

MOAPPP Monitor

www.moapp.org

Winter 2009

MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

Sexual Violence and Teen Pregnancy: The Link

“Sexual violence” is defined as “use of sexual actions and words that are unwanted by and/or harmful to another person.” According to the Minnesota Coalition Against Sexual Assault (MNCASA), “Some of these actions are defined as crimes by Minnesota statutes. Some experiences of sexual violence are hurtful violations of personal boundaries, but may not rise to the level of a crime. However, *that does not diminish the victim's experience of being harmed.*”

SEXUAL VIOLENCE A PREVALENT FORCE WITH PREGNANT/PARENTING TEENS

MOAPPP, its friends and supporters know that sexual violence is present in many pregnant and parenting teens' histories. That makes sense given the following research⁹ indicating that the people most vulnerable to sexual violence and exploitation—and subsequently to teen pregnancy—are:

➤ *Boys before puberty, especially those who don't conform to a stereotypically masculine persona.*

- Among males involved in a teen pregnancy, conservative estimates suggest nearly one in four were victims of sexual abuse during childhood and/or adolescence, and at least eight times as likely to have been abused as their peers.

➤ *Girls at and just after puberty.*

- Among girls ever pregnant, nearly one in three have been sexually abused, almost twice as likely as their peers.

Gay, lesbian and bisexual youth (male and female) are more likely to have a history of sexual abuse and to report pregnancy than heterosexual teens.

➤ *Children from chaotic families with substance abuse, mental illness, domestic violence.*

- One in four girls is sexually assaulted before the age of 18.³

➤ *Gay, lesbian, bisexual teens who have less protection in or outside of family.*

- Gay, lesbian and bisexual youth (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.

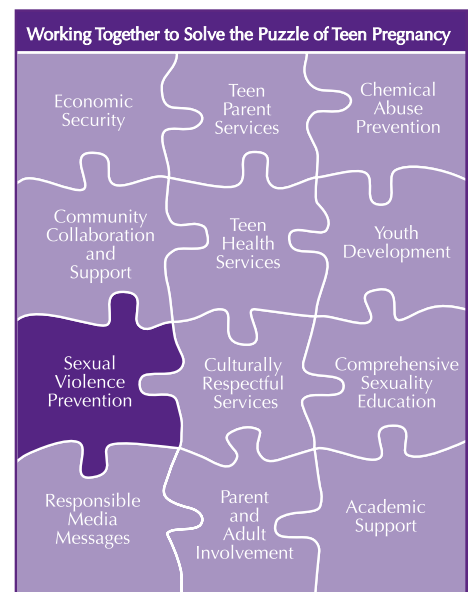
WHAT NOW?

Some researchers believe that we will not further decrease the teen pregnancy rate until more is done to prevent sexual violence and provide healing supports for young sexual violence victims (male and female).

What MOAPPP knows for certain is that not enough is being done—to prevent teen pregnancy or to prevent sexual violence. We have learned that people who have experienced sexual violence need support to face and work through the trauma. Our communities must ensure that programs and services effectively reach out and address the needs of all young people, but especially those most vulnerable to harm.

Thanks to Grit Youngquist, Healthy Youth Development Program Coordinator, Saint Paul-Ramsey County Department of Public Health for sharing her expertise for this article.

For further reflections from Ms. Youngquist on this topic, please visit MOAPPP's website at www.moapp.org/communications/monitor/html.



MOAPPP's Teen Pregnancy Puzzle illustrates the complexity of the issue and the need for comprehensive solutions based on research.

DIRECTOR'S NOTES



Dear Friends,

MOAPPP's mission remains clear: promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents. To achieve those ends, we are continually challenged to make sense of the complexity of issues young people face. That is why the Teen Pregnancy Puzzle remains such a strong visual representation of our work, and why we have focused on one of its pieces in so many of our past newsletters.

For the last several years, the Minnesota Department of Health has convened the Sexual Violence Prevention Action Council in order to bring a public health focus to an exceptionally challenging social issue. I was part of the Council's early efforts to **communicate, collaborate** and **create change** in systems, policies and organizations, and contributed to the **creation of the action plan** that guides this important work across the state today. This program received MOAPPP's Community Partner Award in 2007 for its efforts to highlight the strong link between sexual violence and teen pregnancy.

