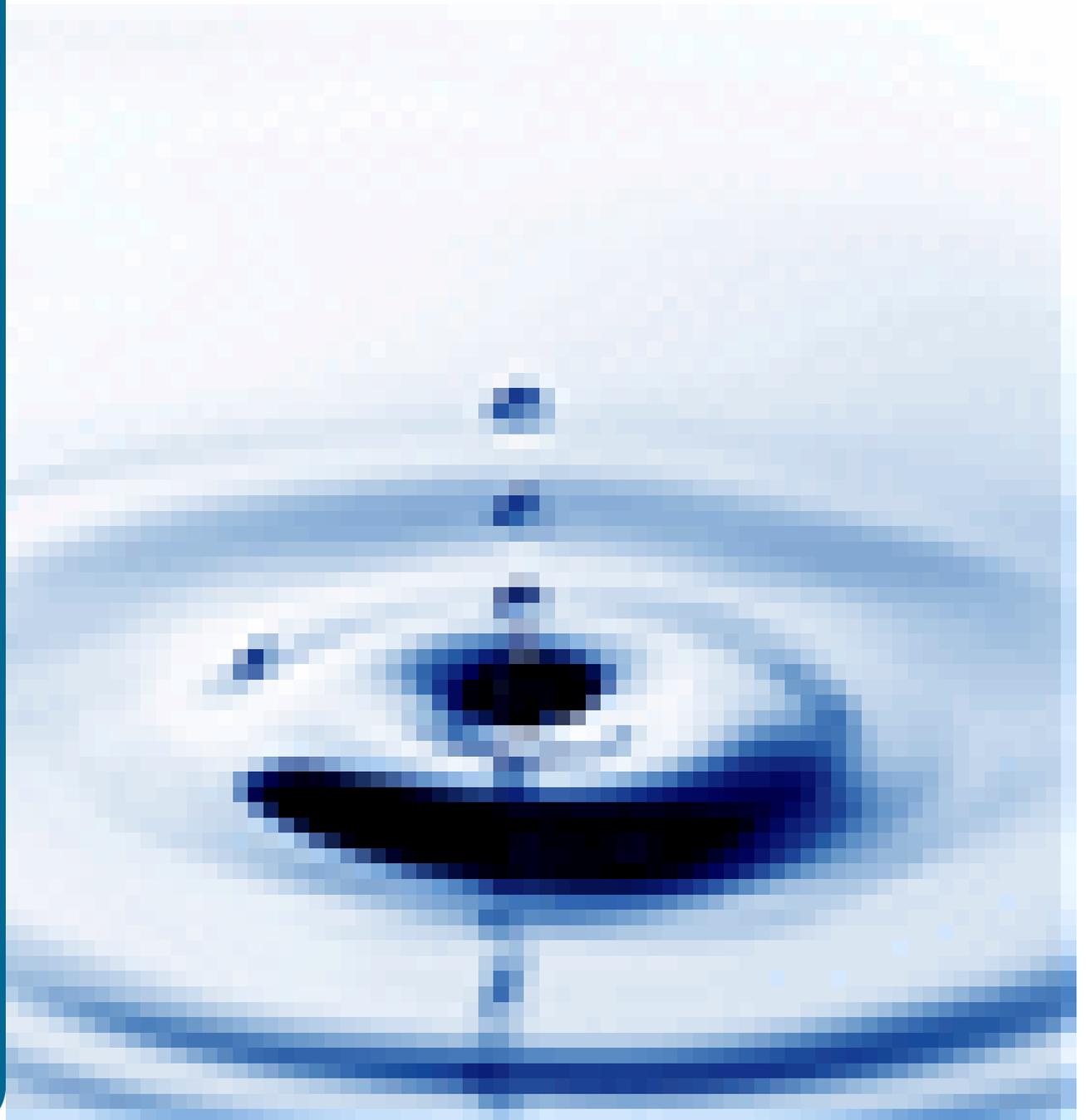




**VICTIM  
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# From Tots to Teens: Recognizing and Protecting the Rights of Sexual Assault Victims Who Are Minors

A Presentation for the  
National Sexual Assault Conference  
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# Overview of Presentation

- Part I: Who are the Victims Who are Minors and What are the Harms?
- Part II: What are the Legal Issues Unique to Minors?
- Part III: Some Tips for Working with Minors

# Part One

Who are the Minor Victims  
and What are the Harms?



