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# YOUNG MEN NEED TO BE FOCUS OF TEEN PREGNANCY PREVENTION EFFORTS NEW GUIDE EXPLAINS WHY AND HOW

WASHINGTON, D.C.--A new guide for program planners presents compelling evidence that young men should be involved in teen pregnancy prevention efforts, and offers models of how to do it. ***Involving Males in Preventing Teen Pregnancy*** dispels myths about teen male sexual behavior, identifies 24 diverse programs across the country that successfully involve young men, and distills practical lessons to help others beginning similar efforts.

The guide was written by Urban Institute researchers Freya L. Sonenstein, Kellie Stewart, Laura Duberstein Lindberg, Marta Pernas, and Sean Williams, and was funded by the California Wellness Foundation to inform its statewide Teen Pregnancy Prevention Initiative.

**Combined Influences Redirect Attention to Young Men**

A number of influences are converging to refocus national attention to the crucial role of young men in pregnancy prevention efforts. Among these are welfare reform's emphasis on child support enforcement; the call for stronger enforcement of statutory rape laws to reduce teen pregnancies and births; concern about the spread of HIV and other sexually transmitted diseases; and, finally, the emerging fatherhood movement which is pushing for greater participation of men in the traditionally female family sphere. Most of these influences, unfortunately, are directed after the fact of unintended pregnancy .

"If males are going to be held responsible for any children they produce, it is time to spend more public resources on helping them to ***avoid*** unintended pregnancies," argues lead author Freya Sonenstein. "Until now," she says, "that has been difficult to do. Little information existed on how to reach these young men, or how to influence their reproductive behavior."

**Guide Fills Knowledge Gap**

***Involving Males in Preventing Teen Pregnancy*** fills that knowledge gap. It uses new information from the 1995 National Survey of Adolescent Males (NSAM) to draw a nationally representative picture of the reproductive attitudes

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and behavior of teen males. The new NSAM analysis finds that contrary to stereotypes, males play an extremely important role in preventing teen pregnancy, and the role can be strengthened:

- Most teen males believe that preventing pregnancy is a male responsibility, and express a desire to use contraceptives but don't use them consistently.
- Condoms are the main form of contraception used by males and their partners.
- Teen males' reproductive behavior is open to change; their condom use doubled between 1979 and 1988, and continued to increase through the 1990s.
- Young men are already connected to organizational settings in which pregnancy prevention programs could be implemented, such as youth groups, schools, or job environments.

**Programs That Involve Young Men**

After an exhaustive national search, the authors chose to profile 24 programs that have successfully involved young men in pregnancy prevention efforts. These programs are located in 14 states, represent diverse agency settings, and use a variety of approaches to involve teen males. To be included, all met the following criteria: they (1) include a focus on the male role in reproduction, whether participants are all males, or both males and females; (2) have pregnancy prevention as an explicit primary or secondary program objective; and (3) have been in operation for at least three years, and served at least 50 males in the last year.

Some, like *Always on Saturday* in Hartford, Connecticut, or the *Fifth Ward Enrichment Program* in Houston, Texas, are set up around clubs or youth groups. Others, like the *Young Men's Clinic* in the Washington Heights neighborhood in New York City, are primarily health focused. There are also examples of programs oriented to schools, the most popular site for these interventions, such as *It Takes Two* in Des Moines, Iowa, *Wise Guys* in Greensboro, North Carolina, and the *Responsive Fathers Program* in Philadelphia, Pennsylvania. *Teens on Track*, in Camden, New Jersey, is a sports oriented program sponsored by Planned Parenthood. Also included are an employment-oriented *Young Dads Program* in Minneapolis, Minnesota, the *Teen Parenting Skills Project,* located in a juvenile detention center in Albuquerque, New Mexico, and community-wide programs such as *Plain Talk* in San Diego, California. The guide deliberately excludes school-based sex education and school-based clinics, because extensive literature on these intervention models already exists.

**Lessons Learned**

Common threads of advice emerge from the program profiles. The suggestions are useful to those establishing similar teen pregnancy prevention programs. Among the recommended key steps to success:

- know community and client needs before starting;
- include male staff as positive role models and to put teens at ease;
- integrate efforts with a larger program agenda that offers employment, training, or recreation services;
- tailor messages to an audience's developmental needs; and
- offer services over a sufficient period of time to gain trust and develop lasting interest.

Other suggestions concern funding ideas, outreach to parents, collaboration with outside agencies, recruitment through

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word-of-mouth, helpful teaching approaches, maintaining flexibility, and developing good ties within communities. Names and telephone numbers of program directors available for consultation also are included.

**Redefining "Maleness" Seen As Crucial**

Although the programs operate in different settings with different approaches, they all emphasize avoiding negative stereotypes and encouraging positive changes. All program administrators stress that young men need to be accepted as they are. "Maleness" has to be redefined, primarily through communication with and support of other men. Indeed, the authors report that most administrators believe that the redefinition process can only be successfully achieved through a male facilitator.

Given the need for teen male involvement and the potential of the programs profiled, the authors suggest a series of next steps, among them: (1) create a national clearinghouse of information in a central, easily accessible place for program planners; (2) begin rigorous evaluations with experimental or quasi-experimental designs to determine whether programs alter young men's behavior; and (3) increase the range of models available, through further funding to support innovative approaches.

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Copies of *Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners*, by Freya L. Sonenstein, Kellie Stewart, Laura Duberstein Lindberg, Marta Pernas, and Sean Williams, are available from the Urban Institute. Please call the Publications Office at (202) 857-8687 to order a copy. The guide is also available on-line at the Urban Institute's web site: http://www.urban.org.

*The Urban Institute is a nonprofit, nonpartisan policy and research organization that investigates social and economic problems confronting the nation and private and public means to alleviate them.*

Tom -

Info on Teenage Pregnancy from my friend, Melissa Ludtke. This is from CDF's 1998 State of America's Children due out in ~~Dec~~ Feb. Tom

# ADOLESCENT PREGNANCY: PREVALENCE, PREVENTION, AND PARENTING

## TEENAGE PREGNANCY AND PARENTHOOD: CAUSE FOR CONCERN?

Not until the mid-1970s was teenage pregnancy and parenthood regarded as an issue of societal concern. Adolescents had been having babies for as long as this nation has existed but few national leaders paid much attention to the consequences or tried to devise ways to prevent such births. In fact, as the topic initially gained in public currency, the rate at which girls under the age of 20 were having babies was in decline. However, this downward trajectory would not continue; by the late 1980s and early 1990s the teen birth rate was on the rise again in spite of burgeoning efforts to prevent such pregnancies from occurring.

Now in the late 1990s, few issues attract the kind of attention -- or stir up the vociferousness of debate -- that teenage girls having babies does. Yet numbers alone cannot be the cause of the public's consternation: teenagers give birth to fewer babies each year during the late 1990s than they did in the years 1950, 1960, 1970, 1980, or 1990. Similarly, the birth rate among adolescents has dropped as well: in 1960, 89.1 births occurred among every 1,000 females aged 15 to 19; in 1996, that figure dipped to 54.7, the result of five successive years of a decline. But despite this reversing trend-

line, the birth rate among teenagers still hasn't returned to its low benchmark of 50.2, reached in 1986.

So why, in the midst of such positive news, is pregnancy among teenagers now considered such a destructive force in American society? The reasons intersect within the realms of politics, the global economy, widespread concern about the deteriorating circumstances of children [ particularly those born to teenage parents ], and the deleterious impact all of this has on societal well-being.

TEENAGE PREGNANCY AND PARENTING: IN THE POLITICAL ARENA:

In the political arena, teenage parenthood serves as a powerful touchstone for many of the unsettling circumstances which inhabit the lives of broad spectrums of our population today. For example, even though teenage mothers give birth to a lesser proportion of babies born outside of marriage than they did in 1970 [ 50% in 1970 vs. 31% today ], fierce debate about the precipitous rise in "illegitimacy" often centers on out-of-wedlock births among adolescents. One reason for such intense focus on these youngest mothers has been the continual increase in the percentage of non-marital births that occur to teens: in 1970, 70% of births to teenage mothers took place within a marriage [ though many of these early, unplanned marriages dissolved within a year ]; by the mid-1990s, after many years of annual rises, 76% of teens births happened without a marriage taking place. However, it is worth noting that in 1995 girls younger than 18 accounted for just 13% of all U.S. non-marital births.

Public castigation of poor teenagers for having babies -- 85% of girls who become mothers as teenagers were themselves raised in poor or low-income families -- has also become an effective political lightening rod. It captures the frustration and anger of many economically-squeezed middle class voters, upset that in this era of stagnant wage growth their tax dollars go toward supporting such families. While many of these adults are seeking more education to increase their employment value, deploying two family members into the labor market to raise their family income, and postponing their own childbearing while they strengthen their economic foundation, their resentment grows towards those whose reproductive behavior seems not to adhere to these unwritten rules. Prior to the passage of federal welfare reform, more than half [ 53% ] of welfare spending was going to families formed by mothers who were teenagers. Total cost to taxpayers [ including cash payments, food stamps and health insurance ] was estimated to be about $30 billion each year during the early 1990s.

TEENAGE PREGNANCY AND PARENTING: IN THE GLOBAL ECONOMY:

The five-year decline in the rate at which U.S. teens are giving birth is good news. However, this heartening evidence of progress must be, at the dawn of the 21st century, tempered by the more pessimistic realities of international comparisons. It is no longer satisfactory for this country to guage its incremental success in lessening the occurrence of teenage pregnancies and births only against its own past. In-

stead how well the U.S. is doing in this regard must be placed within a broader global framework which is related to our nation's economic competitiveness. When children who are born to teenage mothers, as a group, do less well in school, experience more serious behavioral problems, and display an increased likelihood of repeating this early childbearing experience [as social science research tells us they do], this circumstance then links itself to concerns about future productiveness and national economic well-being.

When placed upon such a comparative scale, this country weighs in with an abyssmal record. Teenage pregnancy and birth rates are much higher in the United States than in nations which comprise the European Union. Here, birth rates among teens are four times higher than those other countries. [ They are 15 times as high as Japan's rate. ] Though some of this large disparity can be attributed to higher rates among minority populations in this country, if white teenagers are singled out, our nation's figures are still much higher than what is experienced by these other nations.

Nor are these higher U.S. pregnancy rates caused by a greater prevalence of sexual activity among teens. Rather, it is known that American teens are less likely than their European peers either to use contraceptives and to use them with a high degree of effectiveness. Relatively speaking, American teens have a more difficult time securing contraceptive supplies and guidance, are given less explicit information about sexual experiences, and are taught about sex in less compre-

hensive ways and at a later age. And messages from adults in these other countries are unified in acknowledging that sex among adolescents is a normal, natural occurrence but that pregnancy and childbearing are not.

TEENAGE PREGNANCY AND PARENTING: ITS IMPACT ON THE DETERIORATING CONDITION OF CHILDREN AND SOCIETAL WELL-BEING:

One in four U.S. children under the age of six -- 6.1 million -- now are growing up in poor families. This is a staggeringly high figure when compared with 13 other Western industrialized nations, none of which ressembles this statistical portrait of its youngest citizens. The U.S. rate of child poverty is well more than double the majority of these nations, including Germany, Spain, Italy, Denmark, and The Netherlands.

Poverty is especially prevelant among children who have young and poorly educated mothers. Because limited educational attainment is characteristic of teen mothers, most children whose mothers are teenagers are living in poverty. Close to 30% of children with these young moms are growing up in extreme poverty, a condition which signals dire consequences for their well-being; 52.4% experience numerous detrimental developmental effects of poverty, and 75.8% live in families in which the income level is described as "near-poor". [In families with mothers who are 20 years or older, 11.4% of children live in extreme poverty, 24.3% are poor, and 44% are in families with incomes just above the poverty line.]

Although some studies are finding that teenage mothers -- when compared with peers of similar social, economic, and educational backgrounds -- do as well, over the long-term, in securing employment, gaining more education, and increasing their incomes, their children, as a group, experience greater difficulties throughout their youth when compared with those born to older mothers. This difficulty is associated with the inopportune combination of teen parents' emotional immaturity, their high rates of family poverty, and lack of parental skills which teenagers usually bring to the enterprise of parenting infants and toddlers. That these earliest years of a child's neurologic, physical, and emotional development are of such critical importance to their future well-being means that children born to teenage mothers often do not construct the essential building blocks they need for optimal development.

Too often the result of such early inattention or poor quality parenting is the emergence of worrisome problems as the children age. Although research reveals few apparent differences in infancy between children of teen and older mothers, during the pre-school years, signs of delays in cognitive development begin to emerge. These delays continue -- and tend to grow more evident -- as the school years go by. Pre-school children of teen mothers also tend to display higher levels of aggression and less ability to control their impulsive be-havior. By adolescence, children of teen moms, as a group, have higher rates of grade failure, delinquency [

with boys, more incarceration ], and earlier initiation into sexual ac-tivity, with one consequence being a greater tendency to become pregnant as a teenager. It is important to note, however, that even though the tendency to become embroiled in these problematic circumstances is higher among children of teen moms, none of these situations envelopes a majority of their offspring.

WHO BECOMES A TEENAGE PARENT AND WHY?

Each year, almost one million teenagers become pregnant. Nearly 600,000 of them -- six in every ten -- occur among 18 - 19 year olds. Just as the birth rate for older adolescents has been decreasing during the mid-1990s [ from 94.5 births per 1,000 females in 1992 to 86.5 in 1996 ], among younger teens, aged 15-17, births are also occurring less frequently [ 37.8 per 1,000 females in 1992 compared with 34 per 1,000 in 1996 ]. And even among those younger than 15, the number of births in 1996 [ 11,242 ] was less than it was during any of the previous years of this decade.

Until the mid-1990s, blacks had consistently exhibited the highest teen birth rate. But in 1995 [ the latest year for which data are available by race and ethnicity ], the Hispanic teen birth rate reached 107 births per 1,000 females aged 15-19, exceeding the black rate of 99 and the white rate of 39 per 1,000. Between 1991 and 1995, the teen birth rate dropped by 17% among non-Hispanic blacks and by more than 9% among non-Hispanic whites. However, because Hispanic teens

did not experience any decline during these years their birth rate is now the highest. Meanwhile, among blacks, the decline in teen birth rate between 1991 and 1995 was 17% [ from 119 to 99], nearly double that experienced by white teens [9%]. In spite of this sharp decline, the rate of teen births among blacks still remains well more than double those which occur to white teens [ 99 compared with 39 per 1,000 ].

When pregnancies do occur among teens, in more than half of the cases [ 54% ] a baby is born [ 505,513 in 1996 ]. Miscarriages end 14% of these pregnancies, whereas abortions are performed in 32%. During the 1990s, the rate at which teenagers ended their pregnancies with an abortion decreased slightly; therefore, the decline in teen birth rate reflects a reduction in pregnancies occurring among teens rather than an increase in abortions.

The Alan Guttmacher Institute -- a research entity dedicated to the study of reproductive health -- identifies an important but largely hidden trend in the decline of pregnancy rates among teenagers. During the past two decades, the pregnancy rate among sexually experienced teens, aged 15 -19, has declined by 19%, signifying an increased as well as more effective use of contraception, especially condoms.

There is, by now, overwhelming evidence that most unmarried adolescents who become pregnant did not have sex with the intention of doing so. Nevertheless, as three researchers who have compiled the most current research on teen pregnancy explain in "Adolescent Sexual Behavior, Pregnancy, and Child-

bearing [ included as a chapter in Contraceptive Technology, Irvington Publishers, New York, 1998 ]:

> "Even though few teenagers INTEND to become pregnant out-of-wedlock, the strength of the motivation of the rest to AVOID pregnancy varies considerably. The motivation to avoid pregnancy is governed in part by a young woman's perception of the benefits of deferring parenthood. This perception is strongly influenced by both her present circumstances and her belief in her future life chances. For many disadvantaged youth, the benefits of postponed parenthood must seem remote indeed."

The rate at which second births happen to teens [ as well as subsequent ones ] has also slowwed. In 1996, 22% of all births to 15-19 year-olds were repeat births, down from 25% from 1990 to 1992. New research by Child Trends concludes that involvement in school activities after a teenager has her first baby, or completion of high school or a GED, are strongly associated with postponing a second teen birth -- and this delay in subsequent childbearing tends to result in improved outcomes for both mother and child.

Child Trends -- one of the nation's leading research organizations evaluating child and adolescent well-being -- also reviewed data from the National Education Longitudinal Study to identify key risk factors associated with having a baby before a girl reaches the age of 20. Four factors emerged in their assessment: early school failure, early behavior problems, family dysfunction, and poverty. How many of these risk factors are present when a girl is in the eighth grade is associated with having a baby during the teen years. Girls

who experience none of these risk factors have the least probability [ 11% ] of having a baby during their teenage years. As more risk factors accumulate, their likelihood increases: half of eighth grade girls who coped with three or more of these factors gave birth before they celebrated their 20th birthday. And one-third of teen mothers had dropped out of school BEFORE becoming pregnant.

POVERTY: THE COMMON PRECURSOR OF TEEN PARENTHOOD

By far the widest stretch of common ground over which adolescent mothers walk prior to and after their pregnancies is the territory of family and neighborhood poverty. In the process of becoming a parent, teenage girls move step-by-step through various stages, beginning with their engagement in sexual activity, then proceeding through decisions about sexual partners, frequency of intercourse, and their use of contraception. Along the way, no factor so affects the probability and rate of her advancement through these various stages than whether or not she lives in a poor or low-income family.

