

Relationship Safety Guidelines for Reproductive Health



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Section One: Introduction

The *Relationship Safety Guidelines for Reproductive Health* assist providers in identifying and supporting clients experiencing abuse. In addition to general information, they cover requirements specific to Title X agencies and recommendations for all providers on abuse screening and reporting.

The guidelines include resources, training, and tools to screen for relationship safety and increase

- adolescent awareness of healthy relationship qualities.
- adolescent ability to identify characteristics of abusive relationships.

A section on human trafficking provides information on assessment, implications, referrals, and training.

To effectively provide adult and child abuse services, it is important to have specific agency policies, easy to follow protocols, on-going staff training, and staff familiarity with local referral organizations. The guidelines provide resources and sample protocol links to support your success in providing these services.

Oregon Public Health Division,
Center for Prevention and Health Promotion
Adolescent, Genetics and Reproductive Health Section
Reproductive Health Program Phone: 971.673.0355
Download this document at www.healthoregon.org/rh

Section Two: Definitions

Sexual Abuse

Sexual Coercion

Sexual Coercion includes a range of behaviors that a partner may use related to sexual decision-making to pressure or coerce a person to have sex without using physical force. Coercive situations may not be obvious, even to the coerced individual. Examples of sexual coercion include:

- Repeatedly pressuring a partner to have sex when he or she does not want sex
- Threatening to end a relationship if a person does not have sex
- Forced non-condom use or not allowing other prophylaxis use
- Intentionally exposing a partner to a STI or HIV
- Threatening retaliation if notified of a STI or HIV

Sexual Assault

Sexual assault addresses sexual crimes not involving intercourse, such as forced sodomy, oral/genital copulation, and vaginal penetration with objects.

Sexual Abuse

Sexual abuse is any sexual interaction with a minor that is initiated through coercion, including bribery and affection, fraud, intoxication, physical or emotional threats or force. In certain states consensual sex may be reportable based on age differences.

Rape

Rape is a crime of violence carried out through sexual means. Rape is unwanted penetration (mouth, vagina, and anus) using physical force, emotional threats, fraud or intoxication of the victim.

Statutory Rape

The legal description states it is the crime of having sexual intercourse with someone who is below the age of consent, as defined by law, even if consent was given, the individual did not resist and or/mutually participated. The purpose of statutory rape laws is to protect youth who are incapable of consenting to sexual intercourse due to age and/or mental development.

Acquaintance or Date Rape

Acquaintance or date rape is rape committed by someone the victim is familiar with (i.e. a friend, date, boyfriend, or husband).

Sexual and Reproductive Coercion

Sexual and reproductive coercion is coercive behavior that interferes with a person's ability to control his/her reproductive life such as:

- Intentionally exposing a partner to sexually transmitted infections (STIs);
- Attempting to impregnate a woman against her will or to become pregnant against the male partner's will;
- Intentionally interfering with the couple's birth control;
- Threatening or acting violently if a partner does not comply with the perpetrator's wishes regarding contraception or with the decision to terminate or continue a pregnancy.

Sexual Harassment

Sexual harassment is deliberate, unsolicited, verbal comments, gestures, or physical contact of a sexual nature considered unwelcome by the recipient.

Human Trafficking

Human trafficking is a form of modern slavery where people profit from controlling and exploiting others. Traffickers use force, fraud, or coercion to control other people for the purpose of engaging in commercial sex or forcing them to provide labor services against their will.

Hanging out or Hooking Up: Clinical guidelines on Responding to Adolescent Relationship Abuse. Miller, E., Levenson, R. 2013. Retrieved from <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Adolescent%20Health%20Guide.pdf>

Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Clinician; Emory University School of Medicine, Department of Gynecology and Obstetrics, Regional Training Center.

Supporting Adolescents for Healthier Outcomes, Erica Monasterio, MN, FNP-BC, Reproductive Health Conference, Portland, OR 2012

Human Trafficking Overview, Polaris <http://www.polarisproject.org/human-trafficking/overview>

What is sexual and reproductive coercion? The Facts on Reproductive Health and Partner Abuse; Futures Without Violence <http://www.futureswithoutviolence.org/the-facts-on-reproductive-health-and-partner-abuse/>



Adult and Child Abuse

The Oregon Administrative Rules include a full description of many types of adult and child abuse:

Adult abuse

Oregon law OAR 411-020-0002 (**Adult Protective Services**) has definitions of:

Physical abuse

Neglect

Abandonment

Verbal or emotional abuse

Financial exploitation

Sexual abuse

Involuntary seclusion

Wrongful use of a physical or chemical restraint of an adult

Visit http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_411/411_020.html for more information.

