Girls and Gangs:
Exploring Sexual and Reproductive Health Promotion

Elizabeth Miller, MD, PhD
Children’s Hospital of Pittsburgh of UPMC
Disclosures

• I have no conflicts to disclose
• I will not be discussing medical devices or treatments
Objectives

• Identify range of mechanisms that increase risk for poor sexual and reproductive health outcomes for gang-affiliated girls

• Describe rationale and approaches for trauma-informed care in prevention programming and clinical interventions

• Elucidate opportunities for SRH promotion in community settings serving gang affiliated youth
Relationship Abuse, Sexual Violence, and Health

- Unintended pregnancy
- STIs/HIV
- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse
Sexual violence and intimate partner violence increase young women’s risk for

Unintended Pregnancies
More than one-third (38.8%) of adolescent girls tested for STIs/HIV have experienced dating violence.

(Decker et al, 2009)
I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed there like shock…

[Miller 2007]
Definition: Reproductive and Sexual Coercion

Behaviors to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods
Young women tell us that controlling reproductive health is used as a tool for abuse.

“He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.”
“And like my mom use to hit me a lot. Me and my brother. Like me and my brother have the same father, and then she has 2 other kids like from my stepfather, and like I would get so mad because she only hits me and him, and it was just, so I decided to like run away with my boyfriend and stuff, so I went to live with him.” (cont.)
“I mean like we were always fighting and stuff. Like the first time he hit me, oh my God, I went like, I wanted to kill myself so badly, I just, I mean it was the same thing. Like I didn’t even know what to think, because it was the same thing from moving to one hell to another. So it didn’t change anything. I don’t know, it didn’t change anything, and like so many times I’d like, like when I was pregnant, I wanted to kill myself so bad. Like I always thought about it.” (Miller et al. 2007)
The Big Picture of Trauma

• There are many types of childhood adversities including:
  – Community violence
  – Bullying
  – Poverty
  – Oppression

• These all affect health and well-being
Intergenerational Transmission or the Cycle of Violence

Various forms of violence are connected --

What does this mean for violence prevention?
Domestic Violence: Risk Factor for other ACEs

• 95% probability that a child growing up with DV will be exposed to at least one other ACE.

• More than one-third (36%) of children exposed to DV had 4 or more ACEs.

(Dube et al, 2002)
Child maltreatment, Youth Violence, Intimate Partner Violence (Fang et al. 2007)

- Victims of child maltreatment more likely to perpetrate youth violence and young adult IPV (males > females)
- Youth violence victimization for males as an independent predictor of IPV victimization for males
Childhood Adversities and Physical Dating Violence (Miller et al. 2011)

- Some adverse childhood experiences cluster together
- Over 50% of any physical dating violence is associated with adverse childhood experience
- Number AND type of exposures are important predictors of physical violence in dating relationships
- Childhood sexual abuse, witnessing interparental violence, and parent mental illness particularly important predictors
Dating Violence and Injury among Youth Exposed to Violence (Reidy et al. 2015)

- More girls reported perpetrating psychological and physical TDV
- Twice as many boys reported sexual TDV perpetration
- More girls reported fear/intimidation victimization than boys
- Greater sexual TDV victimization for younger boys; increases for girls with age
Gang exposure and pregnancy incidence among female adolescents in San Francisco:

— High pregnancy rates
— Pregnancy risk associated with partners’ involvement in a gang

(Minnis 2008)
Methods: Ethnographic Interviews

Exploring life stories
In-depth narrative interviews
Young Latina women ages 18-34
Recruited from Homeboy Industries (gang intervention program in LA) – already receiving services

Certificate of Confidentiality

(Miller et al. Journal of Urban Health 2012)
Results

Demographics (N= 20)