Among all girls, aged 15-19 [ in 1994 ], 38% of them lived in poor or low-income families. Yet as each stage of the reproductive process [ beginning with sexual activity and ending with a birth ] occurs, the percentage of girls who are poor or low-income increases. At each successive stage, their representation in behaviors associated with pregnancy grows progressively greater than their actual numeric proportion. Of 15-19 year-old sexually-active females, for example, 42%

are poor or low-income. But among those who used no contraceptive at first intercourse, 53% of them fit this description. Of those who then became pregnant, 73% came from this group. And when parenthood enters the equation, 83% of teen mothers are from poor or low-income backgrounds. [Finally, among those who begin motherhood outside of marriage, the proportion of poor or low-income girls rises to 85%.]

STAGES OF TEENAGE PREGNANCY: SEXUAL ACTIVITY AMONG TEENS

Most adolescents begin having sexual intercourse in their mid-to-late teens. According to the Alan Guttmacher Institute, 56% of young women and 73% of young men have had intercourse by the time they are 18 years old. These figures are much higher than they were during the early 1970s when 35% of females and 55% of males, by the time they reached 18, had engaged in this type of sexual activity. Now in the mid-1990s, more than twice as many teenagers who are 14, 15, and 16 years old are sexually active than were youngsters in comparative age groups 15 years ago.

Despite the increase in early sexual activity since the 1970s, recent surveys indicate that more teens may now be deciding to delay their sexual initiation. Data from the 1995 National Survey of Family Growth lead researchers to conclude that the proportion of teens who have had intercourse is now declining after steadily increasing during two decades. This same survey found that teens who are sexually active are also more likely to use contraception than were their counterparts

in prior decades. This can be linked to increased awareness of and education about AIDS and other sexually-transmitted diseases among young people, which has led to more condom use among adolescents.

Young females engagement in sexual activity isn't always consensual. Concern about this situation has escalated as recent studies have detailed the incidence of these early non-voluntary sexual experiences. Generally speaking, the younger the girl is at the age of first intercourse, the more likely it is that the experience was coercive: 22% of girls who had sex before they were 13-years old report their first experience to have been non-voluntary; an additional 49% define it as "unwanted". Among those who were 13-14, 8% said having sex was non-voluntary, 31% described it as "unwanted". Among girls who were 15-16 when they had their first sexual experience, 5% labeled it as non-voluntary, and 19% said it was unwanted.

The 1995 National Survey of Family Growth also helped to illuminate the age differences between teen-age girls and their first sexual partners. This age difference turns out to be associated with the way in which girls characterize their initial experience with intercourse. Data suggest that most of the first sexual partners of teenage girls are teen boys. When partners are the same age or younger than the girls, one in every four girls described their first sex as "unwanted"; however, when their partners were five or more years older, 37% of the girls said they hadn't "wanted" their first sexual

experience to occur. The survey also found that the closer in age teen girls are to their partners, the more likely it was that contraception was used during this first sexual experience. Conversely, the larger the age difference, the greater the likelihood is that this girl will give birth as a teen, which is an indication that contraceptive use is spotty and ineffective.

The younger a girl is when sexual activity begins, the greater the average age difference will be between her and her partner. So it is among younger girls that the most worry exists about sexual exploitation by older men. It can be extremely difficult for these girls to negotiate the terms under which sex will or will not occur, including the important -- and potentially life-threatening -- issue of whether contraceptive protection against disease and pregnancy will be used. Among 15-17 year old mothers, half of them had partners who were 20 years or older, and one-in-five mothers in this age group had a partner who was six or more years older. Kristin A. Moore, a prominent expert on adolescent childbearing and president of Child Trends, Inc, observes that "while numerically a small group, these youngest mothers are an extremely vulnerable population at great risk of sexual abuse."

CONTRACEPTIVE USE AMONG TEENAGERS:

Teenagers who are sexually active generally demonstrate poor use of contraception. Reasons for this include lack of knowledge about how or why to use contraception, limited ac-

cess to family planning or health services, and/or inadequate ability to foresee and be prepared for sexual activity. Even though two-thirds of teenages use some form of contraception the first time they have sex [ a vast improvement from years past ], seven of ten pregnancies occur to teenagers who were not using any method of contraception; this is not surprising since a sexually active teenager who doesn't use contraception has a 90% chance of becoming pregnant within one year.

In focus groups, adolescents describe their intense desire to retain personal privacy when talking about their own sexual activity and say they are embarrassed to speak about sexual matters. They also regard health clinics -- where contraceptives are most likely to be available -- as places in which adults are going to judge them as morally irresponsible. These perceptions help to explain the lenghty delay -- 23 months on average among women aged 15-24 -- between the initiation of sexual relations and the first visit to a family planning clinic.

The use of condoms is not only recommended to teens as a method of preventing pregnancy but also of protecting themselves against sexually-transmitted diseases [ STDs ]. Each year 3 million teens -- about one-in-four sexually active teenagers -- acquires an STD. Too often, teens do not practice "safe" sex when the female is otherwise contraceptively protected from pregnancy: only one-quarter of the 1.7 million teens who rely on the birth control pill also use condoms.

Sex education has been found to increase adolescents' sexual knowledge and contrary to assumptions about its nega-

tive effect on increasing teens sexual activity, recent studies indicate that it has little or no effect on whether and when teens initiate sex or use contraception. Similar findings present themselves when the preventive approach involves condon availability and school-based health clinics.

PREGNANCY PREVENTION INITIATIVES: SUCCESSES AND FAILURES

Early in 1997 The National Campaign to Prevent Teen Pregnancy released findings from its exhaustive evaluation of programs designed to prevent teenagers from becoming parents. Its title bespeaks its major message: "No Easy Answers" are to be found when the question is "What works?". The study's conclusion: Reducing adolescent pregnancy is "possible but challenging."

No single or simple approaches will succeed in markedly reducing adolescent pregnancy, concludes Douglas Kirby who wrote the report. Only a very few sex and HIV education programs, for example, have produced credible evidence that they have reduced sexual risk-taking behavior either by delaying the onset of sex, reducing the frequency of it or the number of sexual partners, or increasing the use of condoms or other forms of contraception. But effects upon pregnancy rates cannot be determined because they have rarely been adequately measured. Among several thousand pregnancy prevention initiatives developed and implemented during the past two decades, few have produced solid and reliable evaluative findings.

In fact, the present state of evaluation research on teen pregnancy prevention programs is so weak that it is dif-

ficult to confirm even the most basic of associations. For example, despite the claims of some who champion abstinence-only programs, no published scientific research demonstrates that these efforts have actually delayed [ or hastened ] the initiation of sexual intercourse [ or the incidence of pregnancy ]. Nevertheless, in 1997, $50 million in federal funds [ of $250 million allocated over five years ] was distributed to states for use in programs which agree to strictly adhere to the abstinence-only model.

Generally speaking pregnancy-prevention interventions fail for three reasons: They are too superficial and/or they are too narrowly focused and thus fail to directly or comprehensively address the major precursors of teen pregnancy -- early school failure, early behavior problems, family issues, and poverty. And many efforts occur too late, after adolescents are already engaged in risky sexual behavior. In fact, the ages 10-14, years when puberty is setting in, turn out to be a critical developmental time when appropritate prevention efforts are believed to be capable of having greater success in preventing early sexual involvement and pregnancies, especially with youngsters who can be identified as at-risk. As Kristin A. Moore observes in "Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing", "The greater the risk of adolescent pregnancy, the earlier interventions need to be implemented."

In conversations with welfare administrators, Moore is often asked what they ought to do to reduce the influx of

young mothers into public assistance programs. Her answer: "Invest in high-quality preschool child care and education." Indeed, when researchers looked at those who, as toddlers attended Perry Preschool, a high-intensity intervention program for low-income parents and their at-risk children, they found positive effects on academic achievement and social adjustment during their elementary and secondary school years. These formative patterns created building blocks for greater success as these youngsters moved into adulthood; by age 27, the Perry students had a higher rate of marriage and fewer out-of-wedlock births than did a comparison group of peers.

Douglas Kirby acknowledges that if prevention programs want to have more impact on preventing teen births, especially among disadvantaged youth, funders and facilitators will need to address greater numbers of social and educational factors, some of which, he writes, "undoubtedly affect motivation to avoid pregnancy." Evidence which Kirby highlights points to holistically-designed youth development programs -- integrating focuses on education, employment, life skills and options training -- as presenting the most promising route to reducing adolescent pregnancy rates [ especially among older teens ]. Messages and skill building around the idea of postponing sexual engagement seem to be more effective when used with pre-teens and young adolescents. However, simply combining multiple components, Kirby cautions, does not ensure success; some multi-component programs fail miserably in trying to reduce sexual risk-taking or teen pregnancy. Right now,

there is a pressing need for programs to incorporate solid evaluative measures to help researchers identify which components of youth development efforts are most critical to reducing pregnancy rates among which populations.

One thing research has discovered is that adolescents are able to absorb, process, and act positively in the face of dual messages which encourage abstinent behavior but also offer contraceptive guidance. Programs that provide both messages appear to be effective in delaying the onset of sexual intercourse and encouraging contraceptive use, especially among younger adolescents.

In 1997 a national resource center was created to assist in the replication of prevention programs with "demonstrated effectiveness". A panel of experts, convened by the Program Archive on Sexuality, Health & Adolescence, has already certified the components and findings of 24 programs. Information on these programs -- along with evaluative materials -- are available to practitioners through Sociometrics Corporation in Los Altos, CA.

## PREGNANCY PREVENTION: WORKING WITH MALES

Until quite recently most pregnancy prevention efforts focused exclusively on females, often with disappointing results. But now male adolescents are being targetted as well. It is too early to determine the results of these initiatives and, as with female-oriented programs, few of the male-focused interventions incorporate rigorous evaluations

into their design. Most, however, send forth a two-pronged message: It is not good to become a father as a teenager, but if you do, you have the responsibility to be a good one.

Experimentation in method, philosophy and targetted populations characterizes the male prevention efforts today. Funding is also fragile and short-term. Few programs have existed for longer than two to three years, and there are many questions about how to replicate or institutionalize any of these approaches over the long-term. In California, local Male Involvement Programs are now supported by $8 million in new state funding; this is the largest state contribution to this burgeoning effort. That state has also led the nation in reviving its strict enforcement of statutory rape laws as a means of deterring adult men from becoming sexually involved with teenage girls.

There is no dedicated source of federal funding for programs to involve adolescent boys and young men in pregnancy prevention. [ Girls don't fare that much better, however, the Girl Power! public education campaign, sponsored by HHS, targets 9-14 year old girls with strong "no use" messages about a range of negative adolescent behaviors. ] In 1997 the National Campaign to Prevent Teen Pregnancy held a roundtable meeting on the topic of "male involvement in teen pregnancy" to assess promising next steps. The National Center for Fathers and Families has compiled a national directory of 886 male-centered prevention programs, and Map and Track: State Initiatives to Encourage Responsible Fatherhood [ by the Na-

tional Center for Children in Poverty ] surveys fatherhood initiatives in the 50 states.

Lessons learned so far include the following. There is a need to better integrate male-focus into efforts created to prevent pregnancy among teenage girls. As with girls' initiatives, male interventions should be tailored to boys' particular ages, stages of development, as well as cultural and religious backgrounds. Male-friendly messages and strategies need to be developed to replace ineffective tactics of blame and shame. Such messages should help boys to redefine their understanding of "manhood" to emphasize caring, responsibility, commitment to family, self-control, and greater respect for women. Traditional perceptions of masculinity have been found to be associated with riskier sexual behaviors.

ADOLESCENT PARENTING INITIATIVES:

As disappointing as the results have been with many pregnancy prevention initiatives, efforts to amerliorate the consequences that accompany early childbearing are experiencing even less encouraging outcomes. Even some efforts aimed specifically at preventing repeat births among teen mothers resulted in just the opposite outcome. One conclusion evaluators have reached is that short-term and/or narrowly-focused assistance does not have a long-term impact on education attainment or subsequent pregnancy among these teenage mothers. As the experts conclude: "No band-aid, quick-fix, inexpensive solutions exist for ameliorating the negative outcomes associated with adolescent childbearing."

What is also troubling about current efforts that occur after adolescents have given birth is the scant attention paid to how these programs impact on the teenagers' children. After all, if experts are right, how well these children develop during their formative years will have great impact on whether they are likely to repeat their mother's early childbearing. Related to this concern is the inattention given to family dynamics in a teen mother's life; grandmothers and other family members exert enormous influence over her parenting but are rarely included in supportive outreach efforts. Nor, in the opinion of many researchers, is enough attention paid to the teenage girls' psychological functioning prior to and after they become parents; if better studied, insights of this sort might offer invaluable clues about why some girls have a greater propensity to become parents as teenagers and how their parenting, as adolescents, might be improved. And these findings could lead to improved prevention approaches.

MESSAGES ADVOCATES OUGHT TO STRESS:

Bickering among adults about whether strategies focused on providing adolescents with tools to practice protective sex or those offering guidance with abstinence-only messages are more effective diverts attention from the two approaches which research shows offer the most promising approaches to preventing teenage pregnancy.

1. Increasing federal and state investments in initiatives targetted on improving the economic, educational, soc-

ial, and psychological condition of disadvantaged adolescents through comprehensive youth development programs,

2. Devoting many more resources to early-intervention efforts for disadvantaged children and their parents.

Though determining what works in pregnancy prevention has been hampered by weak evaluative evidence, at least two common themes emerge from the what we know.

1. Focusing resources and messages on what goes on "above-the-waist" turns out to be the most effective way to influence what happens with adolescents below it.

2. Start early, maintain connections with young people, and give them a "safe" place to come for adult guidance and advice.

If these messages inform advocacy efforts on behalf of increased funding for initiatives which have demonstrated effectiveness [ as well as earmarking funds for reliable evaluation ], then the likelihood will be increased that the early years of the 21st century will witness sharper declines in the rate of births to teenagers.

THE WHITE HOUSE
WASHINGTON

Copy to:
Jose Cerda
Tom Friedman
Andrea Kane

From: Cynthia

Look at the recommendations on p. 20-22 and iv-v.

AMERICAN BAR ASSOCIATION • CENTER ON CHILDREN AND THE LAW

# Sexual Relationships Between Adult Males and Young Teen Girls

## EXPLORING THE LEGAL AND SOCIAL RESPONSES

OCTOBER 1997

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## PROJECT DESCRIPTION AND ACKNOWLEDGMENTS

The American Bar Association Center on Children and the Law conducted an 18-month project to study the responses of criminal justice and youth service agencies to sexual relationships between adult men and young teenage girls. The project was supported by grants from the Carnegie Corporation of New York, the Annie E. Casey Foundation, and the Smith Richardson Foundation. This project is a descriptive and exploratory study of the nature and scope of these sexual relationships and governmental and nongovernmental agency responses to those relationships. While sample sizes were small, extensive outreach was made to experts in service delivery to adolescents (including medical, health and mental health services, teen pregnancy prevention and intervention programs, and agencies addressing child sexual abuse) and criminal justice responses to sexual crimes.

This project began amid a climate of federal welfare reform deliberations, and we hoped our work could help lessen the demonizing of teen mothers who receive public assistance by promoting awareness that **adult men** are often responsible for impregnating young teen girls. No longer should these men be invisible parties in policy considerations. Governors, legislatures, and those who enforce the laws should be reminded that men who are older and more experienced are controlling and manipulating young teen girls for sex.

We gratefully acknowledge the support and assistance of the Progressive Policy Institute (PPI), a subcontractor for the project. PPI's 1994 report, *Preventable Calamity: Rolling Back Teen Pregnancy*, brought this important social problem to the public's attention.

We are indebted to a broad-based, dedicated, and active group of advisors. We would like to thank the following people, and numerous other unnamed experts and practitioners, for their input and expertise: Elijah Anderson, Dr. Trina Menden Anglin, Daniel Ash, Jennifer Baratz, Carol Beck, Lucy Berliner, Debra Boyer, Sheryl Brissett-Chapman, Donna Butts, Patrick Chaulk, Elizabeth Chorak, Gail Christopher, Pat Donovan, Judy Hayes Ellison, Brian Holmgren, Juanita Evans, Sgt. Byron A. Fassett, Dr. Martin Finkel, Dyanne Greer, Andrew Hagan, Donald Jackson, Lisa Kaeser, Brenda Lockley, Mike Males, Jennifer Manlove, Angel Martinez, Sherry May, Bronwyn Mayden, Michael McGee, Kristen Moore, Shawn Mooring, Judith Musick, Susan Notar, Ellen Pagliaro, Aracely Panameno, Garrett Randall, Beth Richie, Ellen Rubin, Elizabeth Schroeder, Jan Stanton, Rick Trunfio, Dr. Mary Vernon, Lori Villarosa, Robin Wilkinson, and Charles Wilson.

In the project's first phase, we developed a background paper and convened experts from the fields of adolescent health and sexuality, child sexual abuse, teen pregnancy, and the legal system to explore the issues and help us refine the project. During the social science and legal research phases, we surveyed social service professionals working with teenagers, including teen mothers; surveyed prosecutors on current policies and practices on statutory rape prosecution; conducted a focus group with young mothers about their relationships with older men; and analyzed relevant state laws.



This report is the culmination of our project. Its components include a review of the literature; an analysis of relevant state laws and current policies; and findings from our interviews with service providers, surveys of prosecutors, and discussions with teen mothers.

We are grateful for the advice and support of our project officers: Gloria Primm Brown, Debra Ysiano Delgado, and Mark Steinmeyer. Points of view expressed in the report are those of the authors, and do not represent the position or policies of the funders. In addition, the views should not be construed as representing the policy of the American Bar Association.

