

A PRIMER ON TEEN SEXTING

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Teen sexting (defined herein as the electronic transmission of sexually explicit pictures or messages from one adolescent to another) has received a great deal of media attention and recently an accumulating amount of empirical attention. News headlines and reports mostly warn the public of the dangers of teen sexting by citing criminal charges and extreme cases of psychological consequences.¹ The reality of teen sexting is less ominous. Criminal cases are exceedingly rare and usually only occur when accompanied by aggravating circumstances such as when an adult sends or requests nude pictures from an adolescent, or when one adolescent uses the sexted picture to bully or extort another adolescent.²

The importance of teen sexting with respect to adolescent health and development is still being uncovered. Some studies show a relation between sexting and depression, substance use, and impulsivity, while other studies have not identified these links.^{3,4,5} For example, in a national web-based sample of emerging adults, Gordon-Messer *et al.*⁴ failed to find a relationship between sexting and psychological wellbeing. Similarly, in a study of nearly 1,000 ethnically diverse teens, a link between sexting and psychological health (i.e., depression, anxiety) did not emerge once prior sexual behavior was accounted for.⁶ However, consistent with other research,^{3,7} this study did reveal that sexting teens were more likely than their non-sexting counterparts to report a history of substance use. Examining the relation between sexting and psychosocial health without considering context or motivation behind the sexting may tell an incomplete story. Indeed, one study found that pressured/coerced sexters were more likely to report a history of excessive anxiety and dating violence in high school compared to youth who sent unpressured sexts or did not sext.⁸

While we are still learning about how this new behavior fits within the full spectrum of adolescent health and development, we can say with confidence that sexting is (1) relatively common and (2) associated with actual sexual behavior.

Prevalence

Prevalence varies by study. Depending on how sexting was defined, characteristics of the sample studied (age, whether or not the youth were high-risk) and how the data were collected (in-person, phone, internet), studies have generally shown that between 15% and 30% of adolescents have participated in sexting,^{6,9-11} with higher rates reported by older adolescents, college students, and young adults.^{3,4,12,13} A study of middle school students found that 17% of early adolescents sent sexual messages and 5% sent photos.¹⁴ Compare this to young adults who report rates of sexting closer to 50%.^{3,4} In a study published in 2012 in *JAMA Pediatrics*, 28% of teen boys and girls (average age of 16) had sent a naked picture of themselves to another teen, while 42% of boys and 68% of girls had been asked to send a sext.⁶ The ubiquity of smartphones coupled with the increasing popularity of apps like Snapchat, which presumably allow for more discreet sharing of images, suggest that sexting is here to stay and may begin to be observed in greater rates among younger adolescents.

Sexting and Sexual Behavior

One factor that has consistently been associated with teen sexting is actual sexual behavior. Indeed, a recent literature review revealed that all published studies investigating the link between sexting and sexual behavior found a positive and significant relationship.¹³ One study found that boys and girls who sexted were about twice as likely to have had sex relative to their non-sexting counterparts.⁶ It is possible that sexting is a “gateway” behavior to actual sexual behaviors, perhaps by inviting sexual advances or as a way to indicate one’s readiness to take intimacy to the next level. Alternatively, it could be that having sex increases the level of comfort and flirtation, perhaps resulting in sexting behavior. A recent longitudinal study demonstrated that teens who sexted were more likely to be sexually active over the next year, regardless of prior sexual history.¹⁵ Knowing that sexting is an indicator of future sexual behavior holds important clinical implications. For patients with known histories of sexting,

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tween- and teen-focused health care providers can emphasize the importance of delaying sexual introduction and using safe sexual practices.

Recommendations

1. Given the high rates of teen sexting, coupled with the knowledge that adolescence is characterized by sexual exploration, impulsive/immature judgment, and identity development, youth caught sexting with an intimate partner (or a potential intimate partner) should not be punished through the criminal justice system. Instead, sexting should be conceptualized as a new type of sexual behavior in which teens may (or may not) engage. The topic of sexting should be used as an opportunity to discuss digital citizenship and sexual behavior with teens and to focus particularly on preventing early sexual introduction and promoting safe sexual practices.
2. Softening of legal penalties should not be applied to adults who sext with teens or situations where sexting is used to abuse or bully others.
3. School-based anti-bullying, violence prevention, and healthy relationship programs should include information on sexting and how it may be used to bully, coerce, or abuse others.
4. Youth are unlikely to reveal their sexting behavior voluntarily to health care providers. Instead, clinicians may learn about patients' sexting through screening or from concerned parents. We should use these instances as opportunities to engage adolescents in discussion of healthy relationships and safe sexual practices.