# Who are the Victims who are Minors?

- Nationally, between 44% and 61% of all rapes are committed against victims who are minors
- Approximately 2 million 12-17 year olds have been sexually assaulted
- Nearly 29% of all forcible rapes occurred when the victim was less than 11 years old; an additional 32% occurred when the victim was between the ages of 11 and 17
- For assaults reported to LE, majority (67%) of Vs are minors (tho minors themselves less likely to report to LE if given a choice)
- 1/7 of SA victims reported to LE were < 6
- 40% of the offenders who victimized children under age 6 were themselves juveniles
- Highest % increase of juvenile offenders = female perpetrators
- Majority of sexual assaults of minors are not committed by strangers and are not “dating violence”:
  - Among teen victims 2/3-3/4 of sexual assaults were perpetrated by an acquaintance or relative
  - 31% of the teen women reporting “forced sex” identified boyfriends as the perpetrators

# Who are They? (continued)

- Younger adolescent victims: Assailant more likely to be a member of victim's extended family; Boys more likely than girls to be victimized by someone outside the family
- Older adolescents most commonly victimized during social encounters
- Adolescents with developmental disabilities (especially those with milder cognitive disabilities) at high risk of acquaintance rape. (Children and adolescents with disabilities are 1.5x to 2x higher than general pop to be sexually assaulted)
- Minor victims less likely (than adult victims) to be physically injured during a rape
- Assailants in adolescent rape tend to use weapons less frequently (More often use alcohol or drugs.)
- Adolescent female victims more likely to delay seeking medical care after rape and sexual assault (V or Perp used in approx. 40% cases)
- Teen victims less likely than adult female victims to want to pursue criminal complaint
- In 3-state study of rape victims < 12, 96% of Vs knew their assailant

# Which Minors are Vulnerable?

- ALL!
- Offenders deliberately target victims they perceive as vulnerable and likely to be perceived as lacking in credibility.
- Certain youth more likely to be at risk.  
Who might they be?

# What's the Difference Between Serving Minors vs. Adults?

- High rates of vulnerability
  - Higher victimization but fewer rights
  - Less likely to seek medical care
  - Less likely to report or prosecute
  - Different boundaries than adults
- 
- For Teens:
    - Use of technology; Frequent communication with peers
    - Friends = family
    - Very public life; yet very private from parents



# What is the Impact of Sexual Assault on Victims who are Minors?

- Self-blame
- Depression; Anxiety
- Social withdrawal
- Self-harm (cutting, suicide)
- Skipping /dropping out of school
- Binge drinking / escalated substance abuse
- Unhealthy weight control issues
- Increased sexually risky behaviors
- Runaway from home
- CSA is major reason youth become homeless



# Newly published 23-year longitudinal study of female CSA victims (ages 6 to 16) confirms this data, finding that victims go on to experience:

- Earlier onset of puberty
- Depression
- High rates of obesity
- Increased major illnesses
- Dropping out of high school
- Persistent PTSD
- Physical and sexual re-victimization
- Premature deliveries
- Teen motherhood
- D & A Abuse



## This is Consistent with Previous Findings...

- Increased risk for future sexual victimization
  - Women who reported they were raped before age 18 were twice as likely to report being raped as an adult. (Tjaden)
  - Adolescent females who were sexually assaulted were three times more likely to participate in prostitution than those w/out SA history.
- Eating Disorders: 18% of adolescent female sexual abuse or sexual assault survivors binge and purge more than once a week compared to 6% of non-survivors.
- Drug use: 30% of female adolescent sexual abuse or rape survivors used illegal drugs in the past month compared to 13% of non-survivors.

# Now that We Know the Harms...

How Can We Best Serve these Minor Victims?

- Identify the legal issues unique to minors
- Know the laws with which you need to be familiar to identify and protect minors' rights
- Navigate mandatory reporting
- Tips on working with tots with teens

# Most Minors Do Not Report Sexual Assault

- Don't know it's a crime
- Limited communication skills
- Fear
- Self-blame
- Protecting their parents & siblings
- Privacy - Don't want others to know
- Embarrassment
- Distrust of parents & adults
- Don't want to get a relative or peer in trouble
- Don't want to get in trouble themselves
- May not label it 'rape' (or any other crime)
- Fear loss of freedom & independence



# Part Two

## Legal Issues Unique to Sexual Assault Victims Who are Minors

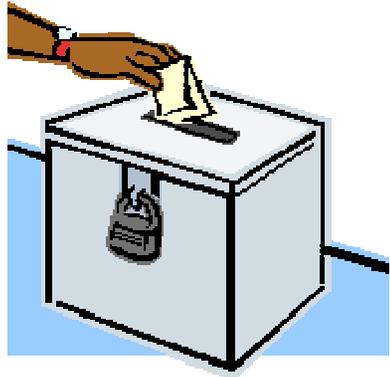


# Legally, Who is a Minor?



- Depends on the purpose - laws differ!
- For health care purposes, minor = < 18 in almost every state
  - Exceptions = Alabama and Nebraska (19); Pennsylvania (21)
- Minors still have rights...albeit diminished ones

# What are some activities the law regulates based on age?



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# Minors' Rights: Evolution of the Laws

14<sup>th</sup> Amendment says:

“The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated.”

Only in the last 40 years did the U.S. Supreme Court establish that minors are ‘persons’ within the meaning of the Bill of Rights and the 14<sup>th</sup> Amendment.

*See e.g., In Re Gault*, 387 U.S. at 42, 49 (14<sup>th</sup> Amendment Due Process rights apply to minors in certain juvenile court proceedings).



# When might a minor not really be a minor (in the eyes of the law)?

- Homeless, self-sufficient or living apart
- In the military
- Emancipated
- Married
- A parent
- Pregnant



# Scenario

Sasha is a 10<sup>th</sup> grader. Sasha was at a neighborhood party; she and her friends were drinking. At the party, someone initiates a game where boys and girls pair up and go into a closet. Sasha recognizes Kris from the neighborhood but doesn't know him well. Kris asks Sasha to go into the closet, which she does. When Kris begins to grope and fondle her, Sasha pushes Kris away multiple times. He only gets more aggressive; she yells and cries as Kris rapes her. When Sasha and Kris come out of the closet, their friends start clapping and congratulate her on losing her virginity. She comes to you for help.

*What services might Sasha need?*

*How might her legal status impact her needs?*

*What other facts do you need to know?*

# What Types of Care May Minors Often Self-Authorize?

- Outpatient Mental Health Counseling
- Drug and Alcohol Counseling
- Sexual Assault Exam; Evidence Collection; Medical care
- SA-specific Counseling
- HIV/STI/Communicable Disease testing
- Pregnancy Related Services
- Emergency Medical Care
- Emergency Care
- Birth Control
- Services for minor's child



# Why is Victim Privacy Important?

- One of the # 1 reasons Vs don't report
- Vs more worried about privacy than pregnancy and STIs
- Can compromise victim safety
- Once breached hard to regain
- Undermines individual and community confidence in the provider
- Undermines capacity to deliver services
- Different VSPs have different roles
- Tips:
  - Explain differences between DA- and community-based advocate
  - Discuss privilege and waiver
  - Ensure you have *informed* consent
  - If releasing documents, have victim review them first
  - Recognize where maintaining privacy might be challenging (and respond)
  - Have a subpoena response policy (and follow it!)
  - Monitor what is recorded in client records
  - Maintain the “firewalls”