Two of the current Sexual Violence Prevention Action Council members, Donna Dunn and Grit Youngquist, share their expertise in these pages. I also encourage you to visit our website (www.moappp.org) to read Ms. Youngquist's reflections about what she has learned about this topic, and how it has affected her work. Another contributor, Michelle Fallon from the Center for Early Education and Development describes the impact of sexual violence in the lives of adolescent parents and their children. And we feature an article from Dr. Veronica Svetaz and Bibiana Garzon describing the family-focused Aqui Para Ti program in Minneapolis, where staff members see the profound effects of sexual violence every day in the families they serve. The role of policy in the prevention of sexual violence is explored on page three, making the case again for comprehensive sexuality education.

We share these different viewpoints on the same topic in hopes of illuminating an often-clouded issue. Be sure to let us know your thoughts and reactions.

In health,

Brigid Riley, MPH
Executive Director

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MOAPPP Monitor

Winter 2009

MOAPPP Monitor, Winter 2009.
Published by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting
1619 Dayton Avenue, Suite 111
St. Paul, MN 55104.
Annual subscription rate is \$35.
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MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

Does Minnesota Public Policy Effectively Prevent Sexual Violence?

Speaking of puzzles, consider this: Harmful sexual images have become normalized in Minnesota, while healthy sexual information and messages are effectively censored in our communities.

Studies show that individuals who are sexual assault victims as children are **at greater risk for pregnancy** in adolescence.

Our society has become **hyper-sexualized** and routinely uses sexualized images of children, youth and adults in **mainstream marketing**.

Pornography that features youthful images and even illegal images of children is available **24 hours each day** in the privacy of one's home.

Yet as a society, we are reluctant to make sure every young person has access to accurate, unbiased and effective education to help sort through the confusing and often contradictory social messages about sex, sexuality and harm.

COMPREHENSIVE SEX EDUCATION IS A CRITICAL STRATEGY FOR PREVENTING SEXUAL VIOLENCE.

A strong foundation and understanding of sexuality helps people identify and avoid harmful sexual contact. Yet our society does not equip youth with the language and tools to identify that harmful sexual contact. Instead, our “pornified” and sexualized culture creates the confusion often expressed by survivors of sexual assault: “I thought I was supposed to do this and enjoy it. I didn’t know I could say ‘no.’ I thought this would make me happy and popular. I thought everyone was doing it, that this was normal even though I didn’t like it and it hurt.”

Our country, our state, our community has effectively ignored the power of prevention policy as one real means of supporting the healthy sexual development of youth. While the education of individual potential victims (and perpetrators) is important, the change that happens at the policy level offers the greatest impact and sustainability.

Multiple policy avenues address sexual violence prevention and also promote healthy youth development. Major social institutions-

education, medicine, government, media, entertainment, business and industry—must develop and implement clear policies and standards that prioritize sexual violence prevention and institutionalize healthy relationships as the norm. Certified public workers—especially those working with youth—must be required to understand the nature of sexual violence, positive ways to intervene, and the value of creating environments that foster sexual health. Youth access to pornography must be challenged and countered with positive sexual images. Parents of all ages must be supported, given the resources and offered avenues to help nurture their children to become safe and strong individuals.

Does Minnesota public policy effectively prevent sexual violence? Not yet. But with your help, MOAPPP and the Minnesota Coalition Against Sexual Assault will continue to help Minnesota policymakers better understand the issue, and its devastating consequences.