Child abuse

Child abuse is defined in Oregon law (ORS 419B.005) and includes:

- Physical Abuse
- Mental Injury
- Sexual Abuse
- Neglect
- Threat of Harm
- Buying or selling a child
- Permitting a child to enter or remain in or upon premises where methamphetamines are being manufactured
- Unlawful exposure to a controlled substance that subjects a child to a substantial risk of harm to the child's health or safety

For detailed descriptions of child abuse, visit:

http://www.oregon.gov/dhs/children/pages/abuse/abuse_neglect.aspx

Resources on Child Abuse and Neglect

[National Center for Prosecution of Child Abuse](#)

Arlington, Virginia

Phone: 703-549-9222

[Administration for Children & Families](#)

Child Abuse Prevention

Washington D.C.

[Kempe Children's Center](#)

Denver, Colorado

Phone: 303-864-5252

Section Three: Recommendations and Title X Requirements

The relationship safety guidelines support Title X agencies in meeting Title X requirements and all family planning service providers in following recommendations.

Providing Quality Family Planning Recommendations for All Providers

The *Providing Quality Family Planning Services Recommendations of the CDC and U.S. Office of Population Affairs* recommends that all

”Providers of family planning services should offer confidential services to adolescents and observe all relevant state laws and any legal obligations; such as notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest, as well as human trafficking. Confidentiality is critical for adolescents and can greatly influence their willingness to access and use services.”⁽²⁾

Title X Requirement

The 2014 *Program Requirement for Title X Funded Family Planning Projects* requires written policies that address these legislative mandates:

“None of the funds appropriated in the Act may be available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Servicesthat it provides counseling to minors on how to resist attempts to coerce minors into engaging sexual activities.”⁽¹⁾

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”⁽¹⁾

“The project’s training plan should provide for routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking.”⁽¹⁾

(See training section.)

(1) *Program Requirements for Title X Funded Family Planning Programs*, Office of Population Affairs, 2014

(2) *Providing Quality Family Planning Services, Recommendations of the CDC and the U.S. Office of Population Affairs*, Centers for Disease Control and Prevention (CDC), Office of Population Affairs (OPA) of the U.S. Department of Health and Human Services, 2014

Section Four: Screening, Quality Assessment, and Referrals

Note: *If clinic staff is uncomfortable providing sexual abuse assessment, counseling, intervention, or referrals, they should speak with management about agency sexual abuse policies, local referrals, and training opportunities before providing these services.*

Screening

Intimate Partner Violence Screening

According to the American College of Obstetricians and Gynecologists:

“Health care providers should screen all women for intimate partner violence (IPV) at periodic intervals, such as annual examinations and new patient visits. Signs of depression, substance abuse, mental health problems, requests for repeat pregnancy tests when the patient does not wish to be pregnant, and/or recurrent STIs, asking to be tested for an STI, or expressing fear when negotiating condom use with a partner should prompt an assessment for IPV.”

Intimate Partner Violence, The American College of Obstetricians and Gynecologists; Committee on Health Care for Underserved Women, p. 2; February 2012

Title X Agency Screening

Title X funded agencies must follow the Oregon Health Authority’s approved Relationship Safety Policies and Procedures for screening and intervention for intimate partner violence, sexual coercion, and reproductive coercion: [Add link.](#)

Child Abuse Screening

When Oregon child protective services receive a call about suspected child abuse, the process begins with screening. Information is the foundation of safety assessment. For a screening description, visit:

<http://www.oregon.gov/dhs/children/pages/abuse/cps/main.aspx>

Universal Teen Safety/Clinic Intervention Model

Futures Without Violence, funded by DHHS, in collaboration with The American College of Obstetricians and Gynecologists developed a universal preventative/educational focused intervention model recommended by the Oregon Coalition Against Domestic and Sexual Violence and the Oregon Women's Health Program. This model can be used as a tool to screen for adolescent sexual coercion:

Access the *Hanging Out or Hooking Up* safety card/clinical intervention card and Clinical Guidelines on Responding to Adolescent Relationship Abuse at:

<http://www.futureswithoutviolence.org/hanging-out-or-hooking-up-2/>

Here is an example of a short protocol/summary for using the card:

(Provided by the Oregon Coalition Against Domestic and Sexual Violence): The card is handed out to each adolescent. Depending on the adolescent service, the provider chooses a panel on the card that is most appropriate to talk about. The health care provider says that relationships are important.

