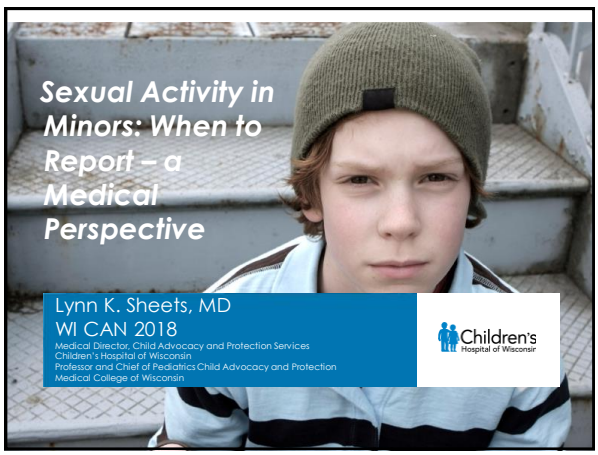

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Disclosure Information for:
Lynn K. Sheets, MD
Sexual Activity in Minors: When to Report

- There are no relevant financial relationships related to this presentation/program
- There is no sponsorship/commercial support of this presentation/program
- The content being presented will be fair, well-balanced and evidence-based
- Learners who wish to receive Continuing Education Credit (CME/CLE/CE) must complete and turn in evaluations to successfully complete this program

Disclaimers

*This lecture is **not intended as legal advice** and should not replace legal consultation within your agency.*

Cases de-identified

Contains potentially upsetting or disturbing scenarios

Objectives

- List factors that medical providers must consider in decisions to report underage sexual activity
- Explain types of interpersonal violence associated with coercive sexual experiences in teens

Today's Focus

- Medical perspective! Helping other professionals understand the medical perspective
- Practical tips for medical providers about when to screen
- Other considerations (sexting, teen dating violence and trafficking/CSEC)

Overview

- Child Maltreatment in teens is particularly complex. Increased vulnerability due to:
  - Increasing autonomy of teens – independence, mobility, access to technology
  - Developing sexuality
  - Developing but immature prefrontal cortex
  - Co-morbid risks (AODA, mental health problems, family problems)
  - Peer pressures
  - Consent/legal issues

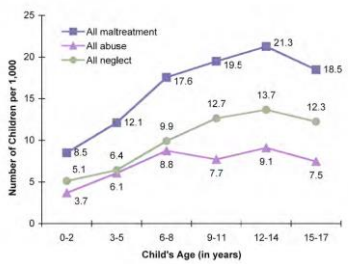
Appearances Are Deceiving

- Teens are children despite all appearances!
- Different parts of the brain mature at different periods of development
  - vision related areas by age 5
  - language by age 13
- Full brain development does not occur until mid 20's

Immature Teen Brain

- The last brain structures to fully mature are the areas of the cortex related to executive functions ("air traffic control functions"):
  - Decision-making
  - Impulsiveness and inhibition
  - Focused attention
  - Problem-solving

National Incidence Study-4 (2010)



Using the Harm Standard

https://www.nis4.org/index.htm

Risk and Protective Factors

- Risk factors
  - Family dysfunction
  - Truancy
  - Social isolation
  - History of maltreatment
- Protective factors
  - Involved parent(s)
  - Family dinners
  - School involvement
  - Mentors and peer supports

Sexual Activity in Minors

- CDC 1/5/18 released report
  - 2005-2015 high school students are waiting longer to have sex
  - On average – age 17
  - Age 15-19 – 44% of females and 49% of males
  - These data are in contrast to the National Survey of Family Growth (interviews of youth)

Roles

- Medical role is different – reproductive health care allowed
- Other mandated reporter roles are likely different
- Keep in mind that this presentation is focused on the medical perspective

