ADOLESCENT SEXUAL COERCION

Identification, Prevention and Response

Title X federal language requires grantees to:

Provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities.

Follow *state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.*

This information supports family planning providers in meeting federal regulations.

Oregon Department of Human Services, Office of Family Health
Family Planning Program
Marsha Brantley, Public Health Education Consultant (971) 673-0359
January 2005

TABLE OF CONTENTS

ADOLESCENT SEXUAL COERCION
FACT SHEET

Definition:

"Sexual coercion *is the act of persuading or coercing a minor into engaging in an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation. It differs from rape in that the coerced individual consents to the sexual activity for a variety of reasons. The coerced individual feels it is easier to consent to sexual activity than decline due to an imbalance of power. Coercive situations may not be obvious, even to the coerced individual.*

Many young girls consent to sex without thinking they have a choice, often due to age and inexperience. Coercive situations may use threats, humiliation, and anger as means to convince a partner to consent to sexual behavior. The coerced individual often consents to the activity because she does not feel she is able to say "no" and have that decision be respected."

Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider; Emory University Regional Training Center; 2nd edition – 2003

The younger women are when they first have intercourse, the more likely they are to have had unwanted or involuntary first sex—7 in 10 of those who had sex before age 13, for example. (2)

Among women who were under age 16 at first voluntary intercourse, 13.2% had a partner over age 20. (3)

Many males report using alcohol as a strategy to facilitate sexual advances, either by using alcohol to justify their own behavior or to decrease a dating partner's inhibitions. (4)

Adolescents with a history of sexual abuse are five times more likely to report coercive sex with a friend or date than their peers with no sexual abuse history. (5)

Among students who reported that they had sex before age 15, 41.5% of females reported being forced to have sex compared to 5.5% of males. (6)

Students ever forced to have sex were significantly less likely to use condoms and had lower protective factors including parents' knowledge of activities and connections to school and community. (6)

Students who first had sex before age 15 were seven times more likely to report being forced to have sex as students who first had sex after age 15. (6)

Sexual pressure behaviors and tactics create or enhance power differences. Power differences increase the likelihood of unwanted sex and unhealthy relationships. (6)

Sexually active 11th grade students were seven times more likely to have been hit by a boyfriend or girlfriend in the past year and more than twice as likely to have been harassed with unwanted sexual attention or harassed due to perceived sexual orientation. (6)

Oregon Healthy Teens Survey Results

2003

"Have you ever been pressured into sexual activity by someone you were going out with?"

11th Grade **"YES":** 22.1% females; 10.7% males
8th Grade **"YES":** 16.7% females; 10.8% males

2004

"Have you ever been forced to have sexual intercourse when you did not want to?"

11th Grade **"YES":** 10.1% females; 3.3% males
8th Grade **"YES":** 7.01% females; 2.31% males

"During your life, has any adult ever had sexual contact with you?"

11th Grade "**YES**, an adult had sexual contact with me": 13.51% females; 4.6% males
8th Grade "**YES,** an adult had sexual contact with me": 9.2% females; 3.1% males

"In the past 12 months, has a boy/girlfriend physically hurt you?"

11th Grade **"YES":** 4.81% females; 6.2% males
8th Grade **"YES":** 4.61% females; 6.3% males

"During your life, has any adult ever intentionally hit or physically hurt you?"

11th Grade **"YES":** 33.2% females; 31.4% males
8th Grade **"YES":** 30.8% females; 29.1% males

(1) Risisky, M.Ed., Emory University Regional Training Center; Legal Issues Regarding Coercion 3.6; *Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider*; 2nd edition – 2003

(2) Moore KA et al., *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 1998, p. 11

(3) National Center for Health Statistics (American Bar Association, 1997)

(4) Craig ME. *Coercive sexuality in dating relationships: a situational model.* Clinical Psychology Review. 1990; 10:395-42

(5) Abbey A, Zawacki T, Buck PO, et al. *Alcohol and sexual assault.* Alcohol Res Health. 2001; 25:43-51

(6) Oregon Department of Human Services, Center for Health Statistics, *Oregon Health Trends*; Series No. 60; September 2003

SEXUAL ABUSE DEFINITIONS

Sexual Coercion

Sexual coercion is the act of persuading or coercing a minor into engaging in an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation. It differs from rape in that the coerced individual consents to the sexual activity for a variety of reasons. The coerced individual feels it is easier to consent to sexual activity than decline due to an imbalance of power. Coercive situations may not be obvious, even to the coerced individual.

