



Counseling to Minors on Resisting Sexual Coercion

Title X guidelines state that Title X providers must “*provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.*” This document compiled by TRAINING 3 provides information and identifies resources that can assist family planning providers with providing counseling to adolescents about resisting sexual coercion.

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Things to Know about Title X

To enable persons who want to obtain family planning care to have access to services, Congress enacted the Family Planning Services and Population Research Act of 1970 (public Law 910572), which added Title X, “Population Research and Voluntary Family Planning Programs” to the Public Health Service Act. The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

Federal Guidelines for the implementation of these family planning services have been established and modified over the past 30 years.

Regulations included in Title X (*Program Guidelines For Project Grants for Family Planning Services*, US Department of Health and Human Services, January 2001), which are particularly relevant to this training, include:

Confidentiality:

Every project must assure client confidentiality and provide safeguards for individuals against the invasion of person privacy, as required by the Privacy Act. No information obtained by the project staff about individuals receiving services may be disclosed without the individual’s written consent, except as required by law or as necessary to provide services to the individual, with appropriate safeguards for confidentiality.

Adolescent Services:

Adolescents must be assured that the counseling sessions are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individual. However, counselors should encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities. Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X family planning services.

In spending bills in 1998/1999 language was added which specifies:

None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (P.L. 105-227; P.L. 105-227)

Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest.

As a Title X provider, it is your responsibility to adhere to all Title X guidelines.

RED FLAGS for Sexual Coercion

As health care providers, we want to be listening for clues that a relationship has the potential to be coercive. The following are some red flags:

- **Pressure/persuasion:** Making the person feel that they “should” be having sex by exerting pressure, for example: “If you loved me, you would have sex with me”
- **Threats:** If you don’t have sex with me I’ll ...
- **Jealousy:** Partners who exhibit an inordinate amount of jealousy should be seen as having the potential to be coercive. There is a difference between normal jealousy, and partners for whom jealous outbursts are more a symptom of his/her issues of power and control
- **Controlling Behavior:** Individuals who try to control their partners behavior (i.e. telling them what to wear, who to have as friends, how to behave when they are out together) may have the potential to misuse their power in sexual situations
- **Misogyny:** Any time that a partner refers to women in a derogatory way, judges women, uses disturbing language about women, or views violent or degrading pornography, young women should be suspicious
- **Put-downs:** When a partner is excessively critical of a young woman, this may be a warning of potential for violence or sexual coercion. Young women may become increasingly vulnerable when a partner’s criticism begins to impact their self-esteem
- **History of coercion/violence with past partners:** Adolescents who have a history of violence in their person relationships (who have witnessed violence at home or in previous relationships) have a strong potential to violence and misuse of power in their dating relationships
- **Problems with alcohol and other drug use:** Drugs and alcohol almost always have a disinhibiting affect; partners who have some self-control when sober tend to lose that control under the influence of alcohol and other drugs. This can lead to increased vulnerability
- **Unpleasant sex:** If one partner performs a sexual act that is not pleasurable or that crosses a boundary the other has set, the probability of further violation is very strong. There may be some shame in discussing this.
- **Guilt trips:** Attempting to make the client feel badly for not wanting to have sex
- **Buying gifts or spending money on younger partner:** The expectation that the client owes her/his partner sex for having been given a gift or having money spent on them.
- **“GUT FEELINGS”** Trusting ones’ inter-feelings or instincts. Giving women permission to trust themselves and to set limits are exceptionally valuable skills to resist coercion.

Taken from: Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider, Emory University Regional Training Center 2nd Edition – 2003



Barriers to Counseling Minors about Sexual Coercion

When family planning providers were asked what the barriers were to counseling minors around issues of sexual coercion, the following barriers were identified. These barriers should be explored to determine what are the issues effecting the provider's ability to provide comprehensive counseling to client's around the issue of sexual coercion, and consider interventions to address these barriers.

