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Part 4: Guidelines for Working with Teens

PRACTICE GUIDELINES FOR ALL PROFESSIONALS WORKING WITH TEENS

(Select the guidelines appropriate for your professional role.)

- ▶ Teens have a unique lingo, so ask teen clients what they mean if you are not 100% sure.
- ▶ Use gender-neutral terms when talking about teens' dating partners.
- ▶ Learn about the relevant state laws related to age of consent.
- ▶ Ask teens for feedback on whether your agency projects a teen-friendly atmosphere.
- ▶ Provide staff training on how to offer a welcoming experience to teen clients.
- ▶ Identify the school-based programs that serve pregnant or parenting teens in your community (GRADS programs or other local school or community programs).
- ▶ Call or visit the teachers and other key school personnel to provide information about your services for teen survivors.
- ▶ Offer to provide in-service training or to participate in a training exchange with school-based service providers on IPV, sexual and reproductive coercion, and trauma-informed approaches to teens.
- ▶ Know your state laws and agency policies about confidentiality and mandated reporting.
- ▶ Have a standard statement about confidentiality that you make to teens during your intake process.
- ▶ Learn about mandated reports regarding the children of teen parents. Exposure to domestic violence does not constitute child abuse or neglect.
- ▶ Make sure you have the knowledge and resources to assist with safety planning prior to making a mandatory report.

Overview

Pregnant and parenting teens are at high risk for sexual assault, sexual and reproductive coercion, and domestic violence. In Washington State, nearly 22% of teens report experiencing abuse around the time of pregnancy (Washington State Department of Health, 2010), and at least 31% of victims of intimate partner homicide began the relationship prior to age 21 (Fawcett, 2010). Because teens may be less likely than adults to initiate contact with service providers specifically about victimization, it is critical that all professionals working with pregnant teens and teen parents be aware and informed about the violence and coercion these young women may have endured.

Adolescent mothers who have been physically or sexually abused are at high risk to have a repeat pregnancy soon after they give birth. One study (Raneri & Wiemann, 2007) found that teen mothers who are abused in the first three months after giving birth are almost twice as likely to have another pregnancy within 24 months. An earlier study of low-income teens who were physically or sexually abused found they were three times more likely to become pregnant again within 12 months and four times more likely to have another pregnancy within 18 months (Jacoby et al., 1999). Clearly, young mothers in abusive relationships need attention to both safety and reproductive health concerns. The guidelines in this section apply to all professional disciplines.

Understanding Teens

Successfully navigating the teenage years is not easy under any circumstances. Pregnant and parenting teens have additional challenges, and teen survivors of intimate partner violence, reproductive or sexual coercion, or stalking are faced with highly stressful life circumstances. The rapid developmental changes of adolescence combined with challenges such as multiple victimization, childhood trauma, or family dysfunction can create formidable barriers for teens to get the help they may need. In addition, the existence of teen subcultures with their own language, technology, and values can make it even more difficult for adults to connect with and assist these teens.

When working with teens, it is important to balance respect for clients' autonomy with an understanding of developmental issues. Adolescent brains are works in progress. Researchers have found that the parts of the brain that control executive functions – such as reasoning, judgment, and inhibition of inappropriate behavior – develop last, and may continue developing into the early 20s. This can increase the likelihood of certain behaviors. For example, because the part of the brain that processes emotions is still developing in young teens, they may be “more likely than older adolescents and adults to misinterpret another person’s actions as negative, threatening, or hostile, and respond accordingly” (Woolard, 2009). Teens are biologically primed to engage in riskier behavior than adults; they may be more impulsive and in general they have more challenges in making sound decisions that take all relevant factors into account.

Adults who provide services and support can have a profound impact on young people. Most of us can recall one or more adults who made a difference during our teen years.

**A recent report on Supporting Brain Development
in Traumatized Children and Youth states:**

“Teens benefit from quality time with their caregivers and adult mentors who help them:

- Organize tasks and set priorities
- Practice making decisions
- Master new skills
- Seek healthy adventures and take positive risks
- Minimize stress
- Adopt healthy lifestyles and allow time for plenty of sleep”
(Chamberlain, 2009, as cited in Child Welfare Information Gateway, 2011).

“While all teens need adults in their lives who can help them gain new experiences and support them through adolescence, teens who have suffered from trauma caused by abuse or neglect can benefit especially from caregivers who encourage their growing independence while also offering a safety net when they need help” (Child Welfare Information Gateway, 2011).