# Sexual Assault Counseling when the Victims are Minors

- Illinois and Texas specifically permit a minor to seek SA-related counseling or mental health treatment without parental consent. (410 Ill. Comp. Stat. §210.3; Tex. Fam. Code Ann. § 32.004)
- Other states & D.C. permit minor who meets statutory requirements to receive outpatient mental health counseling (not SA specific). The law may:
  - limit number of visits
  - require minimum age
  - be limited to type of provider
  - apply to certain minors only

# Minors and Mental Health

California: 12 or older may consent if mature enough to fully and intelligently participate

Colorado: 15 or older may consent.

Connecticut: Minor may consent to 6 sessions & then must notify parent unless parental notification detrimental.

D.C.: Minor of any age may consent. Requires re-evaluation after 90 days. Must be 16 or older to consent to psychotropic meds.

New Mexico: Any child has right to receive m/h counseling

Ohio: Minor 14 or older may consent. Limited to 6 sessions or 30 days, whichever sooner.

Oregon: 14 or older may obtain counselor; provider to involve minor's parent before end of treatment unless contraindicated, emancipated minor, or parent is abuser.

Washington: Any minor 13 or older may request and receive without parent's consent.



# Minors and Medical Care

- At least 12 states specifically permit a minor victim to receive medical care for a sexual assault without parental consent. Certain conditions may need to be met (e.g., if the parent cannot be contacted; it's a very recent assault). *Note: It may not be confidential care.*
- Forensic medical evidence: At least 6 states specifically authorize minor to consent to the collection of evidence.
- New York also codifies a minor victim's right to decline a forensic exam.

# Medical Care and a Minor's Right to Privacy

HIPAA: Where a minor is authorized as a matter of law to consent to service, and does in fact consent (without having asked that parent be personal representative), records must remain private.

This is true even where a parent consents, but minor could have. 45 CFR §164.502(g)(3)(i)(A).

BUT, HIPAA allows state to diminish or expand upon a minors' privacy rights ("as permitted by law").

# If a Minor May Consent to Services, are they Always Confidential?

**New Jersey:** Where a minor appears to have been sexually assaulted, minor may consent to medical care; parent or guardian must be immediately informed unless attending physician decides it's not in minor's best interest to do so. Provider may disclose treatment provided to minor who is authorized to consent **even over the express refusal of the minor.** N.J. Stat. Ann. §9:17A4-5

**California:** Where minor has consented to medical treatment or diagnosis for sexual assault, provider must attempt to contact minor's parent or guardian. Must record in pt. file whether attempt successful. (Not required if provider reasonably believes if parent or guardian is the perpetrator.) Calif. Family Code § 6928

## ...and Texas & Colorado

**Texas:** (Fam. Code Ann. § 32.004) If minor consents to counseling for sexual, physical, or emotional abuse, the counselor, psychologist, doctor, etc. may advise parent or guardian of treatment given or needed.

**Colorado:** (Rev. Stat. § 27-10-103) If mental health services provided to a minor age 15 or + where minor has given own consent, provider may disclose the services given or needed without minor's consent.

# Who Else May Access Minor Victims' Records?

- Guardian Ad Litem (G.A.L.)
  - Appointed when the law requires minor to have legal guardian make certain decisions on behalf of the minor
  - Minor has due process right to object to G.A.L.'s request for privileged records and to be heard on the matter. S.C. v. Guardian Ad Litem, 845 So.2d 953 (2003)
  - G.A.L may also withhold records from parent (Berg case)
- CASA (broad, sweeping powers)
  - Oregon statute is typical: CASA may examine records without consent of child or parents

