

CCASA Teen Toolkit

RESOURCES REGARDING CONSENT, CONFIDENTIALITY,
ACCESS, AND SERVICE PROVISION FOR
VICTIMS OF SEXUAL VIOLENCE WHO ARE MINORS

SECOND EDITION

January 2018



TABLE OF CONTENTS



FOREWORD	III
ABOUT THE TOOLKIT	IV
SECTION I	1
THE ADOLESCENT YEARS AND SEXUAL ASSAULT	1
UNDERSTANDING SEXUAL ASSAULT AND SEXUAL ABUSE	2
TEENS' LIVES	3
TEEN SURVIVORS	3
COMPOUNDING CIRCUMSTANCES	5
SEXUAL ASSAULT AND TEENAGE PREGNANCY	7
REPRODUCTIVE COERCION	7
COMMERCIAL SEXUAL EXPLOITATION OF MINORS	8
SECTION II	9
HOW TEENS COME IN FOR SERVICES	9
BASIC ADVOCACY WITH TEEN SURVIVORS	9
SPECIAL CONFIDENTIALITY CONCERNS	12
CREATING AGENCY POLICIES TO REFLECT AGENCY VALUES	13
SECTION III	14
RELEVANT COLORADO STATUTES	14
WHO IS A MINOR? THE "AGE" QUESTIONS	14
EMANCIPATED MINORS AND OTHER CATEGORIES	14
LEGAL ISSUES: MINORS AND CONSENT	15
CONSENSUAL SEX QUICK TIPS	16
POSTING, POSSESSION, OR EXCHANGE OF A PRIVATE IMAGE BY A JUVENILE	18
JUVENILE SEXTING SCENARIOS	19
POSITION OF TRUST	21
MANDATORY REPORTING OF CHILD ABUSE/NEGLECT	21
ACCESS TO VICTIM SERVICES AND RIGHTS OF VICTIMS	21
MEDICAL/FORENSIC EXAM	21
GENERAL MEDICAL CARE, INCLUDING EMERGENCY CARE	22
CONSENT FOR MENTAL HEALTH TREATMENT	22
PREGNANCY/PRENATAL CARE	25
TESTING AND PROPHYLAXIS/TREATMENT FOR SEXUAL TRANSMITTED INFECTIONS	25
BIRTH CONTROL/FAMILY PLANNING SERVICES/EMERGENCY CONTRACEPTION	25

ABORTION SERVICES AND JUDICIAL BYPASS	25
DRUG/ALCOHOL ABUSE TREATMENT.....	26
ACCESS TO SHELTER SERVICES FOR HOMELESS YOUTH.....	26
VICTIM RIGHTS ACT	27
ACCESS TO U VISAS FOR YOUTH VICTIMS OF CRIME.....	28
VICTIMIZATION AT SCHOOL OR BY A CLASSMATE	28
RESTORATIVE JUSTICE OPTIONS WHEN THE OFFENDER IS ALSO A JUVENILE	30
CIVIL PROTECTION ORDERS	30
CONFIDENTIALITY	31
AGENCIES RECEIVING TITLE X FUNDING	32
TEEN DATING VIOLENCE	33
UNIQUE CONCERNS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING AND INTERSEX (LGBTQQI) YOUTH.....	34
SECTION IV	36
COMMUNITY-BASED RESOURCES.....	36
STATE RESOURCES.....	37
NATIONAL RESOURCES	38
FILMS THAT MAY BE APPROPRIATE FOR TEENS	40
REFERENCES.....	40

ACKNOWLEDGEMENTS



FIRST EDITION AUTHORS:

Jennifer Eyl, JD
Karen Moldovan, MAT

SECOND EDITION AUTHORS:

Brie Franklin, MA
Ruthie Kolb

CCASA would like to thank the Teen Toolkit Review Committee for their extensive assistance with the first edition of this project!

Ari Barger
CCASA Volunteer

Kelly Dixon, Legal Director
Rocky Mountain Victim Law Center

Feliz Fraser-Solak, LSW
Deputy Director, North Metro Child Advocacy Center

Lorrie Johnson
Violence Prevention Coordinator, Project PAVE

Betsy Kalkstein, MSW
Senior Social Caseworker, City and County of Denver
Human Services

Jennifer Morganto
Prevention Programs Specialist/Personal Responsibility
Education Program (PREP) Project Manager

Michelle Wolff
17th Judicial District Sexual Assault Response Team
(SART) Coordinator

FOREWORD FIGHTING MY MIRROR



I AM A TEEN SURVIVOR OF SEXUAL ASSAULT. No matter how many times I say that sentence, I stumble over the word “teen.” The word “teen” seems so innocent, so fresh, so vibrant, and I feel like I am now the opposite of all of these words. I was raped. I was forced to grow up, to forget the innocence that once armed me. It’s so hard to look at oneself after a horrific event such as sexual assault. It’s even harder when the lighthearted teen you once saw in the mirror is gone.

I WAS RAPED. Someone I trusted brutally attacked me in my sleep. Adding to the horror, he took pictures and a video of what he had done to my destroyed body. I did what few people do. I beat him up, called 911, and kept him there until the police came. It sounds impressive, but when you’re fighting for your life, it’s amazing what you can do. I was so angry. Everything I trusted was flipped on its head. My anger propelled me then, and it still does today. I wrote a book about my experience called *For Now: Words of the Girl Who Fought Back* aimed at sharing what happened to me with other teens. I travel to schools all across the nation to speak about what happened to me with high school students as well.

Why? Why do I do all this instead of just forgetting and moving on with my life? Because I know that I will never forget. **NO SURVIVOR WILL EVER FORGET.** The boy who tried to destroy my life now sits in jail, but what about all of the other rapists and sexual abusers out there?

I WANT THEM TO KNOW THAT WE ARE NOT DUMB TEENAGERS. I want them to know that we will not give in because society makes it difficult to live as a survivor.

I WANT YOU TO KNOW THAT YOU ARE NOT ALONE.

Educate yourselves with this fantastic toolkit. Sexual assault is a scary topic to open your mind to, but once you have a foundation of knowledge surrounding the topic, you will feel like you have armed yourself against the very thing you are afraid of.

Whether you are a survivor, or you would like to feel more knowledgeable about sexual assault and teens, this toolkit will help you feel more secure about the future.

KNOWLEDGE REALLY IS POWER.

So, to all of the teens out there, and as a teen survivor myself, I just ask one thing of you. **RETURN TO THAT MIRROR.** That mirror that used to reflect the frivolity of your teenage troubles, but may now show you some of the darkest horrors on this planet reflected in your own eyes.

FIGHT THAT MIRROR. No, don’t smash your fist into it. Simply learn to love the teenager hiding under the pain. The teen who was hurt and had to grow up too quickly.

TO THE SURVIVOR

Strange that someone can steal you
Steal you from you

Strange that someone can change you
Change you in front of you

Strange that someone can destroy you
Destroy you,
For now.

From *For Now: Words of the Girl Who Fought Back*
By Anna Nettie Hanson
fornowbook@gmail.com



ABOUT THE TOOLKIT



THE CCASA TEEN TOOLKIT is designed to help Colorado victim advocates, case managers, guidance counselors, educators, medical providers and youth-serving professionals determine the most effective responses for working with survivors of sexual assault/abuse who are teenagers. In some situations, it may be appropriate to share this Toolkit with teens. This Toolkit is not a substitute for legal advice, but rather should be used to provide guidelines while informing agency policies around advocacy, counseling, and medical services for minors as it relates to sexual violence or sexual abuse.

The Teen Toolkit uses the gender pronouns he and she, represented as s/he, and it is important to acknowledge that many teens identify with genders outside of the binary of male/female gender identity. Best practice is to let teens self-identify to you or for you to ask what gender pronouns they prefer. This is a simple step you can take, not just when you feel uncertain about one's identity, but with every teen survivor.

2010 data from the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey demonstrates that sexual violence is one of the most pervasive and serious public health issues in this country. According to the report, nearly 1 in 5 women have been raped at some point in their lives. Nearly 1 in 2 women (44.6 %) and 1 in 5 men (22.2%) have experienced sexual violence victimization other than rape in their lifetime. The report establishes the fact that most female victims of completed rape (79.6%) experienced their first rape before the age of 25 and 42.2% experienced their first completed rape before the age of 18 years. More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger. Because of the startling prevalence of sexual assault and abuse within this demographic, it is imperative that all youth-serving professionals are able to recognize, respond compassionately, and refer these cases to the appropriate services.

SECTION I OF THE TOOLKIT gives a brief overview of the types of victimization and compounding circumstances a teen may encounter. This overview may be especially helpful for youth-serving professionals who do not work in a traditional rape crisis center.

SECTION II OF THE TOOLKIT includes basic advocacy skills and tips for working with teen survivors. While we believe that minors can best be served by working with trained sexual assault service professionals (including advocates, counselors, and/or therapists), we recognize that all youth-serving professionals may come into contact with teen survivors. Oftentimes, a teen will disclose a sexual assault or sexual abuse to an individual who is an already established, trusted adult in her or his life. That trusted adult may be a teacher, coach, neighbor, or employer who may or may not have any experience working with survivors of sexual violence. While the "Basic Advocacy with Teen Survivors" section of the Toolkit was designed for advocates (as defined in C.R.S. §13-90-107), a working knowledge of this section may be helpful for all youth-serving professionals.

SECTION III OF THE TOOLKIT, the Colorado statutory guide, can provide assistance regarding mandatory reporting obligations and legal considerations for providing services to minors. Throughout the Toolkit, reference is made to the Colorado Revised Statutes or other sources of laws and rules. The Colorado Revised Statutes may be found at: www.lexisnexis.com/hottopics/Colorado. Citations such as C.R.S. § 13-22-101 refer to Title 13, Article 22, Section 101 of the Colorado Revised Statutes.

Where ages are mentioned, “under the age of” means that the person has not reached the specified age and is at least one day younger. For example, under the age of fifteen means age fourteen and 364 days or younger. If a person must be a certain age “or older” or “at least” a certain age, the person must have reached that birthday or is older. For example, fifteen or older (or at least fifteen) refers to a person who has had her or his fifteenth birthday.

It is important to note that the contents of the Toolkit are specific to Colorado law and cannot be generalized to other states except where reference is made to federal law, which applies equally throughout the United States. For purposes of the contents of the Toolkit, federal law applies to U-Visas, Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §§ 1681 et seq., and its implementing regulations, 34 C.F.R. Part 106, and Title X Funding.

SECTION IV OF THE TOOLKIT provides resources for working with teens. It includes discussion questions and samples of education, prevention, and intervention services currently available for teens in Colorado. This section is not inclusive of all of the efforts throughout the state. However, it provides a snapshot of some victim services currently available for teens. Additionally, this section provides helpful state and national resources for both survivors and service providers.

The Toolkit is a work in progress that will be updated and modified as laws change and new information is needed. Suggestions and comments regarding the content, accuracy, or format of the Toolkit may be directed to CCASA at info@ccasa.org.

In Colorado, there are different types of Victim Advocates. A “Victim’s Advocate” with privileged communications is defined in state statute that explains who may not testify without consent. According to the statute, a victim’s advocate is a person at a battered women’s shelter or rape crisis organization or a comparable community-based advocacy program for victims of domestic violence or sexual assault

A) Whose primary function is to render advice, counsel, or assist victims of domestic or family violence or sexual assault; and

B) Who has undergone not less than fifteen hours of training as a victim’s advocate or, with respect to an advocate who assists victims of sexual assault, not less than thirty hours of training as a sexual assault victim’s advocate; and

C) Who supervises employees of the program, administers the program, or works under the direction of a supervisor of the program.