“We want all the young people who come to our clinic to know that we care about them being in healthy relationships. We give this informational card to all our patients.....”

It is important to provide disclosure about mandatory reporting before beginning a discussion using the card.

It is not expected that the provider go over the whole card, nor that it is just handed out as a piece of paper, but engaged with during the visit. The most important part of the intervention is providers saying that healthy relationships are important.

Request materials and tools from Futures Without Violence, a national technical assistance provider on addressing reproductive and sexual coercion, as well as intimate partner violence: <http://www.futureswithoutviolence.org>.

Training

See page 17 in the training section.

See Futures Without Violence training in the Oregon Reproductive Health Program Relationship Safety Policies and Procedures (add link)



Quality Assessment

Adolescent Relationship Abuse and Sexual Assault Quality Assessment/Quality Improvement Tool

The following quality assessment tool provides adolescent health program managers with guiding questions to assess quality of care related to promoting healthy relationships and adolescent relationship abuse and sexual assault intervention. The information can be used as a benchmark in quality improvement efforts.

http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/qi_adolescent_health.pdf

Referrals

If a clinician has insufficient time or expertise to address a situation, a referral should be made. In cases of repeated coercive sexual activity, a referral to the local rape crisis center may be helpful. The clinician should be aware of community resources and have mandatory reporting information readily available. With no local rape crisis center or similar agency, identify and refer the client to a social worker or counselor in the health department or other public agency. The final option would be to refer to a private counselor. Many private counselors will work with clients on a sliding fee scale basis in sexual abuse and violence situations.

The best way to help clients receive services is to get to know your local organizations. What services do they provide? Invite them to speak at a staff meeting and introduce themselves. You can tell clients, "If you are comfortable with this, I can call (person's name) at (name of agency). She is an expert in what to do next and can talk to you about your situation." If you do not have access to local services, you can refer people to national hotlines and organizations by saying, "There are people working at national confidential hotlines that have helped thousands of teens. They can find local referrals for you and they are available 24/7. Would you like to call right now or take the phone number with you?"

Clinician familiarity with community services helps to alleviate client fears about seeking additional help. Finally, it is helpful to provide literature along with a referral, as many clients may delay before following-up.

Interpersonal and Domestic Violence Screening and Counseling: Understanding new federal rules and providing resources for health providers (memo from Lisa James, Director DHHS National Health Resource Center on Domestic Violence and Sally Schaeffer, Senior Public Policy Advocate, Futures Without Violence); May 25, 2012.



Referral Agencies

Oregon Agencies

211info

PO Box 11830
Portland, OR 97211
503-226-3099

<http://www.211info.org>

Dial 2-1-1; toll free, for free information about 3,000 agencies providing over 50,000 programs for people throughout Oregon and Southwest Washington.

Portland Women's Crisis Line

24 hour statewide resources and support for domestic and sexual violence survivors.
503-235-5333 or Toll Free 1-888-235-5333

Oregon Statewide Abuse Reporting Line:

A single call option added in May 2014 for reporting abuse.
855-503-SAFE (7233)

Oregon Sexual Assault Task Force

3625 River Road North, Suite 275
Keizer, OR 97303
503-990-6541

Visit <http://www.oregonsatf.org/help-for-survivors> for a list of local community organizations and agencies that provide services for sexual violence survivors.

NATIONAL AGENCIES

National Dating Abuse Helpline

Chat at loveisrespect.org, text "loveis" to 22522, or call 1-866-331-9474. This national 24 hour helpline is specifically for teens and young adults. It offers real-time, one-on-one support from peer advocates for those involved in dating abuse relationships.

GLBT National Youth Talk Line

The hotline offers telephone peer counseling at 1-800-246-PRIDE (1-800-246-7743). Peer counseling services are also offered through email at youth@GLBTNationalHelpCenter.org.