Many young girls consent to sex without thinking they have a choice, often due to age and experience. Coercive situations may use threats, humiliation, and anger as means to convince a partner to consent to sexual behavior. The coerced individual often consents to the activity because he or she does not feel able to say "no" and have that decision respected.

Statutory Rape

The legal definition that makes consensual sexual intercourse between an adult and a minor illegal. Statutory rape laws vary by state, but the essential elements are the same. In addition to identifying an age of consent, many states also address age differences between teen partners (i.e. a minor can commit statutory rape against another minor). The purpose of statutory rape laws is to protect youth who are incapable of consenting to sexual intercourse due to age and/or mental development.

Rape

Rape is defined as forced sexual intercourse.

Sexual Assault

Sexual assault addresses sexual crimes not involving intercourse such as forced sodomy, oral copulation, and vaginal penetration with objects.

Acquaintance or Date Rape

Rape committed by someone the victim is familiar with (i.e. a friend, date, boyfriend, or husband).

- Due to a personal connection with the assailant, the victim may not perceive this as rape at the time of attack. She may blame herself.
- This has been known to include the use of alcohol or other drugs, such as Rohypnol and GHB.

Sexual Harassment

The deliberate, unsolicited, verbal comments, gestures, or physical contact of a sexual nature considered unwelcome by the recipient.

Reference: *Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Clinician*; Emory University School of Medicine, Department of Gynecology and Obstetrics, Regional Training Center.

SEXUAL INTERACTION CONTINUUM

Informed consent is lacking. →

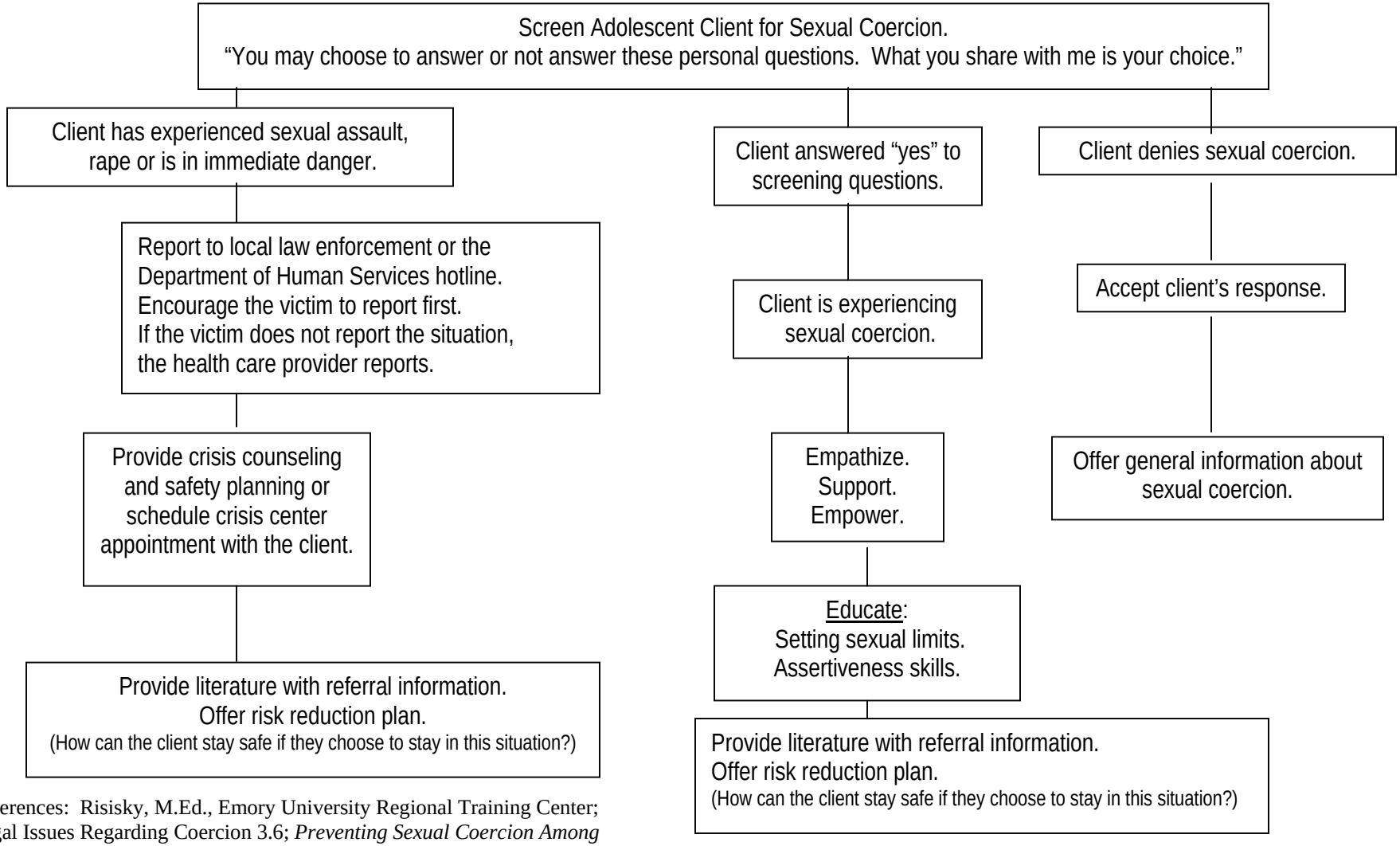
Mutual Sexual Exploration → **Persuading a Reluctant Partner** → **Sexual Exploitation** → **Sexual Coercion** → **Sexual Abuse or Assault** → **Rape**