• age range 18-34
• 14 identified as Mexican, 2 as Hispanic (El Salvadoran), others unknown
• 11 U.S. born, 8 born in Mexico, 1 unknown
• 11 identified as gang-members
• 15 have ever been pregnant; 11 pregnant 2+ times
• 18 have had childhood exposure to violence
• 17 have had partner physical or sexual violence
• 11 reported pregnancy coercion
“We grew up in LA. My dad is gang-related. My mom was/is very loyal to my father. There was a lot of drug selling in the house. We had a lab at home to cook heroin and coke. My dad and uncle thought it was funny to watch me fight other little girls, I was 5. I was trained to be violent. I had to hold the dope and the gun when I was 7. My dad would tell me to hold it and don’t ask questions. My dad would hit my mom when he was angry. Those are the first memories I have.” – Adriana, age 34
“My Step-father was abusive, always beating up on my mother (even when she was pregnant) and abusing me when I was the age of 5. ... My mom didn’t know, I guess she didn’t know any best at the time. Growing up he was beating me up, molesting me, and beating my mom. He’ll start coming to my bed, and start grabbing me...my breasts, down there, messing with me, and I’d used to get frozen. I didn’t know what to do, I was scared of him. This went on from the age of 5 to almost 14. Mom said she would leave him but she would come back to him. She was trying to be old-fashioned, trying to be like: you have to have your dad." – Carmen, age 30, Mexican origin
“I didn’t want to have a baby at that time. I didn’t want to have sex after what I went through but I don’t know why I did. My bf would hit me if I didn’t have sex with him. At 17, he would force me to have sex, have oral sex with him, and I didn’t want to. ... I didn’t know about (contraception) at the time. I didn’t know nothing about the pill, about condoms. I would let him just do whatever he wanted to...because of what I went through I thought that that was normal. I was 17 when I had my 2nd child. I didn’t want to be pregnant then either. I knew about contraception then, but it was the same thing. I don’t think he tried to stop me from having it, I just don’t remember why I didn’t. I don’t remember saying I’ll get on the pill. For me it was just like, I won’t have sex. But then most of the time it was forced.”  - Isabel, age 24, 4 children, first at age 14
“One of my boy friends wanted to get me pregnant. He did it on purpose. He didn’t wear a condom on purpose. I was just like ‘what did I get myself into?’ He’d start with a condom on and then take it off. I’d be very mad and upset but it was an on-off relationship while he went to jail. I always ended up going back to him. I lost his virginity to him and I think he was obsessed with me. He still didn’t leave me when I was with another person. He was trying to get me pregnant to keep me and make me stay with him.”
-- Cecilia, age 22, born in LA
“When I found out I was pregnant, I didn’t want to have her. It wasn’t planned, it just happened, although I wanted to be pregnant with him. I wasn’t on birth control at the time. I didn’t even pick the name for her. I didn’t want to have a daughter and have her go through the same thing that I went through.”

– Maria, age 23, born in Mexico
Adverse Childhood Experiences
Sexual and physical abuse, interparental violence, parental substance abuse, parental gang involvement

Early onset sexual activity
(increased risk for abusive relationships, unprotected intercourse, and related health risk behaviors including gang participation)

Partner Violence
Forced sex, forced condom nonuse, pregnancy coercion, contraceptive sabotage, partner interference with careseeking, woman’s fear of negotiating contraceptive use

Community Violence and Gangs
Includes drug use, forced sex, sex trade, sexual exploitation

Additional barriers to reproductive health care:
- Limited knowledge of reproductive health
- Lack of access to health care (including poverty, lack of transportation, uninsured)
- Lack of education -- high school drop-out, juvenile justice involvement

UNINTENDED PREGNANCY
Implications for Policy

Implications for Clinical Practice including trauma-informed approach in juvenile justice system

Implications for Gang Intervention Programs
"I think counselors at school need to go at them, they don’t come at you... a girl counselor coming inside the school in our classes, trying to talk to us and tell us: you know girls, many cruel things could happen to you, but there’s always the right choice to make. And tell you a heads up, what to do and what to choose right. Even there are things going wrong in your house, there are a lot of programs that could help. If I knew there were a lot of programs, I would have gone and it would have helped." -- Sofia, age 19
Limitations

- Small, non-representative, convenience sample
- Content saturation reached quickly
- Reliance on self-report leading to potential recall bias and biased interpretation of male behavior
- Focused on young women only, need to better understand male perspective, male pregnancy intentions
A Trauma-informed Approach
Safety assessments and planning need to recognize overlapping victimizations

“Who is the safe adult in your life?”
Resilience is the capacity to rise above difficult circumstances, allowing our children to exist in this less-than-perfect world, while moving forward with optimism and confidence.

Kenneth Ginsburg, M.D., M.S. Ed
www.fosteringresilience.com
Harm Reduction

Meeting patients “where they are at” to reduce risk and increase safety

• Substance abuse interventions
• Needle exchange
• Condom negotiation
• Offering anonymous partner treatment for STI
• Contraception that partner cannot interfere with
Recognition that trauma is prevalent

Offering support and harm reduction as a way to help youth increase safety and build resilience

Move towards universal prevention education and away from disclosure-based practice
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