

# **COUNSELING TEEN CLIENTS EXPERIENCING SEXUAL COERCION**

## **Video Discussion Guide and Resources**



Region I Title X Family Planning  
Training Center

JSI Research & Training  
Institute, Inc.

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# ***Counseling Teens Experiencing Sexual Coercion Video Discussion Guide and Resources***

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Project Coordinator: **Deborah Dean**  
*JSI Research & Training Institute, Inc.*

Project Associate: **Amy Behrens**  
*JSI Research & Training Institute, Inc.*

Cover Design: **Marina Blanter**  
*JSI Research & Training Institute, Inc.*

Expert Consultant: **Joan Mogul Garrity**  
*Garrity Health Consulting & Training*

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## Introduction

According to a 2003 study by the Kaiser Family Foundation, approximately one in three sexually active teens ages 15-17 reported “being in a relationship where they felt things were moving too fast sexually”, and nearly one in four had “done something sexual they didn’t really want to do.”<sup>1</sup> In CDC’s Youth Risk Behavior Survey of the same year<sup>2</sup>, nearly 1 in 10 high school students reported having been physically forced to have sexual intercourse when they did not want to, with girls being twice as likely as boys to report this experience.

Family planning providers have the opportunity to help teen clients avoid and resist sexual coercion, and the responsibility to comply with laws requiring the reporting of abuse, rape and incest. In addition, Title X program guidelines indicate that Title X providers must “provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities”.

This video, developed for family planning providers and counselors, demonstrates client-centered approaches for counseling teens experiencing sexual coercion. The video features two scenarios representative of the types of situations faced by Title X clients. In the first scenario, a 16 year old client is being pressured to have sex by her teenage boyfriend. The second scenario focuses on a reportable situation in which a young teen is being sexually abused by her mother’s partner.

This guide provides discussion questions and resources to enable viewers of the video to learn from one another, and to build upon their past experience working with teenage clients in difficult situations. The guide includes the complete script for each scenario, annotated to draw attention to counseling techniques, questions or statements that may be helpful in raising the issues, responding to the strong emotions that may arise, and providing support and assistance to the client. The discussion questions following each script can be used when viewing the video in a group setting such as a staff meeting or training session, or can be provided to individuals viewing the video on their own.

Also included in this guide are counseling tips, a list of client education materials and where to obtain them, and an annotated list of information and referral resources. For additional resources including fact sheets, screening tools, client-centered counseling guidelines, and Region I state manuals on reporting of child abuse and neglect, please visit [www.famplan.org](http://www.famplan.org).

**Note to supervisors:** This video focuses on sensitive topics and may evoke distressing thoughts about events in a viewer’s own life. Prior to showing the video, it is important to acknowledge that the scenarios may be upsetting to watch or may stir up painful memories. Assure viewers that they will not be asked to share personal experiences, and do not insist on participation by anyone who seems reluctant to join in the discussion.

### References:

1. Kaiser Family Foundation. National Survey of Adolescents and Young Adults: Sexual Health, Knowledge, Attitudes and Behaviors, May 2003.
2. Centers for Disease Control and Prevention (CDC). Youth risk behavior surveillance summary—United States, 2003. Morbidity and Mortality Weekly Report, May 2004, 53 (2).

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## **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 teens consent to sex without thinking they have a choice. Coercive situations may use threats, humiliation, and anger as means to convince a partner to consent to sexual behavior. The coerced individual often agrees to the activity because he or she does not feel able to say “no” and have that response respected.

Definition adapted from *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.

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## Scenario I : *Resisting Sexual Coercion* Annotated Dialog

16 year old Danni has come to the clinic for a pregnancy test. Her medical record indicates that she's been taking an oral contraceptive for about six months. Lisa, the family planning counselor, has just informed Danni that her pregnancy test is negative.

1. Starts with an open-ended question that responds to Danni's non-verbal cues.

*Lisa:* Danni, it looks like you're having some strong feelings about that result. Could you tell me a little bit about what's going on?  
*Danni:* [not making eye contact, speaking softly] I dunno – I mean I'm glad I'm not pregnant, it's just that it would have been, oh, I don't know....
2. A paraphrase, capturing the confusion Danni seems to be feeling.

*Lisa:* Sometimes there's a part of us that wants something, and apart of us that doesn't want the same thing.  
*Danni:* [looks up momentarily] Yeah, exactly.
3. Normalizing.

*Lisa:* It can also be reassuring to know that you can get pregnant, even if you don't want to. Does that make sense?  
*Danni:* [nodding] Yeah.
4. Open-ended question.

*Lisa:* I know you've been taking the pill for about six months. How's that been working for you?  
*Danni:* Oh, fine, I guess. I mostly remember them. Matt, my boyfriend reminds me.
5. Quick offer of approval that is based on a quick assumption.