DEFINITIONS:

Sexual Exploitation	Withhold important information; use power/influence of position. (Information withheld may pertain to respect, love, birth control, or confidentiality.)
Sexual Coercion	Exert pressure with threats, humiliation or anger to convince a partner to consent to sexual behavior. (Threats might include the potential break-up of relationship or loss of job.)
Sexual Abuse or Assault	Violate one's physical space. Assault includes sexual contact not involving intercourse, such as unwanted touches, fondling, kissing, or physical restraint.
Rape	Penetration of a person's body against his/her will (oral, anal, vaginal) or consenting sexual partner is under 18 years old.

Reference: Family Planning Program; Seattle-King County, Department of Public Health

ADOLESCENT SEXUAL COERCION
Screening & Reporting Protocol



References: Risisky, M.Ed., Emory University Regional Training Center; Legal Issues Regarding Coercion 3.6; *Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider*; 2nd edition – 2003; California Department of Health Services, Office of Family Health, Screening for Sexual Coercion

SEXUAL COERCION CLIENT-CENTERED COUNSELING

Step 1 Introduction

- ✓ Establish trust and rapport.
- ✓ Ensure confidentiality.
  Tell them what you must report and why.
- ✓ Encourage questions.
- ✓ Normalize. ("Many teens are pressured into having sex, so I talk to all teens about how to deal with unwanted sex.")

Step 2 Ask/assess

- ✓ Ask open-ended questions.
- ✓ Assess client needs and feelings.
- ✓ Assess what client knows.

Step 3 Explain/ Evaluate

- ✓ Tailor/personalize information.
- ✓ Assure client understanding.
- ✓ Ask questions/give demonstration.

Step 4 Close

- ✓ Ask open-ended questions about the main points.
- ✓ Summarize.
- ✓ Check client feelings.
- ✓ Make referrals (legal, emotional, social support) or schedule a follow-up appointment, if necessary.
- ✓ Thank the client for coming.

SEXUAL COERCION SCREENING TOOL

With a few additional questions, providers can screen for the presence or potential of coercive relationships and create an appropriate plan for adolescent clients. Sexual coercion assessment can include questions on the history form. Screening questions can be posted on exam or waiting room walls and referred to when screening the client.

Icebreakers can facilitate sexual coercion screening. You could say, "Some of my clients are having sex when they don't want to. Because I want to help, I ask every single client about sexual pressures. I know it's hard for some teens to talk about sex." This framework sets the stage for an adolescent or young adult to know that sensitive questions are a routine component of the visit.

"I am going to ask you some quick, routine questions that I ask all patients. I may be jumping from topic to topic to get the big picture and then we can go back and talk about what is important to you. There are no right or wrong answers."

Have you recently:

- *Been pressured to have sex by a friend, a relative, a date or a partner?*
- *Felt that you wanted to have sex to just "get it over with?"*
- *Had sex without using a latex condom because your partner did not want to use protection (even though you did)?*
- *Said "yes" to sex when you did not want to have sex?*
- *Had too much to drink or used drugs and had sex, even though you did not want to have sex?*
- *Had sex that made you feel scared or guilty?*
- *Had sex and then had doubts about your decision or felt bad about it?*
- *Had sex because you feel like you can't say "no?"*

If a client answers "yes" to any of these questions, they may be experiencing sexual pressure.

The questions can be broad or they can be a series of more direct questions, whatever the counselor feels is best for gathering the desired information. An open-ended format allows for unexpected and multiple answers.

SELF-MOTIVATION AND CHANGE

- ✓ **Problem Recognition**
  Does client believe the issues in the relationship are a problem?

- ✓ **Concern about consequences**
  Does the client believe that there will be negative consequences for not addressing the problem?

- ✓ **Intention to change**
  Is the client ready to commit to change?