Personal Barriers:

- Personal experience of abuse
- Provider feels limited in what she/he can do, has tried before and feels "jaded"
- The issues "push buttons" for the provider, challenging personal attitudes and values
- Moral conflict with behaviors and/or reporting laws
- Can be emotionally taxing
- Providers "style" of counseling
- Age difference with client may leave provider feeling "too old" to adequately counsel/relate to client
- Provider doesn't have the proper language young people use
- Comfort level with topic
- Limited knowledge and skills

Agency Related Barriers:

- Time limitations/restraints
- Pressure to see other clients
- Lack of support from other staff (time spent with minor may put additional demands of other staff)
- Physical environment may limit privacy
- Previous bad experience with reporting
- Limited time/contact with client to build trust (limited number of visits and client does not always see same provider at each visit)
- Transient nature of clients
- Gray areas
- Staff are family planning providers not therapists
- Limited legal resources and expertise
- Lack of good resources (mental health or sexual violence)



What to Do If You Believe Your Client is in a Sexually Abusive or Coercive Relationship

1. Counsel and Educate:

- Provide a safe environment for the client to talk
- Don't target the "wrong doer" Focus on the client and how she/he feels
- Acknowledge the client's feelings as valid
- Allow time to hear the client's story
- Offer information, including brochures and other resources

See handout "Working with Adolescents – General Guidelines"

2. Document:

The agency needs a formal record that the client was seen by a counselor and that certain protocols were followed. Useful information can be communicated through these notes to other staff who will be working with the client.

The counseling notes are a part of the client's permanent medical record. They can be subpoenaed by a court and can be read by the client if she/he requests. Therefore they should be:

- Professional in tone
- Without judgments, inferences or interpretations
- About the client's feelings and concerns, not the feelings or concerns of the counselor
- Brief, intelligible and legible
- Without any circumstantial details that could be misused to the client's disadvantage

Helpful hint:

Review your notes, would you be comfortable having the client read what is written? Would you (or a colleague) be able to pick up these notes and know the pertinent information about this client?

3. Report:

Follow your state guidelines for mandated reporting of Child Abuse. Your agency should have a clear policy for you to follow, and it is recommended that if you are filing a report that you consult with your supervisor.

4. Refer:

Whenever possible you will want to refer the client to an agency that will be able to offer further support and counseling. This is most effectively done by working with the client, assisting as appropriate in making phone calls while the client is still with you.

5. Follow-up:

You may want to develop a follow-up plan with the client in an effort to support her/him through this process.

Questions to Ask: To Explore Sexual Coercion

Here are some suggested questions you can ask to help open the dialogue with teens about resisting sexual coercion and to help discover any form of coercion, statutory rape, or other violence:

- What is the reason for your visit? *or* Tell me why you're here today.
- I see that you would like to start birth control, could you tell me what is happening in your life right now, sexually?
- When do you think a girl (or guy) is ready to have sex? How will you know?
- How long have you been having sex (or been sexually active)? *or* How often do you have sex?
- In what ways has having a sexual relationship changed your life?
- What type of protection against pregnancy and STD's do you use? Have you ever had sex without protection because your partner didn't want to use protection (even though you did)? Describe the situation.
- When was the first time you talked about sex with your parents? Who else can you talk to in your family about sex (or your feelings)?
- Can you tell me about your current partner or partner(s)? How old is he/she?
- Do you always have sex because you want to? What would make it hard to say "no" to your partner?
- What (circumstances) would feel like pressure to have sex?
- Have you ever had sex when you didn't want to? *or* Has anyone ever force you to have sex? Can you tell me what happened?
- Have you ever experienced a sexual activity that did not feel good, hurt you, or frightened you?
- Have you confided in your parents about the coercion, rape, other violence?