# VAWA & Victim Privacy

- Confidentiality is a grant condition for every state, tribe or territory receiving VAWA \$
- Grantees are required to protect the confidentiality and privacy of those receiving services
- Grantees and subgrantees may share law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purpose
- Grantees may not disclose *personally identifying information or individual information* or reveal individual client information unless:
  - (a) secure informed, written, reasonably time-limited consent *or*
  - (b) release is compelled by statutory or court mandate

# Personally Identifying Information is:

- Information that is likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including:
  - First and last name; a home or other physical address; contact information (including a postal address, e-mail address, telephone or fax number); social security number, and
  - Any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any of the above information, would serve to identify any individual
  - Must look at facts of each individual case
- If information must be released provider shall:
  - Make reasonable attempts to notify victim
  - Take steps necessary to protect the privacy and safety of the persons affected by the release of information
- Follow-up OVW Memorandum states: “Releases should be signed by the victim unless the victim is an unemancipated minor or a person with disabilities. In the case of a minor, the release should be signed by the minor **and** a parent or guardian; in the case of a person with disabilities, it should be signed by a legally-appointed guardian. Consent may not be given by the abuser of the minor or person with disabilities or the abuser of the other parent of the minor.”

# Mandatory Reporting

- Are you a mandatory reporter (MR) of child abuse?
- Are others involved in the victim's care MRs?
- Does this fall within your state, tribe or territory's definition of "child abuse"
- If so, when do you have to report, to whom, and what has to be reported?
- Are your communications with the minor privileged (and if so on what basis)?
- If so, is there an exception to the privilege such that you're still required to report the child abuse?
- What has to be reported?
- When and to whom does it have to be reported?



## When Consensual Sexual Intercourse is Deemed Child Abuse in California \*\*

1. If a minor has consensual sexual intercourse with an older (or younger) partner, *must* mandated reporters make a child abuse report?

Age of Partner →	12	13	14	15	16	17	18	19	20	21	22
Age of Patient ↓											
11	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
12	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
14	Y	Y	N	N	N	N	N	N	N	Y	Y
15	Y	Y	N	N	N	N	N	N	N	Y	Y
16	Y	Y	N	N	N	N	N	N	N	N	N
17	Y	Y	N	N	N	N	N	N	N	N	N
18	Y	Y	N	N	N	N	N	N	N	N	N
19	Y	Y	N	N	N	N	N	N	N	N	N

Chart by David Knopf, LCSW, UCSF.

**KEY:** Y = Yes, report required based solely on age difference between partner and patient.  
 N = No, report not required based solely on age. Reporter only must report if he or she has a reasonable suspicion of abuse, -- for example, that activity was not consensual.



2. Do I have a duty to try to ascertain the age of a minor's sexual partner for the purpose of child abuse reporting?

No statute or case obligates health care practitioners who are mandated reporters of abuse to ask their minor patients about the age of the minors' sexual partners for the purpose of reporting abuse. Rather case law states that providers should ask questions as in the ordinary course of providing care according to standards prevailing in the medical profession. Thus, a provider's professional judgment determines his practice. *People ex rel. Eicheberger v. Stockton Pregnancy Control Medical Clinic, Inc.*, 249 Cal. Rptr. 762, 769 (3<sup>rd</sup> Dist. Ct. App. 1988).

3. My client claims the sexual activity was consensual. How do I know if it truly was consensual?

In determining whether an act truly was consensual or whether additional facts give rise to a suspicion of child abuse, treating professionals should "evaluate facts known to them in light of their training and experience to determine whether they have an objectively reasonable suspicion of child abuse." *People ex rel. Eicheberger v. Stockton Pregnancy Control Medical Clinic, Inc.*, 249 Cal. Rptr. 762, 769 (3<sup>rd</sup> Dist. Ct. App. 1988). If a reporter has a reasonable suspicion that sexual activity was coerced, the reporter must make a child abuse report, irrespective of claimed consent.

\*\*This worksheet addresses reporting of consensual sexual intercourse. It is not a complete review of all California sexual abuse reporting requirements.