*Lisa:* That's great! Guys aren't always willing to be involved in that.  
*Danni:* [sarcastic] Yeah, I guess it's great.
6. Reacting to Danni's paraverbal expression, which suggests something might be going on, the provider remembers to explain confidentiality.

*Lisa:* Danni, before we go on, I just want to tell you about our confidentiality policy. Just about anything anyone tells me I can promise to keep completely confidential – not tell anyone. But if someone tells me that they're thinking about hurting themselves, or hurting someone else, or if someone is hurting them, I will need to do everything I can so that doesn't happen. That can mean telling other people.  
*Danni:* [looks up with alarm] Are you going to tell my mother I came here?

7. *Lisa:* I don't have to tell anyone, unless, like I said, there was something dangerous or illegal happening.  
*Danni:* Oh, okay.
8. Open-ended question. *Lisa:* How would your mother feel about you being here?  
*Danni:* I dunno...*[annoyed]* She's always saying she hopes I'm not doing anything, that I don't get pregnant -- you know, that kind of stuff.
9. Empathic statement. *Lisa:* It can be hard to talk about these things with a parent.  
*Danni:* *[pointing to her clothes]* She says I dress like I'm going to **do** something!
10. Normalizing and empathizing without being critical of parents. *Lisa:* Sounds like she's worried about something happening to you.  
*[smiling]* Sometimes parents don't know how to talk about these things either.  
*Danni:* Yeah, I guess so. *[Suddenly looks away, very upset]*
11. Responding to Danni's non-verbal and paraverbal communication, offers her control over what is shared. *Lisa:* Danni, I get the feeling that there's something else troubling you. *[Pauses. Danni is quiet.]* Please know that you don't have to answer any questions or tell me anything you don't want to. At the same time, the more you are able to tell me, the more useful I can be to you.  
*Danni:* Okay.
12. Uses paraphrase to gently confront Danni with awareness of her situation. *Lisa:* It seems like there's a lot going on for you right now. You have some mixed feelings about your pregnancy test; you're worried about your mother knowing that you're here. You don't seem too happy about your boyfriend's interest in your taking the pill. Danni, how about him – how does he fit into your worries? Did he know that you thought you were pregnant?  
*Danni:* *[emphatically]* No, and I don't want him to. He thinks I've been taking them all along.
13. *Lisa:* And you haven't?  
*Danni:* *[looks down again, appears anxious]* No. *[looks very uncomfortable]* I was hoping that, maybe, if I was pregnant, he, you know, he would stop wanting to have sex with me.



14. Question for clarification.
- Lisa:* So you wanted to be pregnant so that you'd have a reason to not have sex?  
*Danni:* [*nods tentatively*] Yeah, I guess so. Listen, I really have to get out of here, soon.
15. Negotiates for time, while giving Danni control
- Lisa:* Can I have just a few more minutes of your time. I promise, anytime you say, "stop", we'll stop.  
*[Danni makes eye contact, and nods as if giving Lisa permission to continue]*
- 16.
- Lisa:* Danni, you said that you were hoping that a pregnancy would help you refuse sex with Matt. How do you feel about having sex with him?  
*Danni:* [*shrugs; seems resigned*] I just do it. You know, it's easier than fighting about it!
- 17.
- Lisa:* How old is he?  
*Danni:* He's 17. [*speaks with more animation*] He's really not so bad. He's just a guy – you know, that's how they are! He's really hot, and all my friends are always telling me how jealous they are.
- 18.
- Lisa:* Well, what do **you** think? What's it like for you when the two of you have sex?  
*Danni:* Well, he's the only guy I've had sex with, and it's... we just do it and it's over. It's really not a big deal.
19. Straightforward self-disclosure of judgment and concern.
- Lisa:* You know, Danni, it sounds like a big deal to me. You're saying that at least some of the time you don't want to have sex; you'd even be willing to be pregnant so that you wouldn't have to have sex. When anyone is being forced to have sex that they don't want, it is a big deal.  
*Danni:* [*alarmed*] But it's not like he's raping me or something!
- 20.
- Lisa:* It doesn't matter what you call it, making you have sex when you don't want it is not okay. Danni, what happens when you let him know you don't want to have sex?  
*Danni:* He gets really mad. He doesn't hit me or anything, he just... just like calls me names, and says I'm a tease, and that he's going to talk about me in school. He's a senior.