Rape Abuse Incest National Network (RAINN)

RAINN provides 24 hour services at 1-800-656-HOPE (1-800-656-4673). RAINN will automatically transfer the caller to the nearest rape crisis center anywhere in the nation. They also run the National Sexual Assault Online Hotline; a free, confidential, secure service that provides live help over the RAINN website.

National Human Trafficking Resource Center (NHTRC)

Hotline 1-888-3737-888 (Open 24/7 and access to 170 languages)



Section Five:

Mandatory Reporting Background and Policies

Mandatory Reporting Background

Title X service providers are mandated to adhere to child abuse reporting state laws. Each Title X agency must take responsibility for learning about Oregon laws and develop reporting policies and procedures that are consistent with the law. Clarifying staff misconceptions and including everyone in the organization strengthens agency policies. For staff training, see the training section guide and webinar, *Mandatory Child Abuse Reporting Law: Developing and Implementing Policies and Training*.

Background: *Mandatory Child Abuse Reporting Requirement: Required for Family Planning Clinic Policies*

In 2012, Shannon O'Fallon, Assistant Senior Attorney General and Oregon Health Division counsel, reviewed Oregon child abuse and sexual offenses reporting laws. She developed the *Mandatory Child Abuse Reporting Requirement: Required for Family Planning Clinic Policies* (see the following page). She recommends that Oregon family planning agencies use this policy and Title X reviewers use the requirement to assess Title X agency policies and procedures. The policies assure compliance with the U.S. Department of Health and Human Services instructions and state reporting laws regarding mandatory abuse reporting. They replace guidance previously provided (see Family Planning Program Manual for Oregon p. B6-4, October 2008.)

The attached guidance is not meant to address all of Oregon's mandated reporting laws. Some of them are related to situations unlikely to arise in the reproductive health clinic context. There is no state law requirement that sexual abuse involving an adult, such as may occur in sex trafficking, be reported unless that adult is elderly, mentally ill or developmentally disabled.

Agencies that receive Title X grant funds need to have policies and procedures in place to meet federal requirements and assist in assuring that clinic staff is in compliance with these laws.



Mandatory Child Abuse Reporting Requirement: Required Family Planning Clinic Policies

Family Planning Clinics (FPC) are mandatory reporters for purposes of ORS 419B.005 to .050, the Mandatory Child Abuse Reporting statutes. As such, an Oregon FPC is required to have policies in place to regulate staff compliance with these statutes.

FPC policies must include, but are not limited to the following:

- All clients must receive notice that FPC staff are mandatory child abuse reporters, including child sexual abuse, pursuant to ORS 419B.005 to .050, prior to receiving any services or providing any information to FPC staff, including medical and sexual history. (1)
- FPC staff are required to make a mandatory child abuse report to law enforcement or child welfare pursuant to ORS 419B.005-050 anytime that there is reasonable cause to believe that:
 - A client under the age of 12 has engaged in or been subjected to sexual contact (2) with anyone 3 years of age or older; A client under the age of 18 has been subjected to sexual contact with anyone where forcible compulsion was used or where the client was incapable of consent due to mental defect, mental incapacity or physical helplessness;
 - A client under the age of 16 has engaged in or been subjected to sexual intercourse (3) or deviate sexual intercourse (4) with a sibling, parent or step-parent of the client; A client under the age of 18 has been caused by another person who is 3 years of age or older than the client, to touch or contact the mouth, anus or sex organs of an animal for the purposes of arousing or gratifying the sexual desire of a person.
 - A client discloses having sexual contact with any child under the age of 18 who is three years of age or younger than the client, with any child under the age of 18 who is incapable of consent due to mental incapacity or physical helplessness or any sexual contact in which the client used forcible compulsion with a child under the age of 18.
 - A client discloses having sexual contact with any child under the age of 16 who is related to the client as a sibling, child or step-child.
 - A client discloses causing a person under the age of 18, who is at least 3 years of age or younger than the client, to touch or contact the mouth, anus or sex organs of an animal for the purpose of arousing or gratifying the sexual desire of a person.
- Specific instructions for FPC staff to comply with and complete the mandatory child abuse reporting obligation by a report to either law enforcement or DHS Child Welfare.

