

SEXUAL COERCION POLICY

Standard: Decreasing the sexual coercion rate among minors must include knowledge of laws, definitions, reporting family involvement, counseling and referrals. The Rhode Island Department of Health's (HEALTH's) policy on sexual coercion was developed in collaboration with the HEALTH's Office of Domestic Violence.

The federal Title X program requires grantees and their delegate agencies to provide counseling to minors on how to resist coercive attempts to engage in sexual activities. Sexual coercion is a major issue that needs a critical amount of attention and consideration. Coercive situations involve the act of persuading or coercing a person specifically a minor into engaging in an unwanted sexual activity. These acts may be achieved through physical force, or emotional manipulation. Coercive situations involve threats, humiliation and anger as a person's means to convince a partner to consent in sexual activity.

According to the Emory University School of Medicine, the coercion occurrence rate is increasing as more young women date older men. This situation may lead to many other concerns including an earlier initiation to sexual behavior and an increase in pregnancy and STD rates. According to the American Bar Association (1997), there is increasing evidence of sexual relationships between girls aged ten- fifteen and adult men over the age of twenty. These relationships are a serious problem as the girls may be forced (coerced) into sexual relationships they are not ready for and which lead to the possibility of pregnancy and sexually transmitted diseases and emotional trauma.

The key elements of this policy are 1) the implementation of family participation, and 2) counseling services to minors on how to resist attempts to coerce minors into engaging in sexual activities. Federal grant requirements regarding Title X certification on coercion counseling and family planning must be fulfilled.

A. REPORTING REQUIREMENTS

It is important to note that not all forms of sexual coercion are illegal. Therefore, not all forms of sexual coercion are reportable. However, since the federal Title X requirements mandate counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities, counselors should provide counseling to minors on both illegal and non-criminal forms of coercion. In addition, counselors are mandated by statute to report illegal forms of all coercion (i.e. child abuse).

1. Any person who has reasonable cause to know or suspect that any child has been abused shall report within twenty-four hours, by transferring such information to

the Department of Children, Youth and Families who shall cause the report to be investigated immediately. All those who are guilty of such crimes will be prosecuted in the appropriate manner, according to the law.

2. Immunity from Liability – Any person participating in good faith in making a report, shall have Immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. There is no obligation to have personal information released for public information when reporting an abuse case to the police.

3. Penalty for failure to report – Any person, official physician or institution required to report known or suspected child abuse or who knowingly prevents any person acting reasonably from doing so, shall be guilty of a misdemeanor. Upon conviction they shall be subject to a fine of not more than five hundred dollars or imprisonment for not more than one year or both. Reporting of abuse is critical in the legal system.

4. A teen’s right under Title X to obtain confidential family planning services, however, does not supersede an individual’s reporting responsibilities.

B. FAMILY INVOLVEMENT

Family involvement should be recommended to family members to assist in the improvement of the adolescent’s health status. Family involvement includes, but is not limited to parental awareness of a minor’s decision to seek family planning services, discussions of family planning options, and encouragement toward responsible sexual decision making. The relationship between the family and the teen, if there are open lines of communication, is critical to establishing healthy behaviors. Parents raise their children to the best of their ability, and how sexuality is taught in the family will vary depending on religious and cultural beliefs, societal norms, previous experience and the comfort level of the parents with the material. In some situations, it is difficult for parents to feel knowledgeable enough to teach their adolescents about sex and sexuality because of the new information about disease and contraceptive technology.

Unfortunately, there is also the issue of family interference. Adolescents may feel that they cannot talk to their parents about a sexual decision because their parents would not support their decision. If the parent/parents does not approve of the relationship, or the teen’s choice to have sex, then the teen will be less apt to obtain birth control and pregnancy or STD contraction may occur.

C. WHAT TO INCLUDE IN THE COUNSELING SESSION

It is important for counseling to be implemented as a precaution and prevention tactic concerning sexual coercion. According to Emory University School of Medicine, when attempting to counsel an individual or individuals who are being coerced there are several tactics that should be utilized. Since there are no physical signs present on

an individual to expose sexual coercion, it must be determined through a thorough comprehensive evaluation. It is important to talk to the client about different types of coercive tactics including, persuasion, guilt trips, manipulation and/or put-downs. The clinician needs to examine the adolescent's statements, behaviors, and body language in light of any physical findings. It may be difficult to determine if an individual has been a victim of sexual coercion because each person responds differently to specific situations.

A COUNSELOR SHOULD:

1. Be open minded
2. Be specific and clear
3. Be nonjudgmental
4. Acknowledge the adolescents feelings
5. Set a priority list as to what is important with the teen
6. Interview the client alone
7. Use a list to ensure all topics are covered
8. Screening and counseling questions should be asked in an open ended format
9. Ask specific questions regarding anyone else, beside the partner, having pushed, coerced or forced sex.
10. Refer these questions to the adolescent:
 - Should I be having sex yet?
 - Am I the only one not having sex yet?
 - Have my boyfriend/girlfriend been together long enough to have sex?
 - Will he/she leave me if I do not have sex with him/her?
 - What will change if I do/do not have sex with him/her?

Attempts should be made to establish a comfortable atmosphere. The client should be aware that he/she might contact you at a later date for further counseling. The counselor should be "teen" friendly. Ignoring a situation or starting a conversation that cannot be finished are a disservice to the client. Phrasing and tone of voice are critical, if the teen feels the counselor disapproves, the client will stop sharing information. Where minors are involved, confidentiality is extremely important. Refer to your agency's confidentiality policies and procedures. Include information on legal options, skill building and referral to local agencies.

D. DEFINITIONS

1. Sexual Abuse – vaginal, anal or oral intercourse; vaginal or anal penetration; and other forms of inappropriate touching or exhibitionism for sexual gratification of a child.

2. Sexual Exploitation – the use of a child for prostitution, pornography, or other sexually exploitative activities. In Rhode Island, children under age fourteen are protected under child molestation statutes.
3. Third Degree Sexual Assault – vaginal or anal penetration of a person over the age of fourteen and under the age of sixteen by a person who is age eighteen or older.
4. First Degree Sexual Assault – forced or coerced sexual penetration of the vaginal, anus or mouth.
5. Second Degree Sexual Assault – forced or coerced sexual contact with a person’s genital area, inner thighs, buttocks or breasts.
6. Sexual Coercion – the act of persuading or coercing a person specifically a minor into engaging in an unwanted sexual activity. This differs from rape in that the minor is coerced into consent for any number of reasons.
7. Statutory Rape – vaginal or anal penetration of a person of the age of fifteen.
8. Rape – forced sexual intercourse
9. Sexual Assault – sexual crimes not involving penile – vaginal intercourse such as, forced sodomy, oral copulation, and vaginal penetration with objects.