21. Paraphrase and open-ended questions.
- Lisa:* You said you wouldn't want him to know that you thought you might be pregnant. What would happen if he did know?  
*Danni:* *[speaks intently]* Well, then he'd know I lied about the pills!
- 22.
- Lisa:* Danni, how would you feel about getting pregnant with him?  
*Danni:* I think... he would have to start being nice to me then.
23. Another straightforward observation, providing a little reality. Asks an open-ended question that allows Danni to say whatever she feels.
- Lisa:* You know, abuse towards women actually increases when they are pregnant. *[Pauses]* This may sound like a stupid question, but, what keeps you with him? What's the best thing about being with him?  
*Danni:* Like I said, he's so cute, and since I've been with him, the other girls want to hang out with me more.
24. Makes a connection to a significant person in Danni's life to give her another perspective on her situation.
- Lisa:* You talk about your friends – do you have a best friend, one who's maybe been your friend from even before you've been with Matt?  
*Danni:* Yes – Erin. I've known her since first grade! She lives in my old neighborhood, so I don't get to see her too much anymore.
25. Continues to support self-awareness in a non-directive fashion.
- Lisa:* If Erin were with this guy, what would you tell her about him?  
*Danni:* *[looks surprised]* I'd...I'd tell her not to be with him. I don't think Erin could handle him...and I wouldn't want her to be put down so much. He doesn't really give me any respect...*[voice trails off]*
26. Gentle confrontation, with expression of genuine caring.
- Lisa:* *[gently]* How would it be to be as kind and concerned about yourself as you would be about Erin? You deserve respect too!  
*Danni:* *[looks thoughtful]* Yeah, I guess you're right.
- 27.
- Lisa:* And if Erin knew how Matt was treating you, what would she say?  
*Danni:* Oh, she'd tell me to leave him. My sister, my older sister, keeps telling me that. She says she just doesn't like how he acts.
28. Confronts Danni with Danni's own insight.
- Lisa:* So two people who care about you a lot, would want **you** to take care of **you**.  
*Danni:* Yeah, I guess you're right about that. But...I just don't know if I really want to do that. *[looks reflective]* That sounds really dumb, doesn't it? I can try. Really.

29. Normalizing. Helps her to identify possible source of support.

*Lisa:* It really can be hard to say no to someone. Maybe you could call Erin, and talk some more about this with her.

*Danni:* Yeah – I do keep meaning to call her.

30. Open-ended question, followed by a 3<sup>rd</sup> person observation to provide normalization of a possible concern.

*Lisa:* What's the worse thing that could happen if you tried to end this relationship, Danni? Sometimes girls are worried that the guy might get violent.

*Danni:* No, no, I don't think so. He'll probably just say you're playing games, you're sooo immature.

31. Summarizing statement of support.

*Lisa:* It sure seems that saying "no" to something you don't really want to do, something that could have some pretty serious consequences, with someone who doesn't respect you, is exactly the opposite of immature. It sounds sooo mature!

*Danni:* [smiles] Thanks. I guess I never thought about it that way.

32. Taps into Danni's hopes.

*Lisa:* And before you ever had sex, how did you imagine it would be, how did you picture your relationship with the guy?

*Danni:* Oh, you know...all romantic and everything. [She begins to get teary-eyed again]

33. Non-confrontational confrontation.

*Lisa:* Having sex with a guy who's been pressuring you doesn't sound romantic to me.

*Danni:* Not very. [Her voice trails off]

34. Expression of caring, acknowledgement, and support.

*Lisa:* Danni, you know, you don't have to have sex if you don't want to. This is your body and your life. You're a very smart young woman. You came here six months ago because you wanted to protect yourself, so that you wouldn't get pregnant. Lots of young women don't even do that! And you are also smart enough to be honest with yourself. You know that having sex this way is not how you want it to happen.

*Danni:* [nods] It isn't!

35.

*Lisa:* Danni, some day there might be a guy – there will be a guy! – who you'll want to be close to who'd be willing to respect your wishes. Take the time to get to know one another. You know – of course you know this! – kissing and hugging and being close, dancing, touching are all ways to be together. And when you choose to be with someone who respects you, then maybe you can have the relationship you've imagined.

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*Danni:* I really would like that. My older sister, she just got married to this guy she's been with for, like, 4 years. I know they were "doing it" *[smiles]* but he really loves her.

36. *Lisa:* So you know it's possible! *[smiles]* I am happy you are thinking about doing what is right for you. At the same time, like I said, I know that it can be difficult. Would it be okay if I gave you some brochures, or, even better, the address of this great website designed just for girls who are going through what you're going through!

*Danni:* *[nodding]* Yeah, sure.

37. *Lisa:* Here are two -- itsnotok.org and sexetc.org. Both are designed for people your age.

*Danni:* Cool! I didn't know about these.

38. *Lisa:* You are definitely not the only one going through this. Danni, thank you for talking to me so honestly about what's going on. And listen, whatever the outcome of your conversation with Matt, if you want to tell me, if you think I could be a support or help you find a support, please let me know.

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## **Discussion Questions for Scenario I: *Resisting Sexual Coercion***

1. Does this scenario “ring true”? Have you had a similar experience with a client?
2. What do you think the counselor (Lisa) did well? What could she have done differently?
3. Were there any questions or statements made by Lisa that you thought were especially helpful? In what way were these questions or statements helpful?
4. What are some approaches you have found helpful for opening communication when talking with teen clients about issues like these?
5. What did you think of the way that Lisa explained confidentiality? What is your own approach to explaining confidentiality and its limits to teens?
6. What other issues might you want to explore with Danni? How might you explore those issues?
7. What do you find most difficult when talking with teens about possible sexual coercion by a boyfriend or girlfriend?
8. What other questions or concerns do you have about counseling teen clients experiencing sexual coercion?
9. In what ways can the clinic support you and make it easier for you to work with teen clients in these types of situations?



