

Teen Relationships: The Good, The Bad, and The Ugly

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Experts in pediatrics, Advocates for children. 1

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Disclosure

- No disclosures about the content of this presentation




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Learning Objectives

- Review adolescent growth and development pertaining to sexuality
- Distinguish between healthy and unhealthy relationships in adolescents
- Examine signs of sexual assault in adolescent females and males



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Adolescent Sexuality and Development

- Period of rapid growth
- Self image and personal identity
- Learning their body's response to stimulation
- Develop a moral significance



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Statistics

- In a survey for US high school students:
 - 34% have had sexual intercourse
 - 9% had 4 or more partners
 - < 10% had an HIV test
 - <10 % had STI testing this year
 - 46% did not use a condom
 - 21% had a drink or used drugs before the sexual encounter
 - 7% had been forced to have sexual contact when they did not want to



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Adolescent Sexuality and Development

- Prepubertal adolescence:
 - Same sex friends
 - Concerns about body image
 - Menarche
 - Seminal emissions
- Early Adolescence
 - Dating
 - Anxiety-lack of partner, virginity
 - Awkwardness in first sexual encounter
 - Masturbation
 - May be aware of sexual orientation or begin to question
 - May or may not be sexually active

(Burns, C. (2020). Pediatric Primary Care)



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Adolescent Sexuality and Development

- Later Adolescents
 - Intimacy learned in teen relationships
 - May or may not be sexually active
 - May be aware of sexual orientation or questioning
- Young Adult
 - Giving and receiving pleasure is learned
 - Experimentation with sexual positions and techniques
 - Long term commitment to relationships
 - Responsibility for sexual health

(Burns, C. (2020). Pediatric Primary Care)



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Adolescents in the Clinic

- Good history:
 - HEEADSSS: home, education, eating, activities, drugs, sexuality, suicide/depression, safety
 - Sexuality questions
 - Comprehensive vs problem oriented sexual history
- Approach
 - Reassure
 - Factual information
 - Validate
 - Open ended questions
 - Avoid assumptions
 - Respect privacy



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Adolescents in the Clinic

- Confidentiality
 - One-on-one time
 - Not seeking healthcare
 - Boundaries
- Guttmacher Institute
 - Resource for state specific information




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Red flags for Teens in Sexual Behavior

- Chronic public masturbation
- Degrading self with sexual themes
- Exposing genitals
- Aggressive pornography
- Sexually explicit talking to younger teens
- Threats
- Obscene phone calls, harassment
- Rape
- Genital injury to others



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Red Flags for Teens in Sexual Health

- Can be Normal, but deserve further assessment
 - Pornography interest
 - Sexual preoccupation
 - Single occurrence of peeping, exposing self, simulating intercourse with clothes on

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What Should Young Adolescents Know

- Changes in their bodies
- Human Reproduction
- Normal Development
- Differences in males and females
- Sexual behavior
- Potential sexual abuse- recognize and protect themselves
- Sexual feelings
- STI's, Contraceptives, Abortion, and Protection

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LGBT

- Ensuring confidentiality
- Using the correct pronouns
- Nonjudgmental language
- Safe sex
- Provide resources
- High-risk

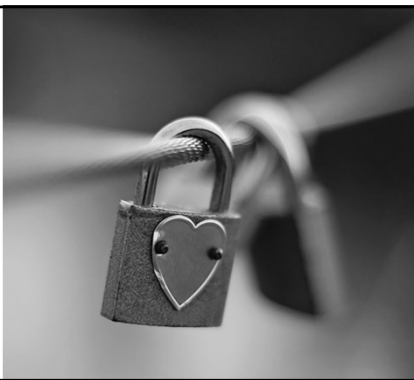


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What is a Healthy Relationship

- Mutual Respect
- Trust
- Honesty
- Separate Identities
- Good Communication
- Support for one another



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What is NOT okay for Teen Relationships

Verbal insults

Mean language

Hitting or slapping

Going further than wanted sexually

Angry when you can't get together

RED FLAGS



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Intimate Partner Violence

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Teen Dating Violence

- Physical Violence
- Sexual Violence
- Psychological Aggression
- Stalking




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Teen Dating Violence

- Common
- 1 in 11 females and 1 in 14 males in high school report physical dating violence
- 1 in 8 females and 1 in 26 males in high school report sexual dating violence
- Huge impact on the rest of their lives and relationships
 - Depression and anxiety
 - Risky behaviors- alcohol, drugs, tobacco
 - Antisocial behavior
 - Suicide



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Sexual Violence

- More common in female than males (not by much)
- Rape - forced intercourse with penetration (could also be a foreign object)
- Sexual Assault - does not have to involve penetration
- Statutory Rape - rape by an adult to a minor
 - Varies by state
- Older adolescents are more likely to experience date rape.
 - Part of a social encounter
 - Encounter may begin with both in agreement (go to a party together or dancing together)
- What is consent?
- Can be physical or electronic
- Drug-induced?



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Case study

• Lizzie went to a party with Ethan down by the lake. It was after dark and there was a bonfire. Ethan gave Lizzie a drink in a red solo cup. Then they decided to go on a walk to see the lake. Ethan wanted to sit down, and he began to kiss Lizzie. He then touched her under her bra and under her panties. She said to stop but he kept going. She was feeling very dizzy and tried to stop him, but he penetrated her with his penis. He then tells her to get dressed and he will take her home. The next morning, she wakes up and can barely remember what happened. She feels very sore in her vaginal area. After a few hours she begins to remember she was scared and saying no, but Ethan had sex with her anyway. Lizzie begins to cry and runs to tell her mother. Her mother takes her to see the PNP.



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Now What?

- Ensure safety of the patient
- Ensure privacy of the patient
- Ensure the patient is stable with no life-threatening injuries.
- Unless the PNP knows how to do a sexual assault exam with evidence collection, the patient should be sent to the closest place that does (ER or free-standing community clinic).
- Comfort parent and patient until they are ready to go.
- Critical the patient understands that this is not her fault, and she did not do anything wrong.



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Now what? Continued

- If the office has a SANE, someone experienced in the exam, and a "rape kit" the exam may be done in primary care
- Benefits:
 - Established relationships with office
 - No requirement to leave
 - Less intimidating environment
- Contact law enforcement and/or CPS depending on age and state laws
- Evidence must be collected within 48-72 hrs



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Prophylaxis After the Exam

- Sexually transmitted infections
 - Rocephin
 - Metronidazole
 - Azithromycin
- HIV prophylaxis
 - Risk determined with patient and provider
- Hep B vaccine if not immune*
- Emergency contraception



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Psychosocial Support

- Perhaps the most important
- Symptoms:
 - Anxiety
 - Fear
 - Emotional lability
 - Guilt
 - PTSD
- Make sure they are safe
- Refer to counseling and support groups right away



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Thoughts about the video.....

- What words stood out?
 - Powerless
 - Sick
 - Guilt
 - Scared
 - Cried
 - Put myself in the situation
 - Nervous to tell parents
 - Empower others



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What Can We Tell Teens to Do?

- Talk to a trusted adult
- Get medical care if needed
- Love is Respect Hotline
- National Domestic Violence Hotline
- NO MORE directory



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References

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