

Sexual Coercion Prevention
Policy and Protocols Template

Approved by the Rhode Island Department of Health, Family Planning Program, Medical Advisory Committee (MAC) on 2/7/07

AGENCY NAME

Title: Sexual Coercion Prevention Counseling for Minor Clients	P & P #	Page #1 of
Original Date Written:	Dates Reviewed:	Next Review Date:
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Purpose: To ensure that all minor clients (e.g. female and male clients <18 years of age) receive documented counseling on how to resist attempts to coerce them into engaging in sexual activities and to ensure that all minor clients receive assurances that any Title X family planning services they receive are confidential and, if follow-up is necessary, every attempt will be made to ensure the privacy of the minor client in accordance with existing federal Title X requirements and state HIV/STD laws. Counseling services provided will include ensuring that the minor client is aware that state laws requiring the reporting of child abuse, sexual abuse, child molestation, rape and incest will be followed by the agency.

Scope: All sites.

Background: This standard is consistent with recommendations made by other organizations, including the American Academy of Pediatrics (AAP), the American Medical Society (AMA), the American college of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), the Society for Adolescent Medicine (SAM), and the World Health Organization (WHO).

Policy: [Name of Agency] will utilize practice guidelines and recommendations developed by the AAP, AMA, ACOG, AAFP, SAM, and the WHO in the provision of evidence-based counseling to minors on how to resist attempts to coerce them into engaging in sexual activities. It will also adhere to pertinent state laws and regulations and federal Title X requirements (USDDHS OPA January 2001).

Protocols

Confidentiality

1. Health care providers will inform every adolescent male and female patient and their parents, if available, about the requirements of confidentiality, including a full explanation of what confidential care entails and the conditions under which confidentiality might be breached (SAM, December 1997, AAP, 1999, AAFP, 2006). Information that would suggest someone is in danger, or evidence of abuse must be reported to the proper authorities (AAFP, 2006). The adolescent and parent, if available, will be informed of the agency's responsibility to adhere to state laws requiring the reporting or notification of child abuse, child molestation, sexual abuse, rape, and incest.

Screening for Sexual Abuse

1. Screening adolescents for sexual abuse will be part of the routine history (ACOG, November 2003, ACOG May 2006, AAP, June 2001, AMA, 1997, AAFP, 1997). Specifically, adolescents will be asked direct questions regarding their past sexual experiences. These questions should include those that explore age of first sexual experience, unwanted voluntary or forced sexual acts, and a description of events (AAP, June 2001).

Follow-Up for Suspected Sexual Abuse

1. If abuse is suspected, the adolescent will be assessed to determine the circumstances surrounding the abuse and the presence of physical, emotional, and psychosocial consequences, including involvement in health risk behaviors (AMA, 1997, AAP, June 2001, AAFP, 2006).
2. If abuse is suspected, pregnancy prevention and post-coital contraception will be addressed with every adolescent female sexual assault victim (AAP, June 2001). A baseline pregnancy test will be performed (AAP, June 2001). All female clients who have waited more than five days to seek help will be advised to return for pregnancy testing if she misses her next period (WHO, 2003). If a female adolescent client seeks health care within a few hours and up to 5 days after the sexual assault, emergency contraception will be offered (WHO, 2003).
3. The health care provider will be guided by local protocols with respect to decisions about which STDs tests to offer a victim of sexual violence and whether to offer post exposure prophylaxis for STDs (WHO, 2003, AAP, June 2001). If post exposure prophylaxis for HIV infection is available, a thorough discussion of its risk and benefits can help a client make an informed decision (WHO, 2003).
4. The health care provider will provide referral for services in the community that provide management, examination, and counseling of the adolescent who has been sexually assaulted (AAP, June 2001, AMA, 1997). In particular, the provider will help a client who discloses abuse determine whether she or he may be in immediate danger of further abuse and, if so, help ensure her or his safety.
5. The health care provider will be aware of local laws about the reporting of abuse to appropriate state officials, in addition to ethical and legal issues regarding how to protect the confidentiality of the adolescent client (AMA, 1997, AAP, June 2001, AAFP, 2006).

Sexual Coercion/Sexual Abuse Prevention Counseling

1. Every new minor Title X family planning client will receive documented counseling on how to resist attempts to coerce them into engaging in sexual activities at his/her initial visit, whether or not a physical exam is given at that visit. Counseling will include information regarding avoidance of high-risk situations and predatory behaviors that could lead to sexual assault, including verbal and sexual coercion and use of alcohol and drugs, as well as information about healthy relationships verses (AAP, June 2001, AAFP, 2006).
2. If it is not practicable to provide such counseling during the initial visit, such counseling will be provided within six (6) months after the initial visit. Thereafter, counseling must be provided *at least* every twelve (12) months until the client reaches 18 years of age.
3. Counseling will also be provided if any of the following occurs since the last counseling session (whether or not counseling has been provided within the last 12 months): if a change has occurred in the minor's status, since the last counseling session on sexual coercion, that possibly could expose the minor to a risk of sexual coercion (e.g., the client enters into a new relationship).
4. Clear documentation of each counseling session will be included in the client's medical record. **Explain where such documentation will occur.**

References

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<http://www.aafp.org/online/en/home/policy/policies/a/adolescentsprotect.html>

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Society for Adolescent Medicine, *Confidential Care for Adolescents in the Health Care Setting*, December 1997, <http://www.adolescenthealth.org/positionpaperssummary.htm#Confidential>

US Department of Health & Human Services, Office of Population Affairs, Office of Family Planning, *Program Guidelines for Project Grants for Family Planning Services*, January 2001, http://opa.osophs.dhhs.gov/titlex/ofp_references.html

World Health Organization (WHO), *Guidelines for Medico-Legal Care for Victims of Sexual Violence*, 2003, http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/index.html