- ✓ **Optimism about the future**
  Does the client believe his or her life will be better as a result of a decision to make a change?

GOOD about not changing	**NOT AS GOOD**
GOOD about changing	**NOT AS GOOD**

Jim Sacco 5/04 Center for Health Training

Use the assessment tool for:

- Checking for readiness to change.
- Working with people who are ambivalent.
- Working with people who don't ask for help.

To help the client think about reasons to change a relationship, you can say, "Some other good things my clients have found are…."

When a client is concerned about the consequences of change, you can say, "What's going to hard for you?" Ask them to identify barriers.

At the end of the assessment, you can ask, "Is there a step you would like to take?" If they don't want your help, tell them you are concerned. It is not a healthy relationship. Tell them they can come back if they want to.

Look in Every Room

A Brief Relationship Assessment

How are things going at home?
Tell me about your relationship with your mom.
Who do you have trouble getting along with in your family? Anyone you don't like?

Family Issues

Sexual Activity

Are you and your partner sexually active? How was that decided?
How has being sexual been for you?
Do you worry about STIs? Pregnancy?
When you have sex, are there times when you don't like it?

Abuse, Violence

Some women who come here have been with partners who are mean to them.
Has that happened to you?
How does your partner act when she/he gets mad?
How do decisions get made in your relationship?
Who's in charge in your relationship?

Sometimes it can be hard to tell people what you think.
How is that for you?
How does it work when you try to speak up for yourself with others?
When you say no to your boyfriend or tell him what you want, how is that?

Assertive Behavior

Relationship

Are you in a relationship now?
How is it going?
What do you like about your current partner?
What would you like to change?
How does he treat you?
What would you like to be different?

How often do you drink alcohol?
What drugs do you use?
How does your partner's use affect you?
Have you ever tried to cut down on alcohol/drugs?
Does your partner's use bother you?
How does s/he act when they're drunk or high?

Alcohol/ Drug Use

Adapted from Felicia Guest, MPH

Emory University Regional Training Center – 2003

CHARACTERISTICS AND WARNING SIGNS

CHARACTERISTICS OF SEXUAL ABUSE SURVIVOR

- LOW SELF-ESTEEM
- DEPRESSION
- EATING DISORDERS
- LACK OF TRUST
- HOPELESSNESS
- LACK OF ASSERTIVENESS
- ANXIETY
- ISOLATION
- RE-VICTIMIZATION
- HYPER-SEXUALITY
- PERFECTIONISM

COMMON TRAITS OF ADULT MEN WHO DATE YOUNG GIRLS

- HAVE CHARACTERISTICS SIMILAR TO THOSE OF AN ADOLESCENT MALE
- OFTEN HAVE FEELINGS OF INADEQUACY
- POSSIBLY DELAYED DEVELOPMENTALLY COMPARED TO OTHER MEN THEIR AGE
- MAY HAVE CRIMINAL HISTORY
- LOW EUCATIONAL ATTAINMENT
- HOPING TO FIND A “DISEASE-FREE” PARTNER

COMMON TRAITS OF YOUNG GIRLS INVOLVED WITH ADULT MEN

- HISTORY OF SEXUAL ASSAULT
- LACK OF A FATHER FIGURE
- VIEW OLDER MEN AS PROVIDERS OF GOODS AND SERVICES, OTHERWISE NOT AVAILABLE
- WANT TO FEEL OR APPEAR MORE GROWN UP

"RED FLAGS" FOR SEXUAL COERCION

- JEALOUSY
- CONTROLLING BEHAVIOR
- REFERS TO WOMEN IN A DEROGATORY WAY
- HISTORY OF COERCION/VIOLENCE WITH PAST PARTNERS
- PROBLEM WITH ALCOHOL AND OTHER DRUG USE
- UNPLEASANT SEX

SEXUALLY ABUSED ADOLESCENTS

- HIGH RISK SEXUAL BEHAVIORS COUPLED WITH LOW USE OF PROTECTION
- DIFFICULTY WITH PELVIC EXAM
- MAY BE PROMISCUOUS
- MAY BECOME ASEXUAL
- MAY EXPERIENCE SEXUAL DYSFUNCTION

SEXUAL COERCION SCREENING AND COUNSELING TIPS

Provide privacy: Screen for sexual coercion in a private place, away from family or friends and away from areas where someone could see the client or hear the conversation.

Be aware of timing: Screen for sensitive issues after you have established an initial client connection.

Use translators: If you do not know the client's primary language, use professional interpreters to translate. The client's family or friends should be not be used as translators of sensitive information. It may be better not to use a translator than use a friend or family member.

