



# THE BEACON

## COERCION: The overlooked threat

### Overview on Coercion

In life there may be certain instances where an individual is compelled, threatened or forced to engage in an activity that he or she may have not initially chosen to do. When this happens, it is called coercion.

The 2008 Reproductive Health Survey (RHS), defined coercion as either the respondent indicating that she “did not want to (have intercourse) but it happened anyway” or that she was “forced to have sex.” What is overlooked however is that coercion does not always take the form of a threat or by force, which are more obvious actions.

Coercion can at first seem like a suggestion, it may also not be realised as coercion due to ignorance, or a need to please. This can stem from

wanting to please an individual due to the authority they may have in an individual’s life or other reasons stemming from insecurity.

As seen in the 2008 RHS, 54.1 per cent of females in the 15-19 age group said that their first sexual encounter was coerced. In addition, for those who had sex for the first time under the age of 14, 23 per cent stated that this was not with a casual acquaintance, friend or boyfriend, leaving one to question, was this with a family member or a stranger?

What needs to be uncovered however, is what made these girls give in to the pressure to have sex and what can be done to ensure that young women are aware that wher-

ever the slightest doubt enters their mind, even if they do not feel forced into the situation, they have the option to say NO. In the case of coercion from a Sexual and Reproductive Health standpoint, this package will look at coercive sex, various situations that put young women and men at risk and also what Guidance Counsellors can do to help their students build the skills they need to, in some situations resist coercion.



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### Sexual and Reproductive Health (SRH)

Sexual coercion can also compromise one’s Sexual and Reproductive Health. The Population Council in their article “*the adverse health and social outcomes of sexual coercion: experiences of young women in developing countries*”, highlight research which show that “coercion in adolescence is associated with the greater likelihood of having multiple consensual sexual partners later in life.” This is troubling as having multiple partners increases the risk of transmitting Sexually Transmitted Infections (STIs).

The Population Council (2004), when comparing young women who experienced coercion to those who did not, indicated that “females who experienced coercion were more likely to experience subsequent incidents of forced sex as well as (consensual) sexual risk-taking behaviours including multiple sexual partners, and consequently increased risk of unintended pregnancy and STIs.”



## Forced Sex and Condom Negotiation

Coercion can also arise when trying to make responsible sexual decisions. Adolescents may find themselves in situations where they want to protect themselves from STIs and prevent unwanted pregnancy but are forced to forgo the use of a method.

The 2008 RHS highlights this by showing the percentage of young adults who have ever asked a partner to use a condom and their partner's different responses.

Among females between the ages of 15 and 19 years who

had ever asked a partner to use a condom, 4.6 per cent stated that their partner responded by forcing them to have sex without a condom. In addition, among males aged 15-19 who were ever asked by a partner to use a condom, 13.4 per cent responded by making their partner have sex without a condom.

It is unfortunate that such instances occur, however adolescents need to be provided with information regarding where they can turn

to for help in crisis situations such as these.

In addition, in an effort to reach those adolescents who are the facilitators of coercive sex or may be prone to facilitating it, Guidance Counsellors can intervene by informing students about the importance of respecting others and the potential harm they could be causing individuals. Enlightening students about the matter and also showing victims as potential loved ones or family members may also strike a chord with youth.

## When Silence Does not Mean Consent

There are also instances of coercion where cases of incest or sex with older and trusted family friends, teachers or care givers are involved. In cases like these, it is less likely that young girls or boys will be open to speaking about these instances as there may be misguided feelings of shame or guilt.

Adolescents may also feel as though, in some way that

because these persons are close to their family or are in some way influential in their lives, that they should not report the cases to a counsellor or other party that may help to stop the relationship.

As this is a sensitive topic, Guidance Counsellors can do their part by encouraging young persons to seek the help of a counsellor when these types of situations occur and to help them under-

stand that even if they feel they encouraged the behaviour and so are at fault as well, they are not responsible and should seek help.

## Low Self Esteem

Situations also exist where persons are more vulnerable due to their own negative image of themselves and so may be more willing to comply with certain propositions, or engage in risky sexual behavior, feeling it will secure love from others. In the article, *Self-esteem in a broad-spectrum approach for mental health promotion*, Mann (et.al) (2004) state that, "low self-esteem can be a causal factor in depression, anxiety, eating dis-

orders, poor social functioning, school dropout and risk behaviour."

With low self esteem influencing engagement in risky behaviour, this could potentially translate into engaging in sexual acts that one may not necessarily be comfortable with.

