Sexual Assault and Coercion in Teen Relationships

Intimate Partner Sexual Violence is...
Any sexual contact or activity with an intimate partner that makes a person feel uncomfortable, with the purpose of controlling through fear, threats, coercion, manipulation or violence. This may be with or without the presence of physical violence at the time of the act or within the relationship.

What is Sexual Coercion?
• Pressure to do something sexually that you are not comfortable doing.
• May apply to a specific act or to initiating or continuing a sexual relationship.
• An individual may give in to coercion for any number of reasons (usually having to do with power and control), and then may feel guilt and shame.
• Pressure comes from the wider society and peer group norms as well as from a relationship partner.

What Do Abusive Teen Relationships Look Like?
• Lack of respect
• Verbal abuse, put-downs
• Disregard for privacy
• Isolation from other friends,
• Secrecy from family
• The “Electronic Leash” tech control
• Physical violence
• Sexual coercion, sometimes including threats
• Sex without consent = sexual assault
• Frequent involvement of alcohol and drugs

Who is affected?
• Both boys and girls (as both victims and perpetrators)
• Youth who are in same-sex relationships
• All ages, from —tween on up
• Youth from diverse communities, including homeless youth

Why Teens Don’t Tell
• Confusion
• Embarrassment
• Shame
• Guilt
• Fear
• Desire to maintain the relationship

FACTS
1. Adolescents with a history of sexual abuse are five times more likely to report coercive sex with a friend or date than their non-abused peers.
2. Among students who reported that they had sex before age 15, 41.5% of females reported being forced to have sex compared to 5.5% of males.
3. Students who were forced to have sex were significantly less likely to use condoms and had lower protective factors including parents’ knowledge of activities and connections to school and community.
4. Students who first had sex before age 15 were seven times more likely to report being forced to have sex as students who first had sex after age 15.
5. Adolescent females age 16-19 are four times more likely than the general population to report sexual assault, rape, and attempted rape. The perpetrator is frequently an intimate partner.
6. Early sexual experiences are STRONGLY associated with dating abuse.
7. Of teens who had sex by age 14: 69% experienced relationship abuse
   36% were pressured into oral sex
   34% were pressured into intercourse
8. 75% of parents say they have talked to teens about healthy relationships—but only 26% of sons and 34% of daughters said those conversations had happened.
9. 82% of parents think they know the signs of dating abuse, but more than 50% can’t correctly identify those signs.
10. Fewer than one in three (32 percent) teens in abusive relationships confide in their parents about the abuse.
11. 43% of teens who have been in abusive relationships have experienced abuse at school.

Skills & Tools Teens Need
- Acquire good basic sexual knowledge
- Evaluate the quality of a relationship
- Develop healthy relationship skills
- Understand consent
- Know the law
- Have the language to say no
- Use technology safely and with respect
- Name the problem of abuse
- Create a support system
- Identify resources for help

Teen Barriers to Services
This is a list of barriers to teens seeking medical services, but many apply to advocacy as well.
- Loss of confidentiality
- Cost
- Past poor treatment by adults
- Difficulty with transportation to appointments
- School, work and family schedules that conflict with appointments

Making Services Teen-Friendly:
- Special walk-in hours for teens
- Outreach that targets teens
- Friendly and private opportunities to chat
- Waiting room and advocacy rooms appealing to teens
- Staff that meet the needs of teens
- Advocates who are knowledgeable about teens
• Follow-up with teens
• Opportunities for teens to give feedback

Advocacy Strategy:
• LISTEN to teens. Use the language they use. ASK if you don’t know what they mean by terms such as “hooking up.” Don’t assume.
• Be sure that you seek info & resources related to BOTH sexual assault and domestic violence.
• Explore consent issues with teens. Ask the right questions, rather than lecturing.
• Respect the teen’s perception of the relationship, while introducing questions and information about consent, power differentials, and freedom to choose.
• Be sure your outreach materials and presentations include information on male and female victims and LGBTQ youth. Be sure info is age-appropriate and culturally sensitive.
• Find ways to build ongoing trusting relationships with teens, and help parents to develop more open communication. Address these issues proactively.
• Engage youth in discussions of gender roles through the use of media. Encourage them to question assumptions about gender roles and sexual behavior.
• Engage parents in prevention efforts. Ask younger teens what they mean when they say they have boyfriends or girlfriends.
• Focus prevention and skill-building on tweens and young teens. Develop peer education programs with older students presenting to younger students. Advocate for comprehensive sex ed.
• Help kids to become media-savvy. Promote parent education. Don’t assume that kids share your values. Use teen-generated materials, such as www.ThatsNotCool or www.AThinLine.
• Ask teens about online or cell phone stalking and coercion. Help youth to establish limits on contact. Educate parents about technology issues.
• Be sure you are knowledgeable about all laws and policies involving mandated reporting and age of consent laws. Be honest and upfront with teens about your obligations to report.
• Parent education should focus on building healthy communication and relationships, as well as the facts of relationship abuse.
• Develop partnerships with schools by offering to conduct teacher in-service training, providing information on policy development, and teaching “healthy relationships.”
• Don’t approach teens as if they were adults. Think of the developmental issues for both victims and perpetrators. Ditch the lectures—they are not listening. Use teen-friendly communication and experiential learning for prevention.
• Partner with reproductive health providers. Help them learn screening techniques for sexual coercion and violence and provide them with resource information.

Reference: