

**Virtual Coffee Break Transcript**

**Title:** Counseling Your Adolescent Clients to Resist Sexual Coercion and Encourage Family Participation  
**Speaker:** Shannon Rauh  
**Duration:** 00:33:59

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**NCTCFP:**

Today's guest is Shannon Rauh. Shannon has over 25 years experience in leading programs that address adolescent sexual and reproductive health and positive youth development. She works with both the Family Planning National Training Center and the University of Michigan Adolescent Health Initiative, and serves on the board of directors for the Healthy Teen Network. She previously was the Director of Client Services at Planned Parenthood of the Texas Capital Region Incorporated, where she helped spearhead operation of a specialized clinic aimed at underserved adolescents

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**Shannon Rauh:**

Hi, everyone. After reviewing this webinar, you will be able to describe the Title X requirements for encouraging family participation in the decision of minors to seek family planning services and counseling adolescents to resist sexual coercion. You'll be able to list the benefits of encouraging family participation for minors, and you'll be able to implement at least one strategy for working with parents and/or guardians and adolescents to encourage family participation. In addition, you'll be able to discuss healthy relationships with adolescent clients and show adolescent clients how to use refusal skill techniques to resist sexual coercion. And lastly, you'll be able to implement one new best practice to facilitate provider-adolescent communication.

**Shannon Rauh:**

So before we begin, I would like for you to take a moment to just reflect and think back to when you were 15 years old. What was going on in your life? What were you thinking about? And how did you feel about yourself? Just take a moment to reflect on those three questions. So again, think back to when you were 15 years old, for some of us, that's a long time ago, what was going on in your life? What were you thinking about? And how did you feel about yourself? Taking time to think back to when you were an adolescent can help support and understand what an adolescent is experiencing.

**Shannon Rauh:**

So throughout today's webinar, I just want you to kind of keep thinking and reflecting back on when you were 15 and what you were going through at that time. What I'd like to cover first is around Title X requirements. So first, as a recipient of Title X funds, an agency and its staff must comply with the Title X Statute Section 1001(a); to the extent practicable, entities which receive grants or contracts under this subsection shall encourage family participation in projects assisted under this subsection.

**Shannon Rauh:**

The following legislative mandate has been part of the Title X appropriations language for many years; none of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for their award certifies to the Secretary of Health and Human Services that encourages family participation in the decision of minors to seek family planning services, and that it provides counseling to minors on how to resist attempts to coerce miners, into engaging in sexual activity. In addition, the project's training plan should provide for an annual training on counseling minors on how to resist being coerced into engaging in sexual activities, as well as family participation, mandatory reporting and human trafficking. Now let's focus on counseling adolescent clients to encourage family participation.

**Shannon Rauh:**

Why family participation is important. Research on a variety of adolescent sexual behaviors and risk show that parental involvement has a significant impact on adolescent sexual decision making and sexual behaviors. Adolescents who talk with parents about topics related to dating, healthy relationships and pregnancy and sexually transmitted infection prevention are more likely to delay initiation of sexual activity, use condoms or other birth control methods more often if they do have sex, have better communication with romantic partners, decrease likelihood of being involved in coercive sexual relationships and have sex less often.

**Shannon Rauh:**

All staff who provide family planning services should encourage and promote communication between an adolescent and their parent and or guardian. Why else is family participation important? Parent adolescent connectedness does matter, when there is parental caring and concern, parental presence in the home, shared activities and overall closeness between parents and their adolescent all are associated with reduced risk of early teen pregnancy. And you might have some additional reasons family participation is important and make note of that.

**Shannon Rauh:**

According to the quality family planning recommendations, when an adolescent visits a family planning clinic alone, this visit provides an opportunity for staff to ask the team about any conversations they have had or would like to have with their parent or guardian. Providers should encourage and promote communication between the adolescent and their parents or guardian about sexual and reproductive health. When both parent or guardian and the adolescent have agreed, joint discussions can address family values and expectations about dating, relationships and sexual behavior.

**Shannon Rauh:**

Counseling about family participation should adhere to general counseling best practices outlined in the quality family planning. The five principles for providing quality counseling are relevant when working with all clients, including adolescents. These quality principles include establish and maintain rapport with the client, access the client's needs and personalize discussions accordingly, work with the client interactively to establish a plan, provide information that can be understood and retained by the client, confirm client understanding.

**Shannon Rauh:**

Now let's take a look at best practices for provider-adolescent communication. At the start of a visit, it is a good idea to see the client alone. To facilitate trust a portion of every visit with an adolescent must be private with the provider. Clinic policy should be to see all clinics alone for a period of the visit. Remove distractions, request that cell phones are turned off, both yours and the adolescents. Start with small talk to make the client feel comfortable. Begin your visit by discussing confidentiality and its limits. This helps build trust and explains the basis for mandated reporting. Always identify and acknowledge the client's reasons for visit and concern.

**Shannon Rauh:**

One of the best practices I mentioned was a clinic policy on seeing clients alone for a portion of their visit. This is a sample of a safety tip and a key recommendation, to develop a sign for your rating for your waiting room that says, "In this clinic, we respect a client's right to privacy and always see patients alone for some portion of the visit." Having a clearly stated policy helps staff normalize the experience of seeing a client alone without a friend or family member there. Displaying the policy on a sign in the waiting room, takes the burden off the client needing to ask to be seen alone while allowing the staff member to point to the sign if there is any opposition from the client's partner.

**Shannon Rauh:**

Another best practice I mentioned was to discuss and protect confidentiality. Explain to the adolescent that all information is confidential, meaning kept private, unless a person discloses possible harm to themselves or others. In that case, you must report it to the appropriate authorities. In practice this sounds like, "Before we begin, I want to let you know that whatever you share with me is confidential, meaning between you and me, and select staff here on a need-to-know basis. The only exception is if I find out you've been hurting yourself, someone else, or you've been harmed, in which case I will need to reach out to get help. Do you have any questions about that?"

**Shannon Rauh:**

So this helps start the conversation. It puts a adolescent at ease and you are gaining trust from the adolescent to carry on a conversation. In addition, you must know your state laws and the required process for your agency and your role, refer to Mandatory Child Abuse Reporting State Summaries here. These State Summaries provide snapshots of state child abuse reporting laws regarding who is mandated to report, what must be reported, when the reporting duty is triggered and how to make a report. I will also refer to this, the fpntc.org website, for more information about mandatory reporting.

**Shannon Rauh:**

Let's continue with some additional best practices for provider adolescent communication during a visit. Be sure to avoid jargon or complex medical terminology. Young people are often hesitant to ask for clarification. It is imperative to use inclusive language. Language that includes LGBTQ or gender diverse youth builds trust and indicates acceptance. Instead of asking, "Do you have a boyfriend or girlfriend?" Try asking, "Are you seeing someone? Or are you in a relationship?" The language we use around ability and disability is also important. For example, the term disability is preferred over handicap, and wheelchair user over wheelchair bound.

**Shannon Rauh:**

Listen to the language your client uses, and when in doubt, ask what is preferred. It should go without saying, but listen. This not only builds trust, but may give insight into the healthcare and advice you provide. Lastly, respect an adolescent's experience and autonomy. Many young people feel that adults and people in positions of authority discount their ideas, opinions, and experiences. Healthcare providers, together with parents and or guardians, can help their clients, especially adolescent clients, make wise informed healthy decisions.

**Shannon Rauh:**

Here's an example of what a provider could say to an adolescent in a Title X clinic setting to encourage family participation. "One thing I tell all of my adolescent clients is that it can be helpful to have a trusted adult that you can talk to about things like dating, relationships, and pregnancy prevention. These topics can be challenging and sometimes a little confusing, so having someone you can talk to can be really helpful. Is there a parent or other trusted adult that you feel comfortable talking to?" So this is an example that can get the conversation started as far as what their relationship is with their parent and/or guardian, and maybe help them think about how to talk to either their parent or a trusted adult.

**Shannon Rauh:**

Now, many Title X adolescent clients do not come to the clinic with their parents. Given that most visits are short, a provider doesn't have a lot of time to talk with parents. That being said, when a parent accompanies the adolescent to the clinic, a provider could do the following; welcome the parent and adolescent together, explain clinic policies and procedures, state early that you will talk to them together and then spend private and confidential time with the adolescent. Reassure parents that if you have any safety concerns for the adolescent, they will be notified. Seat adolescent in primary position and talk directly to them. They are your client. Explain confidentiality and adolescent control. Ask about concerns jointly, counsel adolescent privately, and ask what to share with parent and or guardian.

**Shannon Rauh:**

Now, if a provider has time to meet with a parent or guardian alone, you can ask parents if they need or want help talking to their adolescent about sexual and reproductive health issues. You can educate parents about contraception and sexually transmitted infections. You can encourage them to share the information with their adolescent. You can encourage parents to have age appropriate resources, books, videos, pamphlets about growth and development and sexual health information. You can also explore with parents how to utilize teachable moments to talk about sex. And also as a healthcare provider, you want to ensure that you model clear, direct and honest communication about matters of sexual health and wellbeing.