ABA staff members and consultants who participated in the project include: Howard Davidson, Director, Center on Children and the Law; Noy Davis, Project Attorney; Barbara E. Smith, Research Consultant; Emmett Gill, Consultant (Teen Focus Group); Sally Small Inada, Marketing and Publications Director; Carolyn Barnett, Administrative Assistant; Susan Shearouse, Consultant (Invitational Conclave Facilitator); Yolande Samerson, Legal Research Assistant; Jennifer Gilligan Twombley, Research Assistant; and Margaret Oliver and Jennifer Terrasa, Legal Interns.

Through a subcontract to the Progressive Policy Institute, PPI staff members who provided assistance include: William Marshall, Executive Director; Abbe Milstein, Policy Analyst; Navin Girishanker, Policy Analyst; Stephanie Solar, Policy Analyst; Melinda Douglass, Research Intern; Zenia Sanchez, Research Intern; and Dylan Roby, Research Intern.

We were also fortunate to have a small group of teenagers from the metropolitan Washington, DC area willing to discuss their personal histories of sexual involvement with adult men. Our appreciation goes to these young women, for their candor and willingness to share often painful experiences.

During the past year and a half, we have spoken to numerous people throughout the country — prosecutors, providers of services to youth, legislators, journalists, teen pregnancy experts, and others — who have given project staff extensive information about sexual relationships between young teen girls and older adult men. Space does not permit me to name all of you (and we specifically promised the prosecutors, service providers and teenagers anonymity). But I want all of you to know how we appreciate the time each of you took out of your busy schedules to carefully inform us about the issues we studied.

For a full and comprehensive discussion of sample selection, sample descriptions, survey methodology, and state-by-state legal analysis, the research and findings, we encourage you to read the project's Final Report, available through the ABA Center on Children and the Law at 202/662-1740.

Sharon G. Elstein
PROJECT DIRECTOR

Despite the fact that there is much more research to be accomplished, there are a number of recommendations which can be implemented now, as society, criminal justice agencies, and youth-serving programs work to protect young teen girls and hold adult males accountable. These recommendations, and those found in subsequent chapters, were developed by the project team.

## Public Education and Awareness

*Educate the Public About Wrongful and Unlawful Sexual Relations.* As a result of media attention, there is widespread public understanding about the dangers to young children from pedophiles. Communities must now take further steps to understand why sexual relationships between adult males age 20 and older and young adolescent girls are unacceptable, and to recognize that, according to the law, they are nearly always criminal acts. Public education should emphasize the vulnerability of young teen girls and place the responsibility for avoiding these relationships on the older male partners.

*Change Messages About Sexuality.* Efforts should be made to raise public awareness about the messages of sexuality found in advertisements, soap operas, movies, and elsewhere. These media depict high levels of sexual activity among adolescent girls, including sex with older men, while often ignoring the consequences or unlawful nature of such expressions of sexuality. Public education efforts should address the seeming disparity between the sexual content of advertisements and entertainment and society's discomfort with responsible sex education for young people, particularly as it relates to teen-adult sex. The phrase "statutory rape" needs to be heard in soap operas, situation comedies, docudramas, and films.

## Statutory Changes

*Revise Minimum Ages and Age Gaps.* All girls ages 10-15 should be legally protected from "consensual" sexual intercourse with men age 20 and above. All girls under age 10 now have such legal protection. Laws should be amended if they do not provide criminal penalties for men age 20 and older who have sexual intercourse, albeit consensual, with girls age 15 and under, including the few laws that set an absolute "age of consent" for girls at their 14th or 15th birthday, no matter how old their male "sexual partners" are. These laws can either specify absolute ages, such as requiring that defendants must be age 20 or older, or specify that defendants must be a certain number of years older — perhaps four or five — than the minors with whom they have had sex.

*Remove the Mistake-of-Age Defense.* Although a very few state constitutions may require otherwise, state unlawful sexual intercourse statutes that criminalize consensual sex between men over 20 years of age and young teen girls age 15 and under should not include a mistake-of-age defense.

*Increase Penalties Under Certain Circumstances.* Repeat offenders and men who are 10 or more years older than their young adolescent sexual partners should receive harsher penalties for consensual, but criminal, sexual



KEY RECOMMENDATIONS

intercourse. States should also consider enhancing penalties when drugs or alcohol are used to seduce young victims, or when victims contract HIV or other sexually transmitted diseases from these unlawful acts.

## Prosecution

*Focus on Repeated Sexual Relationships with Young Teen Girls.* Men who are found to have repeatedly moved from one unlawful sexual relationship to another should be the special focus of prosecutorial attention.

*Prosecute Without Regard to Class, Social Status, or Race.* Prosecution for unlawful sexual intercourse based on the sexual involvement of an adult man with a young teen girl should be brought without regard to the man or girl's class, social status, or race.

*Prosecute Regardless of Pregnancy.* Prosecution of these offenses should not be based on a girl's impregnation or childbearing resulting from the relationship with an older man. Young girls exposed to sexual relationships with adult men need legal protection regardless of whether they are impregnated.

*Build on Existing Multidisciplinary Approaches.* Prosecutors participating in multidisciplinary team approaches to child sexual abuse cases should build on those inter-agency relationships to develop specific protocols for responding to reports of statutory rape. Prosecutors and law enforcement officials should work closely to educate youth-serving agencies, professionals and youth on the legal criteria for, and method of, reporting, as well as what the likely response will be from criminal justice personnel.

## Prevention

*Provide Early and Aggressive Education.* Young children, both boys and girls, need exposure to relationship skills-building courses, sex education, and self esteem-building activities, and programs should feature segments on when consensual sex is unlawful.

*Increase Counseling and Training Resources.* Increased services (in the form of counseling and mentors) may reduce the vulnerability of young girls at risk of entering into unlawful sexual relationships with adult men. Programs serving girls at risk for involvement in relationships with older men should explore means to teach girls that these relationships are unlawful and inappropriate and why these relationships may have to be reported to Child Protective Services and/or law enforcement. The older males, who may be from similarly disadvantaged backgrounds of poverty and/or abuse, should be targeted for employment services, counseling, and education in caring for children. Older males need to understand that these relationships are unlawful, inappropriate and may need to be reported.

This exploratory research study was developed and conducted to understand systemic responses to disclosures of sexual relationships between adult males and young teen girls. The project examined the nature and scope of the responses by youth-serving and criminal justice agencies to reports of unlawful, but consensual, sexual relationships involving a girl aged 10-15 and a male aged 20 or older, regardless of the girl's pregnancy status.

Project staff decided on this focus on advice from some 30 experts in the fields of child sexual abuse, teenage pregnancy, law enforcement, prosecution, adolescent health, and mental health. Over the course of a 1½ day conclave, service providers, researchers, health practitioners, detectives and prosecutors discussed societal norms and mores, and the impact of child sexual abuse, race and class, sexuality, gender, and media messages. As one outcome of this meeting, the project was expanded to explore all sexual relationships involving young teen girls and adult males, whether or not they resulted in a pregnancy. The rationale for this expansion was a consensus that all young teenagers involved in sexual relationships with adults deserve our attention, and the absence of pregnancy should not be a shield from accountability.

The research methodology reflected our interest in these relationships. Interviews were conducted with service providers, prosecutors, and teen mothers to learn about the teen girls, the men, the relationships, the familial/community reactions, reporting of the relationship to authorities, and responses to reporting. Sample sizes were small and representativeness cannot be inferred. The methodology was designed neither to represent the entire range of teenage girls having sexual intercourse with adult men, nor to depict the full gamut of responses of any particular child-serving or criminal justice agency or staff person.

Sample selection for the interviews with service providers was accomplished through nonrepresentative purposive sampling. Membership lists were culled for respondents with the background and experience in providing direct services to the focus population (10-15 year old girls in sexual relationships with adult men). Respondents then referred us to others who met the criteria; respondents were also recruited at professional conferences. The sample size was 48 providers.

In spite of the intent to collect data about these relationships regardless of pregnancy, a majority of the programs dealt with pregnancy prevention or parenting services. In addition, the programs in the research sample served primarily low-income clients; socioeconomic status was the common denominator. Interviews were also conducted with the head of the specialized child sexual assault prosecution unit (or a comparable unit) in 48 of the largest counties nationwide which handle cases of statutory rape where the victim is age 15 or younger.

The six teen mothers recruited for the interviews and focus group discussion were located through public agencies working with teens on adolescent pregnancy and parenting issues. Recruitment was conducted with the assistance of program directors



ABOUT THE RESEARCH

of Washington, D.C.-metropolitan area social service organizations who identified potential participants from among their clientele. Participants were screened for the following four eligibility requirements: young adolescents who (while between 12 and 15 years of age) engaged in sexual intercourse with men aged 20 and above; young adolescents of Hispanic-American, African-American and Caucasian-American ethnicity; young adolescents who had experienced at least one pregnancy; and young adolescents who were parenting.

These research efforts were buttressed by a legal analysis of state criminal statutes that proscribe sexual intercourse with minors, based solely upon the minor's age. This legal analysis captures information such as "age of consent," age differentials that the statutes may require between the defendant and the minor, and other issues. It is primarily descriptive, giving a snapshot of the current laws in the 50 states and the District of Columbia. This research is compared to previous research on laws to highlight trends emerging from the states.

Not included in the legal analysis are statutes proscribing: sexual contact that does not amount to sexual intercourse; incest; and sexual intercourse by guardians, custodians or others in a position of authority. In addition, related legal issues which were not the focus of the legal research are highlighted, but not described in depth. These related legal issues include mandatory child abuse reporting and civil or criminal proceedings that might be brought against parents, guardians, or other caretakers who fail to protect their children from engaging in unlawful sexual relationships.

This was not a study of the men involved in sexual relationships with teenagers. We did not interview adult men on these issues, nor did we contact fatherhood programs or fathers' advocacy groups as a part of this exploratory research. We did not seek to determine whether these men are different from or similar to pedophiles or rapists; what types of interventions are most effective; how men respond to treatment; whether the men come from disadvantaged circumstances; whether a 20-year-old male involved with a 14-year-old teen will still be attracted to young teens as he gets older; or which men are likely to become nurturing, stable figures, and which are more likely to be opportunistic, predatory "players." Finally, we did not study which types of interventions (prosecution and/or services) are appropriate for adult males in sexual relationships with teenagers, and under what circumstances.

Due to the exploratory nature of this endeavor, many more questions were raised than questions answered. The following is an illustrative, although not exhaustive, listing of important areas for future study.

- *What factors in the lives of young women make them vulnerable to unhealthy relationships with older men?*
- *What factors in the lives of men encourage them to seek relationships with significantly younger teen partners?*

►

- *Who are the men involved in relationships with young adolescent girls?*
- *What is the nature of relationships between younger girls and older men?*
- *What is the impact of the media on defining these relationships as acceptable or unacceptable?*
- *How can caseworkers and service providers better respond to girls who disclose their unlawful involvement with an adult male?*
- *How can the criminal justice system better respond to reports of statutory rape and how can we better educate those who come in contact with young teen girls as to when and why cases are appropriate for justice system intervention?*

It is important to recognize that there are no easy answers to the larger questions raised by the involvement of young teenagers with adult males in sexual relationships. Much more work needs to be done. We encourage researchers, practitioners, policy makers and others to take the next steps so our nation's young teenagers will be adequately protected and those who should be are held accountable for their actions.

CHAPTER 1

## SETTING THE CONTEXT

In this study, we begin to examine the nature and scope of a troubling social phenomenon: sexual relationships between girls ages 10-15 and adult men age 20 and older. There is growing evidence — both anecdotal and statistical — to validate the existence of the problem. Social workers, educators, and medical professionals increasingly report young girls' pairings with much older partners. In addition to emerging data about the paternity of young girls' babies, data about girls' rates of sexual activity, histories of sexual abuse, and infection from sexually transmitted diseases supports these reports.

Young girls age 15 and under are generally considered to be neither legally nor developmentally capable of consenting to sexual relationships with adults. Sexual involvement with adult men is defined as exploitative for these young girls because the relationships are inherently unequal. Yet society often fails to distinguish these younger girls from older teens: the social welfare and criminal justice systems rarely intervene with efforts at either prevention or prosecution, or do so at an insufficient rate.

Social service providers have witnessed this disturbing pattern for some time, but their reports have generally failed to galvanize community-wide responses. In our research we were told, for example, that this is a societal problem which for too long has been "swept under the rug." Prosecutors who handle the relatively small number of statutory rape cases echo that sentiment. Juries are reported as not taking statutory rape cases seriously. Three possible explanations are offered: Teenage girls are often hostile to prosecution and do not make sympathetic victims; teen girls often look and act older than they are, prompting juries to view them as seductive or manipulative; and society is generally accepting of younger woman/older man relationships. It is difficult to draw a bright line defining which relationships are appropriate and which are not.

The problem is complex. Communities are struggling to reach consensus on matters of private sexual conduct. In an effort to assist in the dialogue, research findings from a variety of disciplines were reviewed, and are reported below. While some studies focus on adolescents of age groups different from this project (e.g., 15 to 19 year olds versus 10 to 15 year olds), the research is drawing attention to various facets of the nature and scope of adolescent sexuality and girls' older sexual partners. Some of these areas of inquiry include: sexual activity of adolescent girls (voluntary and involuntary); consequences of adolescent sexual behavior; adult men involved in sexual relationships with teen girls; and what attracts young teen girls to adult men.

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## A REVIEW OF THE LITERATURE

### Sexual Activity of Adolescent Girls

The Alan Guttmacher Institute recently reported on 1988 data that studied the sexual activity of girls ages 14 and under. Statistics for that year indicated that 19.1% of the population of young girls 14 and under experienced sexual intercourse; in actual numbers, this represents more than 300,000 girls.[1] New data from the National Center for Health Statistics (NCHS) reports that close to one-half of adolescents between 15 and 19 years old "reported that [in 1995] they had ever had intercourse."[2] In addition, NCHS data reveal that, among all women surveyed (ages 15-44) who were under age 16 at first voluntary intercourse, 7.1% had a partner age 20-22, 2.1% had a partner age 23-24, and 4.0% had a partner age 25 or over.[3]

### Nonconsensual Sex

Two recent studies report that sexual molestation was a factor in the lives of the teen mothers studied.

A 1986 study by the Ounce of Prevention Fund examined the histories of 445 teen mothers in Illinois who experienced a first pregnancy by age 16. Of this group, 60% reported they had been forced into an unwanted sexual experience, with a mean age for the first incidence of abuse of 11½. The survey showed that the abuse continued through age 14. Almost half the mothers were abused by men more than 10 years older. Usually, the abusers were known to them: family members, boyfriends, dates or friends.[4]

A 1992 study of 535 teen mothers in Washington State indicated that two-thirds were victims of molestation, rape or attempted rape before their first pregnancy. The mean age of the girls at molestation was 9.7 and the mean age of their offenders was 27.4. The study, conducted by Boyer and Fine, indicated that family members were perpetrators of the molestation in 54% of the cases. Forty-four percent of the girls had been raped by age 13. Their offenders averaged 22 years old.[5]

In their study of nonconsensual sex, NCHS reported that 7.8% of women aged 15-44 disclosed that their first experience of sexual intercourse was not voluntary. If first intercourse occurred at age 15 or younger, 22.1% reported it was nonconsensual sex, compared with 6.5% of those women whose first experience was at age 16 or older.[6]

### Consequences of Adolescent Sexuality

Among the ramifications of sexual relationships are sexually transmitted diseases (STDs) and pregnancy.

***STDs.*** While sexually transmitted disease rates among teenage males in the United States have dropped since the early 1970s, the numbers for teenage girls have increased.[7] In a single act of unprotected intercourse with an infected partner, a girl has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes, and a 50% chance of contracting gonorrhea.[8] The Centers for Disease Control and Prevention reported that sexually transmitted disease and AIDS levels among females under age 20 are two to four times higher than the corresponding rates among males the same age.[9]





In 1992, researcher Males estimated that seven out of 10 teenage girls become infected with sexually transmitted diseases as a result of sexual relations with men over 20. Males points out that 90% of all HIV cases acquired from heterosexual intercourse before age 18 are in females and only 10% in males. His data suggests that teenagers, particularly girls, acquire nearly all HIV infections from sex with older men.[10] According to Males, "it appears that HIV and AIDS transmission to teens may be less due to teenage sexual practices, on which it is often blamed, than on the pattern of liaison between teenage girls and adult men."[11]

***Pregnancy.*** Of course, for girls, pregnancy is always a possible consequence of sexual activity. According to the Alan Guttmacher Institute's data from 1988, some 300,000 girls under the age of 14 experienced sexual intercourse, 28,000 of whom became pregnant. Of those, 11,000 gave birth.[12] In 1997, researcher Lindberg and her colleagues examined data on teenage childbearing which found that "21% of births to unmarried minors are fathered by someone substantially older." The 15-year-old girls in the study were most likely to have partners five or more years older. In fact, Lindberg found that 40% of 15-year-old mothers in her study "had a baby with a partner aged 20 or older."[13] "Births to the youngest mothers were disproportionately fathered by much older men who had engaged in sex nine months earlier with 14- and 15-year-olds," she reports.[14] Lindberg concludes that, "Although these youngest women account for a very small proportion of all adolescent births (2%), they are an extremely vulnerable population and their age raises serious concerns about their ability to give meaningful consent to sexual relations with older men."[15]

One of three things may happen when a teen girl gets pregnant as a result of a sexual relationship with an adult male: (1) the male may abandon her, (2) the male may become a transient partner throughout the pregnancy, or (3) the male may remain with the young girl throughout the pregnancy. The teen may find herself the primary care giver with little or no financial support from the baby's father.[16]

However, the recent analysis by Lindberg contradicts earlier research indicating that older men who impregnate younger girls typically abandon the mothers shortly after conception or birth. Lindberg's research concludes that among mothers age 15 to 17 years old who had babies with older men, 49% continue living with their partner after the birth of the baby. According to the interviews performed in her study, girls who had babies with older men were found to be in close, on-going relationships with older male partners up to 30 months after the birth of the baby.[17]

### Consequences of Nonconsensual Sex

Although this study focuses on consensual sexual relationships, the research reported on above suggests that young teen girls involved in relationships with adult men have histories of sexual assault. The long-term effects of sexual abuse

depend on many factors. These include the relationship between the girl and her abuser, the maturity of the girl, and the duration and type of abuse.