- A statement that ORS 419B.005-050 does not require mandatory reporters to conduct an investigation to determine whether child abuse has occurred. (5) Instead, the mandatory reporting requirement applies whenever FPC staff have reasonable cause to believe that abuse occurs. However, proper screening of the service needs of clients should include asking all clients as part of their sexual history;
 - Whether coercion or compulsion has occurred in their sexual relationships; and
 - Whether their sexual partner or partners are in a position of authority over them; and, in the case of those under the age of 18, this definition should include individuals who are significantly older than they are.
 - Clients should be informed in advance that services will be provided whether or not the client provides responses to questions about the age of the sexual partner.

(1) "Child abuse" is defined in ORS 419B.005(1)(a).

(2) "Sexual contact" is defined in ORS 163.305 as "any touching of the sexual or intimate parts of another person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party."

(3) "Sexual intercourse" is defined in ORS 163.305(7) as having "its ordinary meaning and occurs upon any penetration however slight; emission is not required."

(4) "Deviate sexual intercourse" is defined in ORS 163.305(1) as "sexual conduct between persons consisting of contact between the sex organs of one person and the mouth or anus of another."

(5) ORS 419B.010 sets forth the specific duties of mandatory reporters.

Statutes referenced: ORS 419B.005 to 419B.021, ORS 163.305 to 163.479



Oregon Health Authority Relationship Safety Policies and Procedures

Title X funded agencies must follow the Oregon Health Authority's approved Relationship Safety Policies and Procedures for screening and intervention for intimate partner violence, sexual coercion, and reproductive coercion: (Add link.)

Reporting Adult and Child Abuse

If you suspect adult or child abuse, visit the Oregon Department of Human Services website for information about reporting abuse:

<http://www.oregon.gov/dhs/abuse/Pages/index.aspx>

If you need more information on child abuse and neglect, contact your [local DHS Child Welfare office](#).

Also see: [Reporting abuse](#)

Also see: [Reporting child abuse and neglect](#), [Children & domestic violence](#), [Mandatory reporting](#)

OAR 413-015-0105 describes "the purposes of Child Protective Services are to identify unsafe children and to assure protection of children after a report of alleged child abuse or neglect is received by a screener.

For more information, visit:

http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_413/413_015.html



Section Six: Human Trafficking

Title X Agency Requirement

Title X funded agencies must follow the Oregon Healthy Authority approved policy and procedure for screening and intervention for intimate partner violence, coercion, and human trafficking. (Add link.)

The Polaris Project focuses on identifying and preventing all forms of human trafficking and serves victims of slavery and human trafficking.

Human Trafficking Oregon Statutes

Clinic on this link to see Oregon's human trafficking statute.

<http://www.oregonlaws.org/ors/192.820>

How to Assess for Human Trafficking

- The Human Trafficking Medical Assessment Tool is a National Human Trafficking Resource Center (NHTRC) flow chart developed by the Polaris Project. It lists medical signs to look out for when assessing potential human trafficking victims:
<http://www.niwrc.org/content/printedresources/polaris-project-medical-assessment-tool>
- Department of Health and Human Services (DHHS) developed a Screening Tool for Victims of Human Trafficking:
http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf
DHHS suggests using these screening questions to identify and support human trafficking victims.

Human Trafficking: Implications for Adolescent Health Outcomes Tip Sheet

The Family and Youth Services Bureau, Adolescent Pregnancy Prevention Program developed a tip sheet about adolescents and human trafficking. The tip sheet describes risk factors and warning signs and offers information about helping survivors. It includes a list of additional resources:

<https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Documents/edmat/trafficking.pdf>

Referrals

OREGON AGENCIES

In addition to the organizations listed below, please call the hotline 1-888-373-7888 or text to BeFree (233733) for specialized victim services referrals.

Oregonians Against Trafficking Humans (OATH): <http://www.oregonoath.org/>

Lutheran Community Services Northwest: <http://www.lcsnw.org>

Janus Youth Programs: <http://www.jyp.org>

Sexual Assault Resource Center (SARC): <http://www.sarcoregon.org/>

NATIONAL AGENCIES

Polaris Project

The Polaris Project is committed to combating human trafficking and modern-day slavery and to strengthening the anti-trafficking movement through a comprehensive approach: <http://www.polarisproject.org/>

National Human Trafficking Resource Center

Call 1-888-373-7888 or text BeFree (233733) to:

Report a tip.