The Nature of Teen Relationships

Because many teens are victimized within the context of intimate relationships, it is helpful to understand the nature and dynamics of those relationships. For teens who had sex within what they considered to be a “romantic relationship,” 24% had their first intercourse within the first month they were together. An additional 37% began a sexual relationship within three months of being together. Eighty percent of these relationships last six months or less, and a quarter of them are one-time “hookups.” Approximately one in four teens reported verbal and/or physical violence during their first sexual experience, with physical violence occurring for 17% of Hispanic teens, 12% of non-Hispanic black teens, and 6% of non-Hispanic white teens.

While these statistics relate only to first-time sexual relationships, given the fact that more than one-fifth of teens never used contraception in their first sexual relationships, a significant number of pregnancies is likely to have occurred in this group. These figures are based on a longitudinal study of more than 14,000 teens (Ryan, Manlove, & Franzetta, 2003). It is interesting that despite the questions on verbal and physical violence in this study, there is no discussion of sexual or reproductive coercion and none of the study’s recommendations address these issues. Even though there is a large body of research (Solano, McDuffie, & Powell, 2007; Klein, 2005; Hall, Holmqvist, & Sherry, 2004) on teen sexual practices and teen pregnancy, an examination the role of sexual and reproductive coercion is noticeably absent in many studies.

When working with teen survivors, it is important to be aware of the intensity of teen relationships and the fierce commitment some teens have to their partners. Because adolescents see intimate relationships as a bridge to adulthood, a teen may perceive any response by a professional that seems to question the wisdom of her relationship choices as an insult to the teen’s emerging independence. Service providers must be especially vigilant not to seem judgmental; an “I know better what is right for you” attitude will be an instant turn-off for most

In the Needs Assessment interviews, we asked advocates about their experiences working with teen clients (ages 13-17 years).

Advocates reported that most teens do not want adults in their lives to know they are having sex. As a result, teens lack information and resources about safe sex and sexual coercion. In general, advocates said that teens receive little information from their parents about sex and are often poorly informed.

“HER BOYFRIEND WAS A FEW YEARS

older and he was in prison. He said he was going to search up and down her body to make sure she’s not using birth control so he can get her pregnant. The interesting thing was the duality of her response. It was ‘I don’t want to have a baby. I’m only 17.’ But the other part was ‘Isn’t that romantic?’ at the same time.”

Advocate, Needs Assessment focus group

teens, no matter how well intentioned. Even more than other survivors, teens may not self-identify as victims. Careful use of language that is respectful of your client's point of view will help build rapport. For example, do not describe your client as having been "abused" unless she uses that term or you have had a conversation with her about abuse and her experiences. Teens of all genders may have some misconceptions about healthy relationships. For example, they may confuse jealousy and possessiveness with love and connection. Teens may think that boys (or men) are "entitled" to have sex with an unwilling partner given certain circumstances, such as an ongoing relationship, previous sexual activity, or paying for dinner (or some other monetary exchange) (Pemberton & Wakeling, 2009).

Because teen relationships are fluid, may be on-again, off-again, and may vary in length and seriousness, it is important to ask teen clients about the nature of their relationships when relevant, rather than to make assumptions. For example, when a pregnant or parenting teen refers to her boyfriend, don't assume he is necessarily the father of her child. In addition, a pregnant teen or teen mother may self-identify as lesbian or bisexual rather than heterosexual. In fact, "studies suggest that lesbian and bisexual teens are twice as likely as their heterosexual peers to experience unintended pregnancy" (Healthy Teen Network, 2010). There are many reasons for this, including a heightened risk of sexual victimization for LGBTQ (lesbian, gay, bisexual, transgender, or queer/questioning) individuals, poor access to appropriate information and health care services, and a lack of social and family support.

Teen relationships in today's world are virtual as well as based in physical reality. In the online world or via text message, teens may connect or break up, be stalked or threatened, and receive messages from partners or peers that heighten sexual pressure. Because of the influence of technology and the media, teen language evolves and changes at a rapid pace, so it is important for professionals to ask teen clients what they mean if there is any doubt.

Pregnant teens and teen parents may be stigmatized and treated as though they are irresponsible or stupid. It can be especially painful for a teen who is pregnant as a result of sexual assault or reproductive coercion to be blamed and labeled. Recognizing that teens who become pregnant are not very different from those who don't become pregnant (other than the fact that they are more likely to have been victimized) is vital to working successfully with these young people. It is also important to recognize that teens are particularly vulnerable to rapid repeat pregnancies. In Washington State, teens 15-19 are 12 times more likely to report another pregnancy two to six months after giving birth than women ages 20 and older (Washington State Department of Health, 2010).

- ▶ Teens have a unique lingo, so ask teen clients what they mean if you are not 100% sure.
- ▶ Use gender-neutral terms when talking about teens' dating partners.

For teen-friendly information about adolescent relationships, explore the "Your Relationships" page at <http://washingteenhelp.org/your-relationships>. The site, WashTeenHelp, was developed by WithinReach and contains interactive games and videos created by teens themselves.

