating" him since he was a little kid. He has never told anyone about this partner violence or physical abuse by his father.

How do you respond?

Vignette #2: Challenges

- He came to you to discuss HIV/STD testing and partner communication, not dating violence or physical abuse.
- He came to you outside of the group setting and so expects a different level of confidentiality
- You don't want him to lose trust in you for fear he will drop out of the program that he so desperately needs

Vignette #2: Supports

- Disclosed to you in private and so 1:1 intimate, sensitive conversation is more readily accessible
- He is bringing up content related to the pregnancy (safer sex) prevention programming and important to his health
- He trusts you enough to make a first-time disclosure

Vignette #2: Actions

- Know the abuse reporting laws in your state (including those related to intimate partner violence; IPV)
- Know places to refer him for anonymous or confidential testing (and partner notification procedures)
- Use principles learned in the pregnancy (safer sex) prevention programming around assertive communication, empowerment, increased self-esteem, healthy relationships to explore the relationship issues and safety
- Discuss your role in assuring his safety (related to IPV)
- Identify a trusting adult (outside of yourself) in his life with whom she could share this same information

Your "real-life" vignettes....

- Challenges
- Supports
- Actions

Summary: Do's

- Practice principle of "do no harm."
- Validate, acknowledge and empathize
- Redirect with focus on coping skills learned in current pregnancy prevention intervention

Summary: Do's

- Address imminent safety concerns (and if you are not sure of how to do so, consult with colleagues, supervisors)
- Have an emergency plan set up ahead of time
- Identify a protocol specific to your intervention of how to address reports of CSA and train all staff accordingly, e.g., develop disclosure scripts
- Ensure that communities have resources available to treat or address trauma/CSA

Summary: Be Mindful of...

- Setting and maintaining unhealthy boundaries
- Ignoring the disclosure due to fears about how to handle it
- Assessing, "processing" and/or discussing the traumatic incident at great length
 - remember this is exposure and if proper safeguards are not available, it can be harmful
 - want to avoid triggering other adolescents

Summary: Be Mindful of...

- The need to prepare the adolescent that discussing the trauma may be upsetting
 - many are not aware of the impact of talking about the trauma
- Allowing adolescent to talk too long before assessing safety (e.g., "does this feel safe to keep talking about?")
- Feeling bad about interrupting or redirecting (OK to do so to protect group, which is first priority in group setting)

Summary: Be Mindful of...

- Making assumptions...for example,
 - because it's past abuse (happened "a long time ago") it's already been reported
 - because they have an outside therapist that it has been reported
- Forgetting or avoiding brief "check in" before the next session (group or individual)

JSI Reminders

- Trauma Workgroup- All Nationals
- Presentation recording available at <http://rhey.jsi.com/>
- Resources around trauma available:
 - Book- Koenig, Doll, O'Leary and Pequegnat, 2003
 - Upcoming Winter E-Newsletter on Trauma
 - Young Men's Program- impact of trauma on young men
 - http://www.famplan.org/Resources/sex_coercion.htm
Video and discussion guide for counseling teens facing sexual coercion for Family Planning providers and counselors

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