Article by Donna Dunn, Executive Director, Minnesota Coalition Against Sexual Assault

COMMUNITY CONNECTIONS

Aqui Para Ti: Here for Latino Youth and Families

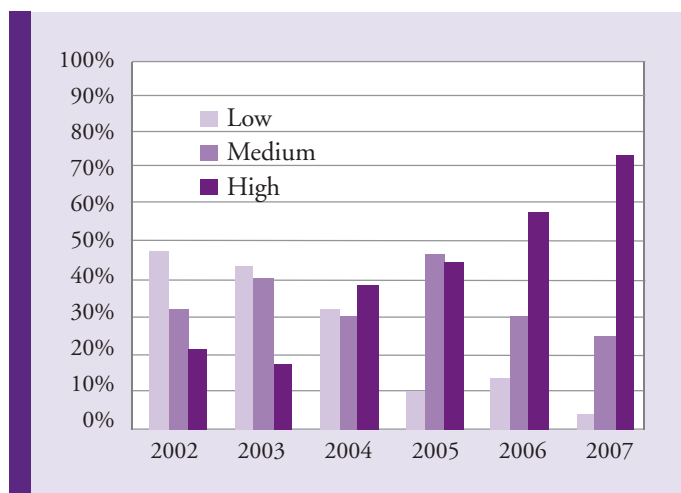
MOAPPP Advisory Board member, Dr. Veronica Svetaz, is one-fourth of a team serving as a bridge between the native Latino culture and the majority culture in which Minnesota Latinos live—to provide a patient-centered medical home for Latino families dealing with issues related to adolescence.

Aqui Para Ti /Here For You (APT) is located at Hennepin Family Care East Lake Clinic, one of Hennepin County Medical Center's community-based outpatient clinics. Dr. Svetaz—along with Health Educator Monica Hurtado, Social Worker/Therapist, Manuel Sanchez-Mejorada and Services Coordinator, Bibiana Garzon—understand the language, needs and culture of their clients, which creates a comfortable and welcoming environment.

Targeted to Minneapolis Latino youth (ages 11-24) and their families, APT innovatively addresses adolescent care through a systemic approach that involves the teen's family and respects the privacy and consent of minors.

APT has served almost 800 young people and their parents since it started in 2002. APT offers a continuum of services throughout the teen's life, including pregnancy prevention, prenatal care, as well as care of the new family, mother and baby with the specific goals of secondary pregnancy prevention and school completion.

At the beginning of the program in 2002, the majority of youth were considered low risk/needs based on the evaluation of risk and protective factors. Throughout the years, APT started getting referrals of more complex cases and today over 70% of APT patients are high risk/needs as noted in the following chart:



In fact, 11% of the adolescent population served by APT report some history of sexual abuse in their lives upon intake, and even more report abuse later, after they develop trusting relationships with APT staff. Many parents of adolescents also report being victims of sexual abuse.



Manuel Sanchez-Mejorada, Social Worker; Bibiana Garzon, Services Coordinator; Monica Hurtado, Health Educator; Dora Tyrell, Medical Assistant; Veronica Svetaz, MD and APT Medical Director

The APT team deals with the devastating repercussions of this abuse, including helping parents and youth understand the consequences of abuse, empowering patients to start counseling and addressing the teens' desire to become pregnant. APT staff also work with parents to create awareness of how age differences while dating pose risks to younger teens.

After six years, the APT team has come to the realization that Latino parents' needs are overwhelming, yet the team continues its commitment and devotion to creating interventions and spaces for prevention and education of these parents as part of the program's comprehensive approach.

For more information/referral, call 612-545-9245 or visit www.hcmc.org/depts/hclinics/AquiparaTiProgram.htm.

Article by Bibiana Garzon, Services Coordinator and Veronica Svetaz, M.D. and Medical Director, *Aqui Para Ti/Here for You*, Hennepin Family Care East Lake Clinic. APT is funded through the Eliminating Health Disparities Initiative from the Minnesota Department of Health Office of Minority and Multicultural Health.

ANNOUNCEMENTS

Sexual Violence Prevention: One Piece in the Puzzle

Imagine our lives without sexual violence or exploitation. That's the theme of a statewide prevention effort coordinated by the Minnesota Department of Health (MDH) with planning assistance from MOAPPP.

Sexual violence is, in fact, a major public health issue. In 2005, according to a report published by MDH, financial costs of sexual violence totaled **\$8 billion in Minnesota**. This included costs of:

- medical and mental health care for victims,
- lost work and other quality-of-life issues,
- victim services, and
- criminal justice costs.