A study of incest survivors by Kempe concluded that when incest occurs before adolescence and stops when the child matures, there is an opportunity for healing. However, if the child continues to be sexually abused by a family member during her adolescence, the sexual abuse has disastrous consequences. As a result, the young adolescent girl understands that to give and receive sexual pleasure to the older man who is abusing her is the one way to receive approval from him. He reinforces her giving her sexual favors through various means of encouragement: clothes, gifts, rides in cars.

Adolescence is the period of development in a young girl's life when she forms her identity. If she is repeatedly sexually victimized during this time, she is, in effect, learning that she is a sex object. From now on, the girl may see herself only as the sexualized object of a man's desires.[18]

As the long-term consequences of these relationships are studied more thoroughly, researchers have come to some conclusions about young women whose sexual experiences are early and involuntary. Young women who have been exploited sexually may exhibit low self-esteem; suffer from clinical depression; and may exhibit suicidal tendencies. In a 1997 study of pregnant adolescents at a Rhode Island community health center, Rubin reported that girls in sexual relationships with older men had been initially sexually abused by a family member or an older male acquaintance.[19]

A recent study by Widom of the University of Albany's School of Criminal Justice compared a group of 676 women and men who were sexually and physically abused and neglected as children with 520 who were not victims of childhood abuse or neglect. The study found that childhood sexual abuse and neglect was not correlated with teenage pregnancy or promiscuity, contradicting earlier studies that linked early abuse to teenage pregnancy. However, Widom found that early childhood sexual abuse and neglect significantly increased the risk of prostitution among females. The Widom study offers a limited perspective because the subjects studied were asked to report on victimization that occurred when they were younger than 11. Finally, the pregnancy measure in this study may underestimate the extent of teenage pregnancies because it included only women whose pregnancies ended in abortions or miscarriages.[20]

## What Is Known About Adult Men Involved in Sexual Relationships with Teen Girls?

There has been little research to date on the characteristics of adult men who become sexually involved with adolescent girls. However, several researchers have begun to examine the psychological traits of these men.

In their study of adolescent mothers and older fathers, Nakashima and Camp found that men who engage in relationships with adolescent women have personal characteristics that reflect those of an adolescent,





rather than an adult. For example, the study shows that older men who had relationships with younger women had egos similar to those of young boys. The researchers inferred from these findings that older men who choose young adolescent female partners have feelings of inadequacy and that they were possibly developmentally arrested.[21] These men often have criminal histories, according to researchers Lamb, Elster and Tavaré.[22]

Lindberg's 1997 analysis found that men who fathered babies with girls 15 to 17 years old were less likely to have a high school degree than men who fathered babies with adult women. She concluded that men who fathered babies with young girls are less desirable partners for older women because they have lower earning potential. But for teen girls, these older males appear to have more money and, at the beginning of relationships, seem more stable than teen boys.[23]

## What Makes Young Girls Vulnerable to the Attentions of Older Men?

Two theories are suggested by the literature to explain why young teen girls are drawn to older sexual partners: (1) lack of a positive father or father-figure in their lives; and (2) the men can supply goods or services not otherwise available.

### *Lack of a Positive Father/Father-Figure*

Young girls need fathers to love, nurture and protect them. Unfortunately, many young girls are raised in homes without fathers; others may receive only sexual attention from their fathers. Musick notes that paternal absence, abuse, or dysfunction leaves young girls in a position easily exploited by older males.[24] Abused girls may be tricked or forced into having sex with older men.[25]

The theory suggests that because a caring male role model is absent from her life, a young teen girl will turn to another older male in an attempt to fill that void. Researchers at Raymond Associates, Inc., who studied teen mothers 15 to 17 years old in Rochester, N.Y., documented a number of traits among young adolescent girls involved with older partners, including low self-esteem and depression. The young women in this study often saw older men as "white knights" who could rescue them.[26]

### *Supplier of Goods and Services*

A young girl may be seduced by the attentions of an older man who is able to offer her money, gifts, dinner, drugs, and even a car. The girl may be desperate to get out of her life situation, especially if she is abused or neglected. She may believe that an older, more mature male can give her advice about her life. He may represent an opportunity to escape from her current circumstances. Family members may not discourage the relationship, especially since these relationships appear consensual. The relationship may quickly intensify into a sexual encounter. There may be no opportunity for discussions about sex, contraception or consequences. Despite these problems, a girl may feel secure in the relationship.[27]

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### Broader Issues Beyond the Scope of this Project

There are many topics related to the issues that were not included in this project due to the scope of the research funded, but which merit examination and research. These larger, contextual issues include: a lack of societal comfort about adolescent sexuality; ambivalence about sexual relationships between adults and teenagers; the sensitive issues of culture and class; the special vulnerability of girls in the custody of state or local agencies; and how welfare reform measures may or may not impact on decisions affecting teenage mothers.

*Societal Discomfort Around Adolescent Sexuality.* The Center for Disease Control and Prevention's National Center for Health Statistics reported that about 50% of teenagers 15-19 years old engaged in intercourse in 1995. Ideally, harmful sexual relationships between young teens and adults would be explored openly within the broader context of young people's sexual attitudes, practices, and histories. However, American society lacks a comfort level about adolescent sexuality, and there is little consensus on whether, and under what circumstances, teenagers should or should not engage in sexual activity.

*Society's Ambivalent Attitudes About Sexual Relationships Between Adults and Teens.* What messages do parents, schools, religious institutions, and the media give teen girls about the propriety of sexual relationships with older adult men (if they broach this topic at all)? What messages are boys and young men being given about seeking out relationships with significantly younger girls? For example, the media has focused interest on cases where a public figure has allegedly been in a sexual relationship with a teenage babysitter, or where a married man became sexually involved with what the press portrayed as a teenage "temptress." But these "relationships" are sometimes glamorized, and older man/younger woman relationships are acceptable in our culture.

*The Sensitive Issues of Class and Culture.* Clearly, it is easier within some areas of society to hide minor-adult relationships from view (much like the existence of child abuse or domestic violence), particularly from the eyes of police, child protection agencies, and health care providers. Pregnant girls who must rely on public social services are far more likely to face the prospect of having their unlawful relationships reported than girls whose parents can arrange for support from private therapists and family physicians. Anecdotal information has been received about how some immigrant cultures might, in the girls' countries of origin, have permitted (and parents encouraged) young teen girl-older man relationships without legal sanction. Common law marriages of these individuals within the U.S. (recognized by a number of states) have indeed led to the dropping of some statutory rape charges.

*The Special Vulnerability of Girls in the Custody of State/County Agencies.* Girls who are removed from their homes due to sexual abuse, or have otherwise experienced it, remain particularly vulnerable to continued abuse and exploitation when placed in foster homes or other forms of residential care. What are the supervisory obligations and liability risks related to the sexual behavior of young teen and pre-teen girls in public care? How can those providing care to girls in such government custody be better educated on prevention, identification, and reporting obligations related to their wards' sexual involvement with older adult men?

There has been inadequate attention generally to: (1) services needed by adolescent girls in foster and residential care; (2) legal issues related to consent to health care for these girls; (3) the role juvenile court judges with jurisdiction over these girls' cases should play in protecting them from abuse and exploitation and in sanctioning the men who engage in sexual relationships with them; and (4) the provision of adequate residential care for parenting teens with their children, as well as independent or semi-independent living transitions to responsible adulthood.

*The Impact of Welfare Reform.* One impetus for conducting research into sexual relationships between adult men and young teen girls has been the new welfare reform law (P.L. 104-193). A number of provisions in the welfare reform bill — specifically under the Temporary Assistance for Needy Families Block Grant program (TANF) — impact teenagers who are pregnant and parenting. For example, one of the purposes of TANF is to "prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and encourage the formation and maintenance of two-parent families."[28]

Eligibility for receiving assistance under TANF may be denied to teenage mothers not living at home with a supervisory adult, and to those not in school. In addition, if the teen mother is receiving assistance, that assistance may be denied to other children conceived or born. States have been given an incentive to reducing births to unwed mothers: for the four-year period from 1999-2002, as many as five states annually can receive additional "bonus" funding (of $20-25 million) if they can prove they have reduced out-of-wedlock births proportionately more than other states. In addition, the law calls for aggressive enforcement of state statutory rape laws. What impact will implementing provisions of this law have on young teen girls impregnated by adult men? Does it encourage or promote marriage between pregnant teens and their older boyfriends? What impact will implementation have on the children of these teen mothers? These questions and others have not yet been researched, but bear monitoring.

We have touched on but a few of the contextual issues. A comprehensive and in-depth review of these issues would clearly add to the debate on enforcement of statutory rape laws.

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CHAPTER 2

## WHAT CAN WE LEARN FROM YOUTH SERVICE PROVIDERS?

This phase of the research was designed to increase our understanding of two issues: who the girls involved in sexual relationships with adult men are, and what the current response of service providers is to disclosures of these relationships. Because concerns were expressed by the project's expert advisory panel that (1) programs may not have statistical data available on the type of information desired, and (2) providers were likely to be uncomfortable discussing these controversial issues, a qualitative approach was utilized.

### Discussions With 48 Service Providers

Interviews were conducted with 48 individuals across the country who work directly with young teen girls involved in sexual relationships with adult men (including social workers, foster care workers, and a variety of health practitioners). The discussions were based on an unstructured interview guide, which outlined topic areas, listed below. The open-ended, qualitative discourse was guided by comments volunteered by the respondents. Thus, certain issues were covered by many respondents, but not all service providers talked about the exact same issues. Analysis of the interviews was based on summarizing responses. Whenever possible, categories were created; however, given the open-ended nature of the surveys, it was not always possible to create categories. When categorizing responses was inappropriate, we provide summary statements.

Many of the responses were complex, and often contradictory. For example, a provider might note that most of the adult men involved with her teen clients were opportunists; however, in her next statement the same provider would point to several examples of males who truly cared for their partners, who encouraged the girls to stay in school, and who provided more stability than had their families of origin. In our analysis, every statement was counted equally.

The topics of our inquiry included the following:

- **Background:** program descriptions; clients served; clients' age and socioeconomic status; the information service providers obtain or try to obtain from their clients with respect to sexual histories (including childhood molestation), family histories;
- **Relationships:** dynamics of the relationship; what the providers know about the men; whether domestic violence, or physical or emotional abuse, are features of these relationships; whether some of these relationships are "healthy" and what makes them so; what the teens' families think about these relationships;
- **Reporting:** whether providers report the relationships of young teen girls and their adult boyfriends to law enforcement, child protective services or child support enforcement agencies; whether girls are encouraged to report their adult boyfriends; what the barriers are to, and attitudes concerning, reporting; and
- **Prevention and Intervention:** suggestions providers have about preventing or intervening in relationships between

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young teen girls and adult males; whether providers should be preventing or intervening in these relationships.

## Findings

### Background

- The majority of the respondents provide services primarily to low-income teen girls. Clients served were Black, White, Latino, Asian, and Native American. While girls from all socioeconomic strata are involved in relationships with adult men, the majority of our respondents worked with mostly low- to lower-middle income clients.

- One-quarter of the service providers said that they routinely gather information on the client's physical, emotional and mental health; about one-quarter ask about the client's sexual history, including age of first sexual experience, and whether molestation is a part of that history; one in five providers volunteered that they ask about the current sexual partner, including his age; if the girl is pregnant, they will ask about the male's involvement or planned involvement in the child's life. One-fifth of our sample revealed they do not discuss either sexual history/molestation history or the age/involvement of the male partner at the first meeting. A few said they wait until the therapeutic relationship develops before they discuss the client's background and sexual relationships.

- More than one-half of our sample report their clients have a history of sexual abuse, neglect, or domestic violence. A number of the providers in our sample work with teens in residential treatment centers and foster care; 100% of these girls have abuse or neglect in their backgrounds.

- Close to half our sample asserted that their clients come from single-parent, father-absent homes. About that many suggested that the families and homes of their clients are in disarray: dysfunctional, unstable situations with parents who may be unaware of their daughters' relationships or indifferent to them. According to some of the service providers, the teen girl lives with extended family members, with a variety of relatives and half- or step-relatives, in a foster care situation (either a home or a residential center), with her boyfriend, or with her boyfriend and his family. A minority stated that their clients are from two-parent homes.

### Relationships

- While about one-third reported that their clients are mostly in relationships with males between 3 and 5 years older, the rest stated that many of the relationships are between girls around 14 years old and males in their 20s; and the respondents believe the numbers are increasing. Others suggested that the youngest girls tend to be in relationships with the oldest males.

- Close to one-third of our sample suggested that young teen girls are attracted to older males because they can provide security and stability; relationships with adult males confer status, "prestige, attention, respect"; and adult males can provide material things that contemporaries cannot (a car, a place to stay, money, drugs, alcohol).





One-third viewed these relationships as unhealthy and emotionally controlling. Still others characterized the relationships as transient encounters or one-night stands. Some of the respondents promoted the idea that, however transient or short-term these relationships may be, they often provide the girl with much-needed love, attention, and stability she does not get from her family.

- According to our respondents, the males can be categorized into three major "types": exploiters/opportunists, needy/troubled, and nurturing/responsible.

- Most of our sample asserted the belief that the teen's parent(s), peers and/or community support her relationship with an adult male, although some of the respondents did relate information about families who are unhappy that their child is dating (and may be pregnant by) an adult.

### Reporting

- Many of the respondents revealed that they do not report sexual relationships between adult males and young teen girls to law enforcement or child protection agencies. Reasons for not reporting include the "chilling effect" on the client (who may not return for services if her boyfriend is reported), fear of retaliation by the boyfriend against the client or the provider, and the criminal justice system being either hostile or indifferent to the reports and "doing nothing." Some of the respondents do report or may encourage the girl, or her family, to report.

### Prevention and Intervention

- Prevention: Of the providers who offered suggestions on preventing sexual relationships between adult males and young teen girls, about half advocated early and aggressive interventions in the lives of young children by providing relationship skills-building courses, sexuality education, and self-esteem building for both girls and boys. Others suggested that consciousness raising needs to be accomplished in society as a whole, by educating children, parents, citizens, and criminal justice professionals as to the unacceptableness of these relationships. The remaining providers champion sweeping changes in the messages of sexuality being passed to our children and our citizens, found in advertisements, soap operas, movies, and elsewhere.

- Intervention: The majority of providers' suggestions for appropriate interventions in these relationships called for increased services for girls (counseling, help in overcoming childhood sexual abuse, mentors, residential homes for girls and their babies), and also for the males (employment services, counseling, education in caring for children). Only one in five think holding males accountable through prosecution and child support enforcement is an appropriate response.

## Discussion

The findings from the service provider interviews present a compelling picture of their young female clients who are in sexual relationships with men; their life circumstances; and the providers' perceptions of what interventions are appropriate.

**Social Problems.** Any intervention to prevent teens from engaging in sexual relationships with inappropriately aged mates needs to consider the larger social context. Many of the providers' comments reflect the notion that sexual relationships between young teen girls and adult men are symbolic of broader social problems. The providers argue that poverty, dysfunctional families, and early childhood molestation may leave young girls vulnerable to the attentions and affections, however short-term, of older males. While providers noted that young teen girls from all economic classes engage in these relationships, their clientele remain predominantly low-income, and come with a variety of problems associated with poverty. Familial breakdown, lack of a stable father-figure, economic disadvantage, abuse, neglect, and an intergenerational history of teen pregnancy are some of the issues present in the lives of their clients.

Within the context of these disadvantages, adult men may be better off financially than their clients' peers, and may promise the security a relationship brings. It does not defy logic that an adolescent, longing for affection and material goods not provided by her own family, would turn to someone who could give those things to her: someone with a job and a car, who promised her love in exchange for her sexual favors. As victims of early molestation, their clients may not have the emotional skills to fend off pressure for sexual activity by a charming or controlling adult male. The males, according to our sample, may be opportunistic predators, but they also may be products of dysfunctional families and face some of the same issues as do their young partners.

**Messages of Sexuality.** Beyond the individual circumstances and control of their clients, however, a number of the providers in our sample assert that the message to young teen girls (and young boys and adult men) is that girls are to be valued for their sexuality. Advertisements, soap operas, movies, and television all eroticize young girls.

**Reporting.** Service providers are wrestling with the issue of reporting the sexual relationships of their clients to the criminal justice system. They believe that reporting violates the confidential nature of their relationship with their clients. The breaking of confidentiality has negative consequences from the perspective of the providers. For example, the girl may believe that the trust has been irrevocably harmed, and she may refuse to come back for services. This has significant risks for her own health and mental health, and potentially that of her unborn child, if she refuses to return for prenatal care or treatment for a sexually transmitted infection.

**Prevention and Intervention.** Service providers voiced concerns over prevention and intervention in sexual relationships involving an adult male and a young teen girl. Prevention strategies included individual help and broad-based social change, ranging from sexuality education and relationship skills-building courses to sweeping changes in the messages society is sending our youth about sex and relationships.

But it is the intervention area which raises more concerns. While most recommended a range of services to help young women (and men), fewer think the criminal and civil justice processes are appropriate responses to these relationships. A minority of the responses indicated that providers routinely ask their clients at intake about their sexual molestation history and the age, and involvement, of the teen's sexual partner/father of their child. And if they do learn of a sexual relationship between an adult and a young teen, almost two-thirds do not report to child protective services or law enforcement.