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## Scenario II : *Handling Revelations of Sexual Abuse* Annotated Dialog

Crystal, age 15, is in the clinic today because her mother is worried about Crystal's periods. Crystal is seen first by the nurse practitioner, Ruth, for a physical exam. Crystal is reluctant to answer questions, and keeps complaining of a sore throat. She tolerates her first pelvic exam fairly well, and no signs of infection or trauma are seen. When Ruth tries to swab Crystal's throat for a culture, Crystal refuses. Suspecting potential abuse, Ruth sends Crystal in to talk with the counselor, Lisa.

1. *Lisa:* Hi Crystal, my name is Lisa. I'm one of the counselors here.  
*Crystal:* [not making eye contact, speaking softly] Hi.
2. Note use of open-questioning.  
*Lisa:* Ruth told me that you did really well with your first pelvic exam – how was that for you?  
*Crystal:* [shrugs] It was okay. I didn't like it, but it was okay. I don't know why I needed to have that!
3. *Lisa:* Well, when you and your mom made this appointment...  
*Crystal:* [interrupting] No, **she** made the appointment!
4. *Lisa:* Okay. When your mother made the appointment, she said there was something wrong with your period. What do you think she was talking about?  
*Crystal:* [sounding very annoyed] She doesn't believe me when I tell her I've had my period. She thinks I'm lying. She thinks I'm going to turn up pregnant, like my sister!
5. Empathic normalizing  
*Lisa:* It must not feel so good to have your mother not believe you. It sounds like your sister's pregnancy really has her worried about you.  
*Crystal:* Yeah, but I'm not gonna get pregnant. I'm not that stupid!
6. *Lisa:* Sometimes it's not about being stupid – sometimes things happen, even if we think they can't happen. I see on your medical history that you said you first had intercourse at age, well, I guess it was this year, since it says "15."  
*Crystal:* Yeah.

7. *Lisa:* How has being sexual been for you?  
*Crystal:* [*looking down again*] It's okay.
8. Uses 3<sup>rd</sup> person to normalize and open the door to discussion.  
*Lisa:* You know, I just asked you a very personal question, and I should have explained why before I did that. Sometimes, when I see a young woman your age who is having sex, there are things going on for her that aren't so easy to talk about. Sometimes she doesn't really want to be having sex, or feels like she has to.  
*Crystal:* [*Her head is down; it's hard to see her face*] Yeah.  
[*Suddenly looks up*] But, I'm not going to get pregnant! I said I've had sex, but really I haven't. Not really. Not, you know, not down there. [*Gestures towards her crotch.*]
9. *Lisa:* So, let me see if I understand: You haven't had vaginal intercourse...  
[*Crystal shakes her head, "no."*]
10. *Lisa:* And how about anal intercourse. You know, in the butt?  
[*Crystal shakes her head more emphatically.*]
11. *Lisa:* How about oral sex – in the mouth?  
[*Crystal nods her head, "yes."*]
12. Gives confirmation and control.  
*Lisa:* Crystal, this is hard stuff for anyone to talk about. And I want you to know that you don't have to answer any questions or tell me anything you don't want to. At the same time, the more you are able to tell me, the more useful I can be to you.  
*Crystal:* [*nods again*] It's just... [*begins crying*]
13. *Lisa:* [*Waits a bit before speaking. Crystal takes a tissue, wipes her eyes.*] Crystal, please, tell me whatever you can about what's going on.  
*Crystal:* I can't.
14. *Lisa:* What would happen if you did?  
*Crystal:* [*Shakes her head.*] I dunno.
15. *Lisa:* Crystal, does your mother know about what's going on?  
*Crystal:* [*shakes her head again*] No, un huh, she just thinks... [*stops talking*]



16.

*Lisa:* [*gently*] Thinks what?

*Crystal:* She thinks I'm having sex with Travis, which is really funny since he's not even into girls! He's really my best friend.

17. Referring to a significant other in Crystal's life helps to identify other possible support

*Lisa:* What have you told Travis?

*Crystal:* Everything. [*big sigh*] He knows everything, and he's always saying I have to tell somebody. He wants to tell somebody, but I tell him no.

18. Lisa feels really certain about the likelihood of sexual abuse; needs to be honest about confidentiality. Using the 3<sup>rd</sup> person helps to normalize it, and let's Crystal know that she—Lisa—would believe her.