Discuss confidentiality and limits to confidentiality: Prior to sexual coercion screening, assure confidentiality and explain what mandatory reporting requirements are and what they mean.

Present sexual coercion screening as routine: This is something you ask all clients because many people, including teens, experience sexual coercion.

Be calm, matter-of-fact, and nonjudgemental of the client: Interview styles often increase or decrease a patient's willingness to disclose.

Use open-ended questions.

Respectfully use the client's language and vocabulary: Use client's language and vocabulary to gain information and convey understanding.

Listen to the client: Listening is one of the most important counseling skills and a key element in a culturally appropriate approach. Listening allows the client to define the problem and assists the counselor in developing a response.

Express care and concern for the client: Acknowledge adolescent feelings about situations.

COMMUNICATION SKILLS

Attending Behavior:
Using body position and facial expression in ways that convey concern and interest.
Using eye contact and gestures in ways that convey concern and interest.

Open Questions:
Do not require a yes/no answer.
The client offers more information.
The client shares her unique concerns.
The client offers her own insight into a problem and solution.

Reflective Listening:
Paraphrasing in simpler language what has been heard.
Naming feelings stated in client communication.
Using this skill, clients know clinicians are listening.
Gives clinicians the opportunity to clarify understanding.
Clients have the chance to hear themselves.
Play back what you've heard (both feeling and content).
Gives clients the opportunity to confront their own conflicting feelings.

Summarizing:
This skill should be used at various points throughout the counseling session.
Confirms that clinicians have understood the content and emotion in the client's communication.
A method for underscoring the most important aspects of the client interview.
Focuses on the most relevant issues.
Fosters insight and self-efficacy.
A skill like triage: Determines the most important issue to focus on & amplifies it.

Feedback:
Provides an important 'reality check' to clients both in and at risk for coercive situations.
Never offer opinion, but this skill can be very helpful to clients to hear reactions to their situations i.e. "I am concerned that your boyfriend seems to be pushing you to have sex when you don't want to."
With this skill, you can teach clients about relationship norms.
With this skill, you can offer client specific suggestions.
Share directly the risks the client takes in becoming or continuing to be involved in coercive relationships.

ADOLESCENT RELATIONSHIP ISSUES

Feelings of Romance

- Power of romantic love
- Sexual response and romantic love
- Need to believe in fidelity

Desire for Love

- Need for affiliation
- Needing to feeling 'okay' because of relationship
- Pressure to conform

Adolescent Development

- Need for individuation
- Risk-taking
- Denial of long-term consequences

Power in Relationships

- Age difference
- Gender role identity
- Economic inequality

Peer and social norms

- Family norms
- Community norms
- Peer group norms

Values about children

- Cultural beliefs
- Individual differences
- Patient right to self-determination

HOW TO DEAL WITH COUNSELING OUTCOMES

How to deal with suspected coercion when the client does not disclose information:

- Document statements and/or behaviors that are possibly indicative of a coercive situation.
- Let the client know that if there is something they wish to talk about at a later date, they can come to the clinic. Keeping oneself open is very important for client disclosure.

How to deal with disclosure of sexual coercion:

- Empathize and be supportive to keep communication open and demonstrate respect.
- Tell the client they are not to blame and not responsible for another person's actions. Some victims may feel that they were at fault and deserved this action.
- Tell your client that she is normal and healthy by acknowledging her feelings and concerns.
- Help your client to gain a sense of control and assure the client that they have a right to say "no" to unwanted behavior.

  Discuss setting sexual limits. Encourage the teen to:

  - ✓ Think about possible positive and negative outcomes of sexual activity.
  - ✓ Make a decision about personal sexual limits.
  - ✓ Communicate sexual limits with a date or partner before being under sexual pressure. Do not make excuses or give reasons for decisions.

  Teach assertiveness skills. If a date or partner tries to pressure you into sexual activity, use the following steps.

  (1) State your sexual limits without excuses or reasons.

  If pressure continues,

  (2) Repeat your decision.
  (3) Refuse to discuss it anymore.
  (4) Leave.

- Determine if the client should be referred to additional support services.

How to deal with client denial of sexual coercion:

- Accept the response. Not all clients are victims of sexual coercion.
- Most clients appreciate routine questions about overall health.

Referrals for additional services relating to abusive or coercive situations.

If a clinician has insufficient time or expertise to address a situation, a referral can be made. In cases of repeated coercive sexual activity, a referral to the local rape crisis center may be helpful. The clinician needs to be aware of resources in the community and have mandatory reporting information readily available. If there is no local rape crisis center or similar agency, identify and refer the client to a social worker or counselor in the health department or other public agency. The final option would be to refer to a private counselor. Many private counselors will work with clients on a sliding scale basis in sexual abuse and violence situations. Clinician familiarity with community services helps to alleviate client fears about seeking additional help. Finally, it is helpful to provide literature along with a referral, as many clients may delay before following-up.