# Mandatory Reporting Child Abuse: A Flow Chart for OVW-funded Advocates



**Are you a “mandatory reporter?”**  
 Review your statute to determine who must report child abuse in your jurisdiction. Pay attention to the particular requirements. Be sure to inform the victim at the outset -before the victim makes any disclosures- if you are a mandatory reporter.

Yes  
 ↓

**Is the victim someone whose abuse must be reported?**  
 Is the victim a minor about whom abuse must be reported?  
 For example, a minor may not be subject to the mandatory child abuse reporting laws if the minor is emancipated, in the military, or a parent.

Yes  
 ↓

**Has the victim experienced “child abuse” as your statute defines it?**

Yes  
 ↓

**Are you exempt from reporting in this case?**  
 For example is the disclosure protected by a victim-advocate, therapist-patient, attorney-client or other privilege that prohibits disclosure without victim consent?

No  
 ↓

**Report Must Be Made**  
 Make the report to the appropriate agency.  
 If there is a choice between agencies, discuss the options with the victim. Ensure you are reporting only what is required, and that you are complying with VAWA or other funders’ confidentiality requirements.  
**You may report only the information required by the mandatory reporting statute, unless the victim gives informed consent for you to release additional information.**  
**Remember to safety plan and offer the victim ongoing support!**

No

No

No

Yes

No

**Do not breach a victim’s confidentiality without a victim’s written and informed consent.**

For more information, contact the VRLC at 503.274.5477 or [TA@victimrights.org](mailto:TA@victimrights.org). Visit us on the web at [www.victimrights.org](http://www.victimrights.org)

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- **Who are mandated reporters?**
- The following persons who, in the performance of their professional duties, have **reasonable cause to suspect\*\*** that a child has suffered harm as a result of abuse or neglect, must **immediately** (as soon as reasonably possible- no later than 24 hours) report that information to the nearest office of the state's Department of Health & Social Services, Office of Children's Services:
- **Practitioners of the healing arts**, including chiropractors, mental health counselors, social workers, dentists, dental hygienists, health aides, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician assistants, psychiatrists, psychologists, psychological associates, audiologists, speech-language pathologists, hearing aid dealers, marital and family therapists, religious healing practitioners, acupuncturists, and surgeons;
- **Administrative officers of institutions**, including public and private hospitals or other facilities for medical diagnosis, treatment or care;
- **Paid employees of domestic violence and sexual assault prevention programs**, and crisis intervention and prevention programs;
- **Paid employees of an organization that provides counseling or treatment** to individuals seeking to control their use of drugs or alcohol;
- **School teachers and school administrative staff** members (public and private schools);
- **Peace officers and officers of the state Department of Corrections;**
- **Child care providers, including foster parents, day care providers and paid staff.**
- The law encourages the persons named above to also report cases that come to their attention in their nonprofessional capacities. **Further, the law encourages any person to report instances of known or suspected abuse and neglect.**
- **What are child abuse & neglect?**
- STATE LAW DEFINES child abuse or neglect to include the following actions by those responsible for a child's welfare:
- **Physical injury** that harms or threatens a child's health or welfare;
- **Failure to care for a child**, including neglect of the necessary physical (food, shelter, clothing, and medical attention), emotional, mental and social needs;
- **Sexual abuse**, including molestation or incest;
- **Sexual exploitation**, including permitting or encouraging prostitution;
- **Mental injury**--An injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner; *or*
- **Maltreatment**--A child has suffered substantial harm as a result of child abuse or neglect due to an act or omission not necessarily committed by the child's parent, custodian or guardian.