These suggested questions are meant to be openings for further discussion. When a client does acknowledge having experienced or is currently experiencing sexual coercion or abuse, the provider will want to do several things:

- ✓ **FIRST** – affirm the client. Acknowledge this can be difficult to talk about and that you are really glad they are talking to you about it now
- ✓ Using basic client-centered counseling skills (i.e. attending, open-ended questions ...) talk to the client more about their experience.
- ✓ If provider does not feel equipped to provide more extensive counseling, is there someone else within the agency who has the expertise to spend more time with the client? Otherwise, it is important to have a good referral network.
- ✓ If sexual abuse took place as defined by your state laws, report as appropriate (and discuss with client).

See handout: What to Do If You Believe Your Client is in a Sexually Abusive or Coercive Relationship?

Counseling Minors about Sexual Coercion

Resources & References

Alan Guttmacher Institute

120 Wall Street
21st Floor
New York, N.Y. 10005
212-248-1111 or

1301 Connecticut Avenue N.W
Suite 700
Washington, DC 20036
202 296-4012
www.guttmacher.org

Center for Adolescent Health and the Law

310 Keldaire Road, Suite 100
Chapel Hill, NC 27516
919 968-8850
www.cahl.org

Children's Advocacy Center of Delaware, Inc.

Alfred I. DuPont Hospital for Children
1600 Rockland Road
Wilmington, DE 19803
302 651-4566
302 651-4000 (weekends & off-hours)

Delaware – The Department of Services for Children, Youth and Their Families

Delaware Youth and Family Center
1825 Faulkland Road
Wilmington, DE 19805
302 633-2500
www.state.de.us/kids

Department of Health and Human Services (DHHS)

200 Independence Avenue, SW
Washington, DC 20201
202 619-0257
www.dhhs.gov

Office of Population Affairs (OPA)

4350 East West Highway
Suite 200, W
Bethesda, MA 20814
301 594-4000

Office of Populations Affairs Clearinghouse

P.O Box 30686
Bethesda, MD 20824-0686
301 654-6190

Government of District of Columbia Child and Family Services Agency

400 6th Street SW
5th floor
Washington, DC 20024
(202) 442-6000
www.cfsa.dc.gov.gov

Government of District of Columbia Department of Human Services

801 East Building
2700 Martin Luther King Jr. Avenue SE
Washington, DC 20032
202 279-6002
www.dhs.dc.gov/dhs

Maryland Department of Human Resources – Child Protective Services

www.dhr.state.md.us/cps

Maryland State Laws and Statutes

www.state.md.us

National Clearinghouse on Child Abuse and Neglect Information

330 C. Street SW
Washington, DC 20447
1 (800) 394-3366 or
(703) 385-7565
www.childwelfare.gov

National District Attorney's Association

National Center for Prosecution of Child Abuse
99 Canal Center Plaza
Suite 510
Alexandria, VA 22314
(703) 579-4253
www.ndaa-apri.org

Health Teen Network

2401 Pennsylvania Avenue Suite 350
Washington, DC 20037
202 293-8370
www.healthyteennetwork.org

National Sexual Violence Resource Center

877 739-3895

(24 hour access to information, resources, and research regarding sexual assault)

www.nsvrc.org

PA State Laws and Statutes

www.state.pa.us

Rape, Abuse and Incest National Network (RAINN)

635-B Pennsylvania Avenue, SE

Washington, DC 20003

800-656-HOPE (4673)

(Note: This number will connect you to your local rape crisis center.)

www.rainn.org

Sexuality Information and Education Council of the U.S. (SIECUS)

130 West 42nd Street Suite 350

New York, NY 10036-7802

212 819-9770

www.siecus.org

The Institute for Human Service

Gwinn House

1706 East Broad Street

Columbus, Ohio 43203

614 251-6000

www.ihs-trainet.com

U.S. Department of Justice

Office of Justice Programs

Office for Victims of Crime Resource Center (OVCRC)