Referral Agencies

Portland Women's Crisis Line (statewide): 1-888-235-5333

Attorney General's Sexual Assault Task Force: 1-541-342-5264

Oregon Coalition Against Domestic and Sexual Violence 1-503-365-9644
115 Mission Street SE, Suite 100 1-800-356-2369
Salem, OR 97302

Free client brochure *What is Sexual Assault?* lists Oregon sexual assault resources.

Memorandum

TO: Health Department Administrators, Executive Directors
Family Planning Coordinators

FROM: Jeanne Atkins, Manager, Women's & Reproductive Health
Donalda Dodson, Administrator, Office of Family Health

RE: Identification of sexual coercion issues affecting family planning clients; implications for child abuse reporting

Date: September 1, 2004

For several months the Office of Family Health Family Planning Program has been working to develop strategies and resources to help clinics identify and respond to issues of coercion and violence that may be affecting their reproductive health clients. In discussion with local agencies about their needs, it has become clear that for family planning clinics to improve services in this area it is critical that agencies have clear policies around reporting of child sexual abuse.

We are aware that many agencies have found it difficult to get clear and workable guidance from counsel on this subject, making it hard to give staff the guidance they need. This is an issue of particular concern this year as the national Title X program has made assurance that all Title X clinics are in compliance with state mandatory reporting laws a priority activity.

It is with that background in mind that the Family Planning Program has prepared the attached document for use as a reference for reviewing family planning clinic policies on child sexual abuse. We believe this tool represents a reasonable and workable assessment guide for abuse reporting in the family planning context, and would plan to use it during future triennial reviews.

The program is fully aware that your local counsel's interpretation of child abuse reporting requirements may call for more reporting, or less, than the assessment guide reflects in this document. The program will defer to your local counsel's assessment of this issue. However, we believe this reference can serve as a useful base line assessment for evaluating policies and for discussion with local counsel.

Program staff are preparing to provide training on sexual coercion response and have received requests from many local agencies to facilitate clinic discussions of reporting issues as well as other questions. We continue to offer our services in facilitating agency discussions and would be happy to provide more background information about our assessment of this issue on request.

Contacts at the Family Planning Program for this issue are:

Debbi Flittner, Policy Analyst (503-872-6745)
Marsha Brantley, Health Educator (503-731-4122)
Carol Elliott, Nurse Consultant (503-731-4363)

Attachments: Document – "Assessing Family Planning Clinic Policies"
Document – "Oregon Sexual Offenses Chart"

Assessing Family Planning Clinic Abuse Reporting Policies as Related to Child Sexual Abuse

A child abuse reporting policy will be deemed compliant by the Family Planning Program, Office of Family Health, if it contains, at a minimum, the following elements:

- Agency has policy in place that all clients are to be informed of reporting obligations of clinic staff prior to requesting sexual history information. Clients are also to be informed in advance that services will be provided whether or not the client provides responses to questions about the age of the sexual partner.

- Policies require a child abuse report if staff learn of:

    - Sexual activity involving any child under the age of 12.
    - Sexual activity involving anyone under the age of 18, where forcible compulsion has been used.
    - Sexual activity where the sexual partners are related as siblings, or as parent or stepparent and child.
    - Sexual activity involving anyone under the age of 18 who is incapable of consent because of mental or physical disability.
    - Sexual activity involving anyone under the age of 18 where one partner is three years or more younger than the other.

- Policies detail basic procedures for reporting to either law enforcement or DHS Child Protective Services.

- Policies do not need to require clinic staff to investigate to determine whether reportable activities have occurred. However, it is recommended for purposes of doing adequate screening of the service needs of the clients that all clients be asked as part of their sexual history:
    - If coercion or compulsion has occurred in their sexual relationships, and
    - If their sexual partner or partners are in a position of authority over them; in the case of those under the age of 18, this definition should include individuals who are significantly older than they are.