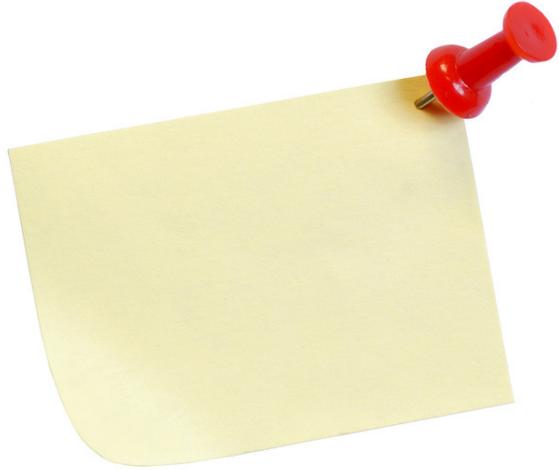
# Some Common Questions and Concerns

- May you provide rape crisis or mental health counseling without parental consent? Parental notice?
- If parent asks for counseling records (and signs a release) do you have to turn the records over?
- May a program house a minor w/out parental consent or notice?
- Does a minor victim have to talk with law enforcement?
- Does law enforcement have to tell parents that a minor was assaulted?
- If medical care is covered by parents' insurance, will the parents automatically be notified?

# Some Common Questions and Concerns (cont.)

- May parents see the minor's school records?
- May CPS or the police interview a child at school (or your office) without parental notice/consent?
- If the minor seeks a forensic exam, does the provider have to get parental consent first?  
Notify the parents?
- What if parent asks the doctor or hospital for the minor's medical record?
- Is a release of information signed by a minor valid and enforceable?

<b>Care to be Provided</b>	<b>Age</b>	<b>Services Confidential?</b>	<b>Relevant State &amp;/or Federal statute(s) and case law</b>	<b>Professional or other ethical standards</b>	<b>Coalition &amp;/or Employer standards</b>
Sexual assault related care					
Emergency medical care					
Forensic medical examination					
Release of forensic medical evidence to law enforcement					
General (non-emergency) medical care					
HIV Testing					
HIV Prophylaxis					
STI Testing					
STI Treatment					
Family Planning / contraceptive care					
Pregnancy related care					
Emergency Contraception					
Sexual Assault Advocacy					
Mental Health counseling					
Drug and Alcohol Services					



## Part Three

Some Tips for Working with  
Victims of Sexual Assault  
Who are Minors

# Intake with Minor Victims

- Use vocabulary that the minor victim will understand (body parts, texting abbreviations)
- Explain confidentiality and mandatory reporting using appropriate vocabulary to be sure it is informed consent
- Use open-ended questions
- Let the minor victim set the pace
- Be aware of minor victim's body language and tone
- Be aware of *your* body language and tone while conducting intake
- Explain the purpose of follow up questions
- Address the full range of privacy issues specifically texting, sexting, social networking sites.
- Discuss the best way to communicate with the minor client after intake and any implications

# Some Privacy Practice Tips

1. Be clear (with all parties) as to who your client is – minor or parent.
2. Establish at the outset re: what confidentiality policies govern your communications with the victim/survivor (including mandatory reporting).
3. Know who is a mandatory reporter and what the law does and does not require
4. Be familiar with the governing confidentiality in your jurisdiction.
5. Explain confidentiality - and waiver – to the victim, and in terms they can understand.
6. Have protocol in place beforehand re: responding to subpoenas, MR, etc.
7. Try and get practices to be consistent within your area (if they're good).
8. Predictability is important so discuss what happens to information shared before the victim discloses (to you or to other friends, providers, etc.).
9. Know beforehand where / who are the resources you can call on.

# Privacy Practice Tips (cont.)

10. Be sure to address privacy issues with your teen client – especially re: electronic communications (texting, sexting, social networking sites).
11. Learn V's vocabulary (especially re: body parts, sexual terms, relationships, texting abbreviations, etc.)
12. If parent-suspect wants to access V's records, request access be denied until after adjudication (be sure to ask record holder not to release).
13. If required, document in the pt./client file the information you relied on for your decision to provide services w/out parental consent or notification.
14. Remember that different laws apply to different types of care / different types of services! Be sure to look for statutes in more than 1 category. For example, the sexual assault-specific laws as well as any general medical, mental health, crime victim right, privacy, or other potentially relevant statutes. If statutes are silent, explore whether there is any case law, ethical regulations, or other sources.

