

Inquiry into teenage pregnancy

Dr Sarah Nelson (Individual?)

I apologise to the Committee that I have only heard of this Inquiry belatedly and thus do not have time to make the full submission I would have wished. I would very much welcome being called to give oral evidence, on a key point relating to the special vulnerability of girls who are victims of sexual abuse and sexual exploitation.

I am a specialist researcher on childhood sexual abuse and its effects throughout life and was a lead professional adviser to the Scottish Government's SurvivorScotland from 2006 to 2011. I am also currently adviser to the Scottish Parliamentary Inquiry into Child Sexual Exploitation in Scotland.

First of all I regret that the phrase "teenage pregnancy" has not been qualified to indicate exactly what the Committee is investigating, what it considers needs to be investigated, and what kinds of pregnancies need to be reduced. For example, teenagers of 18 or 19 who are married or in long-term stable partnerships, and even some over 16 who are married or in long-term stable partnerships, will have planned to have a child and there is no obvious problem nor stigma attached to this. Nor should there be. I am assuming that the Committee is referring both to under-16 pregnancies and to unplanned teenage pregnancies.

I only have time at this late stage of written submissions to focus here on your question g) "Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention, in order to affect positive change for children and young people?"

Everyone who works in the area of childhood sexual abuse or exploitation becomes aware that children and young people with this background are especially vulnerable to young pregnancy, sometimes indeed to extremely young pregnancy at 11 or 12. This is confirmed by a history of research findings which I can bring to the Committee. Indeed most of us in this field would say without hesitation that very young pregnancy at 11 or 12 will inevitably be the result of abuse or rape. I enclose in Powerpoint form my own presentation on the case of TM, from West Lothian, who became Scotland's youngest mother at 11 and was vilified by media, politicians, Churches and general public. She had been a victim of rape by her brother since age 7.

Sexual abuse and exploitation leave *sexual* signs, an obvious statement yet one which which is widely ignored in health and social service provision. These signs can be pregnancy, legal or illegal abortion, miscarriage or sexually transmitted diseases. The signs are often repeated through the teenage years. Sexual abuse also, importantly leads to severe loss of self-esteem and self-respect, producing patterns of apparent promiscuity where victims think of themselves as only fit for sex, as only fit to be used and abused or who seek love and affection through sex because that is what they

have grown up to believe. This in turn greatly heightens the risk of teenage pregnancy.

As the recent reports into the ignoring of gang exploitation of vulnerable teenage girls in Rochdale shockingly demonstrates, this apparent promiscuity is construed as personal choice and delinquency. Chaotic lifestyles and resort to drink or drugs to blot out the trauma also means these young women are less likely to be able to keep to contraception regimes, nor to be able to insist that any male partners use contraception.

It is precisely a history of abuse trauma which is generally behind what are in effect secondary risk factors for young pregnancy, such as running away, being or having been in care, exclusion from school and so on. These are very common byproducts of sexual abuse and other traumas. We need to look behind bland lists of risk factors to what are actually causes and what are effects.

However a history of abuse is very little recognised, sometimes not at all, particularly in sexual health programmes which have a libertarian tradition that finds any kind of sexual coercion very hard to take on board. It is little recognised in national or local guidance on teenage pregnancy. These children are left unprotected and the existence of the pregnancy as a sign of possible abuse is generally overlooked.

It is vital that this particular vulnerability is included and investigated in as much detail as possible in your Inquiry and in its findings and that protections and therapeutic support for these young women are included in the recommendations.

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