Reproductive Health Care Laws

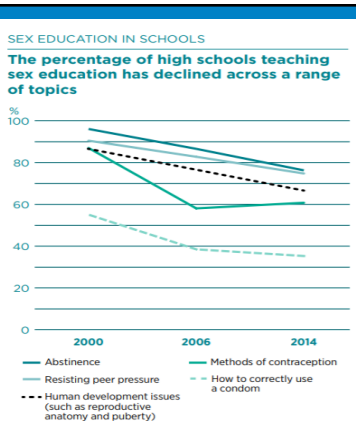
- See Guttmacher Institute:
  - https://www.guttmacher.org/
- Fuentes, L et al. 2017 – 1 in 5 teens age 15-17 report they would avoid sexual and reproductive health care because of confidentiality concerns
  (Journal of Adolescent Health 62 (2018) 36–43)

Where Teens Obtain Sexual Health Information

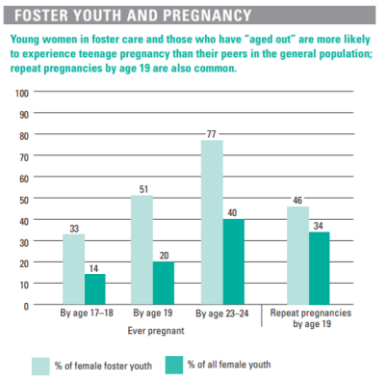
- 2006-2010 to 2011-2013 – Decline in teen girls' reports of receiving formal education about birth control, STIs, HIV and AIDS, and refusing sex.
- In 2015 < 6% of LGBTQ youth reported positive representations of related topics
- 73% of teens 13-17 y/o own a smartphone
- 46% of websites contained inaccurate information about contraception

Fact sheet from Guttmacher Institute "American Adolescents' Sources of Sexual Health Information"

Sex Education in the Schools



Risk – Foster Care



Dworsky A and Courtney ME, The risk of teenage pregnancy among transitioning foster youth: implications for extending state care beyond age 18, Children and Youth Services Review, 2010, 32(10):1351–1356.
Courtney ME et al., Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24, working paper, Chicago: Chapin Hall at the University of Chicago, 2010.

Mandated Reporting

- Reasonable suspicion that a child (<18 y/o) has been or will be abused or neglected.
  Wis. Stat. § 48.981(2)
- All sexual activity < 18 y/o is a crime but mandated reporters are required to report consensual activity <16 y/o except:
  - **Health care providers** do not have to report teenage consensual sexual activity at any age if providing reproductive health services
  - Any sexual activity involving < 18 y/o should be reported if there is reasonable suspicion for abuse (see ASVAST tool)

– Report to both CPS and police!

Parental Rights

- A biological or adoptive parent is generally considered to be a personal representative for a minor child
  - except when minors can consent to treatment on their own
  - except where parental rights have been terminated by a court
  - except where abuse, neglect, endangerment are reasonably suspected (i.e. it's not in the patient's best interest to treat the person as a personal representative)
- In Wisconsin, the parent owns the minor's medical record

Age Guidance

- None in Wisconsin
- Published science
  - Sexual activity in children < 13 y/o more likely to be coercive in nature (2013 Finer LB and Philbin JM. *Pediatrics*. 2013;131:1-6)
  - Consider using age < 13 in combination with the ASVAST tool for reporting decisions

Reporting *in Practice*

- What about reporting when:
  - A 15-year-old seeking birth control? What if her boyfriend is 19? 25?
  - A 16-year-old reports being hit by her 18-year-old boyfriend?
- Other sticky issues:
  - Can you release records to child protective services and law enforcement?
  - What about taking photos when abuse is a concern?
  - What if the teen refuses an evidence collection kit or is unable to assent?

Sexual Abuse/Assault in Teens

- Compared to younger children:
  - Less likely to report
  - Reports more likely to be tentative
  - Reports are less likely to be believed
  - Teen is more likely to be blamed
- Teens are very vulnerable and may not even recognize sexual abuse when it happens to them
- 1/5 young women will be sexually assaulted at college. Most common date rape drug?