It is clear from the interviews that the service providers interviewed do not believe that the child protection or criminal justice systems take these relationships seriously, and, in fact, may be actively against their agencies' involvement. (This is not a new phenomenon: for example, domestic violence cases were long viewed as being outside the purview of the criminal and civil justice systems. It is only in recent years that law enforcement and prosecutors have been educated on looking for and accepting these cases.)

## Recommendations

Recommendations coming from the interviews with this sample of service providers are limited to the kinds of questions youth-serving agencies and staff should be asking and the kinds of issues they should be exploring. It would be premature to address recommendations on effective strategies for responding to teens in sexual relationships, or on improvements in procedures, as we do not yet know enough about the girls, the men, and what prevention and intervention strategies are the most effective and responsive.

While research continues in identifying effective responses, professionals and agencies should carefully examine their current practices and openly identify areas needing protocol-development. There are other actions agencies can be taking while further research is conducted. To that end, we offer the following recommendations.

**1. Programs providing services to pregnant and parenting teens and pre-teens, and those serving girls at risk for involvement in relationships with older men, should develop appropriate means for learning of these inappropriate relationships and when and how to report them to child protective services and/or law enforcement.**

Questions that should be addressed include:

- Is it appropriate for providers to be asking about sexual abuse and the age of the sexual partner? Is it required by state law?
- If so, are providers prepared to refer girls to services if the girl discloses early childhood molestation?
- Are they prepared to report to child protective services or law enforcement if the girl discloses her sexual partner is over the age of 18?
- What guidelines should agencies be following with respect to reporting?
- What is in the best interest of the client and/or her offspring with respect to the relationship? What are the objective criteria for determining "best interest" in these

situations? How can this be balanced with legal requirements?

- How can program providers and therapists work with their clients to address the post-reporting consequences, such as abandonment and retaliation? Are there appropriate ways to prepare clients for reporting and set up support systems?

**2. Service providers need training on a variety of issues, including: why, when, and how these relationships should be reported, and to whom; and working with the teens, their offspring and the fathers of their children. Elements of this training should be included in specialized seminars and in continuing education courses.**

**3. Communications between service agencies/programs and the criminal justice system must be enhanced, in an effort to respond appropriately to girls and men involved in unhealthy, unlawful sexual relationships.**

**4. Community leaders and parents need to send the message to their citizens that sexual relationships between adults and young teens are unacceptable.**

**5. More research needs to be conducted to learn about the girls, the males, the relationships, and appropriate interventions.**

This exploratory study has identified many areas of inquiry appropriate for continued research, including:

- What factors in the lives of young women make them vulnerable to unhealthy relationships with older men? Is poverty and/or family structure a factor? Are race or culture factors? Is childhood sexual abuse a factor? What factors in the lives of girls from similar backgrounds make them resilient enough to avoid harmful relationships? What kinds of interventions are appropriate to protect sexually abused girls from inappropriate relationships later in their adolescence?

- Who are the men involved in sexual relationships with young adolescent girls? What is their family of origin? Do they have histories of being sexually abused? Who were their male and female role models? What life events shaped their attitudes toward women? Do education levels and socioeconomic status influence decisions to choose younger partners? What sets apart the ultimately responsible from the opportunist? What services can be provided to the needy and/or troubled before they involve themselves with underage girls?

- Are relationships between disparate age-mates fundamentally unhealthy? How are service providers to determine which relationship is positive or advantageous and which is exploitative or dangerous? What is the nature of relationships between younger girls and older men? What percentage are short-term? What percentage result in stable relationships or marriage? How frequently do they involve acts of forcible rape and domestic violence? What are the factors that govern decisions by girls and men about whether or not to stay together? Who controls those decisions?





- What prevention strategies are most effective? Can fear, guilt, or shame about an unequal relationship prevent these sexual relationships? Can the promotion of honest, equal and responsible sexual relationships have an impact? Who are the most effective messengers to bring prevention messages to young people — religious institutions, schools, health providers, law enforcement, the media?

CHAPTER 3

## WHAT DO THE LAWS REQUIRE?

This chapter reviews and describes "statutory rape" laws — those criminal laws that proscribe sexual intercourse with a minor, based on the minor's age. The chapter begins with a brief history of the laws. The current laws are then described and summarized. Trends in the laws (based on a comparison with past reviews of the laws) are identified, and although it is too early to say whether they reflect trends, some recently passed innovative amendments to the laws are highlighted. Related legal issues — such as the child abuse reporting laws and the effect that emancipation has on statutory rape prosecutions — are also noted. Since the project's focus was on males 20 and older having sexual intercourse with minors 10 to 15 years of age, the impact of the laws on these groups is discussed. Finally, legal recommendations developed by the project team are set forth.

Statutory rape laws have been around for a long time. Historically, they protected "chaste" young women from sexual intercourse, and set a clear line, based on the minor's age, as to when the minor was able to consent to sex. Most laws today are gender-neutral, and they no longer require the minor to be chaste. Moreover, most laws today provide a complex, tiered set of crimes, with varying penalties depending upon the age of the minor and the age of the defendant. In addition, statutory rape laws may well be intertwined with other types of sexual offenses.

Since the project focused on girls aged 10 to 15 who voluntarily have sexual intercourse with males 20 years and older, the legal research focused on those criminal statutes proscribing sexual intercourse with minors, based solely on the age of the minor. Consequently, certain criminal laws were not reviewed: laws proscribing sexual acuvity not amounting to intercourse, laws requiring proof of some additional element (e.g., force, defendant's status as a parent, guardian or other person in a position of authority over the minor).

### Findings

Our analysis of state statutory rape laws reached the following conclusions:

- The term "statutory rape" is rarely used in the statutes — more than a dozen terms are used by different states, with "rape" and "sexual assault" being the two most common.

- States often have multiple crimes that proscribe sexual intercourse with a minor, with offenses and sentences varying depending upon the age of the minor, the age of the defendant and/or an age difference between the defendant and the minor.

- States are increasingly raising the age of a minor below which statutory rape statutes provide protection. There is no legal consensus nationally on the precise age at which intercourse is permissible. Almost all states set the highest age protected under the laws at 15, 16, or 17 years of age.

- At the same time, states are increasingly establishing parameters for sexual activity between "peers" that is not subject to prosecution or that constitutes a misdemeanor rather than a felony. There is

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considerable variation in these "parameters." Age differences of three and four years are most common, but some states do not specify an age difference, while others set the limit at 5 years.

- States also have increasingly established a lower age of the minor that increases the seriousness of the charge or establishes a longer possible sentence upon conviction.

- Mistake of age is a permitted defense in a number of states, although it may be limited to minors over a certain age. When this defense is available, a defendant can show that he reasonably believed the minor to be a certain age or older (and thus able to consent).

- The minor's marriage to the defendant or emancipation may also preclude prosecution. Marriage is often a defense set forth in the statute.

- Potential sentences vary considerably by state.

The following table sets forth the "age of consent" for each state based on state "statutory rape" sexual penetration offenses. While these statutes rarely use the term "age of consent," it is a useful term for analysis. In the table, it reflects the lowest age at which no criminal prosecution can result (based on statutory rape or whatever the crime is called in the state), regardless of the age of the defendant or an age difference between the defendant and the minor.

Not all sexual intercourse with minors is a crime, however. The table also shows any minimum age for the defendant set forth in the statutes. (Not all of the statutes expressed these minimums; presumably if the perpetrator was a minor, the general rules in the state would apply as to whether the perpetrator should be treated as an adult.) Notably, in a few states, although the defendant must be a certain number of years older than the minor victim, the defendant can be 17 years of age.

Age differentials specified in the statutes between the older minor victim and the defendant are set forth in the table as well. These age differentials show exactly how close-in-age a minor's sexual partner must be to avoid the statutory rape laws. (Note: the table generally reflects felony statutory rape provisions.) In addition, there may be other defendant age provisions that increase the penalty.

The table does not show the lower age levels for the minor that the statutes often include that increase the seriousness of the charge or the penalty imposed. The Final Report includes a lengthy table which includes this information as well as specific citations.

### Trends

In comparing the results of the current review of the laws to past studies, certain overall trends in the laws appear to be continuing:

- States generally are continuing to raise the age of the minor protected under the laws, along with instituting age differentials between the minor and the defendant.





**"Age of Consent" Based on State "Consensual" Sexual Penetration Offenses**

| State | Age of Consent | Defendant Age/Age Differentials | State | Age of Consent | Defendant Age/Age Differentials |
|---|---|---|---|---|---|
| AL | 16 | D≥16<br>V=13-15 → D=V+2 | MT | 16 | V<16 → D≥V+3 |
| AK | 16 | V=13-15 → D16 and DV+3 | NE | 16 | V<16 → D≥19 |
| AZ | 18 | V=15-17 → D>V+2* | NV | 16 | V<16 → D≥21 |
| AR | 16 | V<14 → DV+2 or<br>V<16 → D≥20 | NH | 16 | |
| CA | 18 | V<16 → D≥21 | NJ | 16 | V=13-15 → D≥V+4 |
| CO | 15 | D≥V+4 | NM | 17 | V=13-16 → D≥18 and D≥V+4 |
| CT | 16 | D≥V+2 | NY | 17 | V<17 → D≥21 |
| DE | 16 | V<14 → D≥19 | NC | 16 | V=13-15 → D≥V+6 |
| DC | 16 | D≥V+4 | ND | 18 | |
| FL | 18 | V=16,17 → D≥24 | OH | 16 | V=13-16 → D≥18 |
| GA | 16 | V<16 → D≥21 | OK | 16 | V<14 → D≥18 |
| HI | 14 | | OR | 18 | |
| ID | 18 | V<16 → D≥18 | PA | 16 | V<16 → D≥V+4 |
| IL | 18 | V<13 → D≥17 | RI | 16 | V=15 → D≥18 |
| IN | 16 | V<14 → D≥21 | SC | 16 | |
| IA | 16 | V=14-15 → D≥V+5 | SD | 16 | V=10-16 → D≥V+3 |
| KS | 16 | | TN | 18 | V=13-17 → D≥V+4 |
| KY | 16 | V=14 → D≥18, V<16 → D≥21 | TX | 17 | V<16 → D≥V+3 |
| LA | 17 | V=12-16 → D≥17 and D≥V+2 | UT | 18 | V=14-17 → D≥V+3 |
| ME | 18 | V=14-16 → D≥19 | VT | 16 | |
| MD | 16 | V<14 and D≥V+4 | VA | 15 | |
| MA | 18 | | WA | 18 | V=12 and 13 → D≥V+3 |
| MI | 16 | | WV | 16 | V≥D-4 → D≥16 |
| MN | 16 | V=13-16 → D≥V+2 | WI | 18 | |
| MS | 18 | V=15-17 → D>V+2 | WY | 16 | V<16 → D≥V+4 |
| MO | 17 | V<17 → D≥21 | | | |

**"D" refers to the defendant; "V" refers to the victim/minor; "→" means "then."; "<" means less than; ">" means greater than; and "≥" means greater than or equal to.** * Other restrictions also apply. Note: Table only includes minimum age for defendants set forth in the criminal statutes. States often have several crimes reflecting these provisions, with varying penalties.

- States are delineating a lower age of the minor that increases the seriousness of the charge or the penalty for the conduct. (Almost all states currently do so.)

- States continue to be split on whether the mistake-of-age defense is available. The availability of the defense is sometimes limited to minors above a certain age.

In addition to these trends, a concurrent ABA study (funded by the Office for Victims of Crime, U.S. Department of Justice) identified issues in recently enacted and proposed statutory rape legislation. As noted in that study, recently passed amendments to the laws have included provisions to target defendants who are much older (three states); raise the age of the minor subject to protection and impose age differentials between the minor and the defendant (two states); authorize civil penalties (one state); make impregnation of a minor a separate offense (one state); and encourage reporting of statutory rape involving minors aged 13 and over (one state).

In general, the laws criminally proscribe sexual intercourse between 10- to 15-year-old girls and men age 20 and older. There are some exceptions; a few states do not protect minors under the criminal laws beyond 14 or 15.

Laws requiring certain professionals to report child abuse are often unclear as to whether statutory rape is included and must be reported. A brief review of summaries of these laws reveals that states are fairly evenly split on mandating the reporting of statutory rape. Further study on this issue is called for.

### Recommendations

**1. Minimum Ages and Age Gaps.** All girls ages 10 to 15 should be protected from "consensual" sexual intercourse with older men (e.g., those age 20 and older). Laws that do not provide criminal penalties for men age 20 and over who have sexual intercourse, albeit consensual, with girls under the age of 16 should be amended to provide legal protection for these girls. The few laws that set an absolute "age of consent" for girls at their 14th or 15th birthday, no matter how old their male "sexual partner" is, should also be amended accordingly. These laws can utilize absolute ages (e.g., specify defendant be age 20 or older), or specify that the defendant must be a certain number of years — 4 or 5 — older than the minor.

**2. Increased Penalties Under Certain Circumstances.** Repeat offenders and men who are 10 or more years older than girls aged 10-15 should receive harsher penalties.

**3. Focus on Repeated Sexual Relationships.** Men who are found to have repeatedly moved from one unlawful sexual relationship to another should be the special focus of prosecutorial attention.

**4. Prosecution Without Regard to Class, Social Status, or Race.** Prosecution for unlawful sexual intercourse based on the sexual involvement of an adult man with a young teen girl — when such a prosecution is appropriate — should be brought without regard to the man or girl's class, social status, or race.



CHAPTER 3

**5. Prosecution Regardless of Pregnancy.** Prosecution of these offenses should not be based on a girl's impregnation or childbearing resulting from a relationship with an older man. Young girls in sexual relationships with adult men are in need of legal protection regardless of whether they were impregnated.

**6. Remove Mistake-of-Age Defense.** Although a very few state constitutions may require otherwise, state unlawful sexual intercourse statutes that make consensual sex between men age 20 or older and girls age 15 and under criminal should not include a mistake-of-age defense.

**7. Actions Against Parents.** Child protective service agencies should consider juvenile court child neglect actions when the parents of young teen girls encourage, facilitate, or fail to intervene in these relationships. Criminal prosecutions for aiding and abetting the crime of unlawful sexual intercourse should be considered in egregious cases.

**8. Further Research on Age Differential.** As noted, many states have provisions that essentially do not criminalize sex between peers. The variety in the state statutes (from no age differential to 5, 6 or 7 years) illustrates the tremendous difference of opinion on this issue. On what basis are legislators making decisions about appropriate age differentials: on media reports? Anecdotal evidence? research on developmental psychology? Further research that would assist states in setting this age differential is sorely needed.

**9. Further Research on Mandated Reporting.** The issue of mandated reporting of a young teen girl's relationship with an older man to child protective services or the police raises serious, previously unaddressed, public policy problems and needs further, careful study. Awareness by girls that their relationships may be reported to authorities may deter girls from seeking medical or social services attention related to contraception, sexually transmitted diseases, prenatal care, or domestic violence. Child protective services agencies need clear protocols for responding to this type of report, and health care providers need guidance as to their legal obligations related to reporting when these sexual relationships are disclosed.

**10. Specialized Training.** Police, prosecutors, crime victim assistance programs, crime victim advocates, children's advocacy centers, rape crisis centers, and others working with victims of sexual assault should receive special training and technical assistance in how to more sensitively respond to adolescent girls who have been reported to authorities based on their sexual relationship with an older man.

**11. Child Support Protocols.** In those cases where the unlawful sexual relationship has produced a child, prosecutors and child support enforcement personnel need clear protocols to help assure that, where appropriate, the goals of establishing and enforcing support obligations, and helping the father be a more responsible parent, are realized.

**12. Interdisciplinary Task Force.** Police and prosecutors should join with child sexual abuse, adolescent health, teen pregnancy, and other youth experts in their communities to form a special interdisciplinary task force, committee, or working group that explores how to best respond to disclosures of young teen girls' sexual relationships with adult men.

**13. Publicity About the Laws.** The fact that consensual sexual relations between a young teen girl and an adult man is against the law, and that a man can be criminally prosecuted for the crime based on such a relationship, labeled as a felon, face incarceration, and be stigmatized as a sex offender, should be publicized both by the media and in educational settings. Programs focusing on males or educating men and young girls about these laws could be vehicles for informing these populations about these laws. In addition, it is important to communicate this information to people who have come to the U.S. from other countries where such sexual relations are not legally prohibited.

CHAPTER 4

## HOW DO PROSECUTORS IMPLEMENT THE LAWS?

One of the most challenging aspects of this study was to better understand how the criminal justice system is addressing the emerging viewpoint in some communities that consensual, but unlawful, sexual intercourse between adult males and young teen girls is a *crime* that warrants specialized attention by police and prosecutors. We wanted to learn why prosecutors might reject prosecuting a case against a man, as well as what factors were likely to deem a case worthy of pursuit in criminal court. We wanted to hear how those prosecutors who specialize in cases of child sexual victimization view the advantages and disadvantages of the criminalization of sexual relationships between 10- to 15-year-old girls and adult men.

### Discussions With 48 Prosecutors

We gathered our information through telephone surveys conducted with prosecutors in specialized child sexual assault units in 48 of the largest cities in the country representing 19 states.

The telephone survey was designed to learn about: police responses to cases of statutory rape; prosecutorial goals, policies and practices; defendant characteristics; problems with prosecuting cases; and outcomes and sentencing conditions associated with these prosecutions.

Several themes emerged from the surveys with prosecutors:

- There is not a lot of societal support for prosecuting the men involved in sexual relationships with young teen girls. Many juries remain unconvinced that this behavior is criminal, and prosecutors believe citizens need education on the law. Parents often give permission (or think they can consent) for their daughters to engage in these relationships; prosecutors cite a "lack of moral responsibility" on the part of some families to set limits concerning these relationships.