**Shannon Rauh:**

Now here's an example of what a provider could say to an adolescent in a Title X clinic setting if an adolescent states it can't talk to their parents and/or trusted adult. "If you feel like you can't talk to your parents, are there any other trusted adults you can talk to like another family member or family friend?" Again, it helps the adolescent think about other adults in their lives that they can talk to. So sometimes as a healthcare provider, you might have to continue to ask open ended questions to gather that information and to encourage an adolescent, when they feel safe, to talk to a trusted adult.

**Shannon Rauh:**

Now let's discuss counseling adolescent clients to resist sexual coercion. First, what is sexual coercion? Sexual coercion is unwanted sexual activity that happens when someone is pressured, tricked, threatened, or forced in a non-physical way. It can be any type of non-physical pressure used to make someone participate in sexual activity that they do not agree to. It includes a range of behaviors that a partner may use related to sexual decision making to pressure or coerce a person to have sex without using physical force; creating a feeling, situation or atmosphere when emotional and physical control leads a person feeling that they have no choice but to submit to the sexual activity with the perpetrator.

**Shannon Rauh:**

Here are some examples of sexual coercion, and these examples you can actually use these, you can post them in your clinic, you can post them either in the waiting room or in the exam room, because it also allows a young person to just read these statements. And it helps them to figure out if they might be being coerced sexually. So here's some examples that come up quite often. One way someone might use sexual coercion is wearing you down by asking for sex again and again, or making you feel bad, guilty, or obligated. What they might say is, "If you really loved me, you'd do it." "Come on, it's my birthday." "You don't know what you do to me." So those are some examples of sexual coercion.

**Shannon Rauh:**

And here are some more just to go through these that will help you have a better understanding of what sexual coercion is and what typically is said to a young person. One way someone might use sexual coercion is making you feel like it's too late to say no. What they might say, "You've already gotten me all worked up." "You can't just make someone stop." One way someone might use sexual coercion, telling you that not having sex will hurt your relationship. What they might say, "Everything's perfect. Why do you have to ruin it?" "I'll break up with you if you don't have sex with me."

**Shannon Rauh:**

One way someone might use sexual coercion, lying or threatening to spread rumors about you. What they might say, "Everyone thinks we already have, so you might as well." "I'll just tell everyone you did it anyway." One way someone might use sexual coercion is making promises to reward you for sex. What they might say, "I'll make it worth your while." "You know I have a lot of connections." And lastly, one way someone might use sexual coercion is threatening you that they will find someone else to have sex with if you do not. What they might say, "If you don't have sex with me, I'll find someone who will." So again, these are some examples of sexual coercion that you could use as a job aid in a clinic setting. So you might want to use these in the future.

**Shannon Rauh:**

Another thing to think about is really think about as a healthcare provider how do you raise the issue? So here are some examples of what a provider could say to an adolescent in raising the issue of sexual coercion in a client's life. You could say, "Sometimes young people 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." You could also say, "Another situation that lots of people have been in is being pressured to have sex when they didn't want to. What's your experience been with that?" And another example could be, "I don't know if this is a concern for you, but many adolescents I see are dealing with abuse issues. So I've started asking everyone questions about sexual coercion. Sexual coercion is..."

**Shannon Rauh:**

If a client is being coerced, the provider should listen non-judgmentally and respond supportively, connect them with resources and services and evaluate whether information prompts mandatory reporting. Normalization is useful. Assuring your client that these are issues you are addressed with everyone because these kinds of events occur in many clients' lives. So these are just some examples of starting the conversation and raising the issue around sexual coercion.

**Shannon Rauh:**

Discussing issues of sexual coercion may evoke strong reactions and feelings in your clients. You can use this, what's called PEARLS statements. It helps you respond actively, and it reinforces the relationship that you have with an adolescent client. So it stands for PEARLS and P is partnership. "I know we can figure this out together." So having that partnership with an adolescent is key. Having empathy, which is the E. "This is hard." "You look scared." A for acknowledgement, "Your effort really shows here." R is respect. "You were brave to tell me this." L, legitimation, "Who wouldn't be angry about this?" S is support. "I'd like to help you with this."

**Shannon Rauh:**

So again, this just helps respond to difficult emotions when sexual coercion does come up in the conversation, and it really acknowledges where the adolescent client is, and really working as a partnership and reinforcing the relationship and trusting relationship that you do have with the adolescent. Now, I'm just going to discuss some job aids or tools that you can use in a clinic setting when working with an adolescent client around sexual coercion.

