

**A MISSING LINK?:
AN EXPLORATORY STUDY OF THE
CONNECTIONS BETWEEN NON-CONSENSUAL
SEX AND TEENAGE PREGNANCY**

Executive Summary

July 2010

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Introduction

Teenage pregnancy has been a policy priority traversing health, education and crime agendas at national and local levels for a decade. In 1999 a twin track strategy for England and Wales was introduced that aimed to halve teenage conception rates among under 18s by 2010, whilst simultaneously reducing social exclusion among teenage parents (SEU, 1999).

Although the 1999 strategy identifies sexual abuse as a risk factor for teenage conception, this link is not evident in annual reports and evaluations of the strategy. Moreover, whether or not teenage pregnancies are a result of non-consensual sex has yet to be specifically addressed in the substantial UK evidence base on risk factors, conducive contexts, interventions and outcomes. That said, international research findings demonstrate connections between sexual abuse, coercion and intimate partner violence and teenage conception rates. The potential links are reiterated in the public consultation on the Teenage Pregnancy Strategy (DCSF, 2010) '2010 and Beyond' and the NHS Taskforce on Violence against Women and Children refers to teenage pregnancy as one of many impacts of abuse. This report presents findings from the first contemporary UK study to focus on this association.

Methodology

The study was commissioned by Government Office for London, and had three broad aims:

- to identify the extent and impact of non-consensual sex on teenagers in London;
- to estimate the effect of non-consensual sex on teenage conception; abortion and pregnancy rates in the under 18 London population;
- to identify underlying risk factors associated with non-consensual sex and suggest prevention strategies that can be employed with young men and women who are particularly at risk.

A multi-methodological approach was taken comprising:

- an extensive literature review;
- a 'week count' in sexual health agencies;
- an online survey with Teenage Pregnancy Co-ordinators (TPCs) in London boroughs (n=23);
- an online survey with Rape Crisis Centres (n=17);
- surveys with young people watching a play in youth settings and contacted via social networking sites (n=172);

Whilst five sites were recruited for the day count – which was extended to a week – only two young women had attended and fitted the inclusion criteria. While this data is not used in the report the screening tool that was developed (see Appendix 1) has the potential to be implemented in health settings.

Research Evidence on Non-consensual Sex and Teenage Pregnancy

- Although the national aim was to halve teenage conception rates, by 2008 the rate for under 18s had decreased by only 13.3 per cent in England and Wales over a decade. In London this decline is even smaller, at 12.7 per cent (ONS, 2009). There are three factors identified in the TP strategy to reduce conception: poverty; lack of knowledge about contraception and media representations of sex (SEU, 1999). Connections between the first two factors and teenage conception are complex, while with the third

are clearer in terms of messages about masculinity and prioritisation of male sexual pleasure. Recent studies show that young women are subject to emotional pressure/manipulation to consent to sex, and experience high levels of sexual violence (Barter et al, 2009; Hird, 2000; Hoggart, 2006a; 2006b; Hoggart & Phillips, 2009; Maxwell & Aggleton, 2009). A key concept informing this study is the 'continuum of sexual violence' developed by Kelly (1987) to reflect the complexity of women's experiences, and understanding of, unwanted sex.

- Global epidemiological data and the British Crime Survey both find that four per cent of rapes result in conception, a figure that will undoubtedly be greater where sexual abuse is ongoing or there is repeat victimisation.
- The international evidence base on links between teenage conception and non-consensual sex has focussed on two key areas: historical sexual abuse as a precipitating factor and current intimate partner violence.
- A number of themes emerge from studies exploring teenage motherhood as a consequence or legacy of childhood sexual abuse: disruption to young women's lives and enhanced vulnerability to revictimisation, substance misuse, mental health issues, and poor school attendance (Erdmans & Black, 2008); more active and positive endeavours to become pregnant; a decreased likelihood of using contraception (Saewyc et al, 2004).
- Thus addressing childhood sexual abuse and its legacies explicitly becomes an important policy focus, and may reduce teenage conceptions (Noll et al, 2008).
- With respect to intimate partner violence, the overarching theme here is coercive control (Stark, 2007) that limits women's ability to retain autonomy over sexual intimacy, including use of contraception. This manifests in: the need to hide contraception from abusive partners; lack of decision making power about contraception and reproduction (Williams et al, 2008) and limitations on young women's ability to negotiate condom use (McFarlane, 2007).
- The key conclusions here by a number of researchers centre on gendered power within intimate relationships including young men's sense of entitlement to sex from partners (Jewkes et al, 2001; Rosen, 2004; McFarlane, 2007; Firmin, 2010).