*Word of Caution:* Not all sexual relations / “statutory rape” between minors constitute reportable “child abuse or neglect.” *AG Blumenthal Opinion Interpreting Mandated Reporter Statute, Sept. 30, 2002*

# Protecting Victims' Privacy in Court/Court Records

- Victim may ask to have her/his name and other confidential info redacted; Use initials or pseudonym where allowed
- Testify in chambers (many states will allow w/ child victims)
- Courtroom cleared of observers (if your jurisdiction allows for this)
- Documents filed (and kept) under seal
- Ask for pornographic evidence be viewed only at courthouse and not released to def.
- Discuss beforehand what will happen/who gets to docs released
- Address confidentiality, disclosures, and how waiver operates
- Have a subpoena response policy (including designated custodian of records and be sure to train on and follow it)
- Determine what court records are accessible online
- What records are in a juvenile court file and when may they be sealed or expunged?
- Request permission to redact records if they have to be disclosed to the defendant or the court
- File documents under seal / with a protective order
- If you're the victim's lawyer, request victims' records from other providers and review them before they are released
- Remind service providers to protect victim confidentiality and request notice if a V's records are subpoenaed

# Privacy & Safety in the Digital Age

## Danger - Electronic Communications Ahead!

- 13-19 year olds spend average of 8 hrs/day on screen time; there are 400+ million users on Facebook
- Older teens share more personal info online than younger teens
- You will want to discuss:
  - On which social networking site(s) does the victim post?
  - What are the victim's settings?
    - Who can post
    - Is the victim visible when online
    - Do Facebook settings reveal location
    - What statements &/or photos
- Who are the victims' online friends and with whom do those friends share information?



# Advocating in Education Settings

- Have attorney request victim-client's release from school and that the release request remain confidential
- Safe at school/NCLB
- OCR's April 2011 Dear Colleague Letter
- Accommodation requests
- Does the victim or the perpetrator have an IEP?
- Containing gossip; using anti-bullying laws
- Assess which if any school resources are confidential (review FERPA)
- Title IX funded school clinic?

# Resources

- Victim Rights Law Center: [www.victimrights.org](http://www.victimrights.org)  
Boston office: (617) 399-6720; Oregon office: (503) 275-5477
- *AG Blumenthal Opinion Interpreting Mandated Reporter Statute, Sept. 30, 2002*
- Center for Adolescent Health & the Law (monograph; overview of national health care laws for minors) [www.CAHL.org](http://www.CAHL.org)
- “*Revealing Confidential Information to Parents of A Juvenile Client,*” Conn. Lawyer, October 2004 (p.8)
- Guttmacher Institute: [www.Guttmacher.org](http://www.Guttmacher.org)
- Levesque, Roger J.R., “Dating Violence, Adolescents, and the Law” Virginia Journal of Social Policy and the Law, Winter 1997.

# Resources (cont.)

I

- National Center for Youth Law: [www.youthlaw.org](http://www.youthlaw.org) and [www.teenhealthrights.org](http://www.teenhealthrights.org)
- NYCLU Reproductive Rights Project Memo, “Minors Who Can Give Informed Consent Have the Right to Consent to Confidential Sexual Offense Services,” at <http://www.nyclu.org/finalrapecrisismemo.pdf>
- Care of the Adolescent Sexual Assault Victim, American Academy of Pediatrics, Miriam Kaufman, MD, and the Committee on Adolescence, *Pediatrics* 2008;122:462–470
- Informed Consent, Parental Permission, and Assent in Pediatric Practice, *PEDIATRICS* Vol. 95 No. 2, February 1995
- California: Minor Consent Rules fo Adolescent Health Care.
- Center for Health Training: [www.centerforhealthtraining.org](http://www.centerforhealthtraining.org)

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