*Lisa:* Crystal, before we go on, I just want to tell you about our confidentiality policy. Just about anything anyone tells me I can promise to keep completely confidential – not tell anyone. But if someone tells me that they're thinking about hurting themselves, or hurting someone else, or if someone is hurting them, I will need to do everything I can so that doesn't happen. That can mean telling other people – people who have the ability to take specific steps to protect you.

*Crystal:* [*adamantly*] Nobody's hurting me.

19. Gently confronts Crystal with the reality of what she's revealed—again uses 3<sup>rd</sup> person normalizing.

*Lisa:* I'm glad to hear that. At the same time, Crystal, you've told me that your best friend is worried about something that's going on, that he wants you to tell someone; your mother is worried, too. And Ruth, who just examined you, said you were really, really upset at the idea of having a swab of your throat taken, yet you are saying your throat really hurts. Crystal, when a young woman has all these things going on, it makes me think that something is happening that is really not okay – something she doesn't like; something that's scary to deal with.

[*Crystal begins to cry*]

20. Rather than assuming she knows Crystal's fears, Lisa uses an "Nth degree" open question approach to surfacing those fears.

*Lisa:* What scares you the most about telling me what's happening? What's the worst thing that could happen if you did?

*Crystal:* [*talking between sniffles*] He always tells me not to tell anyone! My sister never did. My mother will kill me! Really, it's not such a big deal. Like my sister said, it's just a blow job; he doesn't make you have real sex. So I can't get pregnant!

21. This has touched Lisa—genuine disclosure of her feelings emerges.

*Lisa:* [*takes a deep breath, speaks softly*] Oh honey, thank you for telling me this. It takes a lot of courage to do this. Who is it, Crystal, who is making you give him a blow job?

*Crystal:* [*mumbles her response*]

22. *Lisa:* Can you tell me again? I'm not sure I heard you.  
*Crystal:* Her boyfriend. My mother's boyfriend. But she doesn't know! Please, I don't want her to get in trouble! And if he leaves, she's gonna be so angry!
23. *Lisa:* Are you telling me that you think your mother will be more upset about you telling me what's happening, than she will about what he's doing to you?  
*Crystal:* *[speaking rapidly]* Yes, no, I don't know! No, she'll be angry with him too, but she'll be angry with Cara too 'cause she never told!
24. *Lisa:* Is Cara your sister?  
*Crystal:* *[nods, then says with alarm]* I don't know why I told you any of this!
25. Begins offering lots of support for Crystal's courage, and lots of honest explaining of what will happen now. *Lisa:* Crystal, you told me because it was time for someone to know; someone who could help to make this stop. I am so glad you've told me; you're brave to do this.  
*Crystal:* But what are you going to do?
26. *Lisa:* The first thing I want to do is make sure you are going to be safe. I'm going to do everything I can to help you.  
*Crystal:* My mother doesn't know – really, she doesn't know!
27. *Lisa:* You're really worried about your mom getting in trouble.  
*[Crystal nods]*
28. *Lisa:* Crystal, I promise you I will tell you the truth, and that includes when I don't know the answer to a question. What I have to do, what I want to do to protect you, is to get in touch with someone who helps young people like you get out of situations like the one you're in and helps them to be safe.  
*[Crystal looks wary]*
29. More 3<sup>rd</sup> person normalizing. *Lisa:* Lots of the time, when someone is going through what you've been going through, they think it only happens to them – that they're alone.  
*Crystal:* *[almost not audible]* Cara. It happened to Cara, too. *[a little louder]* That's why she ran away!

30. Summary.

**Lisa:** So you know you're not alone, and you know that someone who cares for you a lot – your best friend, Travis – knows this should not be happening to you. He wants to see you protected too.

**Crystal:** When I told him I was coming here today, he said I should say something.

31.

**Lisa:** What a good, good friend he is! What your mother's boyfriend is doing isn't just wrong, it's against the law. This is not your fault, Crystal – do you know that?

**Crystal:** *[looks surprised]* How did you know? I always think that – it's gotta be my fault. That's why I don't have any boyfriends, I mean, you know boyfriends not like Travis, because I didn't want to be doing anything that would be like...I don't know, making him think I wanted it. He knows I wouldn't be doing it with Travis. He's always calling Travis a fag. *[mutters under her breath]* I hate him so much!!

32. Lisa wants the contact with crystal, but gives Crystal control over it.

**Lisa:** *[putting out her hand]* Crystal, can I give your hand a squeeze?  
*[Crystal nods, and then holds Lisa's hand with desperation.]*

33. Gives Crystal as much specific information as she can about what will happen. Tries to give her a sense of control over the process, to whatever degree is possible.

**Lisa:** Let me tell you exactly what I am going to do: I need to let my supervisor know what's going on so she can call the people in County Protective Services – those are the folks I was talking about before. I would also like it if my supervisor could talk to your mom. How would you feel about that?

**Crystal:** *[looking alarmed]* What is she gonna say to her?

34.

**Lisa:** What would you want her to say?

**Crystal:** *[crying]* I don't know...

35.