Age Disparities With Partners

Teen parents often have significantly older partners. One in five teenage girls has a sexual partner who is four or more years older (Ryan, Manlove, & Franzetta, 2003). Washington State laws about the “age of consent” are complicated. Individuals 16 or older may consent to sexual activity, no matter the age of their partners, unless they are under 18 and the partner is a person with supervisory responsibility, a school employee, or a foster parent (RCW 9A.44.093). For those under 16, the age disparity with the partner determines if sexual contact is legal (RCW 9A.44.073, RCW 9A.44.076, RCW 9A.44.079). An excellent resource for this information is the S.C.A.R. (Sexual Consent Assault and Rape) booklet developed by youth from Partners in Prevention Education. You may order free copies from youthchangeagents.org/Informational_Materials.html. An online resource identifying relevant laws is on the King County Sexual Assault Center website: www.kcsarc.org/pop/laws

- ▶ Learn about the relevant state laws related to age of consent.

Creating a Teen-Friendly Service Environment

Traditional healthcare, legal, and advocacy service venues may seem intimidating or unwelcoming to teens. If the only magazine in the waiting room is *Golf Digest*, teens may feel like interlopers. Conversely, teens entering a facility that serves younger children may be turned off by Disney decals on the walls. If your agency has a Teen Advisory Council, its members can assist you with feedback on how teen-friendly your services appear. If not, you may want to recruit some local teens to provide a consumer’s view of your agency. Certain barriers may prevent teens from receiving services:

- ▶ Loss of confidentiality
- ▶ Cost
- ▶ Past poor treatment by adults
- ▶ Difficulty with transportation to appointments
- ▶ School, work, and family schedules that conflict with appointments (Seattle & King County Public Health, 2011)

These barriers may affect pregnant and parenting teens more strongly because of their additional needs and responsibilities. Lack of childcare may be an additional barrier for teen parents, and having an abusive or controlling partner certainly makes it difficult for these young women to access needed services.

Some excellent suggestions for reaching out to and welcoming teens are available at www. kingcounty.gov/healthservices/health/personal/famplan/providers/teenfriendly.aspx. While these guidelines target health care providers, other service providers can adapt many of the suggestions. Something as simple as providing teen-oriented magazines or offering snacks may make your agency more attractive to potential teen clients. The most important aspect of teen-friendly care, however, is well-trained staff who communicate clearly, listen well, respect confidentiality, understand a trauma-informed approach, and truly enjoy working with teens.

- ▶ Ask teens for feedback on whether your agency projects a teen-friendly atmosphere.
- ▶ Provide staff training on how to offer a welcoming experience to teen clients.

Using Natural Opportunities for Outreach

Because most teens are still in school, forging strong collaborative relationships with school personnel is an excellent outreach strategy. In Washington State, some communities have GRADS (Graduation, Reality, and Dual-Role Skills) programs for pregnant students and those with children. You can locate and learn about these programs at www.k12.wa.us/CareerTechEd/GRADSPProgram.aspx.

In other communities, support for pregnant teens may be more difficult to locate. Many high schools may not have a GRADS program, but they may have special classes or another program for pregnant and parenting teens. A good first step for identifying school-based resources is to contact the Guidance Department at your local high schools and middle schools.

When you provide prevention programming, remember that it is also linked to service outreach. Most prevention professionals find that some participants will come up to them after a presentation and ask for help with their own situations. Knowing the full range of resources that may be useful for pregnant or parenting survivors is a very effective way to connect these teens to appropriate services.

On WashingTeenHelp.org, a program of WithinReach, professionals and general users of the website can create a personalized resource list at <https://resources.parenthelp123.org>.

Action steps to connect with schools:

- ▶ Identify the school-based programs that serve pregnant or parenting teens in your community (GRADS programs or other local school or community programs).
- ▶ Call or visit the teachers and other key school personnel to provide information about your services for teen survivors.
- ▶ Offer to provide in-service training or to participate in a training exchange with school-based service providers on IPV, sexual and reproductive coercion, and trauma-informed approaches to teens.

Confidentiality and Mandated Reporting

According to a study from Children's Hospital in Los Angeles, “**confidentiality is the most important factor in whether or not a teen victim seeks services**” (Teen Dating Violence Technical Assistance Center, 2008). Teens who are victimized are more likely to tell a peer or a trusted adult such as a favorite teacher, rather than the police or their parents. They often do not want their parents or the authorities to know what is going on, for a variety of reasons. A teen may still be in a relationship with her abuser, and fear that she will be separated from her partner or that her partner will suffer because of disclosure. Teens may fear reprisal from the abuser, or they may worry (sometimes with good cause) that their parents will make the situation worse. Young mothers may be afraid that their children will be removed from their care if they are living with an abusive partner.