OREGON SEXUAL OFFENSES CHART

Crime	Elements	Aff. Defense in statute	Listed as reportable
Rape in the 1st degree 163.375	Requires forcible compulsion, victim under 12, victim under 16 and a sibling or child or stepchild, **or** victim incapable of consent for reason other than age	No	Yes
Rape in the 2nd degree 163.365	No requirement other than intercourse and victim under 14	163.345(1) actor less than three years older than victim	Yes
Rape in the 3rd degree 163.355	No requirement other than intercourse and victim under 16	163.345(1) actor less than three years older than victim	Yes
Sodomy in the 1st degree 163.405	Requires forcible compulsion, victim under 12, victim under 16 and a sibling or child or stepchild, **or** victim incapable of consent for reason other than age	No	Yes
Sodomy in the 2nd degree 163.395	No requirement other than deviate sexual intercourse and victim under 14	163.345(1) actor less than three years older than victim	Yes
Sodomy in the 3rd degree 163.385	No requirement other than deviate sexual intercourse and victim under 16	163.345(1) actor less than three years older than victim	Yes
Unlawful sexual penetration In the 1st degree 163.411	Requires forcible compulsion, victim under 12, victim under 16 and a sibling or child or stepchild, **or** victim incapable of consent for reason other than age	163.412 (penetration is part of a medically recognized treatment or diagnostic procedures, or is accomplished by a peace officer to search for contraband or weapons)	Yes
Unlawful sexual penetration in the 2nd degree 163.408	Requires victim under 14	163.345(2); penetration is by hand and actor less than three years older than victim	Yes
Sexual abuse in the 1st degree 163.427	Victim less than 14, or subject to forcible compulsion, or incapable of consent by reason of being mentally defective, incapacitated or physically helpless, or intentionally causes sexual contact with animal for purposes of arousing or gratifying sexual desire of perpetrator.	163.345 (1), actor less than three years older than victim.	Yes
Sexual abuse in the 2nd degree 163.425	Intercourse, deviate sexual intercourse or penetration and victim does not consent	163.345 (1), actor less than three years older than victim.	Yes
Sexual abuse in the 3rd degree 163.415	Subjects victim to sexual contact and No consent Or Incapable of consent by reason of being under 18	163.345 (1), actor less than three years older than victim.	Yes
Contributing to the sexual delinquency of a minor 163.435	Perpetrator 18 or older; victim under 18	163.345 (1), actor less than three years older than victim.	Yes
Sexual misconduct 163.445	Intercourse or deviate sexual intercourse with unmarried person under 18	163.345(3) actor less than three years older than victim AND victim was at least 15	No

CHILD SEXUAL ABUSE REPORTING IN FAMILY PLANNING CLINICS
Spring 2004
State of Oregon Family Planning Program

BACKGROUND

In recent years differing interpretations of the abuse reporting obligations of family planning clinics have been circulated. Some district attorneys are encouraging medical providers to report all sexual behavior by individuals under the age of 18, no matter what the age of the sexual partners or whether the relationship is consensual. The analysis being advanced is that Oregon's sexual abuse statutes broadly criminalize any sexual behavior involving individuals under the age of 18 and that all exceptions for sexual behavior between individuals of a similar age are expressed as "defenses." Therefore, it is reasoned, all evidence of sexual activity involving an individual under 18 must be presumed to be criminal.

This advice in a few counties has raised the following serious questions by family planning programs:

- What is the affect on the medical privacy rights of adolescents when all teens who acknowledge sexual activity are reported to law enforcement, given that in fact, only a very few cases of actual abuse will be found?
- Will the broad reporting requirements being suggested negatively affect the willingness of adolescents to seek services from health care providers generally and family planning clinics in specific? (National research, as well as specific data from Oregon, indicates it will reduce teen use of such services).
- In the case of consensual behavior between teens of similar age, are both partners to be regarded simultaneously as perpetrators and victims?
- Will differing reporting policies between local health departments mean access to services will be substantially different from county to county?
- Is the standard of requiring reporting of all sexual activity by teens to be maintained for all mandatory reporters or will such reporting only be expected of family planning clinics?
- Will the large number of automatic reports family planning clinics must file result in lost opportunities to screen for, and highlight, situations of real abuse that need attention?

Other district attorneys have rejected this "report all" conclusion and advise a common sense approach such as that outlined in the proposed assessment tool. That approach recognizes the automatic defenses that are set out within the sex crime statutes and assumes that reporting is not necessary unless the provider is aware that one partner is under the age of 12, that forcible compulsion in involved, or that there is not likely to be an appropriate "age-based" defense.

Although there is little legislative and no state judicial guidance on this subject, applying the strict rule encouraged by some district attorneys is contrary to what is practiced by most other states. In neighboring Washington, Alaska, California and Idaho, consensual relationships are not considered criminal except when certain age differences exist. In the one state we are aware of where a similar broad-based reporting requirement was imposed (Iowa) a constitutional challenge to the wholesale breach of privacy rights for adolescents has been brought in the courts.