**Lisa:** How about if she said this: "Mrs. Brown, first I want to tell you that Crystal is fine; she doesn't seem to have any infections, and her periods are normal. Crystal has told us something very important that took a lot of courage to share. And before I tell you what she said, I want you to know that Crystal is very worried about you, and how you will feel about this." Then she'll tell your mom what you've told me – that her boyfriend has been making you have sex with him, and had also done that with your sister. She doesn't need to say it was oral sex specifically, unless you want her to. *[Crystal shakes her head "no."]* She will also tell her what I've explained to you about

what happens now: about involving Protective Services; about making sure that both you and she are safe before doing anything else. She will make sure that your mother knows that.

*Crystal: [nods] Okay. I guess.*

36.

*Lisa: Crystal, what's concerning you the most right now?*

*Crystal: What my mom's gonna say, what she's gonna do...*

37.

*Lisa: Like...?*

*Crystal: No, not to me. I think she's going to feel so awful. She's been sick a lot – that's what he always says is the reason he needs me to...to do it...because she can't and he's a man, and he needs it if he's gonna be able to stay. He pays a lot of the bills. She's gonna really freak out about that.*

38.

*Lisa: Crystal, why don't we take this one step at a time? You've taken the most important step, by having the guts to talk about this. I would like to pick up the phone here, and ask my supervisor to come in so you can meet her, and we can go over all of this before she talks to your mom. I do need you to know, Crystal, that now that I know this, I must do this, to make sure this stops happening, that he stops doing this to you. No one ever deserves this to happen to them! May I call her?*

*Crystal: [nodding, says quietly] Okay.*

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## **Discussion Questions for Scenario II: *Handling Revelations of Sexual Abuse***

1. Does this scenario “ring true”? Have you had a similar experience with a client?
2. What do you think the counselor (Lisa) did well? What could she have done differently?
3. Were there any questions or statements made by Lisa that you thought were especially helpful? In what way were these statements helpful?
4. What are some approaches you have found helpful for opening communication when talking with teen clients about issues like these?
5. What did you think of the way that Lisa explained confidentiality? What is your own approach to explaining confidentiality and its limits to teens?
6. What is hardest for you about raising the issue of potential sexual abuse and handling disclosures of abuse?
7. What other questions or concerns do you have about counseling teen clients experiencing sexual coercion or abuse?
8. In what ways can the clinic support you and make it easier for you to work with teen clients in these types of situations?
9. Are there any aspects of our state’s reporting laws, or our clinic’s reporting protocols that you would like to know more about?

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## Counseling Tips: Raising the Issue

Here are some lines that may be helpful in raising the issue of sexual coercion or the possibility of sexual abuse in a client's life. To open communication about these difficult issues, "normalization" is useful--assure your client that these are issues you address with everyone because these kinds of events do occur in many clients' lives.

*"Sometimes young women are in relationships in which a partner is pushing them to have sex when they aren't really sure they want to. It can be really difficult to say 'no!'"*

*"I don't know if this is a concern for you, but many teens I see are dealing with abuse issues, so I've started asking everyone questions about sexual coercion."*

*"Another situation that lots of people have been in is being pressured or even forced to have sex when they didn't want to. What's your experience been with that?"*

*"Because violence and abuse are common in so many people's lives, I ask everyone I see about these things. I also let every client know that if she/he tells me that someone is hurting them, that they are in danger, I am required to do everything I can to make sure that they are protected."*

*"Almost everything a client says to me is kept completely confidential; in other words, what you tell me is available only to other staff in the clinic so they can provide you with the best health care. No one else has access to it, without your knowledge...But if a client ever lets me know that she is in danger of being harmed, or harming someone else, I would have to do everything I could to be sure that she were protected. And that can mean involving others."*

If you notice a physical injury or behavior that causes you to suspect that the client is experiencing sexual abuse or violence, you might say,

*"Sometimes when I see [an injury like yours...a client who is to be feeling the way you seem to be feeling] it's because somebody is doing something to them that is hurtful in some way." (Pause, wait for reaction from client) "Has that happened to you?"*

Taken with permission from: *Strategies for Encouraging Family Involvement & Handling Revelations of Sexual Coercion and Abuse.* Joan Mogul Garrity. Garrity Health Consulting & Training.

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## Counseling Tips: Responding to Difficult Emotions

Discussing issues of sexual coercion or abuse may evoke strong reactions and feelings in your client. When responding to such emotions, resist the powerful temptation to pursue clinical details. Instead, try to recognize the client's emotions: anger, sadness, shock, fear, grief, confusion, hope, etc. Show that you've noticed the client's strong feelings by responding actively with a **PEARLS** statement, rather than with more questions or information.

### **P=Partnership**

Function: Joint problem solving.

Statements: *"I want to help you with this."*

### **E=Empathy**

Function: Show understanding. Put feelings into words. Show compassion.