- These relationships should not be viewed generically, but rather need to be taken on a case-by-case basis. Prosecuters consider many variables, such as the maturity levels of the girl and the man (i.e., their emotional rather than chronological ages); whether prosecution is in the best interests of the girl and/or her offspring; and whether the male has engaged in these relationships serially.

- As one prosecutor said, these cases "take a lot of experience **and** a therapeutic standpoint to make the right call." She noted that they must "engage in a lot of social work and hand holding" in order to gain a girl's trust and cooperation. This theme was expressed by a number of prosecutors who described building rapport and talking to the girl about what is in **her** best interest as a fundamental part of their work.

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*call my*
*come in my*
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*I do*
*abo*

## Findings

### Police Practices

- As parents and professionals working with young teen girls become more aware that these relationships are unlawful, reports to police about sexual relationships between young teen girls and older males are on the rise.

- While two-thirds of the prosecutors report that police are actively pursuing these illegal relationships, one-third believe there is selective enforcement (i.e., in communities with multiple law enforcement agencies — city police, county sheriff's departments, etc. — some handle these cases more aggressively than others; within a police department, some officers may be more interested in pursuing these cases than others).

- Close to two-thirds of the reports to police are coming from the teens' parents.

### Prosecutorial Goals, Policies and Practices

- The majority of prosecutors' offices do not have a specific, written policy on accepting these cases for prosecution.

- Close to one-half of the prosecutors say they "always" or "almost always" file charges when a case is referred from law enforcement.

- The teen victim's cooperation is the linch-pin on which the decision to go forward with a case most frequently rests.

- Most of the prosecutors list the primary goals of prosecuting adult males in sexual relationships with young teen girls as sending a message to the community, enforcing the law, punishment, and prevention. Only 4% cited reducing teen pregnancy as a goal of prosecution.

- Close to one-quarter of the prosecutors say they will pursue charges against the male, even when he is willing to acknowledge paternity or seek treatment. One-third of the prosecutors report that if he has a criminal record or history with young teen girls, this will increase the likelihood of his prosecution.

- More than one-half of the prosecutors report that they are just as likely to take a case if the girl's pregnancy is not an issue; but close to one-half say that her pregnancy produces evidence of the illegal sex and thus makes proof of their case stronger (particularly if she is an uncooperative victim).

- In order to gain the cooperation of a teen victim who is reluctant to prosecute her male sexual partner, one-third of the prosecutors rely on a vertical prosecution process (where the same prosecutor handles the case from the time it comes to the office through the plea and/or trial) and building rapport with the girl; one-quarter say they use a victim-witness advocate to assist in obtaining cooperation. However, only one-third say they are always or almost always successful in overcoming the girl's reluctance.





### Who Are the Men?

- Prosecutors suggested that the younger the adult male (early 20s), the more likely it is that he is an immature male in a "love relationship." However, as the men get older, they are more likely to exhibit a pattern of predatory behavior with young teen girls.

### Problems With Prosecuting Statutory Rape Cases

- Two-fifths of the prosecutors report that the victim's reluctance to cooperate with prosecution is a central problem in handling these cases.

- Another two-fifths of the prosecutors say that juries do not like these cases and are not convinced that these sexual relationships should be treated as a crime or that this male is "at fault"; there is also a sense by prosecutors that some subcultures accept these relationships as normal.

### Outcomes and Sentencing Conditions

- Even with the problems associated with uncooperative girls and unconvinced juries, prosecutors report that 77% of these cases result in a conviction.

- With respect to sentencing conditions recommended to judges by prosecutors, 100% recommend orders for the male to stay away from the girl, 83% recommend the defendant stay away from **all** minors, and 88% recommend the male receive some form of sexual offender treatment.

### Sentencing Trends

- One-third say that post-conviction sexual offender registration with local law enforcement and/or community notification that the male is a convicted sex offender are also recommended in statutory rape cases.

- A new trend, according to one-third of the prosecutors, is the court ordering that the male participate in "parental responsibility" classes.

### Other Issues

- A majority of the prosecutors have requested fetal tissue testing to obtain evidence of paternity (and thus prove a crime has been committed); and a majority have presented DNA and other medical evidence at trial.

- Half of the prosecutors have a child support enforcement unit in their office and half do not; most report **no** sharing of information in these cases between prosecution and child support offices.

- A majority of prosecutors participate in a multidisciplinary team approach in which actions in cases of child sexual abuse are guided by a community of professionals from different disciplines (including law enforcement, social services/child protective services, medicine, mental health, and related professionals) as appropriate to the case.

## Discussion

From the findings we can gain an insight into what the criminal justice system views as "helps and hindrances" to responding to sexual relationships between adults and young teenagers.

**Statutory Rape Prosecutions and Teen Pregnancy.** Probably the most interesting finding is that, in spite of new legislation and the call for stepped-up enforcement efforts, deterrence of teen pregnancy is not generally the goal of prosecuting adult males in sexual relationships with young teen girls. This may be because law enforcement and prosecutors do not agree with legislative and executive pronouncements that the criminal justice system should be used to reduce teen pregnancy. It may be because that goal has yet to reach the rank and file; alternatively, prosecutors may not believe teen pregnancy reduction to be a reasonable outcome of prosecution. This point is emphasized again from our findings that pregnancy may increase a prosecutor's willingness to file charges primarily because there is then physical proof of the relationship, not for the fact of pregnancy alone.

**Prosecutorial Discretion.** Prosecutors exercise discretion in deciding whether or not to accept a statutory rape case for prosecution. It must be pointed out that prosecutors exercise discretion in deciding whether to accept **any** crime for prosecution. During their deliberations, a prosecutor will look at a variety of factors, including: the victim's cooperation and credibility; whether there is a supportive family; the nature of the disclosure; physical or corroborating evidence; witnesses to the crime; who is the defendant; is there a confession, and so on. For sexual assault cases, they will also consider the victim's consent, sexual history, and age (and how the girl's age relates to the defendant's age).

Other discretionary decisions include what charges will be filed (felony vs. misdemeanor, degree of felony or misdemeanor), whether incarceration or probation (or a combination) is the appropriate outcome, and what conditions will be placed on the defendant (including treatment and fines). These decisions will be based on the defendant's criminal record, suitability for treatment, and willingness to cooperate with the case (confession, admission of paternity). Again, the decisions made in these cases under the prosecutors' discretion are no different than the considerations made in cases involving nonsexual crimes.

**Uncooperative Victims.** The girl's lack of cooperation in prosecuting a man whom she believes to be her boyfriend is not unusual in the annals of criminal prosecution. Recantation of sexual abuse disclosures is frequent enough in child sexual abuse cases that prosecutors have learned to respond with rapport-building and referral to services. Domestic violence cases are analogous as well, where an adult victim of battering often refuses to press charges against her batterer. Reluctant victims and reluctant witnesses present challenges in drive-by shootings, car-jackings and other nonsexual crimes.

Prosecutors have tools available to assist them in working with a teen girl who is reluctant to agree to prosecution. One of the most frequently used tools is "vertical prosecution," a process by which the same attorney handles the case from the time it comes into the office through the disposition. Vertical prosecution is used frequently in sexual abuse cases where trust between a victim and prosecutor must be built slowly and over time. Vertical prosecution allows the girl and the attorney to get to know each other, and gives the prosecutor an opportunity to build rapport with her. Another tool is bringing in a victim/witness advocate, who may be an employee of the district attorney's office, or who may be a separate community-based agency employee. The role of these advocates is to guide the girl through the process, refer her to whatever services are deemed appropriate, and help decide what is in the best interest of the girl. Our respondents told us, however, that they are only moderately successful in convincing a young teen girl that prosecution is something she should pursue.

**Lack of Societal Support for Prosecuting Statutory Rape.** Finally, one universal theme is that citizens do not take statutory rape cases seriously. This may be because teenage girls make poor impressions on the stand; because young teenage girls try so hard to look and act older that jurors sympathize with the male; because the younger woman/older male relationship is not seen as abnormal; or for other reasons. Irrespective of the reason(s), prosecutors point out that a lot of their efforts in prosecuting statutory rape cases are going into juror education that: the law says these relationships are illegal; the girl cannot give her consent; and mistaking the girl for someone older is not usually a defense.

## Recommendations

**1. Police and prosecutors need training and guidance on handling statutory rape cases effectively and sensitively.**

**2. Prosecutors, police agencies, service providers, child support enforcement units, and community/citizen groups should come together in a jurisdiction-wide Task Force to improve communications and understanding of what role the criminal justice system can play in protecting vulnerable young girls from unlawful sexual relationships.**

**3. More research is needed in several areas: on reporting these relationships to authorities, on the males, and on appropriate sanctions and interventions.**



CHAPTER 4

CHAPTER 5

## TEENAGERS TALK: INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Interviews were conducted and a focus group convened with a small sample of six adolescents who, as young teens, had engaged in sexual relationships with adult men. The data were collected during a semi-structured one-on-one interview and a two-hour focus group meeting.

The teens touched on such issues as how they met their older male partners, how their families reacted to their relationships or pregnancies, how beneficial or disadvantageous they perceived their relationships to be, and whether or not they thought relationships of this type should be reported to law enforcement or social service agencies. We cannot confirm whether these responses are applicable to the larger population of young adolescents who engage in sexual relations with adult men; they only represent the range of themes elicited during individual and focus group interviews. We offer the following selected responses, edited for continuity, below.

### I. Background Information

The sample of adolescents females resided in Northern Virginia, Southern Maryland and Washington, DC. We asked them to describe their ages, their children, their sexual partners, how they met, and what they were like when they were younger. Here are some responses:

I was a shy little girl. I didn't like having a boyfriend, you know, like a relationship. I was playing with Barbie Dolls.

Actually I didn't know about condoms or nothing. Never had a boyfriend. I was only 12 when I came [to the U.S.]. Because I was always in my house in my country, never really went outside.

My latest partner is 20 and I got pregnant — 13 years old — have a three year old son.... How we met, we lived in the same building and his friend introduced him to me as his — he told his friend that he liked me and everything, so that's the way we met....We were boyfriend and girlfriend And that was it. I ran away at 13 from my mother's house and I lived here and I got pregnant.

I'm 19 years old. My boyfriend — my latest — he is 29 years old. He's going to be 29 years old and I have a son. I got pregnant when I was 16....I go to school....I'm about to graduate from high school....[I met him] through my step-dad. They're cousins.... And we're just boyfriend and girlfriend. Of course, we live together, but we don't have kids....He's not the father of my baby....[the father of the baby is]...only three years older than me, 21 — 22.

[I'm] Sixteen... I'm pregnant....My husband is eleven years older than me. He's 27. He's a little bit too old for me, but still he's nice.... [I've been married for] three weeks.

My baby was seven months old when I met my older boyfriend.... We were friends for about six months. We actually have been together for a year and a half. I told him about my life, because I told him, you don't really know me. I wanted to share everything that I've done, so, he could make his own opinion. He told me everything about his life. He had sex when he was 11, he said it was a beautiful experience. The woman was 40.

...He was much much older than me, but I never thought he was going to do that to me. But I was young. I was just trying to find out my sexuality I guess.....It was a bad thing because [it was the] first time...for me, it was supposed to be special and it wasn't. Because I didn't know this guy. My brother knew him because they were friends....But in the same way I felt it was kind of my fault too. Because after what happened, I thought, I could have said, no, but I didn't, I let it happen. I closed my eyes and the next thing I knew everything was over. That's how everything started.

## II. What Were the Girls' Family Situations?

The focus group participants were asked to describe their families.

...My mom met my dad, she was only 16, my dad was 45....My dad married my mom because it was like illegal...[to] not get married because he was older, much older. So, you have to get married. Then my dad disappear[ed]. I don't know where he is....

....And then I started living with my uncle. From then on, I started doing my own life. I didn't really care about my dad. I don't think he was the way he was supposed to be. He was supposed to take care of me and he didn't the way he was supposed to. I blame it on him and mother. They got separated because both of them was cheating when I was born. When I was born, my father had another woman with a baby and my mother had another man with a baby.

My mother is not in this country and I haven't seen her since I was about 3 years old....And my father, I'm not too close to my father.... [E]ven though [when] I came to this country...and I started to live with him —...I just didn't want to live with him because I didn't like my step-mother. And then I left the house and lived with my uncle. So, I don't really care what my father says, whether he likes it or not. It's none of his business. He doesn't say anything, because he knows that whatever he says, I'm not going to care. He hasn't really given me much support when I need [it], so why should I listen to him.

I don't talk to my father that much. He's a wuss. He and my mom were divorced when I was three. I saw him off and on for a while. I don't like him. My brothers like him, but I don't like him.

## III. Why Were These Young Girls Attracted to Adult Men?

The girls talked about being attracted to men who were mature and who could provide security.

See, when you don't have a father figure in your life and then you have brothers who are 15 [or] 14 and you have a cousin who is 20 and he looks like a child even though he's in college — he acts like a child — you don't think that they're responsible enough to take you seriously. They're not going to pay your rent, they're not going to buy you things for the baby. So, when a man who likes younger women comes to you, the only thing they want is sex. And you don't know that, because they treat you different, they know how to get to you, you know what I mean? It's not like younger boys. They just mess with you. I've seen young friends, you know, how they are, they smoke a cigarette





just to be around a girl, you know. They're children...They don't know how to talk. They say, oh, your hair is so pretty.

...I had a boyfriend who was 45 and he was the most precious person with me. He never did nothing wrong to me. He never disrespect[ed] me. He never put his hand over something that I didn't want him to touch. He asked for permission. He brought me a lot of things, like books to go to school. He helped me with my homework.

...Every boy I've come across that's under the age of 18 or around the age of 18, they don't treat me the way I want to be treated. Because they're still in high school, they're young-minded.

Why [don't I date anyone under 18]? Because boys have a tendency to think that they can run around with a whole bunch of different girls, to see who can do it to the most girls. And I don't go for that. And the older they are, the more mature they are. This other boy is 23, he got a car, he got his own house. He don't mess with nobody else.

Ever since I was 14 - 15, I just always wanted to talk to older boys, because I knew they wouldn't cheat on me. Like, they have a car, they could come and drive me around. Or they had money. They can buy me stuff.

...I know I'm a kid, but I didn't want a kid. I wanted somebody more mature, have more experience. Someone who might take me more seriously. In school, what most people want is maybe to sleep with you. I don't want that. ...Someone that has more experience can tell you — it's up to you if you want to listen to them or not, but you can get a good point of view from a person who is older than you.

## IV. The Impact of the Girls' Pregnancies and Relationships with Older Males

Pregnancy has many consequences, including the reactions of the teen, partner and the teen's family. Sometimes, the pregnancy brought the relationship to the attention of the family for the first time. Their pregnancies also impacted on their relationships with their partners, both negatively and positively.

*Reaction to Relationship and Pregnancy by Family Members*

The reason my mother doesn't like me to date older men is because my dad was 20 years older than her. And he already had three kids, my three older brothers. She says an older man wants you to cook for them, clean, do a lot of things, but they don't treat you right sometimes. And she's afraid that might happen to me. And it did happen...

My dad, he's not too happy with the idea because I'm his oldest daughter. And I'm the only girl. And he was expecting for me to grow and go to school. He just has to accept the idea that it doesn't have to be like that. He thought I was too young.... [My boyfriend] was asking to move in with him. My relatives were getting on my nerves and they were telling me they would send me back to my dad and I don't want to go because of my step-mother, so, he says I could go live with him, so I did.

The main reason [my mother made me move] was because all her friends and relatives are from there. And she didn't want people coming by and saying, oh, your daughter's pregnant, she's only 15.

....The baby's father, when I call him two months later to tell him that I was pregnant, he said, that baby is not mine. He treat me like a bitch. He said I was drunk and I did everything he wanted me to do, I didn't say, no. That hurt my feelings.

My mother wanted me to have an abortion. She didn't want me to have a baby. And she tried to kick me out of the house. She packed all of my things out....I wrote her a big letter saying that I ....needed her....I don't want you to kick me out because I know I've done something wrong...I have nowhere to go and I need you....I need some support from you and I can't go out of your life just like that. And she said, I want you to have an abortion. And I was already six months pregnant and I didn't know it. And, so, we went to the doctor and she found out and she said she wanted me to have an abortion and I said no, I can't. I'm not going to have an abortion.

My mother was — she was mad. But she didn't tell me to get an abortion. She just told me, whatever you want, have the baby or whatever. I wanted to have an abortion, but it was too late. And then I was going to give [my son] up for adoption, but I didn't...

My mother wanted me to give up my son for adoption. But when my son came out of me and she saw him, she started crying, because he looked just like me, he have my feet, my toes. And he looks kind of like my mom. And she said — and I was mad with her — please don't give up your son for adoption....And I started crying and I said to my mom — because she used to humiliate me when I was pregnant — ....Like to say that I was ugly. She said, you're getting too fat, I don't like you, stay out of my sight, things like that. And then I have my son and everything changed.

*Impact of Pregnancy on Relationship with Partner*

I'm not with my baby's father....I did not finish school because of him. He wanted me to be in the house, cook for him....I did not go back to school until this year. I dropped out for two years. And my baby hasn't seen his father over four years, because [he] will be four in September. He don't know his father, his father don't know [him].

I ain't with my baby's father, because I don't like him very much. He's a wuss....He was in college then and he called me because he had heard I was pregnant. And he asked if I was pregnant and I said, no. He said, I'm glad I'm not having any kids. Then he found out that I was for real and he called me back and said why didn't you tell me. I said, it isn't any of your business. He said, well, I'm glad I'm not having a baby and that ain't mine and I said, all right, fine. I don't care. So, I just don't talk to him. He came to see him once.