It is very important for Guidance Counsellors to assist by helping young people to value themselves and understand

their worth. It is essential that adolescents understand that living one's life to please others will only ensure that the needs one has for themselves will never be met in full, and that if a person truly cares for you, they will never put you in a situation where your morals or ideals were changed for their happiness.



## Warning Signs

It is also important for Guidance Counsellors to note that the effects of sexual coercion go beyond the physical and can affect the mental and emotional state of an individual. It is crucial for Guidance Counsellors to be on the look out for changes among their students which may be associated with coercion. These may be easier to spot if these behaviours only recently became present.

The Family Health International (2008) publication: *Mera: Helping victims of sexual coercion*, states that there are warning signs to pay attention to, these

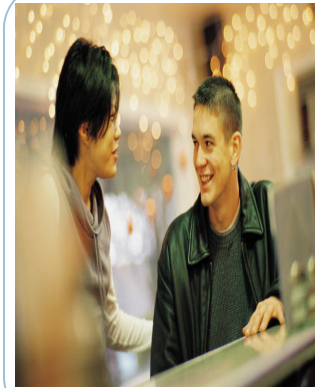
include:

- Unplanned pregnancy;
- Depression;
- Self Destructive Behaviour; and
- A history of chronic, unexplained physical symptoms.

While these symptoms may not always mean that cases of coercion exist, in some cases this may be the case.

In order to ensure that youth who are at risk are helped as

soon as is possible, Guidance Counsellors must address noticeable warning signs, as intervening may allow these students to be referred to agencies that can provide them with the required resources.



## Helping Hands

Guidance Counsellors can do their part by having sessions with students that focus on identifying coercion and showing them that the signs can be quite subtle. Where some situations require a person to intervene, students should also be advised as to where they can get help.

These group sessions can

also focus on building self esteem, and having role play exercises where potentially high risk or problematic relationships are brought out and students are asked to determine how they would address particular concerns and what advice they would offer.

Guidance Counsellors should also let students know that

they are available to discuss any types of problems with them and that these discussions are confidential.

## Organisations that can Help in Crisis Situations

### Child Development Agency

The CDA integrates the functions of the Children Services Division, the Adoption Board and the Child Support Unit in order to provide comprehensive delivery of services to children and their parents (our clients). The Agency has statutory responsibility for children who are in need of care and protection i.e. those abused, neglected or abandoned as well as for children who are experiencing behavioural problems.

**Toll Free: 1-888-991-3353**

### Office of the Children's Advocate

The OCA, protects and enforces the rights of children and promotes their well-being and welfare.

**Toll Free: 1-888-948-1134**





**The National Family Planning Board**  
 5 Sylvan Avenue  
 Kingston 5  
 Contact: 968-1627/968-1629-36

ATTENTION: WE ARE ON  
 FACEBOOK!!!!

If any of your male students are older than 14 years of age, get them to join our Male Sexual and Reproductive Health Caucus Page. Invite them to go to Facebook and give their views on our discussion boards! We discuss issues related to Reproductive Health.

“Like” our page today! Become a fan!

**We're on the web!**

**[www.jnfpb.org](http://www.jnfpb.org)**

**Past Information Packages distributed by the NFPB include:**

- **Teenage Pregnancy: Responsibilities and Limitations (Feb 2011);**
- **Bridging the gap: HFLE for the teen in transition (Nov 2010);**
- **HIV in Jamaica: the adolescent perspective (Aug 2010);**
- **Teen Access to Reproductive Health Information (May 2010);**
- **Teen Sexuality in Modern Jamaica (Feb 2010);**
- **HFLE Information Package for Guidance Counsellors (Nov 2009); and**
- **Abstinence Information Package (Sep 2009).**

**Publications Available in our Library**

<b>Publication</b>	<b>Year</b>	<b>Volume/Author</b>
You, Your Life, Your Dreams	2008	Petrina Lee Poy, Maria Faget Montero and Martha Murdock
The “What’s Happening to my Body?” Book for Girls	2007	Lynda Maderas with Area Madaras
The “What’s Happening to my Body?” Book for Boys	2007	Lynda Maderas with Area Madaras
Reproductive Health Survey: Young Adults Report	2002 and 2008	The National Family Planning Board
Reproductive Health Survey: Final Report	2002 and 2008	The National Family Planning Board
Music, Media and Adolescent Sexuality in Jamaica	2008	Marcia A. Forbes
Is my Teenager ok?	2004	Henry Paul, M.D.
The Teenage body book	2008	Kathy McCoy, PhD and Charles Wibbels- man, M.D