P.O. Box 6000

Rockville, MD 20849-6000

1 800 627-6872 or 301 519-5500

www.ojp.usdoj.gov

Virginia Department of Social Services

7 North E. Street

Richmond, VA 23219

(see attached for County agencies)

www.dss.state.va.us

VA State Laws and Statutes

www.virginia.gov

West Virginia Department of Health and Human Resources

www.wvdhhr.org

www.wvdhhr.org/bcf Bureau of Children and Families

WV State Laws and Statutes

www.wv.us

Women's Law Project

345 Fourth Ave.

Pittsburgh, PA 15222

412 227-0301

or

125 South 9th Street Suite 300

Philadelphia, PA 19107

215 928-9801

www.womenslawproject.org

REFERENCES

- 14 and Younger: The Sexual Behavior of Younger Adolescents *Elbert , Brown and Flanigan (eds) The National Campaign to Prevent Teen Pregnancy, May 2003*
- Caught Between Teens and the Law: Family Planning Programs and Statutory Rape Reporting *Patricia Donovan, The Guttmacher Report of Public Policy, June 1998*
- Effect of Mandatory Parental Notification of Adolescent Girls' Use on Sexual Health Care Services *Diane M. Reddy, PhD, Raymond Fleming, PhD and Carlyne Swain, MS, JAMA, August 14, 2002 Vol. 288, No. 6*
- Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider, 2nd edition *Deb Risisky, M.Ed Emory University Regional Training Center, Atlanta, GA, 2003*
- Unequal Partners: Teaching About Power and Consent in Adult-Teen Relationship *Sue Montfort and Peggy Brink, Planned Parenthood of Greater Northern NJ, 1999*
- Sexual Relationships Between Adult Males and Young Girls – Exploring the Legal and Social Responses *Sharon G. Elstein and Noy Davis, American Bar Association, Center on Children and the Law, 1997*
- State Legislator's Handbook for Statutory Rape Issues *US Department of Justice, Office of Justice Programs, Office of Victims of Crime, Feb. 2000*
- Statutory Rape Enforcement and Child Abuse Reporting: Effects on Health Care Access for Adolescents *Abigail English and Catherine Teare, DePaul Law Review, DePaul University, Spring 2001*
- Victim-Oriented Multidisciplinary Responses to Statutory Rape *Sharon EG. Elstein and Barbara E. Smith, US Department of Justice, Office of Justice Programs, American Bar Association center on Children and the Law, Office of Victoms of Crime, Feb. 2000*

Video Resources

A Single Moment of Decision, Preventing Sexual Coercion

Virginia Department of Health, EAF Productions Approx. running time: 28 minutes
1 800 732-8333

This is a professionally produced training video for health care staff working with adolescents. It teaches about sexual coercion and how to recognize and prevent it. The video shows scenes of two young adolescent girls visiting the public health clinic. Additionally, the video depicts realistic situations in which the adolescent girls experience sexual coercion tactics.

Domestic Violence and Young Adults

Altschul Group Corporation Approx. running time: 23 minutes
1 800 421-2363

This video explores the components of dating violence, from physical attacks to mental and emotional abuse. Warning signs to look for in an abuser are explored, and suggestions for the viewer on how to protect themselves are provided. The tape emphasized that violence is a learned behavior that can be unlearned and changed.

“Teen” Pregnancies? The Role of the Older Guy

Funded by the National Institutes of Health (copyright Orcas, Inc. 1998)
888 349-5472 Approx. running time: 25 minutes

A group of high school students work on a class assignment of developing a video. Using professional teen actors, the program alerts students to the risks that embody a relationship with an “older male partner” including STD’s and pregnancy.

Then Things Just Happened

Teen Crisis Pregnancy Prevention 1998 Approx. running time: 20 minutes
Integrated Medial and Marketing, LLC

Teens tell their own stories about relationship they have been in and the consequences – including pregnancy.

Legal Issues in Family Planning Satellite Teleconference

Philadelphia Department of Health Approx. running time: 2 hours

A panel of four experts in Working with Teens around sexual abuse speak about: Trauma Theory, Working with Abused Teens, Survivors and the Role of the Health Professional in Reporting Sexual Abuse.