–CRS 13-90-107(k)(II)

**Law Enforcement Advocates are not covered under this statute.*

BEING AN ADVOCATE IS NOT THE SAME AS BEING A COUNSELOR OR A THERAPIST. PROFESSIONAL COUNSELORS AND THERAPISTS TYPICALLY HAVE ADVANCED DEGREES IN COUNSELING, SOCIAL WORK, OR THERAPY AND HAVE UNIQUE LICENSING REQUIREMENTS.



THE ADOLESCENT YEARS AND SEXUAL ASSAULT

Generally, adolescence refers to the period of time from the onset of puberty until a young person moves into adulthood. During the period—overall, from about age 12 to 19—there is a wide range of developmental stages in cognitive, emotional, and behavioral characteristics. Throughout adolescence, teens in the American culture are typically engaged in a process of forming their own identities independent of their families, influenced to a large degree by their friends and by popular media. They are also influenced by internal hormonal activity causing physical and emotional transformation.

Teens are often torn between maintaining allegiance to their families and experimenting with new and sometimes disapproved behaviors. They may alternate between hating their families and desperately wanting familial attention, approval, and affection. Many teens display an air of confidence, while simultaneously feeling extremely insecure, worrying about what others think of them, and wondering about the meaning of life.

It is during this already confusing and emotionally difficult time of life that many young people confront sexual assault or sexual abuse. Types of victimization may include: stranger or acquaintance rape, intimate partner sexual violence, commercial sexual exploitation of a minor, incest, childhood sexual abuse, sexual harassment, and other forms of sexual assault, such as molestation and attempted rape. Sexual abuse does not have to include physical contact. For example, non-consenting “sexting,” exposing a minor to adult sexual activity, or pornographic material is sexual abuse.

42.2% of female rape victims were first raped before age 18; 29.9% of female rape victims were first raped between the ages of 11-17; and 12.3% female rape victims and 27.8% of male rape victims were first raped when they were age 10 or younger (Black, et al, 2011). According to the 2013 Healthy Kids Colorado Survey, an estimated 6.6% of high school students reported being physically forced to have sexual intercourse when they did not want to at some point in their lives. Oftentimes, these crimes occur simultaneously or in conjunction with other types of violence or victimization.

It is not uncommon for popular culture and media outlets reporting on this crime to primarily portray sexual assault as a “female issue.” However, boys as well as girls can be victimized. A 2005 study conducted by the U.S. Centers for Disease Control, on San Diego Kaiser Permanente HMO members, reported that 16% of males were sexually abused by the age of 18 (Dube, et al., 2005). While adolescents in general are highly reluctant to disclose or seek help, young men have been found to be much less likely than females to report having been sexually assaulted or raped (Holmes, 1997).

UNDERSTANDING SEXUAL ASSAULT AND SEXUAL ABUSE

To provide assistance to teen survivors, advocates and youth-serving professionals should have a continually expanding working knowledge about sexual assault and abuse. It is also important to know and understand common misinformation about these crimes.

It is important to understand:

- Victims of sexual assault and/or rape are often not physically harmed or threatened with a weapon.
- Sexual assault can occur if the victim has been dating the perpetrator and has been sexually intimate with that person in the past.
- Sexual assault and rape does not happen “accidentally” and they are not a result of a misunderstanding. These crimes are often planned and premeditated.
- Rapists often seem normal to others.

Individuals may experience a sexual response to the assault or abuse. This physiological response does not mean that the victim wanted or enjoyed the abuse. In fact, this physiological response may be a cause of guilt and shame for many survivors.

- There is no such thing as a “teen prostitute” or “child prostitute” because minors cannot consent to these crimes.
- Victims may have complex feelings and emotions toward the perpetrator. It is not uncommon for victims of sexual assault and/or incest to love and/or care about the perpetrator deeply.
- Victims may wait days, months, or years to disclose sexual abuse or sexual assault. Some victims may choose to never speak out about the abuse.
- Incest can be perpetrated by a brother or sister, parent, uncle, aunt, nephew, niece, or grandparent.
- Incest may include any sexual contact and is not just rape.
- Children and teens are not targeted because they are attractive, dress sexually appealing, or engage in a “flirtatious” way.

Among the misconceptions particularly pertinent to teens—and often believed by them—are:

- Anyone can resist being sexually assaulted if she or he really wants to stop the abuse.
- If a person starts making out with someone and they both get sexually excited, and then she or he wants to stop and says so, it’s not really rape if the other person forces sexual activity.
- Girls often mean “yes” even though they say “no.”
- A guy cannot be blamed for forcing sex on a girl who is dressed sexy, flirts with him, and/or lets him pay when they are out together.
- People who were drunk or high when they were raped are at fault.
- If a guy or young man is sexually assaulted by another male, then the victim (and the perpetrator) must be gay.
- Only homosexual men sexually abuse boys.
- A male cannot be raped by a female.

- If the sexual encounter is initiated by the teen to an adult, it is not sexual abuse.
- It is not predatory if the offender was drunk because the alcohol is to blame.
- When a female teacher initiates sexual activity with a male student, it doesn't constitute sexual abuse.
- If a teen looks or acts mature, s/he can be in a consenting sexual relationship with a much older adult.

These misconceptions can be extremely influential on teens who are unsure of themselves and dependent on the opinions and ideas of others. The misinformation is sometimes reinforced by specific cultural and religious beliefs that are intended to promote appropriate behavior and good character, yet may have the negative side effect of isolating adolescents who have been victimized.

TEENS' LIVES

In addition to myths, teens are also highly influenced by other circumstances of their lives—namely, friends and peers. Adolescence often is a time of sexual experimentation and exploration. However, there is not always social consensus on what healthy and respectful relationships and sexual activity look like for all genders and ages. Teens may receive very conflicting messages about sexuality and sexual violence from television, social media, religious institutions, school, parents, and peers.

While teens receive many societal messages about gender and sexual norms, sex should be relatively new to teens. Because of this, teens may be vulnerable to confusion around consent, lack of consent, force and sexual assault. For example, a teen may label a violent assault as merely an “unpleasant” sexual experience and therefore ignore her or his “internal compass” indicating it was a sexual assault. Adolescents who have been victimized as a child may be even more vulnerable to confusion about when sex is consensual and when it is forced. Confusion may be compounded for teens who are exploring or struggling with their sexual orientation or gender identity.

TEEN SURVIVORS

Teens who have survived a recent sexual assault or were sexually abused often have additional needs and considerations unique to them. They may have a difficult time identifying the victimization and are oftentimes reluctant to seek formal services. This reluctance may be compounded if the survivor has had previous negative interactions with the criminal justice and/or social services system.

Common responses may include:

- Unwillingness to report to law enforcement
- Afraid to get someone else in trouble
- Concern about threats of harm for reporting
- Fear that s/he will not be believed
- Lack of trust of authority figures

- Not labeling the incident(s) as sexual assault or as a crime
- Self-blame
- Fear of losing control of the outcome following a sexual assault/abuse disclosure

The rape crisis advocate or youth-serving professional needs to be knowledgeable about the particular concerns, life circumstances, and realities of each individual client. Additionally, it is imperative to strive to gain understanding of the cultural considerations relevant for that particular youth. This knowledge can assist in encouraging the adolescent survivor who does reach out for assistance to stay engaged and benefit from rape crisis center and other supportive services.



COMPOUNDING CIRCUMSTANCES

Many teens struggle with other issues as well, such as living in poverty or high-violence homes or neighborhoods, or being discriminated against due to race, age, ethnic background, immigration status, gender identity, or sexual orientation. Teens who routinely encounter discrimination and disrespect in their lives may not even consider reporting a sexual assault or seeking help because they feel they will not be believed, be blamed for what happened, or will have no control over what happens following the report. This can be said about teens across all socioeconomic and racial lines. They may also be reluctant to seek help if they think seeking help will bring their families to the attention of authorities. For example, children of undocumented immigrants may fear their families will be reported to immigration authorities; or a teen may worry that disclosure will result in the state's involvement with the family and perhaps her or his removal from the home.

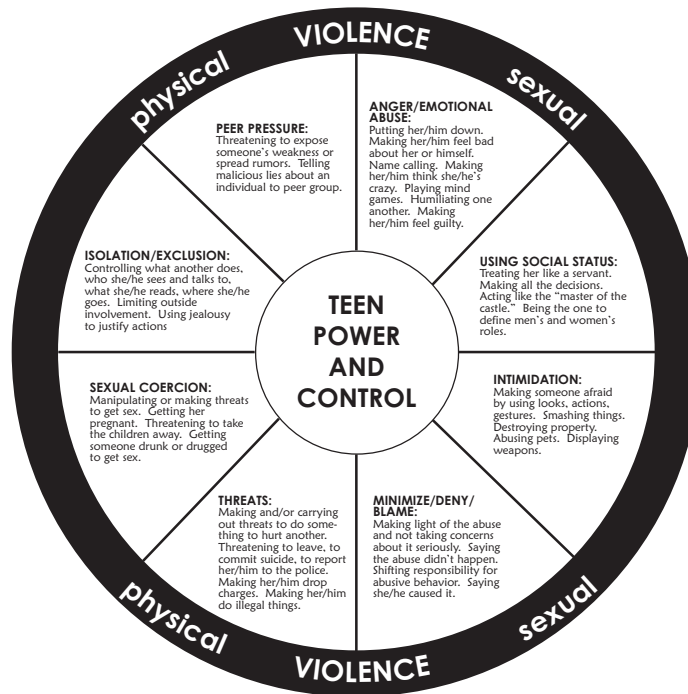
If a teenager comes from a family where there are strict cultural or religious rules, s/he may be reluctant to disclose rape or childhood sexual abuse due to worries that she will be blamed or that her "lost virginity" will be seen as shameful. Similarly, a boy may be reluctant to report an assault, particularly one perpetrated by another male, for fear of being labeled as "gay" or "weak" by family members or friends. Sexual abuse may also be a component of teen dating violence. In these circumstances, teens may fear for their physical, social, and/or emotional safety and be deterred from seeking help due to their feelings for the perpetrator, as well as the potential repercussions in seeking help or assistance.

Another major factor in teens' lives in general and their sexual lives in particular, is the use and abuse of drugs and alcohol. Because these substances can lower inhibitions, potential rapists are more likely to create access by using these substances to assist in committing rape and sexual violence. 75% of male college students and 55% of female college students involved in date rape had been drinking or using drugs at the time. (Koss, 1998).

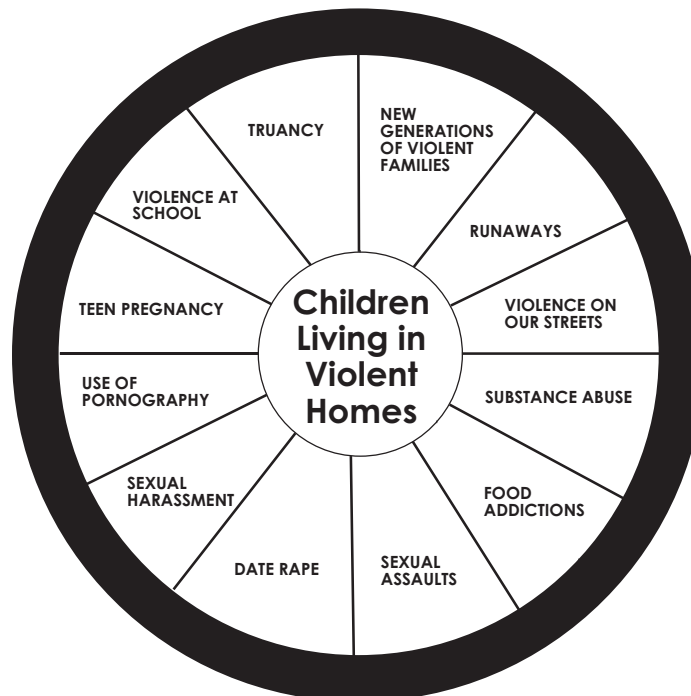
Teens are also at risk of turning to alcohol or drugs as a way of coping with having been sexually assaulted. Teenage survivors may struggle with issues of self-esteem and self-worth, questioning if they somehow deserved the abuse or are now contaminated or devalued by it. These feelings of worthlessness can contribute to self-harming behaviors. Studies generally indicate that sexual abuse is a risk factor for becoming sexually active earlier than other teens and for not using contraceptives or protection. Adolescents struggling with sexual assault issues also are at risk of: self-injury, such as cutting or burning; suicidal thinking, gestures, and attempts; and developing eating disorders, such as anorexia, bulimia, or overeating. Other concerns may be increased social and family isolation, general acting out, and lower school performance. Regardless of the type of victimization, it is highly likely that an adolescent will know his or her perpetrator and may consider him or her to be a friend or loved one.