Prevalence of Sexual Abuse/Assault by 18 y/o

- Used youth surveys
- 26.6% had been sexually abused or assaulted

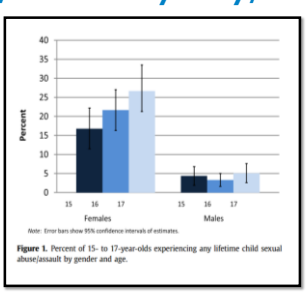


Figure 1. Percent of 15- to 17-year-olds experiencing any lifetime child sexual abuse/assault by gender and age.

2014 Finkelhor D, et al. The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. J of Adolescent Health

Barriers to Reporting

- 27% of health care providers admit to not reporting injuries to a child that were likely from abuse (Flaherty 2008)
- Perceived barriers to reporting (all related to a lack of understanding of "reasonable suspicion") (Jones 2008)
  - Relationship with the family
  - Lack of previous suspicions for abuse
  - Reasoning that care was sought promptly therefore abuse is unlikely
  - Anticipation of negative outcomes from report

Report to Whom?

- May report to CPS and/or law enforcement
- Where?
  - CPS where the child lives
  - Law Enforcement where the maltreatment likely occurred
- Dual reporting to both CPS and law enforcement is best practice in most cases

Mandated Reports by Health Care Professionals

- It is not only important that you report, but how you report is critical
- Make sure that you educate about why maltreatment is suspected from your professional perspective!
- If you don't educate, the report might be screened out without investigation!

Non-Caregiver Law

- CPS is not required to investigate cases of non-caregiver maltreatment in Wisconsin (see Wis. Stats. s. 48981(1)(am))
- Law Enforcement is primarily responsible for investigations of child maltreatment when the suspected perpetrator is a non-caregiver

http://www.dcf.wisconsin.gov/cwreview/reports/CAN.htm

Is the Situation Reportable?

- Adolescents present to clinics for
  - STI testing
  - HIV testing
  - Pregnancy testing and counseling
  - Contraception
  - Treatment for sexual abuse/assault
- "Reproductive health care" is generally considered confidential - but need to ensure safety while maintaining confidentiality

Conflicting Roles?

- Need to protect from exploitation competes with the need to provide confidential sexual and reproductive health services
- Guarantee of confidentiality is critical to teens' willingness to seek care
- Reporting of all cases of underage sexual activity would overwhelm an already over-burdened child protective service system.

Dailard C. Statutory rape reporting and family planning programs: moving beyond conflict. The Guttmacher Report on Public Policy 2004. Available at https://www.guttmacher.org/pubs/tgr/04/4/gr040404.pdf

Recommended Approach

- Limits of confidentiality.
  - Consider initial "full disclosure"- inform the teen that confidentiality does not apply to some situations including self harm, harm to others and abuse
- Screen teens for mandated reporting conditions

Mandated Reporting Situations

- Reports MUST be made if:
  - Sexual contact with a caregiver or authority figure such as a teacher, coach
  - Child incapable of understanding the consequences of the behavior
  - Child was unconscious or impaired at the time of the activity
  - Child was exploited, such as survival sex, CSEC
  - Child's participation was not voluntary (physical force or coercion)

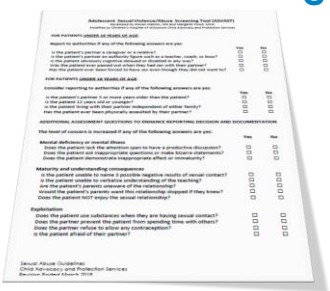
When to screen

- Not necessarily all teens at every visit
- Screen those who
  - Have a full evaluation including a sexual history
  - Present with reproductive health issues

How to screen

- Basic information
  - Patient's age and partner's age
  - Age at first sexual contact (screen further if under 13-years-old)
  - Circumstances- consensual?
  - Parent/guardian knowledge
  - Screen for violence, coercion, impairment, unbalanced power and comprehension of risk in the sexual relationship

ASVAST Screening Tool



Provided with permission of Dr. Steve Matson, Adolescent Medicine Division, Nationwide Children's Hospital