Connect with anti-trafficking services in your area.

Request training, technical assistance, general information or resources.

Tools for Service Providers and Law Enforcement

Assessment tools; including community needs assessment, wallet cards, training, resources, and outreach and awareness materials:

<http://www.polarisproject.org/resources/tools-for-service-providers-and-law-enforcement>

Human Trafficking Training

See *Section Seven: Training*

Section Seven: Training

Program Requirements for Title X Funded Family Planning Projects

8.6.2 The project's training plan should provide for annual training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking.

Sexual Coercion, Abuse and Intimate Partner Violence Training

See sexual coercion and abuse and intimate partner violence training information in the Oregon Health Authority *Relationship Safety Policies and Procedures* (add link)

Training on Developing and Implementing Policies Related to Mandatory Child Abuse Reporting

In 2014, the National Center for Youth Law and Erica Monasterio, MN, FNP-BC created *Mandatory Child Abuse Reporting Law: Developing and Implementing Policies and Training Guide*, a reference recommended by the Family Planning National Training Center for Service Delivery. A free webinar introduces this guide and provides information for agencies to develop or revise clinic reporting policies and staff training procedures.

The guide assists agencies in revising Oregon reproductive health reporting policies and staff training procedures for the individual clinic site. This document is for staff that develops and updates child abuse reporting policy, training, and resources for clinicians at Title X service sites.

Access this link for the guide and recorded webinar:

<http://www.fpntc.org/training-and-resources/webinar-recording-mandated-child-abuse-reporting-law-developing-and>

Training for Implementing Reproductive and Sexual Coercion and Intimate Partner Violence Interventions

See Page 8 with Universal Teen Safety/Clinical Intervention Model description and training.

National Sexual Violence Resource Center elearning Opportunities

<http://www.nsvrc.org/elearning?page=2>

The following elearning opportunities are available:

Dr. Elizabeth Miller Discusses Reproductive Coercion and Teen Dating Violence
Respect WORKS! A comprehensive teen dating violence prevention model
Combating Teen Dating Violence: Promising Research in Prevention and Intervention for Youth at-risk
Dating Matters: Understanding Teen Dating Violence Prevention
Start Strong: Building Healthy Teen Relationships: In- and Out-of-School Settings
Sexual Assault and Coercion in Teen Relationships
A Closer Look – Responding to Sexual Violence on College Campuses
The Power of Primary Prevention Education in High Schools
Sexual Coercion and Exploitation of Minor Teens

Futures Without Violence Universal Teen Safety/Clinic Intervention Model

For training on how to implement the model described on page 8 or other interventions or for assistance in exploring tools and processes that best fit your practice, contact the Oregon Coalition Against Domestic and Sexual Violence, who can connect you to the best trainer in your area. For more information, please contact Sarah Keefe, Health Systems Program Coordinator, at sarah@ocadsv.org or 503-230-1951.



Human Trafficking

Polaris Project

The Polaris Project offers a wide range of interactive on-line trainings and pre-recorded webinars related to human trafficking.

Examples of topics include:

Recognizing and Responding to Human Trafficking in a Health Care Context
Stages of Change Model to Assist Victims of Human Trafficking
Gang Involved Sex Trafficking
Creating a Community Response to Trafficking

<http://www.polarisproject.org/what-we-do/national-human-trafficking-hotline/access-training/online-training>

Cardea Services

A free webinar titled *Human Trafficking and Reproductive Health* is available for any family planning clinic or program staff working with clients. The webinar, sponsored by Cardea Services with the California Family Health Council, provides an overview of human trafficking and reproductive health, as well as a framework to help staff become more comfortable in their role of addressing the health care needs of trafficking survivors. Trafficking of children and young women is often, but not always, associated with prostitution, sexual coercion, and sexual violence.

<http://www.cardeaservices.org/resourcecenter/human-trafficking-reproductive-health>

Child Abuse

For more information about mandatory reporting and to view the video clip *The role of mandatory reporting in child abuse cases*, visit:

http://www.oregon.gov/dhs/abuse/pages/mandatory_report.aspx

The *What You Can Do About Child Abuse* booklet will help you understand child abuse, what to report and when and how to report it, as well as give you an idea of what happens after you make a child abuse report. Click on the link below to access the booklet.

<https://apps.state.or.us/Forms/Served/de9061.pdf>