Teens may also be exposed to family violence or multi-abuse trauma. This means an individual is impacted by multiple co-occurring issues which negatively affect safety, health or well-being (Slater, 1994). For more information on multi-abuse trauma, please see the Alaska Network on Domestic Violence and Sexual Assault publication: "Real Tools: Responding to Multi-Abuse Trauma" accessible here: www.andvsa.org/publications.

TEEN POWER AND CONTROL WHEEL



CHILDREN COPING WITH FAMILY VIOLENCE



Developed from:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
training • consulting • advocacy
4012 Shoal Creek Blvd. • Austin, Texas 78756
512.407.8020 (phone and fax) • www.ndsv.org

SEXUAL ASSAULT AND TEENAGE PREGNANCY

Research on sexual assault and teens has demonstrated a correlation between child sexual abuse and teen pregnancy. Girls with a history of sexual abuse have been found more likely than girls who had not been abused to have had intercourse and to have been pregnant. Girls who had been abused were also more likely to report having had intercourse at an earlier age, not having used birth control during their most recent sexual encounter, and having had more than one sexual partner (Stock, et al., 1997). Research from the Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting, and Prevention states that as many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives (Leiderman, 2001).

REPRODUCTIVE COERCION

Approximately 7% of women and 4% of men who ever experienced rape, physical violence, or stalking by an intimate partner first experienced some form of partner violence by that partner before 18 years of age (Smith, et al., 2017). The 2013 national Youth Risk Behavior Survey found

approximately 10% of high school students reported sexual victimization from a dating partner in the 12 months before they were surveyed (Vagi, et al., 2015). Dr. Elizabeth Miller is a researcher and pediatrician who studies the intersection of relationship violence, sexual coercion, and reproductive health. She recently published her findings on a patient survey administered to nearly 1300 females (ages 16–29 years old) seeking care in five family planning clinics in Northern California. The study found that 53 percent of respondents reported physical or sexual partner violence, 19 percent reported experiencing pregnancy coercion and 15 percent reported birth control sabotage. One third of respondents reporting partner violence (35%) also reported reproductive control (Miller, 2012).

Given the connection between sexual abuse, violence, and teen pregnancy, it is important to assist teen survivors who are dealing with sexual assault or pregnancy issues with the resources they will need to make informed decisions. The statutory guide in section III of this manual can assist in providing information on obligations to report and age of consent laws. Additionally, your interaction with a teen may need to include one or more of the following:



- Referral to and/or notification of the relevant child social services agencies;
- Referral to organizations that provide resources and education about birth control and pregnancy options to teens; and,
- Supportive resources and referrals for teens in your area who are pregnant or parenting.

COMMERCIAL SEXUAL EXPLOITATION OF MINORS

In your work you may encounter a teen who has been commercially sexual exploited or is a victim of sex trafficking. In the United States, estimates suggest that as many as 300,000 children may become victims of commercial sexual exploitation each year (Estes and Weiner, 2001). The average age a child is entered into prostitution is age thirteen or fourteen. (Barnitz, 2001; Friedman, 2005). Victims of commercial sexual exploitation may have extensive needs and often require an enormous amount of support. Attempting to even seek assistance can be extremely high-risk and can pose considerable safety issues for the victim. There are Colorado resources and referrals unique to this population. For more information, please visit:

- www.coloradocrimevictims.org/human-trafficking-program.html
- www.combathumantrafficking.org
- www.polarisproject.org

WHILE ANYONE CAN BECOME A VICTIM OF TRAFFICKING, CERTAIN POPULATIONS ARE ESPECIALLY VULNERABLE. THESE MAY INCLUDE: UNDOCUMENTED MIGRANTS; RUNAWAY AND HOMELESS YOUTH; AND OPPRESSED, MARGINALIZED, AND/OR IMPOVERISHED GROUPS AND INDIVIDUALS. TRAFFICKERS SPECIFICALLY TARGET INDIVIDUALS IN THESE POPULATIONS BECAUSE THEY ARE VULNERABLE TO RECRUITMENT TACTICS AND METHODS OF CONTROL.

www.polarisproject.org



HOW TEENS COME IN FOR SERVICES

Teens often approach rape crisis center services cautiously. Following a mandatory report to law enforcement or the Department of Social Services (DSS), a teen may be “forced” to obtain services or work with a counselor or an advocate. This dynamic can greatly affect the services and assistance provided. Teens may also call and ask questions about confidentiality, or for definitions of rape, sexual assault, or incest. They may say they are talking about a friend. A male caller may want to know “if a guy can be raped.” Perhaps the caller will want to know if it is possible to go to a hospital or clinic for medical treatment without having to notify parents or guardians.

Sometimes a teen will be worried about a friend who was (or is currently) being abused or raped and who now is depressed, not coping well, or suicidal. Parents may call because their teenager has disclosed a rape or abuse and is now refusing any help. Teachers, community youth workers, advisors, school nurses, or doctors may contact a rape crisis center for advice regarding a teen who has disclosed an assault or abuse. The adolescent’s disclosure may be direct or indirect, such as by asking about tests for pregnancy or sexually transmitted infections and then admitting the concern is due to a recent assault.

BASIC ADVOCACY WITH TEEN SURVIVORS

The following section includes basic tips for working with teen survivors. Because each individual will have different needs and considerations, this section largely encompasses basic advocacy considerations for service providers and youth-serving professionals to take into account. For many well-intentioned and experienced service providers, the thought of how to best respond to an initial disclosure from a teen can invoke trepidation and anxiety. Remember that your response matters! Jan Hindman (1989) found that the number one factor correlating with primary severe trauma after a disclosure was receiving a disastrous response (e.g., disbelief, failure of support, lack of protection for the victim, protection of the offender). Additionally, research demonstrates that victims and survivors who experience a supportive and compassionate response, regardless of the criminal justice outcome, have lower rates of post-traumatic stress (Campbell, et al., 1999). As the person hearing the outcry, your job is not to investigate or determine the accuracy of the disclosure. However, it is your job to respond compassionately and refer appropriately.

Here are some very simple ideas for what to say following an immediate disclosure:

- Thank you so much for talking to me about this. I’m really glad you came to me.”
- “I am so sorry that happened. You didn’t deserve it.”
- “What would help you to feel safe right now?”
- “I believe you and think you are really strong.”

- “You aren’t alone. What you are telling me has happened to so many people your age.”
- “Because I know this information, I am obligated by the law to help make sure you are safe. I’m not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while supporting you as best as I can throughout this process.”

The information below includes additional tips for working with teens who may have experienced sexual violence.

Enter into the advocate-teen relationship as an ally. Most adults who teens encounter are in direct positions of authority who may feel obligated to impose a “lesson” on the teen. An advocate is fortunate to be able to explore the teen’s life with her/him. Be informed by the teen’s own experience and provide options and support as the teen defines. This attitude and approach can be highly empowering for a young person who may feel marginalized as an adolescent and may also feel shame around victimization. Seize the opportunity to learn from the teen! It is unfortunately rare for teens to seek out support services from adults. Teens are often more likely to turn to peers for assistance. When teens approach adults for assistance, it is an honor and privilege to have the opportunity to establish trust, rapport, and an advocacy relationship. Remember, trust must be earned. It does not happen automatically and it should not automatically be granted because of good intentions or position of authority.

Explore adolescents’ support systems. Your interactions can help a teen think about other people who might be a resource during this difficult time. For example:

- Do they want a parent, guardian or another trusted adult to be involved? Are they unsure how to disclose or ask for help? Is a parent likely to be blaming and judgmental or supportive?
- Is there another safe adult in their lives more likely to be supportive and understanding?
- Is there a friend who can be helpful?
- Is their cultural or friendship network likely to be blaming and labeling?
- Does it make sense to stay somewhere else for a while, and, if so, where?

Teens often do well in peer support groups, because they are able to share their experiences and come to see that they are not alone. Section IV of this Toolkit will give some examples of Colorado teen support groups. **Learn what resources are available in your community!** In exploring an adolescent’s support system, be aware of the possibility that the individual’s family or community may have strong cultural or religious beliefs affecting the teen’s willingness or safety in disclosing sexual assault and abuse. Talk with the survivor about these beliefs, and ask how she or he thinks a disclosure will be received. Ask if the adolescent is struggling with self-blame or shame because of beliefs or values s/he has adopted.

It is often helpful for teenagers to know they are not alone in the dilemma. It might be appropriate to say something like, “I’ve talked with a lot of people your age who have the same concerns you do, and at the same time I’m also worried about your safety. Let’s talk about this some more.” If the client identifies as

male, let him know that he is not “the only one,” and that he probably knows other young men who have also been abused but whom, like him, are very reluctant to tell anyone.

If appropriate, keep it light. Teens may convey an air of confidence and act as if they know everything, but the advocate cannot assume this is how they truly feel. Couch your information in statements like, “You probably know this, but . . .,” and try to avoid sounding too parental or “teacher-like” in giving advice. Humor may be helpful in confronting certain statements or attitudes without sounding scolding or authoritarian. Be careful that your humor is used in a respectful way that leads the teen to develop trust with you. Using the term “we” may be helpful to the adolescent who is trying to sound strong but is in fact quite scared; it can convey a sense that you are an ally.

Understand that advocacy services for teen survivors may need to incorporate physical and emotional safety planning. Many teens also have close social networks. The perpetrator may be someone the victim sees daily in school or in the neighborhood. The perpetrator may also have continual access to the victim by utilizing social networking sites (facebook, twitter, myspace, instagram, etc).

Recognizing—and respecting—the teen’s ambivalence, cautiousness, and fears about seeking services will help establish rapport. Adolescents may find it difficult to talk, so let your pace match theirs. A great starting place for establishing rapport is to learn more about the teen. If the survivor is somewhat brusque and businesslike, avoid being overly sympathetic in your approach, because she or he may not be able to tolerate it. An advocacy style that uses appropriate humor and appropriate self-disclosure can be helpful. An example of self-disclosure might be: “When I was in high school, I had a friend who had been raped. She was really worried about getting pregnant and that her parents would find out. Does that match your experience?” Please note that self-disclosure would not be appropriate if it shifts the focus to the advocate. It is also important to avoid being the “expert” on the teen’s problems.

If providing on-going advocacy and working with a teen survivor in person, offer alternatives to a “stale” office environment. For example, advocates can provide opportunities for the teen to draw or doodle, make jewelry, play a game, or otherwise keep his or her hands busy while talking. There is no need to insist on eye contact. For many people (not just teens), it is easier to self-disclose and process abuse when their hands are busy drawing, making something, or working with clay. For example, games, puzzles, or letting participants in a peer support group braid hair, for example, may actually allow for increased communication. It can even be helpful to have background music playing in an office and to ask what type of music s/he would prefer to hear.

Other tips for creating a positive environment for teens:

- ✓ Have comfortable, casual seating and be aware of accessibility issues.
- ✓ Keep paperwork to a minimum and prioritize what paperwork must be completed and when it must be completed.
- ✓ Make resources available to teens. Have relevant books and magazines available to lend to teens. Recognize,

though, that today's teens are "digital natives," meaning that although access may vary, teens have grown up with the internet. Collaboratively looking at websites and/or phone applications pertinent to healthy relationships and sexual health may be helpful in establishing a positive relationship.

Know that some teens may pace their own decision-making process by calling a hotline or office several times anonymously. Additionally, some teens may disclose sexual abuse intermittently or in gradual "steps." This technique can often create a feeling of safety for the survivor because s/he has had an ability to gauge the potential reaction. For this reason, it is crucial to establish rapport right away, allowing adolescent callers to feel invited to call again when they are ready. This may be difficult for the advocate who is worried about the caller's safety, particularly if it involves sexual abuse in the home. However, many adolescents are savvy enough to understand the mandated reporting laws and will be careful to protect their identity until they are ready for whatever intervention may take place once they disclose. In those circumstances, a caller may slowly and carefully accept help, over the course of several phone calls.

SPECIAL CONFIDENTIALITY CONCERNS

It is very important to give information to adolescents. Be up-front and honest about your role and limits to confidentiality. A survivor may legitimately fear repercussions if s/he discloses drug use, under-age drinking, undocumented immigration status, or illegal behavior such as involvement with gangs, theft, or the commercial sex industry. If it is appropriate and within the perimeters of confidentiality, explain that your purpose is to provide assistance to the survivor and that you are not interested in "getting her/him in trouble," but you want to make sure that s/he is safe.

Sometimes a teen survivor may call a rape crisis center or broach a conversation with a trusted adult by asking if the call or conversation is confidential. This is a good time to describe the exceptions to confidentiality. Some advocates worry that this will deter the adolescent from disclosing abuse or getting help. However, teens appreciate honesty and straightforwardness about the boundaries. If the teen appears to be hesitating about what to tell, it can be helpful to say something like, "You know, I think you brought this up because you may be worried about what is going on, and I would like to be able to help you. You don't have to deal with this by yourself." Make sure there is a clear understanding of the mandatory reporting process and a willingness to explain the procedure to an adolescent. It is recommended to inform all clients of mandatory reporting obligations early in the conversation so that they can decide what they want to share.



Teenagers are frequently concerned about whether they can receive services without their parents or guardians finding out about the assault or the abuse. These types of services can include medical treatment such as: rape examinations, testing for infections—including HIV—and pregnancy, abortion, counseling, and mental health services. Policies may vary somewhat in different agencies and organizations, but Section III of this toolkit should provide assistance in navigating rules and requirements around mandatory versus voluntary services.

Some hospitals and medical providers consider adolescents to be “emancipated” if they have a concern about sexually transmitted infections or pregnancy, and therefore are willing to do a sexual assault forensic medical exam and provide other treatment without parental consent. Although a few providers offer these services at no charge, many do not—which means the family’s health insurance company or the parents themselves will be billed for such services (unless the teen has his or her own insurance coverage). You should research the billing procedures and regulations of the service providers in your area, so that you can give accurate information to the adolescent client and better advocate for the teen at the hospital or doctor’s office.

CREATING AGENCY POLICIES TO REFLECT AGENCY VALUES

Laws regarding access to services and confidentiality of information are important considerations in serving adolescent victims of sexual violence. However, the law does not always provide a clear answer or absolute guidance. Agencies can protect themselves and those they serve by developing clear policies and ensuring that clients understand those policies prior to obtaining services.



Where the law states a minimum age of consent for services or requires that information be kept confidential, agencies must comply. However, in areas where the law is unclear or an agency wishes to implement a stricter policy within the confines of the law, written agency policies are critical.

A perfect example of this type of situation is the law regarding age of consent for sexual assault advocacy services, which is not clearly outlined in current Colorado statute. As detailed on page 22, there is no definition of, or reference to, such services in the law. However, there is law regarding age of consent and release of records for outpatient mental health services.

Are sexual assault advocacy services mental health services? They certainly can be, but they are not always. This is an area where an agency policy is crucial. The distinction between

counseling and advocacy should be clear and the agency's policy regarding consent for those services should be in writing. See the Sexual Assault Related Services section of the Toolkit on page 21 for more information on this topic.

CCASA is available to provide technical assistance and referrals to answer questions regarding serving adolescents and developing agency policies in this area. Please contact us for assistance.

SECTION III



RELEVANT COLORADO STATUTES

Who is a minor? The "Age" Questions

- The age of majority in Colorado is eighteen. This means that at age eighteen, minors cease to be legally considered children and are recognized as adults. C.R.S. § 13-22-101.
- There are many state laws where the relevant age is fifteen, but in some cases it is eighteen or even nineteen. For some purposes, including the legal drinking age, it may even be twenty-one. It is important to know what age applies in each situation. If no age is specified, one may generally assume that the applicable age for being legally considered an adult is eighteen.

Emancipated Minors and Other Categories

- Colorado law regarding the age of majority makes no exceptions for emancipated minors, married or divorced minors, or minors in the military. However, married minors and minors in the military are generally considered emancipated through the concept of "implied emancipation."
- Each area of law has its own definitions and makes some exceptions for these categories of minors. It is important to know which criteria apply in each situation.
- Colorado Revised Statutes § 19-1-103(45) contains a definition of emancipated juvenile
- "Minor Living Apart" is the term used in most of the consent statutes to describe an emancipated minor. A "minor living apart" must meet all three of the following requirements:
 - » Must be fifteen or over.
 - » Must be living apart from parents or guardians.
 - » Must be managing her/his own finances, regardless of the source of the income. C.R.S. § 13-22-103

Note on Adults-at-Risk

While some consent and reporting requirements may be similar for minors and for adults-at-risk, this Toolkit strictly addresses laws related to minors and does not address those for adults-at-risk. For information on serving adults-at-risk, contact Adult Protective Services or Disability Law Colorado (www.disabilitylawco.org).

LEGAL ISSUES: MINORS AND CONSENT

C.R.S. § 18-3-405

Because adolescents are still minors, there are some legal considerations of which rape crisis advocates and youth serving professionals need to be aware. Statutes regarding sexual assault on a child are outlined in Colorado Revised Statute 18-3-405. The term statutory rape is often used to describe sexual activities where one participant is below the age required to legally consent to the behavior. In Colorado, the age of consent is 17 with some proximity clauses for young people who are under 17. If a person is 15 or 16, they can consent to sexual activity with a partner who is up to 10 years older than them. For example, a 16-year-old cannot legally consent to be in a relationship with a 27-year-old yet could consent to a relationship with a partner in their early-mid twenties. If a person is 14 or younger, they can consent to sexual activity with a partner who is up to 4 years older than them. For example, a 14-year-old could consent to sexual activity with someone up to 18 years old. This means that depending on the age of the individuals involved, charges of sexual assault on a child or sexual assault can be brought against an individual who has sex with even a “willing” partner who is younger than 15 years old. The statutory rape laws do not apply if the partners are married.

However, adolescents are considered minors until they turn eighteen. Therefore, Colorado’s mandated reporting law (C.R.S. § 19-3-304) applies to any adolescent under age eighteen. This means that whenever there is a concern that an adolescent is being abused or neglected, someone with a mandatory reporting requirement (including victim advocates) must initiate a report to the Department of Social Services (DSS) or law enforcement. Advocates should seek supervision under such circumstances and be familiar with their organization’s protocols designed to comply with the law. It is important to understand that individual people are mandatory reporters, not agencies. If you are a mandated reporter, simply telling your Supervisor does not fulfill your obligation under the law.

Under some circumstances, a parent of a minor may go to the police and seek criminal actions against an older boyfriend or girlfriend. This situation can occur even if the teen recognizes her/himself as a willing participant and therefore does not identify as a victim of rape. S/he may resent the parents for pursuing legal charges and/or breaking up the relationship. Rape crisis advocates and youth serving professionals may receive calls or comments from angry or concerned parents who want to know what options they have to intervene when they think the boyfriend or girlfriend is too old for their teenager. When talking with such parents, do not try to resolve the matter, but do provide relevant information regarding age of consent and allow the parent to vent and think about the situation. Even if the relationship is within the boundaries of the law, parents may still benefit from a discussion on safety planning and healthy relationships so that s/he can effectively communicate his or her concerns.

It is important to note that, in Colorado, age ten is the age in which a minor may be charged with a sexual offense (C.R.S. § 19-2-104).

CONSENSUAL SEX QUICK TIPS

Colorado law can be confusing regarding the “age of consent” for sex. There is no simple answer, as the age of consent depends upon the age of each person involved. Please see the chart on page 17 as a reference. Here are additional quick reference tips in making these determinations:

- If one person is under the age of fifteen, there can be no consensual sex with someone more than four years older. If there is a four-year or more age difference, it is a crime. Even “consensual sex” in these circumstances is a crime and must be reported as child abuse. However, hypothetically, a fourteen year old could consent to a sexual relationship with a fifteen year old.
- If one person is fifteen or older but less than seventeen years old, there can be no consensual sex with someone more than ten years older. If there is a ten-year or more age difference, it is a crime. Even “consensual sex” in these circumstances is a crime and must be reported as child abuse. However, hypothetically, a sixteen year old could consent to a sexual relationship with a twenty year old.
- Nonconsensual sex is always a crime, no matter what the ages of the participants. If there is not consent, age does not matter! This applies even if the perpetrator is younger than the victim.
- If both individuals are seventeen or older or if the age difference is less than those listed above, there is no crime unless the sex is not consensual.
- If one party is under the age of eighteen and the other is in a “position of trust” with regard to the minor, the sexual act cannot be legally consensual. See page 21 for more information.



CONSENSUAL SEX – CRIME PENALTY

Age of Party

Age of Party

	10	11	12	13	14	15	16	17
10	NC	NC	NC	NC	4F	4F	4F	4F
11	NC	NC	NC	NC	NC	4F	4F	4F
12	NC	NC	NC	NC	NC	NC	4F	4F
13	NC	NC	NC	NC	NC	NC	NC	4F
14	4F	NC	NC	NC	NC	NC	NC	NC
15	4F	4F	NC	NC	NC	NC	NC	NC
16	4F	4F	4F	NC	NC	NC	NC	NC
17	4F	4F	4F	4F	NC	NC	NC	NC
18	4F	4F	4F	4F	4F	NC	NC	NC
19	4F	4F	4F	4F	4F	NC	NC	NC
20	4F	4F	4F	4F	4F	NC	NC	NC
21	4F	4F	4F	4F	4F	NC	NC	NC
22	4F	4F	4F	4F	4F	NC	NC	NC
23	4F	4F	4F	4F	4F	NC	NC	NC
24	4F	4F	4F	4F	4F	NC	NC	NC
25	4F	4F	4F	4F	4F	1M	NC	NC
26	4F	4F	4F	4F	4F	1M	1M	NC

CODE: NC=No Crime; 4F=Class 4 Felony; 1M=Class 1 Misdemeanor

Reprinted from the Colorado Legislative Council Staff Issue Brief, Number 02-10, December 18, 2002

Posting, Possession, or Exchange of a Private Image by a Juvenile

C.R.S. § 18-7-109

In 2014, a survey of young adults found that 29% of them sent sexually explicit photos while underage (Strohmaier, et al). This survey, while recent, was conducted before the advent of Snapchat. Therefore, the percentage of current teens who share explicit photos with other teens is presumably higher now.

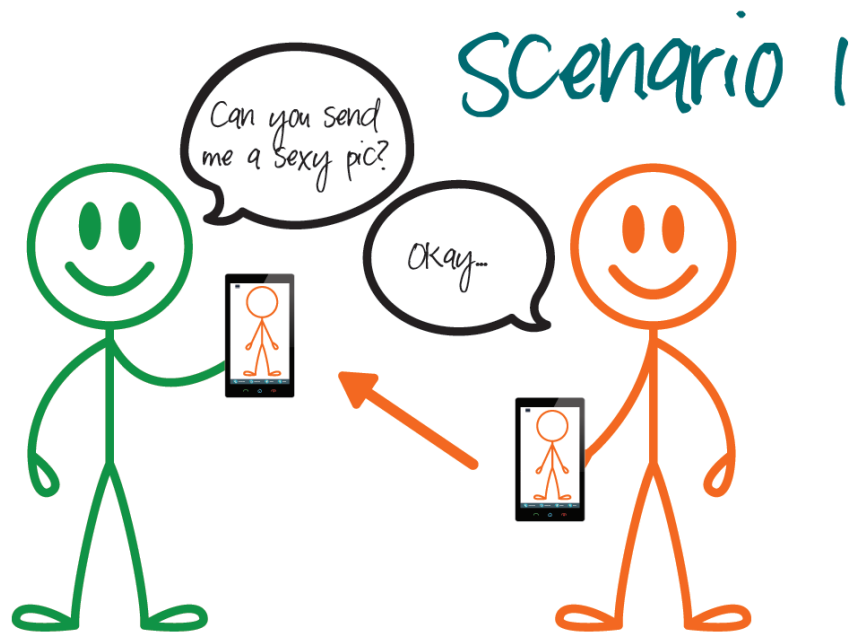
In a 2013 study of middle- and high-school youth's experiences of online bullying, more than a quarter (26%) of youth in a relationship said they experienced some form of cyber dating abuse victimization in the prior year. Females were twice as likely as males to report being a victim of sexual cyber dating abuse in the prior year. More than a tenth (12%) of youth in a relationship said they had perpetrated cyber dating abuse in the prior year (Zweig, et al).

Under federal law, juveniles who send or possess nude photos of themselves or a partner can be charged with the felony of distribution or possession of child pornography. Furthermore, teens who are victims of "revenge porn" (where a partner shares your explicit photos with your social circle as a means of revenge or bullying) have no recourse because, if they report the behavior, they could be charged with a felony as both the victim and perpetrator of the same crime.

Due to these concerns, Colorado passed a new law that goes into effect on January 1, 2018, which changes the penalties for juvenile sexting depending on the severity of the behavior. The Juvenile Sexting law is also meant to better protect youth who have had their photos shared, while penalizing teens who are sharing photos as a form of bullying.



CONTINUE ON FOR AN EXPLANATION OF VARIOUS SCENARIOS AND POSSIBLE PENALTIES FOR JUVENILE SEXTING...

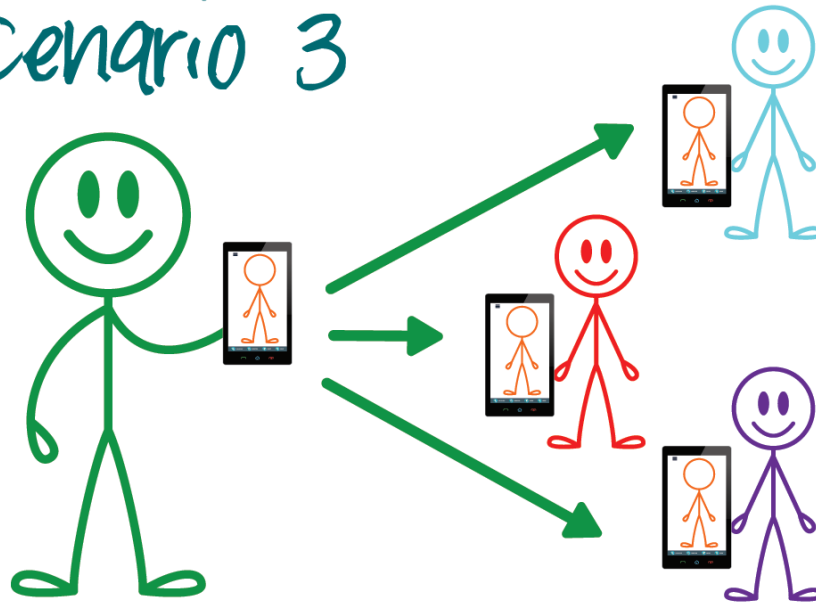


SCENARIO 1: Suppose Orange and Green are partners. Green asks Orange for a nude photo and Orange happily sends one to Green. In this scenario, Green and Orange are consensually sharing explicit photos. They could be charged with a civil infraction, fined up to \$50 or given mandatory education. This charge would not go on their record and they could not be arrested for not paying the fine or attending the education.



SCENARIO 2: Suppose Orange is Friends with Pink and Pink sends Orange a nude photo without asking if Orange wants it. Orange is really upset by Pink sending a photo and deletes the photo. In this scenario, Pink could be charged with a misdemeanor for sending an explicit photo without consent. Teens like Orange who receive a photo have 72 hours to delete or report it.

Scenario 3



SCENARIO 3: Suppose Green sends the nude photo that Orange created (without Orange's consent!) to their friends, Blue, Red, and Purple. In this scenario, Green could be charged with a misdemeanor for distributing the photo while Blue, Red, and Purple could be charged with a Petty Offense for keeping the photo. Juveniles who receive photos of another young person have 72 hours to delete or report the photos in order to not be charged with a petty offense. Orange could still be charged with a civil infraction for having created the photo.

Scenario 4



SCENARIO 4: Suppose Purple posted Orange's nude photo more publically, like on a website. In this scenario, the original child pornography law can still be used to charge Purple with a felony for intending to distribute child pornography. Orange could still be charged with a civil infraction for creating the photo.

Position of Trust

C.R.S. § 18-3-401; C.R.S. § 18-3-405.3

- In some relationships, an imbalance of power prevents sex from ever being consensual. This is true even if it would otherwise be consensual based on the individuals' ages. One exception to the "statutory rape" ages previously outlined is when the person with whom the minor is having sex is in a "position of trust" with regard to the minor.
- One in a "position of trust" includes, but is not limited to, any person who is a parent or acting in the place of a parent and charged with any of a parent's rights, duties, or responsibilities concerning a child, including a guardian or someone otherwise responsible for the general supervision of a child's welfare, or a person who is charged with any duty or responsibility for the health, education, welfare, or supervision of a child, including foster care, child care, family care, or institutional care, either independently or through another, no matter how brief, at the time of an unlawful act.
- This applies if one party is under the age of 18 and the other is in a Position of Trust with regard to the minor. A person in a Position of Trust might be a Teacher, Coach, Baby-sitter, Bus Driver, Scout Leader, Clergy Person, Doctor, Therapist, Counselor, or any other person responsible for the child at the time of the incident.
- Sexual assault on a child by one in a position of trust is a class 3 felony if the victim is less than fifteen years of age and may be a class 4 felony if the victim is fifteen years of age or older but less than eighteen years of age.

Mandatory Reporting of Child Abuse/Neglect

See pages 23-24 for a tool to help determine whether or not you are a mandatory reporter.

C.R.S. § 19-3-304

- C.R.S. § 19-3-304 requires that a variety of professionals, including victim advocates, report known or suspected child abuse or neglect committed against a person under the age of 18.
- To find out whether or not you are a mandatory reporter, please review the full listing at C.R.S. § 19-3-304. In order to be in compliance with a mandatory reporting obligation, the report must be made to either law enforcement or social services.
- There are no limitations in this provision regarding who has inflicted the abuse or neglect or under what circumstances. Therefore, in some situations, this statutory mandate might create concerns for minors seeking the services of a victim advocate or mental health professional.
- The Colorado statute does not reference emancipated minors, minors living alone, married minors, or minors in the military, which leads to the assumption that these are not exceptions to reporting. However, these factors may contribute to whether or not there is a child welfare or law enforcement investigation.

ACCESS TO VICTIM SERVICES AND RIGHTS OF VICTIMS

Sexual Assault Related Services

Medical/Forensic Exam

C.R.S. § 13-22-106

- Minors may consent to sexual assault services including examination, treatment, and forensic medical exams to collect evidence.
- Forensic medical exams done for child abuse cases are not covered under C.R.S. §18-3-407.5 and should be paid for by the law enforcement jurisdiction responding to the victim.
- Prior to examining or treating a minor, however, a physician is required to make a "reasonable effort" to notify

the minor's parents/guardian/legal representative.

- The minor's parent/guardian/legal representative has the right to object to treatment.
- Reporting to child protective services or law enforcement is required under the Mandatory Reporting statute, C.R.S. § 19-3-304.
- See the Confidentiality section on page 33 regarding release of the forensic evidence to law enforcement.

General Medical Care, including Emergency Care

C.R.S. § 13-22-103(1).

- Minors may consent to medical care for their own children. C.R.S. § 13-22-103(3).
- For the purposes of obtaining general medical care (not specific to a sexual assault), a person must be over the age of eighteen to consent to medical treatment unless:
 - » Implied Parental Consent for Emergencies, Center for Adolescent Health - State Minor Consent Laws: A Summary, 3d Ed., Colorado
 - ✓ The legal concept of "implied consent" presumes that the parents will consent to emergency treatment.
 - ✓ If emergency personnel are unable to reach a parent/guardian or must act immediately, they may provide emergency services based on the idea of "implied consent."
 - » A Minor Living Apart may consent for her/his own medical, dental, emergency, hospital and surgical care.
 - » A Married Minor may consent for her/his own medical, dental, emergency, hospital and surgical care.

Advocacy/Case Management Services

Advocacy services are not specifically addressed or defined in Colorado law. As these services may be closely related to Outpatient Mental Health Services, the same age of consent (age 15) could be applied to sexual assault advocacy services. However, this understanding will depend on who is providing the services and the content of the services themselves. Agencies must be clear about which services are mental health services and which are not.

Where those services are not mental health services and not provided by a mental health professional, agencies are free to develop their own policies. Having a written policy stating the age of consent for agency services may protect the agency in the event that a parent is concerned about his/her child accessing services. Consult your agency's attorney, other programs, or CCASA for assistance in developing a policy.

Consent for Mental Health Treatment

- Anyone age fifteen and over may consent for outpatient mental health services. C.R.S. § 27-65-103.
- Be aware, however, that this does not prevent the disclosure of treatment records without the minor's consent. See the Confidentiality section on page 31 for more information.
- Electroconvulsive treatment may not be performed on anyone under the age of sixteen. Parental consent is required for those minors between the ages of sixteen and eighteen. C.R.S. §13-20-403.

Mandatory Reporting of Child Abuse: A Flowchart

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 of the reporting requirement
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, 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 the agency's or other funders' confidentiality requirements.

You may report only the information required by the mandatory reporting statute unless the victim gives informed consent, in writing, for you to release additional information.

Remember to safety plan and offer the victim ongoing support!

Flow Chart for OVW-funded Advocates

Jurisdiction.
Victim at the
reporter.

No

?
reporting

No

defines it?

No

t-patient,
m consent?

Yes

m.
ch VAWA
reporting
ou to

No



115 Broad St., Floor 3
Boston, MA 02110
617.399.6720

520 SW Yamhill
Suite 200
Portland, OR 97204
503.274.5477

www.victimrights.org

**You may not report the
abuse or otherwise breach a
victim's confidentiality
without the victim's written
and informed consent.**

Reprinted with permission from the
Victim Rights Law Center. For more
information, contact the VRLC at 503-
274-5477 or email us at
TA@victimrights.org.

**This chart does not constitute legal
advice. If you need guidance on a
specific mandatory reporting matter
consult with a legal or other expert.**

This tool was created by Jessica Mindlin, Esq., for the Victim Rights
Law Center. My thanks to Bonnie Brandl for her input. Preparation of
this material was supported in part by grant 2010-X3768-MA-TA
awarded by OVW, US DOJ. The opinions, finding, and conclusions
expressed are the author's and do not represent the official position
or policies of the US DOJ.

This chart is reprinted here with VRLC permission.

Do not reproduce or modify this chart without permission.

Pregnancy/Prenatal Care

C.R.S. § 13-22-103.5.

- A pregnant minor may consent to her own prenatal, delivery and post-delivery medical care related to the live birth of a child.

Testing and Prophylaxis/Treatment for Sexual Transmitted Infections

C.R.S. § 25-4-402

- A minor may consent for diagnosis and treatment of sexually transmitted infections.
- HIV Testing, Prophylaxis and Treatment C.R.S. § 25-4-1405(6).
- A minor may consent for diagnosis and treatment of sexually transmitted infections, including HIV Testing, Prophylaxis, and Treatment. C.R.S. § 25-4-1405(6).
- For a minor under the age of 16, the parents “may” be informed. C.R.S. § 25-4-1405(6).

Birth Control/Family Planning Services/Emergency Contraception

- Minors may consent for birth control/family planning/emergency contraception under most circumstances. C.R.S. § 13-22-105 states that these services must be made available to minors if married, pregnant, a parent, or the minor requests or is in need of such services. Colorado law provides that all medically acceptable contraceptive procedures, supplies and information must be readily accessible to each person regardless of sex, race, age, income, number of children, sexual orientation, disability, marital status, citizenship, or motive. C.R.S. § 25-6-102.
- C.R.S. § 25-3-110 requires facilities providing emergency care to sexual assault survivors to provide information regarding emergency contraception. Nothing in the statute limits that requirement based on the age of the victim.



- With the exception of the above statute, nothing in Colorado law treats emergency contraception differently than other types of contraception and the inclusion of the word “all” in C.R.S. § 25-6-102 undoubtedly means that emergency contraception is included.
- Sterilization is NOT a procedure to which unmarried minors may consent. Parental consent is required. C.R.S. § 13-22-103, C.R.S. § 25-6-102.

Abortion Services and Judicial Bypass

C.R.S. § 12-37.5-104.

Abortion Services

- Under Colorado’s Parental Notification Act, the health care provider is required to notify the parent or guardian of a minor seeking an abortion forty-eight hours before the minor can have the procedure performed.
- If the minor’s parents do not live together, the minor may request that only one of their parents be notified.
- If the minor is living with a relative who is not their parent, the written notice must be provided either to the relative or the parent.

- No notice is required if:
 - » The minor is the victim of child abuse or neglect by the person entitled to notice.
 - » A medical emergency exists that precludes notice.
 - » A court order is issued pursuant to a judicial bypass proceeding.

Judicial Bypass

C.R.S. § 12-37.5-107.

- » A minor may seek the permission of the court to obtain an abortion without parental notification.
- » The minor must file a Petition for Waiver of Parental Notification Requirements (JDF 11). Forms and instructions are available at: www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=155.
- » The Court may appoint a guardian ad litem and an attorney,
- » In order to obtain a judicial bypass, the court must find that the minor is either:
 - ✓ Mature enough to decide whether to have an abortion, or
 - ✓ Giving notice will not be in the minor's best interest.
- » No filing fees are required for this process. A judge will talk to the minor to determine if they are mature enough to make the decision on their own or if it is in their best interest to notify the parent or guardian.
- » An appeals process is available if the petition is denied.
- Planned Parenthood of the Rocky Mountains (covering all of Colorado) has a hotline to provide assistance to teens seeking information about abortion and judicial bypass. The number is (866) 277-2771. This call is free and private, although hotline operators are mandatory reporters, so the call may not be confidential.

Drug/Alcohol Abuse Treatment

C.R.S. § 13-22-102

- Minors may consent to examination and treatment for substance abuse without notification of a parent or guardian.

Access to Shelter Services for Homeless Youth

C.R.S. § 26-5.7-102, C.R.S § 26-5.7-105

The Office of Juvenile Justice and Delinquency Prevention reports an estimated 1,682,900 homeless and runaway youth in the United States. The majority of homeless youth are between the ages of 15 and 17 and this population is equally divided between gender (Molino, 2007). Many teens become homeless in an effort to flee sexual abuse, physical abuse, and/or domestic violence in the home. However, being on the streets then creates an even higher risk of sexual victimization. Research estimates that thirty percent of shelter youth and 70% of street youth are victims of commercial sexual exploitation (Tyler et al, 2000).

- The National Resource Center on Domestic Violence (NRCDV) has compiled federal definitions of runaway and homeless youth. Those federal statutory definitions can be accessed here: www.nrcdv.org/rhdyvtoolkit/each-field/homeless-youth/define.html.

- Colorado law defines a “homeless youth” as a person who:
 - » Is at least 11 but less than 21;
 - » Lacks a fixed, regular, and adequate nighttime residence; or
 - » Has a primary nighttime residence that is:
 - ✓ A supervised, publicly or privately operated shelter designed to provide temporary living accommodations; or
 - ✓ A public or private place not designed for, nor ordinarily used as a regular sleeping accommodation for human beings.
 - » “Homeless Youth” does not include any individual lawfully imprisoned or otherwise detained, such as a person in youth corrections or juvenile detention.
- While homeless youth may access shelter facilities, there are limitations on the amount of time a youth may remain at the facility without parental consent.
 - » Such shelters may only provide residential services for up to 21 days from the time of intake without parental consent.
 - » Shelter programs must attempt to reconcile the family.
 - ✓ If reconciliation is not achieved within 48 hours, and it is not likely that reconciliation will be achieved within the 21-day period, the facility or shelter must provide the youth and the youth’s parents with information regarding the availability of counseling services, the availability of longer term residential arrangements, and the possibility of referral to the county department of social services.
 - ✓ If the youth and the youth’s parents cannot agree on an initial voluntary alternative residence within 21 days after admission, a referral to Department of Social Services may be made. C.R.S. § 12-5.7-108
 - » If a youth under the age of 15 is admitted to a shelter facility, the facility must notify the county department of social services within 72 hours of the youth’s admission.
 - » If a youth returns to a facility after previously residing there, a referral must be made to the Department of Social Services if they are at least 11 years old, but less than 15 years old.

Victim Rights Act

C.R.S. § 24-4.1-102

- The Colorado Crime Victim Rights Act (VRA) applies equally to minors and adults who are victims of crimes covered by the VRA.
- Under the VRA, a child is anyone under the age of 18 who is unmarried.
- Minors who are victims of crime, however, must rely on parents, guardians, or a legal representative (such as an attorney) to serve as their lawful representatives with regard to their victims’ rights and notifications required under the law.
- Changes enacted by HB 1053 in the 2012 legislative session enable a victim who is a minor to request to become the primary point of contact for notification regarding her/his case when s/he becomes 18 years of age. However, the original parent/guardian who was designated as point of contact will also continue to be notified unless the victim requests otherwise.
- Parents, guardians and other family members may also be considered victims under the VRA, depending on the circumstances of the crime.

Access to U Visas for Youth Victims of Crime

8 C.F.R. § 214.14

A U Visa (U-1 nonimmigrant status) is a federal government granted immigration status that is reserved for undocumented victims of crime. U Visas are available for victims of rape, torture, trafficking, incest, domestic violence, sexual assault, abusive sexual contact, prostitution, female genital mutilation, being held hostage, peonage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, blackmail, extortion, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, perjury, or attempt, conspiracy or solicitation of any of these crimes. Also included are “any similar activity,” which includes criminal offenses, the nature and elements of which are substantially similar to the listed crimes. This allows for variation from state to state with regard to the names and description of these crimes.

- An undocumented crime victim is eligible for U status if she or he demonstrates the following:
 - » s/he has suffered substantial physical or mental abuse as a result of the crime.
 - » s/he has credible and reliable information establishing knowledge of the details of the crime, including specific facts allowing officials to determine that the victim will be able to assist in the investigation and/or prosecution of the perpetrator. If the victim is under the age of 16, the parent(s) must be able to provide this information and assistance.
 - » s/he has been or is being helpful in the investigation and prosecution and has not refused or failed to provide information and assistance. If the victim is under the age of 16, this applies to the parent(s).
 - » The criminal activity occurred in the U.S.
- Eligibility is determined based on the age of the victim at the time the crime.
- A U Visa may be available to a minor one of three ways:
 - » If the minor is the victim and is under the age of 16, a petition must be filed by the minor’s “next friend”—usually a parent or guardian. This is similar to the requirements to obtain a protection order, explained above.
 - » If the minor is the victim and is under 21 (this includes those who are under 16 and require a “next friend” for filing), the minor’s qualifying family members may obtain U Visa status as well. This includes the spouse, children, parents, or unmarried siblings under the age of 18 of the minor.
 - » A minor between the ages of 16 and 21 may file independently.
 - » If the minor’s parent is a victim, a child under the age of 21 is a qualifying family member, and may obtain U Visa status through his/her parent.

Victimization at School or by a Classmate

20 U.S.C. §§ 1681 et seq., 34 C.F.R. Part 106; C.R.S. § 22-33-106

A 2009 study, published in the *Journal of Youth and Adolescence*, surveyed 1,086 seventh through twelfth grade students, with a mean age of 15. Rates of peer sexual assault were high, ranging from 26% of high school boys to 51% of high school girls. School was the most common location of peer sexual victimization (Young et al, 2009).

Sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The Department of Education, Office

VICTIM RIGHTS LAW CENTER
PROVIDING CARE TO SEXUAL ASSAULT VICTIMS WHO ARE MINORS:
A Consent & Confidentiality Tool for SANEs, Advocates and Other Victim Service Providers

At what age may a minor who is a sexual assault (SA) victim consent to SA-related services & when are services confidential?

Care to be Provided	Age	Will the services be confidential?	Relevant State &/or Federal statute(s) and case law	Professional or other ethical standards	Coalition &/or Employer standards
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					



Boston Office:
 115 Broad Street, Floor 3
 Boston, MA 02110
 617.399.6720
www.victimrights.org

Portland Office
 520 SW Yamhill, Suite 200
 Portland, OR 97204
 503.274.5477
TA@victimrights.org

This tool was created by Jessica Mindlin, Victim Rights Law Center. Preparation of this material was supported by grant no. 2010-X3-768-MA-TA, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings & conclusions expressed are the author's and do not represent the official position or policies of the U.S. Department of Justice. **Reprinted here with VRLC permission.**

Use the Toolkit to help fill out this worksheet as a resource guide for your staff! Contact CCASA if you have questions.

for Civil Rights issues guidance regarding schools' obligations to effectively intervene and prevent sexual harassment and sexual violence.

If a student is expelled from a public school for committing a crime against another student, Colorado law (see above citation) expressly forbids a school from enrolling or reenrolling a student in the same school where a victim of the offense or a member of the victim's immediate family is attending or is employed.

- The school is only required to follow this provision if the offense committed was a crime against a person, not a crime against property, such as theft.
- The statute only applies in cases where the expelled student is convicted, adjudicated a juvenile delinquent, receives a deferred judgment, or is placed in a diversion program as a result of the offense.
- If the school district has only one school, as is common in many parts of Colorado, the school shall:
 - » Prohibit the student from enrolling in that school; or
 - » Design a schedule for the expelled student that, to the extent possible, avoids contact with the victim or victim's family member.

Restorative Justice Options When the Offender is also a Juvenile

C.R.S. § 19-2-925

- Restorative justice programs are frequently offered as part of probation for youth offenders of various crimes.
- Restorative justice frequently includes victim-offender reconciliation activities and may be appropriate depending on the circumstances and the victim's willingness to participate.
- Restorative justice cannot be ordered by the court if the juvenile was adjudicated a delinquent for:
 - » Unlawful sexual behavior as defined in C.R.S. § 16-22-102(9);
 - » A crime with an underlying factual basis of domestic violence as defined in C.R.S. § 18-6-800.3(1);
 - » Stalking as defined in C.R.S. § 18-3-602; or
 - » Violation of a protection order as defined in C.R.S. § 18-6-803.5.
- See CCASA Position Paper for more information about restorative justice practices and sexual assault: www.ccasa.org/wp-content/uploads/2017/12/Restorative-Justice-Practices-and-Sexual-Assault-Response-final.pdf.

CIVIL PROTECTION ORDERS

What is a Civil Protection Order?

- A Civil Protection Order allows a person (Petitioner/Protected Person) to request that another person (Respondent/Restrained Person) be legally prohibited from having contact with the Petitioner.
- Civil Protection Orders are generally limited to individuals in an intimate relationship, including dating, but are also available in other circumstances.
- Civil Protection Orders are governed by C.R.S. § 13-14-101, et seq. Detailed information regarding protection orders is available at C.R.S. § 13-14-102 or online at: www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=24.

Who can get one?

- Anyone who has been threatened with, or experienced, violence and there is imminent danger to that person, may seek a protection order.
- Civil Protection Orders are available to same-gender as well as opposite-gender partnerships.
- Individuals under 18 are not able to initiate court proceedings in Colorado (with the exception of Judicial Bypass) and must have a parent obtain the protection order for the minor's benefit.
- A protection order may be obtained against (Restrained Party/Respondent) anyone over the age of 10. Each

county is different as to how they handle minors as restrained parties. Some require that a parent/guardian be listed as well as a minor Respondent, others do not. Contact the local county court clerk's office for information on that county's policies.

How to Obtain

- Instructions and forms for filing for a Protection Order may be found at: www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=24.

CONFIDENTIALITY

Reasons for not reporting sexual assault vary among individuals, but one study identified the following as common (Du Mont, et al, 2003):

- Self-blame or guilt.
- Shame, embarrassment, or desire to keep the assault a private matter.
- Humiliation or fear of the perpetrator or other individual's perceptions.
- Fear of not being believed or of being accused of playing a role in the crime.
- Lack of trust in the criminal justice system.

Given these concerns, providing and protecting confidential rape crisis services is paramount in the work of advocates. However, there may be challenges in maintaining confidentiality for teens when they seek services.

A Victim's Advocate of a community-based program (sexual assault crisis center or domestic violence shelter) is entitled to privileged communication (CRS 13-90-107). Privileged communications are statements made by certain persons in a recognized, protected relationship, which the law protects from forced disclosure. Privileged communication applies to spoken and written communication—including notes, records, and reports. However, privilege does not "trump" mandatory reporting requirements outlined in CRS 19-3-304. In cases involving a minor, it is not uncommon for a teen to want to have a parent/guardian/friend present when speaking with a Victim Advocate. It is a best practice for the Advocate to explain that having a third person in the room could potentially impact privacy. However, the Advocate can acknowledge that needing support is different than forgoing privileged communications. It is important for the third party in the room to understand that the conversation involves private information. There is Colorado case law which protects privileged conversations of minors when there is a third party in the room. For more information, please contact the Rocky Mountain Victim Law Center (www.rmvictimlaw.org).

Confidentiality of Records

It is important to note that a minor's ability to consent for services is not an indication that those records are confidential and cannot be released to the minor's parents. The confidentiality of records varies depending on the type of treatment provided.

If the minor is covered as a dependent under a parent's health insurance plan, the parent will likely become aware of any services the minor obtains that are covered by insurance. Although medical records may not be released, most insurance companies send an Explanation of Benefits to the policyholder stating who received services, the name of the provider, the dates of service, and the type of service provided. Minors should be cautioned regarding this reality if they wish to avoid having this information disclosed to parents. For more information about this issue, see: www.guttmacher.org/pubs/gpr/12/4/gpr120412.html.

Medical Care

C.R.S. § 25-1-801, 802

- » Because minors cannot consent, any records regarding regular medical or emergency medical treatment may be released to the patient or even potentially to the minor's parents or guardians with or without a specific request.

STI Care/Treatment

C.R.S. § 25-1-801(1)(d), 802(2)

- » Providers may not release information regarding STI care or treatment to a minor's parents or guardians without the minor's permission. Records may only be released to the minor or the minor's legal representative at the minor's request.

HIV Care/Treatment

C.R.S. § 25-4-1405(6)

- » Information about consultation, examination, or treatment provided to a minor for HIV is confidential and may not be disclosed without the consent of the minor except for purposes of public health reporting or child abuse reporting as required by law.
- » If the minor is under 16 and not emancipated, the physician or facility may, but is not required to, inform the parents or guardian of any consultation, examination, or treatment of HIV infection provided to the minor.
- » The physician or health care provider must counsel the minor regarding the benefits of informing the minor's parents or guardian of the minor's health situation.

AGENCIES RECEIVING TITLE X FUNDING

42 C.F.R. § 59.11

Title X funds are federal dollars that fund family planning and related reproductive health services. These services include those provided by Planned Parenthood and community health clinics. Because Title X is a federal program, it is governed by federal regulations rather than state statutes.

Confidentiality Provisions

- Every project receiving Title X funding must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy, as required by the federal Privacy Act.
 - » No information obtained by the project staff about individuals receiving services may be disclosed without the individual's written consent, except as required by law or as necessary to provide services to the individual, with appropriate safeguards for confidentiality.

- » Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.
- Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X family planning services.
- Providers can only share information without client authorization if an exception in state or federal law specifically permits such sharing.
 - » If a minor presents with an abuse or neglect situation that would otherwise require reporting to child welfare or law enforcement, Title X programs must also report, as this is a state law requirement.
 - » If a minor presents at a family planning clinic seeking birth control or STI information and in the process discloses that their sexual partner is ten years older than they are, the provider will be required to report.

Mental Health Services

C.R.S. § 27-65-103

- » Although minors may consent for mental health services at age 15, that does not mean that the minor's parents or guardians cannot access treatment records, with or without the minor's consent.

Substance Abuse Treatment

C.R.S. § 13-22-102

- » Providers are not required to disclose information regarding drug or alcohol treatment without the minor's consent.

Releases to Third Parties (including parents)

As detailed above, the law varies regarding when the release of information requires the consent of the minor and when parents/guardians may access that information even without the minor's consent. The type of treatment provided dictates what will apply in a given situation.

Release of Forensic Evidence to Law Enforcement

- C.R.S. § 18-3-407.5(3), permitting victims to obtain forensic exams while declining to report to law enforcement, when read together with C.R.S. § 13-22-106, allowing minors to obtain sexual assault services, can be interpreted to mean that minor victims have the right to refuse to cooperate with law enforcement.
- However, once a sexual assault on a minor is reported to a medical provider, a mandatory report will be made to law enforcement.
- Presumably, the minor may still decline to provide forensic evidence to law enforcement regardless of a mandatory report. However, because the statute requires that parents be contacted and permits the parents to object to treatment, it is unclear whether the minor's parents may consent to the release to law enforcement over the minor's objection.

TEEN DATING VIOLENCE

Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence, almost triple the national average (Department of Justice, 2006). Sexual abuse may also occur within the context of a dating relationship. Break the Cycle, an organization working

to empower youth to end domestic violence, defines sexual abuse as any action that impacts a person's ability to control their sexual activity or the circumstances in which sexual activity occurs, including rape, coercion or restricting access to birth control (www.breakthecycle.org).

- Teen Dating Violence can create a "Catch-22" for minors and mandatory reporters. If a minor reports abuse by another minor, including physical and sexual abuse occurring in the context of a relationship, a mandatory reporter remains obligated to report. This obviously creates difficulty for minors who seek help but do not want law enforcement involved.
- Agencies should develop their own policies, within the confines of the law, regarding how these situations will be handled and how those seeking services will be notified of mandatory reporting obligations.
- The Colorado Department of Human Services has issued a Position Paper on this subject that states that incidents of teen dating violence should not be reported to child welfare agencies, as they do not have jurisdiction over acts by third parties. Reports should only be made to child welfare if the focus is on the child's parents/guardians. Because teen dating violence is by definition committed by someone other than a family member, a mandatory reporter must contact law enforcement, not child welfare. For a copy of this position paper, please contact CCASA.

UNIQUE CONCERNS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING AND INTERSEX (LGBTQQI) YOUTH

LGBTQQI youth can be at greater risk of sexual violence than their peers. Youth who are identified by their peers, and even adults, as "different," based on gender identity or sexual orientation, are often targeted by those who seek to "punish," "fix," or even kill them. 59.6% of LGBTQ students were sexually harassed (e.g., unwanted touching or sexual remarks) in the past year at school (Kosciw, et al, 2016).

Sadly, LGBTQQI youth are frequently kicked out of their homes or run away from unsupportive and/or abusive family situations. These youth find themselves homeless, living on the streets, in shelters, or in the homes of others. This adds to their vulnerability and, in some cases, can lead to entry into sex work, either by choice or force, further increasing the individual's risk for sexual and physical violence.

Access to Protection Orders

LGBTQQI youth are no more or less likely to find themselves in dating violence situations than other youth. However, their willingness to seek the protection of the court or access legal services may be impacted by a fear of being "outed," humiliated, or even physically harmed. Advocates can help by letting these teens know that the court system is available to help and that Colorado's protection order system is (generally) "queer friendly."

- The only limitation on obtaining a protection order in Colorado is an intimate relationship (which does not have to include sex).
- The gender of the two people involved does not matter in the eyes of the law. Same sex partners and former partners may obtain protection orders just as opposite sex partners and former partners may.



- Not all judges in protection order courts are well-versed in the world of GLBTQQI couples and accessing this system in some communities may present unique problems. Be prepared to explain more about the relationship and surrounding circumstances than might be required of an opposite sex couple. Most judges are open to being educated if they do not understand.

Transgender Identity and the Legal System

- Making the legal transition from one gender to the other is a big step, usually accomplished through a name change, gender change on one's driver's license, and obtaining a new birth certificate.
- Without a legal change of gender, a person's legal identity will remain whatever her/his legal documents indicate, making it important to consider the legal as well as physical and emotional steps to transition.
- While no one at the courthouse is likely to question the name a person writes on a legal document and will not ask for identification, it is important to note that providing "false" information on legal documents is perjury. This can be particularly problematic for a trans-person who has not taken legal steps but is appearing in court, perhaps as the Respondent or Petitioner on a Protection Order.
- The lack of legal name and/or gender change can easily be used to further harass or intimidate by using the person's former name or gender.
- Advocates can help transgender clients by providing information about the legal name and gender change processes. However, like any other legal matter, minors will need their parents' involvement or will need to request that the court find they are emancipated in order to access the legal system for these purposes.
- General information on these topics and links to other resources may be found at: www.giccolorado.org/resources-2/documentation-change.



COMMUNITY-BASED RESOURCES

Many of Colorado's rape crisis centers offer services specifically tailored for teens. Programming typically has a focus on both the prevention and intervention of sexual violence. This section includes basic information about some of the resources available in our state. The program descriptions included in this toolkit provide only a "snapshot" of some of the current services being offered to teens in communities throughout Colorado. For a more comprehensive list of Colorado's victim service providers, please contact CCASA.