ASVAST

Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)
Developed by Steven Matson, MD and Margaret Flood, MSW
Modified by Children's Hospital of Wisconsin Child Advocacy and Protection Services

FOR PATIENTS UNDER 18 YEARS OF AGE:

Report to authorities if any of the following answers are yes:

	Yes	No
Is the patient's partner a caregiver or a relative?	☐	☐
Is the patient's partner an authority figure such as a teacher, coach, or boss?	☐	☐
Is the patient obviously cognitive delayed or disabled in any way?	☐	☐
Was the patient ever passed out when they had sex with their partner?	☐	☐
Has the patient ever been forced to have sex even though they did not want to?	☐	☐

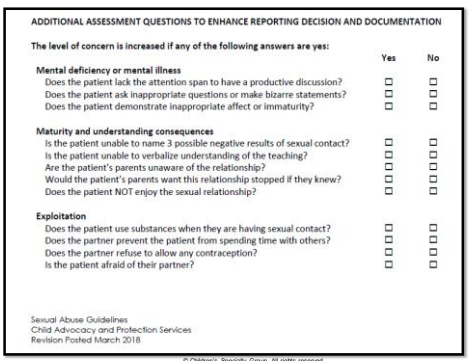
ASVAST

FOR PATIENTS UNDER 16 YEARS OF AGE:

Consider reporting to authorities if any of the following answers are yes:

	Yes	No
Is the patient's partner 5 or more years older than the patient?	☐	☐
Is the patient 12 years old or younger?	☐	☐
Is the patient living with their partner independent of either family?	☐	☐
Has the patient ever been physically assaulted by their partner?	☐	☐

ASVAST



ADDITIONAL ASSESSMENT QUESTIONS TO ENHANCE REPORTING DECISION AND DOCUMENTATION

The level of concern is increased if any of the following answers are yes:

	Yes	No
Mental deficiency or mental illness		
Does the patient lack the attention span to have a productive discussion?	☐	☐
Does the patient ask inappropriate questions or make bizarre statements?	☐	☐
Does the patient demonstrate inappropriate affect or immaturity?	☐	☐
Maturity and understanding consequences		
Is the patient unable to name 3 possible negative results of sexual contact?	☐	☐
Is the patient unable to verbalize understanding of the teaching?	☐	☐
Are the patient's parents unaware of the relationship?	☐	☐
Would the patient's parents want this relationship stopped if they knew?	☐	☐
Does the patient NOT enjoy the sexual relationship?	☐	☐
Exploitation		
Does the patient use substances when they are having sexual contact?	☐	☐
Does the partner prevent the patient from spending time with others?	☐	☐
Does the partner refuse to allow any contraception?	☐	☐
Is the patient afraid of their partner?	☐	☐

Sexual Abuse Guidelines
Child Advocacy and Protection Services
Revision Posted March 2018

Disclosure of Abuse

- If teen discloses an assault
  - Document verbatim what was said
  - Assess whether it is safe to engage a parent (who has she told? Was she protected? Is the alleged perpetrator in the home?)
  - Report
  - Refer according to triage guidelines
  - Abuse or assault within last 72 hours – emergent referral

Risky Situations

- Commercial Sexual Exploitation of Children (CSEC) or "Trafficking"
- Risky Technology Use – Sexting and more
- Teen Dating Violence

Sex Trafficking of Minors (CSEC)

- Defined as knowingly recruiting, enticing, providing, obtaining or harboring a child for the purpose of a commercial sex act (includes explicit performances)
- A commercial sex act is defined as sexual contact with a child < 18 y/o for which something of value is exchanged or promised
- Force, coercion, fraud, transportation of the youth are not required
- Up to 3.5% of teens admit to exchanging sex for drugs or money

Want to learn more? CSEC Resources

- https://www.mcw.edu/Pediatrics/Child-Advocacy-and-Protection/Sex-Trafficking-Resources.htm