5. Research on sexting is in its infancy. Additional studies, including longitudinal and qualitative analyses, are needed to fully understand this emerging behavior.

Conclusions

A sizeable minority of teens are sexting, with rates increasing by age. As technology develops and access to smartphones increases, we can expect rates of sexting to remain stable or increase, including among younger adolescents. Although some evidence suggests that sexting may be related to psychosocial health such as depression, impulsivity, and substance abuse, the most reliable correlate of sexting is whether or not an adolescent is consensually involved with or wants to be involved with another teen. In addition, the public health importance of teen sexting appears to be in its association with actual sexual behavior. Indeed, the line between online and offline behavior has become increasingly blurred, with research consistently showing that teen sexting is a reliable indicator of sexual behavior, including potential future sexual behavior.

Take Home Summary

Teen sexting is relatively common and increases with age. While sexting may be related to other impulsive and risky behaviors such as substance use, it does not appear to be a marker of poor mental health unless the sender feels pressured/coerced into sexting. Perhaps most importantly, teen sexting has consistently been shown to relate to sexual behavior and may be an indicator of future sexual behavior.

Fact Box for Parents and Caregivers

For all parents and caregivers of tweens and teens:

- Remember that “the talk” is an ongoing conversation that should start early and emphasize healthy relationships and comprehensive sexual education.
- Become familiar and stay current with advances in technology.
- Download and learn popular sharing apps like Instagram and Snapchat.
- For younger kids, “friend,” “follow,” or “like” their accounts.
- For older kids, where autonomy is critical to development, you may opt to give more privacy. Consider employing an “I won't check until you give me a reason” approach.
- Talk to your kids about sexting. Be sure they know about the potential risks associated with sending nude pictures.
- Avoid scare tactics such as: “If you send a nude picture, you'll never get into college or get a good job.” While this may happen, it is unlikely, and you may lose any credibility you had on the subject.

If you think or discover that your tween or teen has sexted:

- While certainly unsettling, this does not mean your child is deviant, depressed, or a “bad kid.”
- Sexting is associated with sexual behavior, including future sexual behavior. Use this as an opportunity to begin or continue “the talk,” with an emphasis on healthy relationships and comprehensive sex education that includes abstinence and safe sexual practices.
- Consider a formal monitoring system of his/her cell phone and social media accounts.

About the Author

Jeff R. Temple, Ph D, is an associate professor, psychologist, and director of Behavioral Health and Research in the department of Obstetrics and Gynecology at the University of Texas Medical Branch. His interest in sexting follows his program of research, in which he focuses on promoting healthy relationships and on improving understanding of the etiology, course, context, and consequences of teen dating violence.

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Out flew the web and floated wide;
The mirror crack'd from side to side;
The curse is come upon me,' cried
The Lady of Shalott.

—Alfred, Lord Tennyson, *The Lady of Shalott* (1832)

The Lady of Shalott, a figure drawn from Arthurian legend, has bewitched everyone from Tennyson to the Pre-Raphaelites to Agatha Christie, perhaps in part because a mirror so rarely dominates and dooms the person before it. Isolated by a force beyond her control, the Lady of Shalott is both drawn to and repelled by the mirror above her loom; she longs to abandon her weaving and join the outside world reflected before her but knows she does so at her peril. The mirror also epitomizes the struggle of youth with body dysmorphic disorder (BDD). Consumed by doubts about their appearance, these adolescents are more likely than their peers to miss school and social events—and, in more severe cases, resort to plastic surgery or suicide. In this issue of the *Journal*, an article by Mataix-Cols and colleagues, [A Pilot Randomized Controlled Trial of Cognitive-Behavioral Therapy for Adolescents With Body Dysmorphic Disorder](#), presents findings for treating adolescents with BDD using cognitive-behavioral therapy. The results of the pilot randomized controlled trial point to a promising treatment for a disorder lacking in evidence-based therapies for youth. May this be the first of many studies to examine efficacy of BDD treatments to help patients perceive themselves with fresh eyes.