THE BLUE BENCH, DENVER, CO

www.thebluebench.org

The Blue Bench offers a 8-12-week, closed group for female-identified survivors of sexual assault or abuse (ages 13 to 18). This therapist led, curriculum-based group focuses on trauma recovery, storytelling, strength building and coping skills. (Note: Crime must have been reported if survivor is under 18 years old.)

The Blue Bench "Pathway to Prevention" programs are designed to educate, empower and engage participants across the lifespan, from young children to older adults. The content and dissemination methods of The Blue Bench prevention and education programs are driven by the most up-to-date research in the field of sexual violence prevention. Their programs – based on substantial research indicating effective prevention strategies (NSVRC, 2014) – are theory-driven, multi-session, utilize varied teaching styles, foster positive relationships, and can be tailored to ensure content is culturally responsive. They are dedicated to a wider community approach and work in collaboration with schools, parent groups, youth educators, service providers, and many other types of organizations.

BRIGHT FUTURE FOUNDATION, VAIL, CO

www.mybrightfuture.org

Bright Future's youth advocacy division provides comprehensive prevention, intervention and recovery services to youth affected by child abuse, teen dating violence, domestic abuse, and sexual assault. Youth Advocacy provides the tools, skills, and confidence youth need to successfully break free from the generational cycle of abuse.

SEXUAL ASSAULT SERVICES ORGANIZATION (SASO), DURANGO, CO

www.durangosaso.org

SASO offers a one day training for middle and high schoolers that teaches students about the dynamics of sexual violence as a tool of multiple oppressions, how to be a positive bystander in oppressive situations, sex offender dynamics, and the physiology of trauma as well as the specifics of how to manage a disclosure from a victim of sexual assault.

SEXUAL ASSAULT VICTIM ADVOCATES (SAVA) CENTER, FORT COLLINS AND GREELEY, CO

www.savacenter.org

SAVA provides help for individuals ages 14 and up who have experienced rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, sexual harassment, exposure, or voyeurism. Direct victim services incorporate crisis intervention, victim advocacy (e.g., legal, medical), clinical therapy, and private support groups to ensure that each victim finds the help that is right for them.

In addition to providing direct services to survivors, SAVA aims to reduce the incidence of sexual violence in their community through prevention education programming for youth. Their programs help youth ages 8-18 create safer spaces for themselves and others by addressing the root causes of sexual violence, promoting healthy relationships, and increasing social activism and leadership skills.

DISCUSSION SCENARIO I: A high school soccer team has both a Head Coach and an Assistant Coach. The Head Coach is a Science teacher who has been at the school for many years, and the Assistant Coach is a student from a nearby University. The Assistant Coach notices the Head Coach often takes a particular soccer player home from practice. He then notices that the Head Coach has given this particular student a new watch and is often rubbing the player's shoulders before games. The Assistant Coach wants to say something to the Principal about the gift, the back rubs, and the rides home, but he's afraid that he could be making ridiculous assumptions and thus unfairly tarnishing the Coach's reputation.

What are some ideas for how the Assistant Coach could respond?

STATE RESOURCES

COLORADO 9TO25

www.co9to25.org

Colorado 9to25 is about creating the space for youth and adults to connect, share ideas and feedback, and ensure that all Colorado youth are safe, healthy, educated, connected, and contributing.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) - SEXUAL VIOLENCE PREVENTION PROGRAM

www.colorado.gov/pacific/cdphe/svp

CDPHE administers federal Rape Prevention and Education (RPE) Program monies.

COLORADO SCHOOL SAFETY RESOURCE CENTER (CSSRC)

www.colorado.gov/cssrc

The CSSRC assists educators, emergency responders, community organizations, school mental health professionals, parents and students to create safe, positive and successful school environments for Colorado students in all pre K-12 and higher education schools.

NATIONAL RESOURCES

ADVOCATES FOR YOUTH

www.advocatesforyouth.org

Advocate for Youth champions efforts that help young people make informed and responsible decisions about their reproductive and sexual health.

BREAK THE CYCLE

www.breakthecycle.org

Break the Cycle inspires and supports young people 12 -24 to build healthy relationships and create a culture without abuse.

CENTER FOR YOUNG WOMEN'S HEALTH

www.youngwomenshealth.org

The Center for Young Women's Health is a website for teen girls and young women featuring up-to-date health information.

GLSEN

www.glsen.org

GLSEN works to ensure that LGBTQ students are able to learn and grow in a school environment free from bullying and harassment.

HEALTHY TEEN NETWORK

www.healthyteennetwork.org

Healthy Teen Network provides capacity-building assistance for professionals and organizations in the adolescent and young adult health fields.

DISCUSSION SCENARIO II: A hotline volunteer at a rape crisis center receives a call from a high school student. The student sounds both angry and scared. She says that she would like someone to come to her school and talk to the students and teachers because so many of her friends have been sexually assaulted and she's tired of it.

What are some ideas for how the hotline advocate could respond?

DISCUSSION SCENARIO III: An advocate is contacted by the hospital regarding a sixteen year old rape victim requesting medical services. The advocate responds and meets with the victim. The victim states that the perpetrator was a 21 year old guy in her neighborhood who often buys beer for her and her friends. She doesn't want her parents to know that she was drinking alcohol with him prior to the assault. A police officer then arrives to interview the victim and she tells him that the perpetrator was a stranger. After the interview, the police officer asks the advocate if she has any additional information for the case.

What are some ideas for how the advocate could respond?

I WANNA KNOW

www.iwannaknow.org/teens/sexualhealth.html

iwannaknow.org offers information on sexual health for teens and young adults.

LOVE IS RESPECT

www.loveisrespect.org

Loveisrespect's purpose is to engage, educate and empower young people to prevent and end abusive relationships.

PLANNED PARENTHOOD - TEENWIRE

www.plannedparenthood.org/learn/teens

Information for teens on sex, relationships, their bodies, and more.

SEX, ETC.

www.sexetc.org

Sex, Etc. is published by Answer, a national organization that provides and promotes unfettered access to comprehensive sexuality education for young people and the adults who teach them.

START STRONG: BUILDING HEALTHY TEEN RELATIONSHIPS

startstrong.futureswithoutviolence.org

Start Strong is a national program aimed at promoting healthy relationships among 11 to 14-year-olds and identifying promising ways to prevent teen dating violence.

THAT'S NOT COOL

www.futureswithoutviolence.org/children-youth-teens/thats-not-cool

www.thatsnotcool.com

That's Not Cool partners with young people to help raise awareness and bring education and organizing tools to communities to address dating violence, unhealthy relationships, and digital abuse.

Young Men's Health is a website for teen guys and young men featuring up-to-date health information.

FILMS THAT MAY BE APPROPRIATE FOR TEENS

Boys and Men Healing (DVD) by Kathy Barbini & Big Voice Pictures, 2010.

Precious. Lionsgate. 2009.

Speak. Speak Film Inc. 2004.

REFERENCES

Barnitz, L. (2001). Effectively responding to the commercial sexual exploitation of children: A comprehensive approach to prevention, protection, and reintegration services. *Child Welfare* 80(5):597–610.

Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.

Campbell, et al. (1999). Community Services for Rape Survivors: Enhancing Psychological Well-Being or Increasing Trauma.

Department of Justice, Bureau of Justice and Statistics, Intimate Partner Violence in the United States, 1993-2004. Dec. 2006.

Dube, S.R., Anda, R.F., Whitfield, C.L., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430–438.

Du Mont, J., K.L. Miller, and T.L. Myhr. "The Role of 'Real Rape' and 'Real Victim' Stereotypes in the Police Reporting Practices of Sexually Assaulted Women." *Violence Against Women* 9(4)(April 2003): 466–486.

Estes, R., and Weiner, N. (2001). *The Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico*. Philadelphia, PA:

DISCUSSION SCENARIO IV: A High School English Teacher asks her students to write a poem about a real-life event. A quiet and reserved student in the class turns in a poem detailing sexual assault perpetrated by her father. The teacher is shocked and doesn't know what to do. She vaguely remembers hearing that this student lived in a foster care placement, but due to her large volume of students, she isn't sure if she's confusing this student with someone else.

What are some ideas for how the teacher could respond?

University of Pennsylvania School of Social Work. Available from www.sp2.upenn.edu/~restes/CSEC.htm.

Healthy Kids Colorado. (2013). Retrieved at www.ucdenver.edu/academics/colleges/PublicHealth/community/CEPEG/UnifYouth/Pages/HealthyKidsSurvey.aspx on 12/20/17.

Hindman, J. (1989). *Just Before Dawn: From the shadows of tradition to new reflections in trauma assessment and treatment of sexual victimization*. Boise, ID: AlexAndria Associates.

Holmes, G.R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17, 69–88.

Friedman, S.A. (2005). *Who Is There to Help Us? How the System Fails Sexually Exploited Girls in the United States: Examples From Four American Cities*. Brooklyn, NY: ECPAT–USA.

Kilpatrick, et al., (1992):4. Retrieved at www.calcasa.org/stat/CALCASA_Stat_2008.pdf on 6/21/12.

Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

Koss, M.P. 1998. *Hidden Rape: Incident, Prevalence, and Descriptive Characteristics of Sexual Aggression and Victimization in a National Sample of College Students*. *Rape and Sexual Assault*, Vol. II. edited by A.W. Burgess. New York: Garland Publishing Company.

Leiderman, Sally and Cair Almo. (2001). *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*. Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting, and Prevention.

Miller E, Decker MR, McCauley HL, Levenson R, Silverman JG. Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception* - (April 2010 (Vol. 81, Issue 4, Pages 316-322, DOI: 10.1016/j.contraception.2009.12.004)

Molino, A.C. *Characteristics of Help-Seeking Street Youth and Non-Street Youth*. (2007). National Symposium on Homelessness Research.

Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf.

Stock, J.L., Bell, M.A., Boyer, D.K. & Connell, F.A. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives*, 29(5), 200-203, 227. Retrieved at www.guttmacher.org/pubs/journals/2920097.html.

Strohmaier, H., Murphy, M., DeMatteo, D. 2014. "Youth Sexting: Prevalence Rates, Driving Motivations, and the Deterrent Effect of Legal Consequences". Springer.

Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway youth. *Violence and Victims*, 16, 441-455.

U.S. Department of Justice, Bureau of Justice Statistics. (2001). Retrieved at www.breakthecycle.org/im-a-policy-maker on 6/21/12.

Vagi, K. J., Olsen, E. O., Basile, K. C., & Vivolo-Kantor, A. M. (2015). Teen dating violence (physical and sexual) among US high school students: Findings from the 2013 National Youth Risk Behavior Survey. *JAMA Pediatrics*, 169, 474-482.

Young, A.M., Grey, M., & Boyd, C.J. (2009). Adolescents' experiences of sexual assault by peers: prevalence and nature of victimization occurring within and outside of school. *Journal of Youth and Adolescence*. 1072-83.

Zweig, J.M., Dank, M., Lachman, P., Yahner, J. 2013. "Technology, Teen Dating Violence and Abuse, and Bullying." Urban Institute, Justice Policy Center.

The Colorado Coalition Against Sexual Assault (CCASA) is a statewide membership organization that serves as the collective voice of advocates and survivors of sexual violence. CCASA provides training, technical assistance, and resources, and engages in systems and policy advocacy.

For more information, please visit www.ccasa.org.

This project was supported by grant no. 2014-WF-AX-0016, 2015-WF-AX-0026, awarded by the Colorado Department of Public Safety, Division of Criminal Justice – administering office for the S.T.O.P. Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice, Office on Violence Against Women.



FREEDOM FROM SEXUAL VIOLENCE



Colorado Coalition Against
Sexual Assault (CCASA)

1330 Fox Street, Suite 2
Denver, CO 80204
303-839-9999

www.ccasa.org