Reporting

- All cases where there is reasonable suspicion of trafficking should be reported
- Report to both CPS and police
- You may withhold information from the parent if disclosure is likely to endanger the safety of the child
- Other resources:
  - Polaris Project (includes hotline to find local resources: http://www.polarisproject.org/human-trafficking/sex-trafficking-in-the-us

Risky Technology Use

- More than 70% of children <12 used tablets
- Almost 40% of toddlers ages 2 to 4 often used a mobile device.
- American Academy of Pediatrics
  - No screen time < 18 months
  - Ages 18 mo – 5 y/o < 1 hour screen time with a caregiver
  - Family Media Plan: https://www.healthychildren.org/English/media/Pages/default.aspx#home

2015 Radesky Pediatrics 135(1):1-3

Technology & Abuse*

- Technology and Teens = Risk
- 95% have internet access, 71% have mobile access, 68 - 78% own a cell phone; 23 - 47% are smart phones
- 76% use Facebook and 24% use Twitter
- The average 8 to 18 y/o spends 7 hours 38 minutes per day using media (Kaiser Family Foundation)
- For translating text acronyms:
  - http://www.noslang.com/
  - http://netlingo.com/
  - http://coolmomtech.com/2014/07/texting-acronyms-and-phrases-parents-should-know/

*2013 Madden M et al. Pew Research Center and 2013 Berkman Center for Internet & Society

Social Networking

- Social Connections: Facebook, Twitter, MySpace, Google +, Reddit
- Multimedia Sharing: YouTube, Flickr, Picasa
- Photo sharing: Facebook, Instagram, Pinterest, Tumblr
- Facebook, Instagram, and Twitter require children to be ≥13 y/o. Study by Piper Jaffray in 2014 showed Instagram is #1
- Microblogging - Twitter
- **Texting** & Snapchat

Sexting & Child Sexual Abuse Images (child pornography)

- Sexting – send sexually explicit message or image by cell phone (2012 Pediatrics)
  - 27.6% of teens have sent a sext
  - 31.4% have asked for a sext
  - 60% have been asked
- Injury
  - Images permanent and can be shared
  - Posted to social media
  - Shaming, bullying or 'sextortion' (see www.stopbullying.gov for resources)
  - Mental health – isolation, anxiety, depression, suicide

Tips for Helping Parents

- Ask children < 13 y/o if they have any accounts
- Children who have accounts should have privacy restrictions fully activated
- Talk about what not to post – DOB, address, etc.
- "Friend" them with the understanding that you will never post
- If you see little activity on Facebook, be aware that it may be a 'front' for your benefit; your child may have set up an alternate account or controlled privacy settings
- Watch for signs of stress if self-esteem is suffering
- Have rules about when the phone may not be used – driving, family dinners; model the behavior

Tips for Helping Parents

- Monitor internet activity, randomly; computer should be in a location that allows random checks on activity
- Support the social lives of teens online and off
- Foster emotional and attentional self-awareness
- Prioritize offline connections
- Watch for trouble and intervene
- Helpful website: www.cyberwise.org
  - Has helpful links & modules for parents and teachers
  - Some content is free and other at a fee

Modified from:
http://greatergood.berkeley.edu/article/item/five_tips_for_helping_teens_manage_technology by Diana Divecha 6/25/14

Tips for Helping Parents

- "Never" Behaviors – Assume that all posts are visible to all
  - Post illegal activities
  - Bully
  - Trash talk teachers or others
  - Post any objectionable material
  - Post confidential information
  - Check in when you are by yourself (risk of geo-mapping)
  - Lie, cheat or plagiarize
  - Threaten
  - Post when emotional

More Resources

- WI ICAC https://www.doj.state.wi.us/dci/icac/icac-task-force-home
- NetSmartz.org – Interactive, educational resources/training by the National Center for Missing & Exploited Children
- Cybertipline.org
- HeartMob – to end online harassment

Adolescent Physical Abuse

- More difficult to recognize than in younger children
  - Often does not look like typical abusive injuries
  - Teen reluctant to disclose
  - Teen more likely to be blamed or not believed
- Can involve violence inflicted by peers or romantic partners (in dating relationships)
- Often involves media/technology