Teenage Pregnancy Co-ordinators: Knowledge, Services and Gaps

- Teenage Pregnancy Co-ordinators (TPCs) in each local authority area have a remit to develop and implement a local strategy that reflects the national approach. As there is currently no national steer to address how violence, abuse and coercion intersect with teenage conception, the study sought to explore if, and to what degree, non-consensual sex as a precursor to teenage pregnancy is recognised by TPCs in London, if any data is routinely collected on possible links, and if any initiatives have been developed and/or delivered locally that address this connection.
- The majority lack data on possible links between non-consensual sex and teenage conception, thus limiting the development of policy and practice.
- While two thirds perceive that non-consensual sex is very or quite common amongst young people, there is a significant lack of knowledge and resources with which to address it (see also Firman, 2010): thus, not only is sexual violence in young women's lives not addressed, nor are the links with teenage pregnancy.
- TPCs reported that sexual coercion was an under-developed, but nonetheless important theme in their work.
- There is a danger of a vicious circle here – with the absence of data preventing practice initiatives, and the absence of initiatives ensuring continued limited evidence.

- The lack of strategic steer at a national and local level (including from LSCBs and Children's Trusts) on sexual violence and links to teenage pregnancy means that TPCs have been inadequately supported to develop work on non-consensual sex.

Young People's Perspectives

- The surveys of young people sought to explore their attitudes and perceptions of sexual relationships, particularly with respect to contraception use and pregnancy.
- Analysis focused on findings relating to non-consensual sex, and the landscapes of consent, coercion, and codes of gendered sexual behaviours.
- Young people have good knowledge about biological and technical aspects of conception but are grappling with pressure, coercion and expectation.
- Young women showed awareness of the 'male in the head' (Holland et al, 1998) discourse, privileging male pleasure and desires on the basis that this is what boys expect and demand.
- At the same time, young women are perceived to factor pregnancy into decision making about sex more than young men and hold more responsibility for pregnancy even if it is a result of non-consensual sex.
- Young people report that the most common reason for boys not to use contraception is a loss of pleasure/sensation, indicating a need for campaigns and interventions to address notions of 'proper sex' and meanings of masculinity that are associated with ejaculation inside the vagina.
- Finally, more young women than young men report that abuse is common, that rape is more often committed by known men and young women are pressured into sex. Between a third and two thirds of young women know girls who have become pregnant as a result of non-consensual sex.

Survey of Rape Crisis Surveys

- RCCs were asked about their own knowledge of links between teenage pregnancy and non-consensual sex, how often young women disclosed abusive experiences, and any local initiatives addressing the intersections.
- Nearly all reported that non-consensual sex is 'quite' or 'very' common among young people, and made clear links here with the gendered dynamics of young people's relationships and sexualised popular culture.
- RCCs provided evidence of supporting young women who have conceived as a result of non-consensual sex.
- Many referred to young women's lack of sense of ownership and control over their bodies, and dynamics of guilt, fear and shame.
- RCCs also identify, as essential, training on sexual violence for all relevant professionals, and development of prevention and intervention work on non-consensual sex, embedded in a gendered analysis of the continuum of sexual violence.

Conclusions and Recommendations

All data collected for this study point in the same direction: that there are links between teenage pregnancy and non-consensual sex. Drawing on these findings we make recommendations across five key areas: addressing risk and prevention; SRE programmes; routine enquiry; building the evidence base; integration in teenage pregnancy work.

Reducing risk and prevention

- Locating non-consensual sex within the recent Violence Against Women strategy means that prevention should be prioritised.
- This must engage explicitly with how constructs of masculinity shape how sex is negotiated, including notions of male entitlement.
- In addition professionals and young people need to explore the continuum of non-consensual sex in young women's lives, moving away from the presumption that the rape/consent binary reflects experiences.