These costs were about three times more than those related to drunk driving. The devastating cost *per sexual assault* was estimated at \$184,000 for children and \$139,000 for adults.

MOAPPP is proud to be part of MDH's five-year plan to prevent sexual violence and exploitation in Minnesota, an effort funded through a grant from the Centers for Disease Control and Prevention. The project's aggressive goals are to:

1. Strengthen social norms that encourage healthy and respectful relationships.
2. Identify and train leaders across the state to educate people.
3. Ensure that all voices are heard in order to prevent sexual violence.

4. Increase the ability of individuals, groups and communities to prevent sexual violence.
5. Seek action by local and state public and private policy entities.
6. Implement and evaluate data and best practices for preventing sexual violence.

If you would like more information or are interested in participating, contact Amy Kenzie, 651-201-5410, amy.kenzie@state.mn.us. For resources related to sexual violence prevention, visit www.health.state.mn.us/injury/topic/svp/index.cfm.

In Minnesota: (2005 Data)



More than **61,000** Minnesota children and adults were sexually

assaulted, some of them more than once, for a total of **77,000 assaults**.



29% of the victims were under age 18.



One in 70 Minnesota children was sexually assaulted, with the highest rate among girls aged 13-17.

MOAPPP Receives Grant, Plus Challenge, from the McKnight Foundation

MOAPPP was recently awarded a two-year, \$60,000 grant from the McKnight Foundation to expand the work of its Adolescent Parent Program to include a specific focus on adolescent fathers, and fathers of children born to adolescent mothers. If MOAPPP is successful in raising another \$20,000 from other sources, McKnight will expand its support to \$80,000.

While MOAPPP has always included a father focus, this funding will support us in:

- *Identifying best practices/best bets for providing services to adolescent fathers, fathers of children with adolescent mothers and boys at high risk of becoming adolescent fathers;*

- *Encouraging expansion of existing services for adolescent mothers to include best practices/best bets for involving young fathers;*
- *Promoting initiatives that inform public policy on behalf of the positive role of adolescent fathers, fathers of children with adolescent mothers and boys at high risk of becoming adolescent fathers.*

We believe this work will enhance the work we are already doing to ensure positive outcomes for teen parents and their children.

Thanks to the McKnight Foundation for this important support.

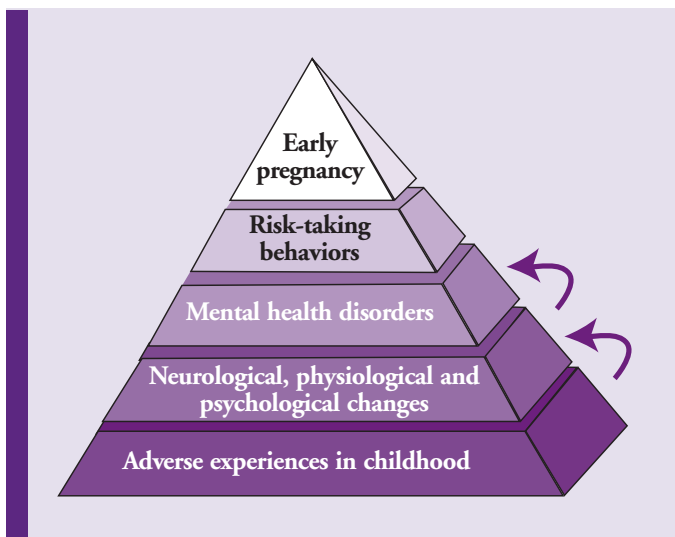
ADOLESCENT PARENTS

ADOLESCENT
parent
NETWORK

A History of Violence: The Impact on Adolescent Parents

MOAPPP's work is unique in its focus on both preventing teen pregnancy, while also addressing the critical needs of families headed by teen parents.

As outlined in other articles in this issue of the *Monitor*, research points to a strong connection between the risk of adolescent pregnancy and adverse experiences in childhood (e.g., being a victim of physical, emotional and/or sexual violence, witnessing domestic abuse, living with a substance-abusing adult). Why? Because these kinds of experiences can result in significant neurological, physiological and psychological changes that can subsequently lead to mental health disorders, risk-taking behaviors and self-medication with substances—each of which is related to early pregnancy.