Physical Abuse of Teens

- Teen dating violence (TDV)
  - Common- 25-60% of teens will experience some form of relationship violence*
  - Affects all SES groups, cultures, sexual orientations
  - Women aged 16-24 years old have highest per capita rate of relationship violence

*Foshee, VA; et al. (1996). "The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings." *American Journal of Preventive Medicine*, 12(5 Suppl):39-47.
Cohall, A; Cohall, R; Bannister, H; Northridge, M. (1999). "Love shouldn't hurt: Strategies for health care providers to address adolescent dating violence," *Journal of the American Medical Women's Association*, 54 (3):144-8.

Long-term Effects of TDV

- Teen girls who experienced dating violence are
  - 2.5 X more likely to smoke
  - 8.6 X more likely to attempt suicide
  - 3.4 X more likely to use cocaine
  - 3.7 X more likely to have body image problems leading to unhealthy weight control behaviors
  - More likely to have repeated pregnancies and miscarriages

Silverman, J., Raj, A., Mucci, L., Hathaway, J. (2001). "Dating Violence Against Adolescent Girls and Associated Substance Abuse, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality," *Journal of the American Medical Association*, 286(5): 572-579.
Jacoby, M., et. al., (1999). Rapid repeat pregnancy and experiences of interpersonal violence among low-income adolescents, *American Journal of Preventive Medicine*, 16 (4), 318-321.

TDV - Silent Teens

- Teens often will not disclose because
  - Don't recognize the behaviors as abusive
  - Confuse the control & jealousy with love
  - Feel they have assented through silence or through risky behaviors
  - Conceal the behaviors because they were engaged in other activities that would get them in trouble (drinking or going to a forbidden location)
  - Value the relationship too much
  - Are dependent on the abuser

Screening for TDV

- Who?- All youth >12-years-old if talking with them alone; disclose limits of confidentiality
- How to screen?
  - All youth- Use of brochures about healthy relationships such as "Expect Respect" – AAP's Connected Kids
  - Screening question with framing

Screening- Framing Questions

- "Because violence is very common particularly in relationships, we are asking all of our teens about this. Have you ever felt unsafe with a boyfriend/girlfriend? Have you ever been slapped, pushed or forced to do something that you didn't want to do?"
- "Because violence is so common in many people's lives, I've begun to ask all my patients about it"
- "I don't know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely"

National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings, 2004. http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf

Screening Questions

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Did someone cause these injuries? "Has your partner or ex-partner ever hit you or physically hurt you?"
- "Do you ever feel afraid of your partner? Do you feel you are in danger?"
- "Is it safe for you to go home?"
- "Has your boyfriend/girlfriend ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"

National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings, 2004. http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf

TDV/IPV Resources

- Plan to follow up with the youth
- Resources:
  - Wisconsin Coalition Against Domestic Violence to identify resources in your community (http://www.wcadv.org/)
  - Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse available at: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Hanging-Out-or-Hooking-Up_Low_Res_Cropped_FINAL.pdf
  - Connected Kids (AAP) – http://www2.aap.org/connectedkids/

HIPAA & Child Abuse Exception

- HIPAA permits disclosure of Protected Health Information (PHI) – also known as identifiable health information - in matters that affect treatment of the child and investigation of matters that relate to abuse or neglect, public health and safety.
- HIPAA also regulates release of information to a parent/guardian if doing so would jeopardize the safety of the child
- 2010 AAP Policy Statement: Policy Statement—Child Abuse, Confidentiality, and the Health Insurance Portability and Accountability Act

http://pediatrics.aappublications.org/content/125/1/197.full.pdf

References

- National Incidence Study for scope of problem https://www.nis4.org/index.htm
- Dailard C. Statutory rape reporting and family planning programs: moving beyond conflict. The Guttmacher Report on Public Policy 2004. Available at https://www.guttmacher.org/pubs/tgr/04/4/gr040404.pdf
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