**Shannon Rauh:**

One is the healthy relationship wheel and questions. This is a job aid and on one side it deals with what a healthy relationship is, and it also has discussion questions that comes along with it to encourage the conversation. So you mainly are using this as you first want to define what a healthy relationship is. And typically we say it's based on respect, honesty, and trust. But as you see here on the wheel, respect is in the middle, and there's all the other parts of a healthy relationship; accountability, safety, honesty, support, cooperation, and trust. And then there's discussion questions to help you as a healthcare provider start the conversation with an adolescent to have them figure out are they in a healthy relationship or not, and what does that look like to them?

**Shannon Rauh:**

And on the other side of this job aid is the relationship spectrum. And this again is part of the healthy relationship wheel, and it also provides a guide to counseling adolescents that all relationships exist on a spectrum from healthy to abusive, with unhealthy somewhere in the middle. The relationship spectrum provides examples of each type of relationship. Let's just address a couple of them. So under the relationship spectrum and under healthy, which you see green, and then you see unhealthy moving from yellow and then to abusive is red. So under the healthy relationship column, there's the word respectful. And when an adolescent looks at this job aid they have an understanding of what respectful means. It means you value each other as you are.

**Shannon Rauh:**

Now, if you go under unhealthy, there's the term disrespectful, and that's one or both partners is not considerate of the other's feelings and/or personal boundaries. And then you can even look under abusive, which is mistreats the other. One or both partners disrespects, the feelings, thoughts, decisions, opinions, or physical safety of the other. So it's a great tool to use with an adolescent client. They can actually just review it themselves, and it really helps them think through are they in a healthy relationship, and do they meet the characteristics of a healthy relationship?

**Shannon Rauh:**

Another tool that you can use as a healthcare provider is if an adolescent client mentions feeling pressure to do something that they're not ready for, like engaging in sexual activity. A provider can provide the client with some refusal skills and techniques. These skills and techniques can help an adolescent client be clear on what they want in a relationship and how to handle situations, including avoiding unintended and or unprotected sex. We've noticed with adolescents, and especially during brain development, it's real important that they learn the skills on how to delay sexual activity if they're feeling pressured to engage in sexual activity. So giving them skills and having them practice is really beneficial to an adolescent.

**Shannon Rauh:**

So you can even give them some examples. So here you see some refusal skills. One is using verbal skills. So having a young person know how to say no assertively, how to tell their partner they don't want to have sex, and how to use serious facial expressions that they do not want to have sex, and using those verbal skills. They can also use body language where they can create a physical distance between themselves and their partner. They can cross their arms. And then also another refusal skill is use delay tactics and offer alternatives. So they can stop kissing or touching. They can tell their partner they have to go home. They can even say that they need to use a restroom and they can text a friend or, "Let's go hang out with friends." They can suggest other activities such as going to a movie. Something that actually removes them from an environment where they feel unsafe.

**Shannon Rauh:**

And lastly, they can build the relationship if appropriate. They can establish an open dialogue so both people feel heard. And again, that's referring back to the relationship spectrum with having respect for one another. They can explain their feelings about not wanting to have sex. They can discuss the relationship needs and boundaries, and they want to talk to their partner on a regular basis about their relationship. And then support and respect for each other is key. Again, these are some techniques and skills that you can actually share with an adolescent client.

**Shannon Rauh:**

In closing, here are some tools and/or educational materials for parents. These materials are from CDC and OPA, and are available online for parents and/or guardians. This includes Tips to Help Parents Talk to Teens; Talking with Teens Conversation Tools; Reproductive Health: Tips For Parents of Teens; Parent and Guardian Resources; and then Adolescent Health: Think, Act and Grow. This provides parents, families, and adolescents with resources and ideas for action to support teen health. And lastly is the FPNTC resources. You can use the FPNTC job aids and training resources for counseling adolescent clients.

**Shannon Rauh:**

One is the counseling adolescent Checklist for Providers; The healthy Relationship Wheel and Relationship Spectrum, that I referred to earlier in this webinar; Encouraging Family Participation in Adolescent Decision Making Training Guide, which also comes with a video, and this video shows how to provide counseling that encourages family participation in an adolescent client's decision to seek family planning services. And it's only six minutes long, and I encourage you to review that video. Also, there's the Counseling Adolescent Clients to Resist Sexual Coercion Training Guide. It also comes with a video and this video shows one example of how to start a conversation with an adolescent client about resisting sexual coercion. And it's roughly about seven minutes, and I encourage you to review this video as well.

**Shannon Rauh:**

And then lastly is the Mandatory Child Abuse Reporting in Title X Funded Family Planning Sites. You can also review the resources around mandatory child abuse reporting to help you make a decision if mandatory reporting is necessary. Thank you so much. And again, we encourage you to visit the Family Planning Training resources, and also subscribe to the FPNTC newsletter. And again, we thank you for listening to today's virtual coffee break.