Recommendations

- **Children's Trusts should view supporting local initiatives on teenage pregnancy and non-consensual sex as contributing to better outcomes for children and young people.**
- *Local Safeguarding Children's Boards should explore the continuum of non-consensual sex for young women as a safeguarding issue.*
- *Sex/sexual health education should address the continuum of non-consensual sex, both unpicking common sense notions of 'uncontrollable male sexual urges' and 'reputations' for young women, thus enabling exploration of what consent looks and feels like.*
 - *Within this how being drunk or incapacitated becomes a conducive context for sexual coercion needs to be addressed. Rather than promoting the message that young women should not get drunk an alternative promoting sexual ethics for young men in such situations should be developed.*
- **There is an urgent need for innovative and engaging approaches which enable young men to reflect on how they understand and 'do' masculinity. The goal is to de-couple masculinity from sexual conquest and the privileging of male sexual pleasure.**
- **Since appropriate and sensitive support following sexual abuse in childhood reduces teenage pregnancy addressing the legacies of child sexual abuse should be urgently integrated into national and local work on teenage pregnancy, and specialised sexual violence services, especially Rape Crisis Centres, should be valued partners in this.**

Routine enquiry

This study confirms that sexual health and contraception services are not routinely asking young pregnant women about non-consensual sex, especially if they are over 16. There is a strong argument for routine screening protocols to be implemented for all young women attending sexual health services. There is broad consensus on the need for training.

Recommendations

- **All sexual health and genito-urinary medicine clinics, and other relevant agencies, should introduce routine enquiry with all young women under the age of 18, particularly those who are pregnant, regardless of whether or not they wish to continue with a pregnancy.**
- **Training on the extent and consequences of non-consensual sex should be developed for all professionals, in order that they can provide sensitive and non-judgemental support to young women who may be grappling with complex layers of decision making where a pregnancy is a result of non-consensual sex.**
- **Practitioners should develop referral routes to specialised sexual violence services.**

Extending the evidence base

The lack of weight given to non-consensual sex in the national teenage pregnancy strategy means there is no central steer to develop research nor is there a mandate for services to record and monitor data. The evidence base needs to become more robust.

Recommendations

- **Data on non-consensual sex and circumstances of conception should be collated in line with other monitoring requirements and included in all reports on service use and needs.**
- *Children's Trusts and LSCBs should collate and analyse this data, and it should be used to guide policy development and interventions.*
- *Further national and local research should be funded, especially with pregnant young women and young mothers addressing their experiences of the continuum of non-consensual sex, including legacies of childhood sexual abuse, circumstances of conception and decision making processes. Consideration should also be given to similar studies with young men, as some research findings suggest experiences of sexual abuse increase the likelihood that they will be young fathers.*

Sex and Relationships Education (SRE) programmes

SRE programmes should as a matter of urgency integrate work on consent, the continuum of non-consensual sex, sexual ethics and media literacy to address sexualisation into the core curriculum, drawing on the recent VAWG strategy. This, alongside the responsibility of schools to promote gender equality, should be included in OFSTED inspection standards.

Recommendations

- **In line with the recently published VAW strategy, the continuum of sexual violence and its gendered dimensions should be a core aspect of SRE lessons, with young people and teachers encouraged to work towards a whole school approach.**
- *Consent, coercion and pressure must be explored explicitly, including how notions of sexual reputation influence expectations and reinforce notions of masculinity that normalise sexually coercive behaviours.*
- *Young women's control of their bodies and sexual autonomy should also be foregrounded: both their right to refuse sex they do not want, and to exercise control over reproduction.*
- *SRE should explicitly address myths about infertility that some young people appear to ascribe to, and take into account recent research findings that suggest how the issue of abortion is dealt with affects the choices young women make.*
- *Data on non-consensual sex and conception that is collated at a local level should inform the development of local SRE programmes. Teachers with responsibility for co-ordinating SRE in schools and PSHE advisors in local authorities are ideally placed to take the lead on this.*
- **Media literacy should be introduced into SRE to enable young people to critically analyse media messages that sexualise girls and young women and present narrow and exploitative models of masculinity.**

Developing initiatives on non-consensual sex in teenage pregnancy work

The need for sexual violence to be mainstreamed into teenage pregnancy policy and practices is evident from this study. Currently small pockets of ad hoc work are taking place, but they lack a coherent direction or framework, and are dependent on committed/aware individuals.

Recommendations

- *Training on the continuum of sexual violence should be integrated into multi-agency programmes on teenage pregnancy.*
- ***In line with the recommendations of the NHS Taskforce on Violence Against Women and Children, PCTs should commission local specialised sexual violence services to deliver support and services to young women.***
- *Initiatives on non-consensual sex should be integrated into local teenage pregnancy interventions.*
- *Specialised sexual violence services should be consulted about, and participate in, local multi-agency forums. The severe under-resourcing of such services means that they may need to be recompensed in order to undertake this role.*