Statements: *"This is so hard."* *"You look scared."* *"What is worrying you the most about this?"*

### **A=Apology**

Function: Show concern for errors, hurts.

Statements: *"I'm sorry if I (or others) hurt/frightened/upset you."*

### **R=Respect**

Function: Value client's choices, traits, behaviors, and special qualities.

Statements: *"I appreciate and respect your (courage, decision, action)."* *"You were brave to tell me this."*

### **L=Legitimation**

Function: Let the client know that his or her response is normal and expected. Validate his or her feelings and choices.

Statements: *"Anyone would be (confused, sad, angry) in this situation."*

### **S=Support**

Function: Offer ongoing support (non-abandonment).

Statements: *"I'll stick with you as long as I can."* *"We'll work together on this."* *"I'll be there for you."*

Adapted from materials developed by the American Academy on Physician and Client Courses Committee, <http://nyumacy.edu/facultydev/cards/badnews.html>





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## Client Education Materials

### **Print Materials**

Here is a partial listing of brochures and booklets that you can offer as take home materials for young clients. In addition, seeing such brochures and posters on display in your clinic can help young people to realize that these are common problems, and may encourage disclosure. Please note that the materials listed below are available as of 2007. Refer to the company websites for current listings of their products.

### **Journeyworks Publishing**

**1-800-775-1998**

[www.journeyworks.com](http://www.journeyworks.com)

### **Brochures**

- *When No Means No!*
- *You Would If You Loved Me: How to Respond to Sexual Pressure*
- *When Your Partner Wants to Have Sex (and you don't)*
- *Sexual Pressure: How to Say No*
- *Sex, Communication and Respect*
- *What I Really Mean When I Say No to Sex*
- *20 Ways to Respond to Sexual Pressure*
- *Sexual Pressure: A Survival Guide for Guys*
- *Saying No If You've Had Sex Before*
- *How To Say No and Keep Your Boyfriend*
- *How to Say No to Unwanted Sexual Attention*
- *Sexual Pressure and the Media: What You Need to Know*

### **Posters**

- *How To Say No to Sex and Keep Your Boyfriend or Girlfriend*

### **Channing Bete Company**

**1-800-628-7733**

[www.channing-bete.com](http://www.channing-bete.com)

### **Brochures/Booklets**

- *Avoiding Sexual Coercion*
- *Dealing with Sexual Pressure*
- *Sexual Coercion—You're in Control*

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- *Sexual Coercion—Recognize and Resist It*
  - *Dating an Older Guy—What to Think About*

**ETR Associates**  
**1-800-321-4407**  
[www.etr.org](http://www.etr.org)

**Brochure and Poster**

- *101 Ways to Say NO to Sex*

**Websites for Teens**

[www.sexetc.org](http://www.sexetc.org)

A website for teens by teens with honest, medically accurate and balanced information about human sexuality and sexual health.

[www.itsnotok.org](http://www.itsnotok.org)

A website which directly answers teens' questions about abuse including how to tell if they or a friend may be a victim of abuse, and how to develop a safety plan. It also provides space for teens to share their stories and artwork related to their experiences of abuse.

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## Information and Referral Resources

### **National Resources**

#### **National Sexual Assault Hotline**

1-800-656-HOPE

Free, Confidential, 24/7

#### **National Domestic Violence Hotline**

1-800-799-SAFE

Free, Confidential, 24/7

#### **Rape, Abuse and Incest National Network (RAINN)**

The Rape, Abuse & Incest National Network is the nation's largest anti-sexual assault organization. RAINN operates the National Sexual Assault Hotline and carries out programs to prevent sexual assault, help victims and ensure that rapists are brought to justice.

[www.rainn.org](http://www.rainn.org)

#### **National Sexual Violence Resource Center**

The National Sexual Violence Resource Center serves as the nation's principal information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation and technical assistance by facilitating the development and flow of information on sexual violence intervention and prevention strategies. The NSVRC works to address the causes and impact of sexual violence through collaboration, prevention efforts and the distribution of resources.

<http://www.nsvrc.org/>

#### **Child Welfare Information Gateway**

Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse, Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families. A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

<http://www.childwelfare.gov/>

### **Resources for Providers**

#### **Adolescent Sexual Coercion: Identification, Prevention and Response**

A guidebook by the Oregon Department of Human Services, Office of Family Health Family Planning Program.

<http://www.oregon.gov/DHS/ph/fp/docs/edmat/adolescentsexualcoercion.pdf>

#### **Counseling to Minors on Resisting Sexual Coercion**

This document compiled by TRAINING 3 provides information and identifies resources that can assist family planning providers offering counseling to adolescents about resisting sexual coercion.