**PARTICIPANT 1** If your son asks where is his father, what are you going to tell him?
**PARTICIPANT 2** That his father didn't want anything to do with him. I'm not going to lie to him.
**PARTICIPANT 3** Do you think it would have made a difference if you went to him and said, guess what, I'm pregnant?
**PARTICIPANT 2** No. He's not that type of person....he would have done the same, regardless of how I went about [it]. He'd say, well, that ain't mine, let's go get a blood test, and I wasn't going through all that. If he wasn't going to claim his baby, I wasn't going to force him to. Because it's like I'm pushing something on him that he don't want and it's going to make me feel like he only around his son out of pity and that will look bad to my son. So, I was like forget it, he doesn't want nothing to do with it. He's got all my family to love him, he don't need his father. So, I don't care....I don't want his money. I got two jobs. I don't need his money.

**PARTICIPANT 1** What are you going to tell your baby?
**PARTICIPANT 2** I told him already. Because he knows. He's three years old, he asks about his father and I say he's [in another state], working, whatever. I'm not going to lie. I know later on, I'm going to tell him what happened. Because right now he won't understand what happened when I was 13.

**PARTICIPANT 1** If your son wants to see his father, are you going to let him see him or not?
**PARTICIPANT 2** It's up to him whether or not he want[s] to see him. I don't want him to. And I'll tell him that, I don't want you to see your father, but you can, that's your choice. I'm not going to say to him, no you cannot see your father.
**PARTICIPANT 1** What happens if he asks you did my father try to help you?
**PARTICIPANT 2** He didn't try. He denied his baby.

When I first met [my son's father] it was good. He said he was going to buy me this, buy me that. And he was going to be married with me and he was going to do this, do that....He was 20. I thought he was going to be true. But it's just different when you live [with a man] that's older than you. Because you don't love him. I didn't know that I was going to be pregnant, I didn't know I was going to get probably AIDS....

[The baby's father] works from Monday to Sunday. He's a chef. I don't see him, only at night. Sometimes he takes a day off from work. I told him I would work, but he said, no, you have the baby. He says, I'm the man, I'm supposed to take care of you. I let him. I tried to get a job, but he's like, no, no! I feel nice because I feel like I have someone that really takes care of me.

*Negative Consequences of Relationships with Adult Men*

He was very strict, didn't want me to go out, didn't let me dress the way I used to dress, he wanted me to wear baggy clothes.

Well, he abused me...when I didn't do what he asked me to do. Like I said, he didn't let me finish school and he didn't want me to hang around with my friends....I

went back with my mother when he started hitting me....[He hit me because] I didn't like [to] cook, when I wanted to go out he didn't want me to go out with my friends.

...[H]e don't want me to go out, have friends. He don't want my mom telling me what to do. He just wanted me to be at home cooking, cleaning. He didn't care if I didn't shave my legs. He didn't want me to wear make-up, not even outside. So that means he was abusive. If I was going to stay with him for the rest of my life, somewhere in that point, he was going to hit me and I knew it. So, I'm glad he left. Also, he wanted to hit my son once and we had an argument.

I didn't ask him [about AIDS]. We used protection. But then when I got pregnant, we had to get the test. I'm like, if I have it, it's your fault. And if I have it, I'm going to have to have an abortion, because I don't want my kid to come out like that, I prefer not to have them being born with that. So, we went and took the test and none of us had it.

I think that every man that has been around me, the only thing they want is sex....I can't trust nobody after what I've been through.

*Positive Consequences of Relationships with Adult Men/Pregnancy*

You can talk about responsibilities. I'm under age since the day I moved in to live with him, he has always taken care of me. There hasn't been a day where there's no food in the house, you know. Since I got pregnant, he's paying for all the stuff with the clinic. He has been taking really good care of me. He has never tried to do nothing bad to me. Especially, as I told you before, the way I used to be and the way I am right now — ....[I was] A gangster. If it was something bad, then I would still be the same, even worse. On the contrary, he's doing something good, because he's trying — he tried to get me away from other stuff, he has helped me a lot, to do good things.

I used to hang around, out late with my friends, go out, mess around with somebody....And now I've changed because I'm a mother. I don't do that stuff no more. I go out, but not messing around....I used to cut school every day. And now I don't. When you have a child, it's just different, your whole life change[s] and you can't do some stuff that you used to do.....

...Before I got pregnant, I didn't do anything but like run the streets and smoke weed and drink all day long. That's how we — every day go to the clubs, go to parties, stay out til 5 - 6 o'clock in the morning. We'd have bets on who could book the most boys. We'd just go out, we always had fun, we'd go driving around all night and just see who could book more boys. That's how we do it and smoke and drink all day long....[booking is to] Get boys' phone numbers.... I would still be in the streets at 4 o'clock in the morning. We'd sell drugs, I'd still be doing all that stuff. We used to skip school. I didn't go to school for like weeks at a time. We'd go riding around, smoking weed, getting drunk, that was our schedule all day long every day. Now, I've got two jobs. I go to school every day. I missed three days this whole year. I go out every once in a while, but it's not like that any more because I don't have time to, because I have so much other stuff in my life to handle. I know if I went out like I used to, I'd just get in too much trouble, I'd end up in jail or dead or something. Because I've seen people get killed like right there. I saw a boy get shot right there. And I know if I was still doing what I used to do, I could be the one shot or in a hospital or in jail or something. My son has changed my life so much, it's crazy.

I think I'm very mature....because of the fact that I had a child and grown up, you know, to be more responsible. I do less things than what I used to do when I was younger and in high school. We used to go out, have fun, drink. I have to work for what I want.

I'm glad I don't have HIV. I'm trying to take care of myself for him [baby]. I'm trying to research my insides, so I could kind of know what I like and what I don't like. And to learn about my body and the things that I feel and how to get them out, not drinking, not using drugs, not sleeping with a lot of people, not upsetting my mother.

....I don't want to have another baby. I just have one hope, after I graduate, I'm going back to my country. I think everything is going to be different. I want to go away by myself.





## V. Reporting of the Girls' Sexual Relationships

Prosecutors interviewed for this project identified reluctant victims as the most pressing barrier to holding adult men accountable for their sexual involvement with young teen girls. And service providers voiced strong concern about the "chilling effect" reporting would have on girls' willingness to remain in service delivery programs if they knew their adult boyfriends would be reported to authorities. The focus group discussions addressed these issues, and provided two possible explanations for the girls' reluctance: (1) the void in their lives produced if their male partners were incarcerated, and (2) the conflict caused when controlling and abusive men re-enter their lives as visiting fathers. Adolescents who opposed prosecution of adult men indicated they did not want the father of their children incarcerated, and they were also concerned prosecution would give men from whom they had escaped "a reason" to return. Likewise, adolescents did not see the practical nature of sending the men to jail.

You know, because of the police, my baby would end up not having his father around.

Even though the boyfriends I had got on my nerves, I wouldn't rat them out.

I would not tell them anything....Because I don't like police. They arrest people for the wrong reasons....[If it wasn't reported by the girl] [t]hen obviously that person didn't want to tell them....I know if the police came to me...I'd say, well, that's none of you all's business....[I wouldn't report even to get

child support]...because I don't want anything from him. I'm doing fine on my own. I don't need anything from him. Because my mom, she's been pushing that since day one....Yeah, go get child support from him. For what? I don't need his money. He is nothing to me. As far as I'm concerned, he's nothing to me or my son. I don't want him to see him, I don't want him around him. I don't want anything from him. I don't want him to have anything to do with me. I want him to have no reason to call my house, come in my house, anything like that. I don't care about him.

It causes more problems than what's necessary. That means that he's going to be dragged to court, then I'm probably going to have to come in or say something to somebody and then it's going to go on for months and months and months. And that's going to cause more complications in my life.

I don't know. See that was the thing that I was kind of afraid of, because we live in a house with my husband's cousins and like his cousins, okay, they do crazy stuff and the police sometimes comes and looks for them and be asking stuff about them. Every time the police come to the house — ...what am I going to say. I'm not in school, not with my parents, I'm with someone who's a lot older than me. It will be hard for me, because it's not like I'm with him because he's forcing me to be with him.....I'm with him because I'm happy with him and I like the way it is being with him. If the police were to do that, practically they would be doing something bad. Because even if it was three weeks ago, you know, I was pregnant three weeks. And, you know, because of the police, ...my baby would end up not having his father around. And I wouldn't like that too much. They don't care. It'll make it worse....It makes things worse.

Especially if you talk to a social worker.

Yeah, if they start getting involved, getting other people to tell how your life is. They try to find other people who's with you to tell you the stories....And that doesn't even help. The only way I would get somebody involved is only if it's an abuse case and that it's happening right now. But with something that happened a long time ago — I'm fine with the person I'm with and why should I get somebody involved.

### Some Last Words

**Participant 1** But what I've seen — you all that don't live with the guy — it's like even though — they done bad stuff to you and everything. But also I've seen that you have one thing to thank them for. Because if it wasn't for the kids, you would still be the same as you were before....They did something bad to you, but you got you something good out of it.
**Participant 2** I wish not that soon.
**Participant 3** Maybe that's the only thing that would have made you change.



## SYNTHESIS OF FINDINGS

Several themes were explored with all participants in the research: the life circumstances of the young teen girls; descriptions of the adult men involved with young teen girls; the societal context for the sexual relationships; reporting sexual relationships to authorities; and teenagers' cooperation with authorities.

### Life Circumstances

There were several areas of agreement across the findings, primarily with respect to the life circumstances of the girls. Both the service providers and teenagers described single-parent families, lack of a consistent or positive father-figure, early childhood sexual molestation, dysfunction in the families, and intergenerational teen motherhood. The prosecutors, service providers and teenagers all discussed the impact of the culture of origin on parental or community tolerance for teen/adult relationships. There was one area of disagreement — while service providers reported that there is much familial support for these relationships, the teenagers reported their mothers were unhappy with the relationship or pregnancy.

### The Men and the Relationships

Prosecutors and service providers described the most common relationships as primarily between girls approximately 14 years old and males in their 20s. Service providers and teens agreed that security (money, a place to stay) attracts young teens to adult men, because older men may offer the teens a more positive situation than the home they come from. Most of the men were described across the findings by prosecutors and providers as controlling and emotionally abusive, but also as coming from similar circumstances as the teen girls. Relationships were described as more or less short term, often ending during or immediately following a birth. However, some providers, prosecutors and teens did report men who were employed, supportive, and who had functional, continuing relationships with their young teen partners and any offspring; these men were described as exceptions to the rule.

### Social Response

Both prosecutors and service providers discussed the larger social context in which these relationships take place, but they had alternative approaches to addressing the issue. Prosecutors said that prosecution sends a message to communities and may reduce the number of unlawful relationships, while service providers believe more education (on sex and relationships) plus counseling and employment support for girls and boys are better tools for prevention. In addition, while prosecutors report that juries often hold these cases in disregard, many reports to law enforcement and child protective services are from parents and school/medical personnel

### Response by Authorities

About half our prosecutors reported they take almost all or most of the cases that are brought to their attention, but service providers say their reports are often ignored or laughed off. In addition, service providers are concerned about the "chilling effect" of reporting the relationship to governmental agencies, and the teens confirm that agency

interference in their relationship would jeopardize participation in the programs designed to help them.

### Cooperation with Authorities

Prosecutors and service providers report these girls do not see themselves as "victims" and are therefore uncooperative in reporting to child protection or criminal justice agencies. The teens disclosed very specific reasons for not wanting to cooperate, including the void left in their lives if the male is incarcerated and the conflict caused when controlling/abusive men re-enter their lives by paying child support and getting to visit with their kids.

## CONCLUSION

To deal effectively with the issue of adult men in sexual relationships with young teen girls, public policies must focus on older men who seek out these relationships; parents must become more aware of ways they can protect girls from sexual exploitation; and the media must do more to promote societal disdain of May-December romances involving children who, developmentally and chronologically, are too young to be having sex.

There must be **accountability** for men sexually involved with young teens, rather than the impunity they have historically been afforded.

We hope this report helps raise public and professional awareness of this complex social problem.



## ENDNOTES


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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

MEMORANDUM TO ANDREA KANE OF THE DOMESTIC POLICY COUNCIL

FROM: Barbara Broman
Director, Children and Youth Policy/ASPE

SUBJECT: DHHS Activity on Teen Pregnancy

DATE: December 10, 1997

As Ann Rosewater and I discussed, enclosed are materials that will give you a more detailed view HHS teen pregnancy prevention efforts. Also, below we have provided you a summary of that discussion, with a few more added details.

PRWORA required the Secretary to establish and implement a strategy to (1) prevent non-marital teen pregnancies and (2) assure that at least 25% of communities have teen pregnancy prevention programs in place by January 1, 1997. The strategy was released in January 1997 and was the subject of the President's radio address the first week in January. On June 30, 1998, the second report to Congress is due, and reports are due each year thereafter for the next five years. The January 1997 report to Congress set the framework for our efforts. It focuses on strengthening the national response to preventing teen pregnancies through increasing opportunities through welfare reform, supporting promising approaches, building partnerships, improving data collection, research, and evaluation, and disseminating information on innovative and effective practices. The report estimated that, through HHS support, at least 30 percent of communities across the country already have teen pregnancy prevention programs in place. This was a conservative estimate and it did not attempt to assess the effectiveness of the programs or the number of teens reached.

The Secretary asked ASPE to implement the National Strategy to Prevent Teen Pregnancy to give the ongoing activities throughout the Department coherence. The Workgroup is actively engaged in the following areas: (1) improving research, evaluation, and data; (2) reaching adolescent girls ages 9 to 14; (3) engaging boys and young men; (4) serving teens with disabilities; and (5) moving teen parents towards self-sufficiency. We are also monitoring implementation of the various provisions of the welfare law noted above and undertaking other related HHS programmatic activities. A copy of the National Strategy is enclosed. We have also enclosed an updated summary of activities which we provide to Secretary Shalala on a quarterly basis.

PRWORA also had several provisions intended to impact the prevalence of teen pregnancies. Unmarried minors are required to live at home or in another adult-supervised setting. TANF also introduced an illegitimacy reduction bonus. Starting in FY 1998, PRWORA provides $50 million a year through the Maternal and Child Health Block Grant to enable states to provide abstinence

education with the option of targeting the funds to high risk groups (i.e., groups most likely to bear children out-of-wedlock). The Balanced Budget Act of 1997 provided for $6 million over two years for an evaluation of the Abstinence Education Program.

In addition these activities, the Department supports a variety of other programs to help communities develop teen pregnancy prevention strategies. However, since the multiple challenges adolescents face are often interrelated, programs that emphasize other high-risk behaviors (e.g., alcohol and drug abuse, school drop out) are also related to teen pregnancy prevention. Current Department efforts include family planning grants, maternal and child health programs, adolescent health programs, runaway and homeless youth programs, and alcohol and drug abuse prevention programs. A listing of the Department's programs that address teen pregnancy prevention is on page I-1 of the National Strategy. As we discussed over the phone, we have and will continue to reach out to other federal agencies that support youth.

Research, evaluation, and data activities in this area are extensive. Agencies involved include CDC/NCHS, NIH/NICHD, and ASPE. ASPE funded two well-received reports. In 1995, we funded Child Trends, Inc. to do a comprehensive review of the most recent literature on teen sexual behavior, pregnancy, and parenthood and the effectiveness of teen pregnancy prevention programs (*Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy and Parenthood)*. ASPE, along with NICHD and NCHS, also prepared the September 1995 *Report to Congress on Out-of-Wedlock Childbearing* requested by Senator Monihyan. The report includes the current status and trends in nonmartial childbearing and presents a series of supplemental papers from experts from various social science disciplines. HHS' statistical and surveillance activities provide much needed data that stimulates research throughout the country. Enclosed are the executive summaries of both of these reports. Also enclosed are the papers from the Northwestern University/ University of Chicago Joint Center for Poverty "Synthesizing the Results of Demonstration Programs for Teen Mothers" and the article "Protecting Adolescents From Harm: Findings from the National Longitudinal Study on Adolescent Health" published in JAMA.

As you know, in the President's January 1995 State of the Union Address, he described teen pregnancy as our most serious social problem. As a result, the President announced his support for the establishment of a non-profit, non-partisan National Campaign to Prevent Teen Pregnancy. The Campaign's goal is to reduce the pregnancy rate among girls 17 and under by one-third by 2005. We are working closely with the National Campaign. Specifically, we are funding the Campaign to create a "tool-kit" to assist communities build and strengthen teen pregnancy prevention partnerships.

If you have any questions, please call me at (202)690-6461.

Attachments

cc: Margaret Hamburg, M.D.
Ann Rosewater

# *SUMMARY OF ACTIVITIES AND PRODUCTS THAT FALL UNDER THE NATIONAL STRATEGY TO PREVENT TEEN PREGNANCY*

## *SPECIAL INITIATIVES*

- ***Expand the Girl Power! campaign***. On October 15, 1997 Secretary Shalala awarded almost $1 million to four community based projects and one national consortium to help prevent teen pregnancy, substance abuse, and other dangers and promote healthy behavior and development among 9 to 14-year-old girls. The community projects receiving funding include Girls Incorporated of Memphis, Memphis, TN.;Youth and Family Services, Inc., Rapid City, SD; Crispus Attucks Association, York, PA; and the City of Madison, Madison, WI. Healthy Mothers, Healthy Babies Coalition, Inc., Washington, D.C., received the award to operate the national consortium to provide technical assistance and consultation to the four funded communities as well as to others interested in developing their own locally funded Girl Neighborhood Power (GNP) projects. GNP is managed by the Maternal Child Health Bureau (MCHB), with funding for the initiative provided by HRSA, ACF, CDC, OPA, and NICHD.