We do note that in 2001 a bill (brought at the recommendation of the Oregon District Attorneys Association) would have required doctors and hospitals to report all births to teens to the local district attorney in the county where the birth took place. The bill was immediately opposed by representatives on both ends of the political spectrum and was completely rejected by the Legislature.

As the Department of Human Services and the governor's office consider heightening sensitivity to abuse and seek appropriate definitions for identifying abuse in need of follow up, the Family Planning Program has established parameters for assessing compliance with state mandatory reporting laws that are designed to assist in moving appropriate cases forward, while assuring that teens who are engaging in non-abusive sexual activity continue to access the reproductive health services they need.

CLIENT EDUCATION MATERIALS

Education materials alert clients to the prevalence of sexual coercion and help promote disclosure in the clinic setting. Providing information and self-assessment about sexual pressures in dating relationships may help the victimized client to realize that he or she is not the only person who has experienced sexual coercion.

Department of Human Services, Office of Family Health, Family Planning Website:
http://www.healthoregon.org/fp

ADOLESCENT SEXUAL COERCION POSTERS

The Dating Bill of Rights
Do You Have a Healthy Relationship?
Are You Being Pressured to Have Sex?
Preventing Uncomfortable Sexual Situations
How to Deal with Sexual Pressure

Download the posters in the following formats:

Letter Size – Black and White
Letter Size – Color
Tabloid Size – 11" x 17" (standard size for printer) – Color

BROCHURES

Planned Parenthood–Phone No. 1-877-478-7732–Web: www.plannedparenthood.org/store

Title	**Description**	**Reading Level**
Teensex? It's OK to Say "No Way!"	Comic book format that teaches kids motivation and communication skills to face peer pressure and the powerful emotions of first romantic relationships.	4th grade

Journeyworks Publishing – 1-800-775-1998 – Website: www.journeyworks.com

Title	Description	Reading Level
Sexual Pressure: A Survival Guide for Guys	Addresses the many pressures to have sex that young men face.	6th grade Available in Spanish.
Saying No If You've Had Sex Before	Reassures young people that even if they've had sex before, it's OK to say "no" now.	6th grade Available in Spanish.
Sex, Alcohol and Your Right To Say No	Tips on saying no to alcohol and staying in control of the decision to wait.	8th grade
How to Say No and Keep Your Boyfriend	Too many teen girls feel pressure to have sex because someone else wants them to.	5th grade Available in Spanish.
When No Means No!	Helps young women and teen girls say "no" to unwanted sexual attention.	6th grade
You Would If You Loved Me: How to Respond to Sexual Pressure	From the "Big Date" to a "Home Alone" situation, this pamphlet lays out scenes commonly faced by young people and gives them ideas for resisting pressure.	6th grade
When Your Partner Wants to Have Sex (and you don't)	Help for talking about abstinence and sticking to your limits under pressure.	4th grade
Sexual Pressure: How to Say No	Help for saying "no" when that special someone is putting on the pressure. Spark interest with this engaging comic strip format (Luann).	6th grade
What I Really Mean When I Say No to Sex	Written in the first person, this pamphlet helps young people put into words their reasons for waiting.	8th grade Available in Spanish.
20 Ways to Respond to Sexual Pressure	In a quick and catchy statement-response format, here are strong comeback lines young people can use when their someone special is putting on the pressure.	6th grade

Channing Bete Company – Phone No. 1-800-628-7733 – Website: www.channing-bete.com

Avoiding Sexual Coercion	Helps readers recognize unhealthy relationships and determine whether they're experiencing sexual coercion. Advocates using one's feelings as a barometer and explains what can be done to avoid unwanted sex.	Grade 6
Dealing with Sexual Pressure	Helps teens prepare to resist pressure to have sex, and promotes abstinence. Discusses possible consequences, such as pregnancy, STDs, and loss of self-respect. Suggests comebacks to common "lines" and includes a checklist to test teens' ability to resist pressure.	Grade 6

Note: These materials are available in January 2005. Check the company websites for current resources.

REFERENCES

Note: References are listed on fact sheet and posters. The following references apply to all other guideline documents.

Risisky, M.Ed., Emory University Regional Training Center; Legal Issues Regarding Coercion 3.6; *Preventing Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Provider*; 2nd edition – 2003

Violence Against Young Women: Implications for Clinicians; Vaughn I. Rickert, PsyD, Roger D. Vaughan, Dr PH, Constance M. Wiemann, PhD; cont OB/GYN 48(2): 30-45, 2003 Medical Economics Company, Inc.

Domestic Violence: Practical Applications Session; Ganley A.; Trainer's Manual for Health Care Providers; Family Violence Prevention Fund (1998).