EFFECT OF VIOLENCE ON ADOLESCENT PARENTING

Adolescent parents are often themselves the children of adolescent parents, whose own histories of adverse childhood experiences may interfere with their ability to nurture and protect their own children (often referred to as the ability to “attach”).

Attachment research clearly documents that a mother or father whose own attachment history is insecure will likely also insecurely attach with his or her own child. This results not only in less than optimal developmental outcomes for the child, but also deprives the young parent of a loving and satisfying relationship with the baby.

The good news is that a history of adverse childhood experiences does not condemn a parent to becoming a poor parent; it just makes the need for support that much stronger.

MOAPPP WORKS WITH PROVIDERS AND POLICYMAKERS AROUND SUPPORT

Pregnancy and the birth of a child can become a window of opportunity for change when there are supportive, caring partners available for the journey. Those who intervene with young parents are in a position to serve as that supportive partner.

The field of infant mental health maintains that the target of intervention for young families is neither the child nor the parent, but rather the *relationship between the parent and child*. To optimize developmental outcomes for both child and young parent, the goal becomes to strengthen their relationship – which ultimately requires supporters to intentionally use our relationship with the parent to enhance the relationship between parent and child. To put it another way, how supporters (teachers, home visitors, medical professionals or childcare providers) *are* with young parents in relationships becomes more important than what we actually *do*. Through our relationship, we can provide young parents with a “corrective attachment experience” that helps them make a connection between their own past experiences and how they choose to parent their own children today.

Taking the time and energy to nurture these individual relationships with young parents is critical. At the same time, supporters of young parents must be advocates within our own organizations and across the state to ensure that programs and services are built with relationship as the essential foundation of effective intervention with young families.

Article written with research and background from Michele Fallon, MSW, LICSW, Center for Early Education and Development

A history of adverse childhood experiences does not condemn a parent to becoming a poor parent; it just makes the need for support that much stronger.

RESOURCES AND RESEARCH

RESOURCES

Center for American Progress

The Center for American Progress is a think tank dedicated to improving the lives of Americans through ideas and action. Translates the values of social movements into new ideas and action firmly rooted in the economic and political realities of the 21st century. The piece available on the website below makes the case for the link between sexual violence and teen pregnancy.

www.americanprogress.org/issues/2008/08/missing_piece.html

Costs of Sexual Violence in Minnesota, July 2007

The state's first-ever report on the estimated economic impact of rape and other forms of sexual assault, which outlines costs of almost \$8 billion in 2005, including medical and mental health care for victims, lost work and other quality of life issues, victim services and criminal justice costs.

www.health.state.mn.us/injury/pub/MN_brochure21FINALtoWeb.pdf

Elizabeth Saewyc PhD, PHN, RN

Elizabeth Saewyc is an Associate Professor in the School of Nursing and the Division of Adolescent Medicine, Department of Pediatrics at the University of British Columbia, Vancouver, Canada. She is a leading researcher on sexual and mental health issues of youth, with a particular emphasis on understanding the links between stigma, violence and trauma, how these influence coping and risk behaviors, and what protective factors in relationships and environments can help reduce risks and foster resilience. Her website includes citations for current research.

www.nursing.ubc.ca/Faculty/biopage.aspx?c=76.1774244773345

Healthy Teen Network

Healthy Teen Network is dedicated to making a difference in the lives of teens and young families. This national organization focuses on adolescent health and well-being and its website features a Healthy and Unhealthy Relationships Resources and Research Clearinghouse page.

www.healthyteennetwork.org/index.asp?Type=B_BASIC&SEC={F8660EBE-1AF0-4231-AAAD-798689F83905}

National Sexual Violence Resource Center

The National Sexual Violence Resource Center serves as the nation's principle information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation and technical assistance on sexual violence intervention and prevention strategies. The NSVRC works to address the causes and impact of sexual violence through collaboration, prevention efforts and the distribution of resources.

www.nsvrc.org

RESEARCH

Citations are included from this *Monitor's* articles.

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Newsletter of the Minnesota
Organization on Adolescent
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