- ***Initiate a broad partnerships building process to identify and strengthen partnerships that empower communities to work together to reduce teen pregnancy.*** On July 29, 1997 over seventy national organizations representing various youth issues, along with representatives from nine federal agencies joined over fifty staff from nearly every HHS division, including representatives from five regions in a working meeting on teen pregnancy prevention. This meeting was the beginning of a broader strategy that engages national, state, and local stakeholders in the process of identifying and strengthening partnerships that will help reduce teen pregnancies. As part of the effort, Cornerstone Consulting Group is developing technical assistance papers that will describe various methods and substantive activities for building and sustaining partnerships to accomplish a broad range of teen pregnancy prevention and community change efforts. These will be disseminated to participants of the consultation process, their networks, as well as a wide range of other interested parties. This effort was developed by all members of the intradepartmental workgroup, and financially supported by ASPE and ACF.

- ***Fund The National Campaign to Prevent Teen Pregnancy's "Tool-Kit" for developing teen pregnancy prevention partnerships.*** The National Campaign will create a technical assistance document for stakeholders on what is needed to develop a sustainable teen pregnancy prevention program and what its activities might include. The types of information included in this technical assistance document would include, but are not limited to, how to handle conflict around teen pregnancy prevention, needs assessment, and a review of the evidence of promising local programs. This "tool-kit" will be completed by July 1998.

- ***Address the special challenges in preventing pregnancies among teenagers with disabilities.*** A paper, to be completed by December 1997 by the Minneapolis based Pacer Center, will describe teen pregnancy prevention programs that target or include teens with disabilities and make recommendations for program activities, research, and data collection and analysis. A more active dissemination of existing disability awareness materials to mainstream teen pregnancy prevention programs will also be a critical part of this effort. During the session on disability at the July 29th meeting, expert speakers pointed out the importance of taking cognizance of disabilities in the teen pregnancy prevention programs and materials, focusing particularly on youth with learning disabilities and developmental disabilities. This project is funded by MCHB.

- ***Increase our understanding about motivation and decision-making behavior of boys to develop effective prevention strategies***. The purpose of this project, which was recently awarded by ASPE to South Carolina State University, is to identify abstinence based pregnancy prevention programs that target boys or both boys and girls. Traditionally, adolescent pregnancy prevention research and programs have focused on adolescent girls. It is becoming increasingly clear, however, that adolescent boys and young men must share that focus. To date, there is limited information about the abstinence models that exist, especially for boys, and even more limited evaluation information that can identify the effectiveness of this approach. Identified programs and teen pregnancy prevention literature will be used to develop a framework to assess the types of programs and their impacts. Information on strategies will be disseminated to state, local and community policy-makers.

*RESEARCH, EVALUATION, AND DATA*

- ***Released on September 11, 1997 NCHS data show declining teen birth rates.*** Highlights from preliminary statistics released by the National Center for Health Statistics (NCHS) include the following:

  - The U.S. birth rate for teenagers in 1996 was 54.7 births per 1,000 women aged 15-19 years, down 4 percent from 1995 (56.8). The teenage birth rate has declined by 12 percent since 1991 (62.1).

  - Birth rates for teen subgroups 15-17 and 18-19 years have declined as well, with greater declines for younger teens.

    - ➜ The rate for teens aged 15-17 was 34.0 per 1,000 in 1996, 6 percent lower than in 1995 (36.0), and 12 percent lower than in 1991 (38.7).

    - ➜ The rate for older teens 18-19 years declined 3 percent from 89.1 per 1,000 in 1995 to 86.5 in 1996; this rate has dropped 8 percent since 1991 (94.4).

- Birth rates for black teens 15-17 have greater declines than other groups.

  ➜ Teen birth rates for ages 15-19 dropped 3-5 percent between 1995 and 1996 for white, black, Asian or Pacific Islander, American Indian, and Hispanic women.

  ➜ The rate for black teenagers 15-17 years declined 7 percent between 1995 and 1996, and 23 percent between 1991 and 1996.

- ***Improve data available for states.*** NCHS published on September 12, 1997 state-specific teen birth rates for 1995 and the percent change in teen birth rates by state for 1991-95 in the *Morbidity and Mortality Weekly Report*. This will update NCHS' report of state-level teen birth rates for 1990-94 which was published in December 1996, and released by President Clinton in his weekly radio address focusing on teen pregnancy. The new data show that rates declined in every state, however in five states declines were not statistically significant. Statistically significant declines range from 4% (Texas) to 27% (Vermont).

- ***Issue new findings from Add HEALTH that provides comprehensive view of adolescent behaviors and health outcomes***. The first report of the results from the Add HEALTH survey were released in a JAMA article on September 10 which indicates that a feeling of personal connection to home, family, and school is crucial for protecting young people from a vast array of risky behaviors, such as cigarette, alcohol, and marijuana use, violent behavior suicide and sexual activity. The initial results reported in JAMA reflect a broad-ranging analysis that uses that portion of the Add HEALTH data that were first available to researchers - mainly information from the first in-home interview with adolescents. It paves the way for many future analyses (expected to continue for a decade or more) using the full range of data collected by the study and exploring how family, peer, school, and community influences affect different kinds of adolescent behaviors and health outcomes.

- ***Issue paper on teen sexuality, contraception, and pregnancy.*** NCHS will produce an in-depth paper on what the 1995 National Survey of Family Growth (NSFG) tells us about teen sexuality, contraception, and pregnancy for release in Spring 1998. The first report of data from this survey (including some data on teens) was announced on May 1st.

- ***Examine prevention efforts in the HIV/STD field and their impact on teen pregnancy prevention.*** The project "Preventing Teen Pregnancy, HIV and STDs", recently awarded by ASPE to Howard University will examine the lessons learned from efforts to prevent HIV infection and other sexually transmitted diseases (STDs) among adolescents and their potential applications to preventing teen pregnancy. This project will also lay out areas for future research to develop a vision for integrating these prevention activities. The contractor will be asked to develop an "issues" paper to be discussed in a workshop format with experts

in these fields. The project will be completed in Spring 1998.

- ***Issue study on preventing abusive intimate relationships among adolescents***. The project, funded by ASPE and ACF, will involve a literature review as well as analysis of data sets concerning adolescent partner violence. Focused discussion groups will include health care providers, experts on adolescents and teens to identify promising approaches to prevention and intervention concerning abusive adolescent relationships. The study will also identify data needs in this area. This project will be completed in January 1999.

- ***Award funding the National Academy of Sciences to convene a workshop on adolescent decision making.*** ASPE is funding the National Academy of Sciences to convene a workshop and prepare a summary report of the workshop by June 1998 to: (1) identify the major lessons learned from the last decade of research on adolescent decision making, particularly as they bear on efforts to reduce high-risk behaviors among adolescents; (2) discuss the results of research on efforts to intervene in adolescent high-risk behaviors; and (3) discuss the implications of this research for alternative approaches to reducing high-risk behavior among the nation's youth, particularly in the areas of substance abuse, smoking and sexuality. This workshop will examine the substantial new body of research on adolescent decision making that can inform the National Strategy, the Secretary's youth smoking and drug use initiatives, and Girl Power! and assure that a common framework is underlying each of them.

*PROGRAM IMPLEMENTATION*

- ***Implement the State Abstinence Education Program.*** MCHB reviewed 54 applications for the FY 1998 $50 million state abstinence education activities. All 50 States, the District, Puerto Rico, Virgin Islands, and Guam applied. Review of the plans was completed by September 15 and awards have been made. In the recently enacted Balanced Budget Act of 1997, $6 million was provided over two years to evaluate abstinence education programs.

- ***Implement the Adolescent Family Life Abstinence Education Grants.*** The Office of Population Affairs received $14.2 million in FY 1997 under the Adolescent Family Life Act. $9 million was marked for abstinence demonstration projects utilizing the abstinence definition found in the Welfare Reform Bill. The remainder was utilized to continue funding 17 existing prevention and care grants. Application for the $9 million in grant funds have been received and reviewed; all awards will be made prior to the end of September 1997. $1 million was awarded August 1, 1997 to 22 new grants to support grass roots and community organizations in the development of projects. The remainder (approximately $8 million) will be used to support 40-45 new local or state-wide prevention demonstration projects.

- ***Implement the Title X Family Planning Male Involvement Grants.*** The Office of Population Affairs awarded ten new research grants, amounting to $2 million, through the

Title X Family Planning program, to support male-oriented organizations in developing, implementing and testing approaches for involving young men in family planning education and reproductive health service programs. Grants ranging from $100,000 to $250,000 have been awarded to: Benvienidos Child Center, Altedena, CA; Action for Boston Community Development, Boston, MA; National Organization of Concerned Black Men, Inc., Washington, DC; University of North Carolina at Greensboro, NC; Quitman County School District, Marks, MS; 100 Black Men of America, Inc., Atlanta, GA; Challengers Boys and Girls Club, Los Angeles, CA; Brooklyn Perinatal Network, NY; Concerned Black Men, Philadelphia Chapter, PA; and Fifth Ward Enrichment, Houston, TX.

- ***Community Coalitions to Prevent Teen Pregnancy.*** Over the last year and a half, 13 communities in 11 states have been working through cooperative agreements with CDC to develop program models and community action plans for the prevention of teen pregnancy. They have also been field testing promising intervention strategies to assess their potential local impact, the degree of local support for the intervention, and the potential to expand the intervention into other communities. Beginning in FY 1997, funds will be used in communities to implement and evaluate the community action plans. These funds will not be used for direct services but rather communities are expected to mobilize local resources for the continuing support of their community action plan. An evaluation strategy is part of this effort; process evaluations are required of each community and a smaller number of communities are participating in an outcome/impact evaluation.

- ***Implement the Illegitimacy Bonus.*** The draft proposed rule is in clearance; the NPRM incorporates technical amendments passed as part of P.L. 105-33. These technical amendments specified the use of calendar year rather than fiscal year data, and specified that reductions in out-of-wedlock births will be measured using the "illegitimacy ratio" where "illegitimacy ratio" is defined as the number of out-of-wedlock births occurring to mothers residing in the State divided by total births occurring to mothers residing in the State. The technical amendments also specified that the territories of Guam, the Virgin Islands and American Samoa will be treated differently than other States under the bonus. These territories would not affect the ranking of the other States, and the size of their bonus if they qualify would be limited to 25% of their mandatory ceiling stated in the PRWORA.

- ***Release study on the Implementation of Teen Parent Requirements.*** This project, to be released in December 1997, examines the implementation and operation of programs for teen parents enacted as part of welfare reform demonstrations in Massachusetts, California, Virginia and Arizona. These include provisions similar to those in the Welfare Law that require minor parents to live at home and teen parents to stay in school. These four States have experience implementing these requirements and the study will provide operational lessons that will be valuable to other state and local program administrators. It includes descriptions of the measures taken in each of these States, as well as an in-depth discussion of critical issues related to implementation of teen parent initiatives.

- ***Provide technical assistance to states implementing the Temporary Assistance for Needy Families (TANF) program***. ACF will collect information from states on their activities around the teen parent requirements in the welfare law and identify technical assistance needs. This effort will primarily focus on secondary pregnancy prevention targeted to teen parents receiving TANF assistance. Technical assistance will be provided through the dissemination of information using research findings and best practices, and building on existing collaboration models.

National Academy of Sciences

**Workshop on Adolescent Decision Making**

January 6-7 1998

Efforts to reduce teen marijuana use, smoking, and pregnancy are not new, but they are now being debated in a policy climate characterized by frustration at past attempts to address high-risk teen behavior and renewed efforts to take relatively strong actions to reduce these behaviors. Each of these issues points to the need for early intervention focused on preventing the initiation of high-risk behaviors and diverting youth who have initiated these behaviors towards more constructive life options. Several Presidential and Secretarial priorities focus on adolescent decision making regarding, smoking, sex, and drug use. All envision new information campaigns designed to influence adolescent lifestyle choices (e.g. Girl Power!).

As these campaigns have been discussed, questions have repeatedly been raised regarding the knowledge base that underpins our strategies to influence adolescent decision making. Fortunately, there is a substantial new body of research on adolescent decision making that can inform the strategy and content of these important initiatives and assure that a common framework is underlying each of them.

This project will convene a workshop and prepare a summary report of the workshop to :

(1) identify the major lessons learned from the last decade of research on adolescent decision making, particularly as they bear on efforts to reduce high-risk behaviors among adolescents;

(2) discuss the results of research on efforts to intervene in adolescent high-risk behaviors; and

(3) discuss the implications of this research for alternative approaches to reducing high-risk behavior among the nation's youth, particularly in the areas of substance abuse, smoking and sexuality.

The National Academy of Sciences' Board on Children, Youth, and Families was created in 1993 to provide a national focal point for authoritative, nonpartisan analysis of child, youth, and family issues relevant to policy decisions. It also provides a strong background in the cross-cutting nature of the issues at hand. Established under the joint aegis of the National Research Council (NRC) and the Institute of Medicine (IOM), the Board is uniquely positioned to bring to bear the collective knowledge and analytic tools of the behavioral, social, and health sciences.

Date: Wednesday, Oct. 15, 1997
FOR IMMEDIATE RELEASE
Contact: HRSA Press Office (301) 443-3376

# HHS Awards $1 Million To Build Bright Futures For Young Girls

HHS Secretary Donna E. Shalala today awarded almost $1 million to four community-based projects and one national consortium to help prevent teen **pregnancy**, substance abuse, and other dangers and promote healthy behavior and development among 9 to 14-year-old girls. She made the announcement at a conference in Washington D.C., entitled "Creating Safe Passage for Youth," sponsored by the National Campaign to Prevent Teen **Pregnancy**, the National Urban League, and Girls Incorporated.

"As they enter adolescence, too many girls lose confidence, become vulnerable to negative influences, and begin to engage in risky behaviors that could cost them their health and even their lives," said Secretary Shalala. "With these grants, communities can work together to help young girls stay healthy, stay active, and make the most of their lives."

Community projects receiving funding include Girls Incorporated of Memphis, Memphis, Tenn.; Youth and Family Services, Inc., Rapid City, S.D.; Crispus Attucks Association, York, Pa.; and the City of Madison, Madison, Wis.

Healthy Mothers, Healthy Babies Coalition, Inc., Washington, D.C., received the award to operate the national consortium to provide technical assistance and consultation to the four funded communities as well as to others interested in developing their own locally funded Girl Neighborhood Power projects.

These awards are part of Girl Power!, a national public health campaign sponsored by HHS to help educate and encourage girls to stay away from dangers like tobacco, **pregnancy**, and eating disorders and build confidence in sports, academics, and other endeavors.

Studies show that girls experience adolescence differently than boys. They are less likely to be physically active, and more likely to be depressed, to have a negative body image, and to attempt suicide. During this pivotal period, girls often lose self-confidence, performing less well in school, ignoring their own interests and aspirations, and becoming more vulnerable to negative outside influences and to mixed messages about risky behaviors.

Girl Neighborhood Power: Building Bright Futures for Success is a 5-year effort to demonstrate how state and local agencies, organizations, businesses and communities can work together to improve the health, education and well-being of adolescent girls. The Girl Neighborhood Power program is administered by the Health Resources and Services Administration, an HHS agency. It is funded through the Maternal and Child Health Special Projects of Regional and National Significance program.

The Girl Neighborhood Power effort is intended to help girls with physical activity, nutrition, health education, abstinence, mental health, social development, community service and future careers.

"Adolescence is a critical transition period from childhood to adulthood," said Claude Earl Fox, M.D., M.P.H., acting administrator, Health Resources and Services Administration.

"Community-based and community-driven, these grants address the unique needs and challenges that young girls experience during adolescence."

To receive funding, the four community-based projects demonstrated how a coalition of agencies, families, businesses and volunteers would work together to promote the well-being of girls in their neighborhoods and how their projects would be sustained by community investment following the conclusion of federal support.

A list of the grantees and funding is below.

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Note: HHS press releases are available on the World Wide Web at: http://www.hhs.gov.

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**HRSA's Special Projects of Regional and National Significance grantees and funding are:**

| Grantee | Funding |
|---|---|
| **Community-based Projects** | |
| **Girls Incorporated of Memphis, Memphis, Tenn.** | $200,000 |
| **Youth and Family Services, Inc., Rapid City, S.D.** | $200,000 |
| **Crispus Attucks Association, York, Pa.** | $197,384 |
| **City of Madison, Madison, Wis.** | $200,000 |
| **National Consortium** | |
| **Healthy Mothers, Healthy Babies Coalition, Inc., Washington, D.C.** | $200,000 |
| **TOTAL** | $997,384 |

The Office of Population Affairs has awarded ten new research grants, amounting to $2 million, through the Title X Family Planning program, to support male-oriented organizations in developing, implementing and testing approaches for involving young men in family planning and reproductive health service programs.

Experience has shown that it is often difficult to draw males into these programs. Research has shown, however, that males believe family planning is a joint responsibility, that female contraceptive use is strongly influenced by the male partner, and that increased efforts to involve males in family planning may be successful. These grants are intended to support a variety of approaches that will bring family planning education and service components to where males are already receiving other health, education, and social services. Grants ranging from $100,000 to $250,000 have been awarded to:

Benvienidos Child Center
Altedena, CA

Action for Boston Community Development
Boston, MA

National Organization of Concerned Black Men, Inc.
Washington, D.C.

University of North Carolina at Greensboro
Greensboro, NC

Quitman County School District
Marks, MS

100 Black Men of America, Inc.
Atlanta, GA

Challengers Boys and Girls Club
Los Angles, CA

Brooklyn Perinatal Network
Brooklyn, NY

Concerned Black Men, Philadelphia Chapter
Philadelphia, PA

Fifth Ward Enrichment
Houston, TX