While clear statements about the limits of confidentiality are important precursors to any client contact, they are especially important for teens. Teen clients may have excellent reasons not to trust the adults with whom they have had contact, and if you are not straightforward about what you will and will not have to disclose, you may lose their trust forever. Because safety considerations are complex in abusive relationships, a teen client may know that a report will increase her danger, and she has the right to self-select what she is willing to disclose at any given time.

In the statewide Needs Assessment survey of domestic violence and sexual assault advocates, 13% of respondents (n = 173) who work with teens identified “I am worried I will have to make a report to CPS or police if a teen discloses this kind of abuse” as a barrier to talking with teen survivors about reproductive coercion (Washington State Coalition Against Domestic Violence & Washington Coalition of Sexual Assault Programs, 2012).

Here are some considerations for managing confidentiality issues with teens:

- ▶ Know your state laws and agency policies about confidentiality and mandated reporting.
 - ▷ See the Resources section at the end of this chapter for more information.
- ▶ Have a standard statement about confidentiality that you make to teens during your intake process.

If you are new to your profession, practice making the statement in a clear and confident manner. Even if a client is in crisis, it is important to inform her up front about the limits to confidentiality. You could say, “I know you have a lot on your mind and you seem very upset, but I want to make sure that I let you know about what is confidential or private here, and what may not be, before you go into any details about what is happening.”

Provide an oral as well as a written confidentiality statement to young clients, ensuring they understand exactly what is confidential and what is not. For example, if you say “I have to report if someone is hurting you,” a 13-year-old client may not understand that you will be making a report about her sexual relationship with her 20-year-old boyfriend.

- ▶ Learn about mandated reports regarding the children of teen parents. Exposure to domestic violence does not constitute child abuse or neglect.

If a teen parent is in a violent relationship, you may be concerned about whether to report possible harm to her children. According to the Department of Social and Health Services, “a child’s exposure to domestic violence in and of itself, does not constitute child abuse and neglect. Domestic Violence is considered child abuse and neglect when it causes harm or creates a clear and present danger of harm to the child’s health, welfare, or safety” (Washington State Department of Social and Health Services, 2010, p. 5).

What to Do When You Must Make a Report

To prevent mandatory reporting requirements from damaging your relationship with a teen client, it is critical that you offer clear, understandable information about the limits of confidentiality from the outset. Then, if you must report, you can let the client know you are doing what you said you must do. Prior to making a report, spend some time with the client explaining the process and doing safety planning. Ask her what reaction she expects from her parents and/or her partner, depending on the situation, and assist her with resources to maintain safety if these responses may imperil her. Remember to ask questions about how a mandated report might affect not only the teen herself, but also her pregnancy and her children. If she expresses fear, take it very seriously and work with her to create increased safety.

If your professional role does not routinely include safety planning, ask for her permission to contact a local domestic violence or sexual assault advocate who can assist with this process. Unless an advocate is immediately involved at the time of the mandated report, you still need to address safety issues with your client before making the report. Your local community-based advocacy agencies can assist by offering training about safety planning. See Part 5: Guidelines for Healthcare Providers beginning on page 53 in these guidelines for more information about domestic violence and sexual assault advocates and how they do their work.

Offer your teen client the option of taking an active role in making a mandated report. If she talks to Child Protective Services herself, she may feel a greater sense of participation and control. At a minimum, ask her to be in the room when you make the report, so that she knows exactly what was said and to whom.

- ▶ Make sure you have the knowledge and resources to assist with safety planning prior to making a mandatory report.

Resources

Mandated Reporter Video www.dshs.wa.gov/ca/safety/abuseReq.asp?2

Protecting the Abused and Neglected Child (booklet)
www.dshs.wa.gov/pdf/publications/22-163.pdf

Sexual Assault and Coercion in Teen Relationships. An archived webinar by Jennifer Y. Levy-Peck, Washington Coalition of Sexual Assault Programs. *Includes slides, webinar recording, and annotated resource list.* www.wcsap.org/sexual-assault-and-coercion-teen-relationships

Toward Developmentally Appropriate Practice: A Juvenile Court Training Curriculum www.njdc.info/pdf/MfC_Training_Curriculum_Overview.pdf. *While designed for those in the judicial system, these free training modules offer an excellent, user-friendly description of adolescent development and issues in dealing with teens. See especially Module 1 - Adolescent Development and Module 5 – Communicating with Youth: Interviews and Colloquies. Contact information for ordering this resource is on the Overview page of the website linked above.*

Your Relationships. WashingtonTeenHelp. <http://washingteenhelp.org/your-relationships>

What's Your Relationship Reality? Stay Teen. <http://www.stayteen.org/relationships>