[http://www.training3info.org/admin/resources/9-11-2006\\_12\\_00\\_05\\_PM\\_COMBINED\\_HANDOUTS.pdf](http://www.training3info.org/admin/resources/9-11-2006_12_00_05_PM_COMBINED_HANDOUTS.pdf)

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### **Healthy and Unhealthy Relationships**

A page on Healthy Teen Network's website that discusses healthy and unhealthy relationships.  
[http://www.healthyteenetwork.org/index.asp?Type=B\\_BASIC&SEC={93D10D6F-011B-4718-AFF0-14836BE6098A}](http://www.healthyteenetwork.org/index.asp?Type=B_BASIC&SEC={93D10D6F-011B-4718-AFF0-14836BE6098A})

### **Dating Violence Among Adolescents**

A fact sheet by Advocates for Youth. (November 2006)  
<http://www.advocatesforyouth.org/publications/factsheet/fsdating.pdf>

### **Sexuality Information and Education Council of the US (SIECUS)**

SIECUS provides information and training opportunities for educators, health professionals, parents, and communities across the country to ensure that people of all ages, cultures, and backgrounds receive high quality, comprehensive education about sexuality.  
<http://www.siecus.org/>

### **Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Clinician**

This curriculum developed by Deb Risisky, M.Ed., CHES and colleagues at the Emory University School of Medicine, Department of Gynecology and Obstetrics, Regional Training Center contains modules ranging from adolescent health and development to legal issues regarding coercion to how to integrate changes into the family planning clinic.

### **Resources for Teens**

#### [www.sexetc.org](http://www.sexetc.org)

A website for teens by teens with honest, medically accurate and balanced information about human sexuality and sexual health.

#### [itsnotok.org](http://itsnotok.org)

A website which directly answers teens' questions about abuse including how to tell if they or a friend are a victim of abuse and how to develop a safety plan. It also provides space for teens to share their stories and artwork related to their experiences of abuse.

#### [www.teenwire.com](http://www.teenwire.com)

Teenwire.com is an award-winning sexual health website for teens developed by the Planned Parenthood Federation of America. It addresses a number of issues teens face, including emotional issues, body concerns, birth control, relationships and sexual coercion.

### ***A Guide to Healthy Relationships***

This section on Advocates for Youth's website is dedicated to helping teens identify qualities of healthy and unhealthy relationships.  
<http://www.advocatesforyouth.org/youth/health/relationships/index.htm>

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## **State-Specific Resources**

### **A Manual for Title X Providers: Confidential Services and Reporting of Child Abuse and Neglect**

These manuals were developed by the Region I Title X Family Planning Training Center as guides to providers in the six New England states. They provide general information on reporting laws and definitions of “statutory rape” and “minor”, which differ from state to state.

CT: [http://www.famplan.org/docs/sm\\_ct.pdf](http://www.famplan.org/docs/sm_ct.pdf)

MA: [http://www.famplan.org/docs/sm\\_ma.pdf](http://www.famplan.org/docs/sm_ma.pdf)

ME: [http://www.famplan.org/docs/sm\\_me.pdf](http://www.famplan.org/docs/sm_me.pdf)

NH: [http://www.famplan.org/docs/sm\\_nh.pdf](http://www.famplan.org/docs/sm_nh.pdf)

RI: [http://www.famplan.org/docs/sm\\_ri.pdf](http://www.famplan.org/docs/sm_ri.pdf)

VT: [http://www.famplan.org/docs/sm\\_vt.pdf](http://www.famplan.org/docs/sm_vt.pdf)

#### **Vermont**

Vermont Network Against Domestic and Sexual Violence

1-800-489-7273

24-hour toll-free hotline.

[www.vtnetwork.org](http://www.vtnetwork.org)

#### **Rhode Island**

Day One: The Sexual Assault & Trauma Resource Center

1-800-494-8100

24-hour toll-free HelpLine.

[www.dayoneri.org](http://www.dayoneri.org)

#### **New Hampshire**

New Hampshire Coalition Against Domestic and Sexual Violence

1-800-277-5570

24-hour toll-free hotline.

[www.nhcadv.org](http://www.nhcadv.org)

#### **Massachusetts**

Jane Doe, Inc. Massachusetts Coalition Against Sexual Assault and Domestic Violence

1-877-785-2020

SafeLink is a 24-hour, free and multi-lingual hotline.

[www.janedoe.org](http://www.janedoe.org)

#### **Maine**

Maine Coalition Against Sexual Assault

Confidential 24-hour toll-free hotline.

1-800-871-7741

TTY 1-888-458-5599

[www.mecasa.org](http://www.mecasa.org)

#### **Connecticut**

Connecticut Sexual Assault Crisis Services, Inc.

Statewide 24-hour toll-free hotline.

1-888-999-5545 English

1-888-568-8332 Español

[www.connsacs.org](http://www.connsacs.org)



## Notes

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## Notes



Region I Title X Family Planning Training Center  
JSI Research & Training Institute, Inc.  
44 Farnsworth Street • Boston, MA 02210  
Phone: 617-482-9485 • Fax: 617-482-0617

[www.famplan.org](http://www.famplan.org)