

STD/HIV Overview for Educators

Tara Beeston, MPH

STD PREVENTION PROGRAM
MANAGER

County of San Diego
HIV, STD & Hepatitis Branch of Public
Health Services,
Health and Human Services Agency

Sandee Differding, MPH

Health Communication
Specialist

California Department of Public
Health, STD Control Branch
Health Education Unit

Outline

Building Comfort & Capacity

California Health Youth Act

California Minor Consent & Confidentiality

STD/HIV Review

National, State, & Local Data

Introductions

Please share the following....

- Your name
- Where you work
- Your role
- Why this training is important to you

Group Agreements

- Manage yourself
- Be on time
- Silence your phones
- Participate 😊
- Be respectful
- Refrain from side conversations
- Use the “Parking Lot”



STDS: THE BIG PICTURE

- ~20 million *new* infections occur each year
 - ~111 million *prevalent* infections each year
- Costs health care system ~\$16 BILLION per year
- Nearly half of all STD cases occur in young people
- While rates of teen pregnancy are going down, rates of teen STDs are going up, up, up...

STD rates in California are the highest they've been in 25 years



Dr. Karen Smith, head of California's Public Health Department, advises people to use condoms to help prevent the spread of sexually transmitted diseases. (Luis Sinco / Los Angeles Times)



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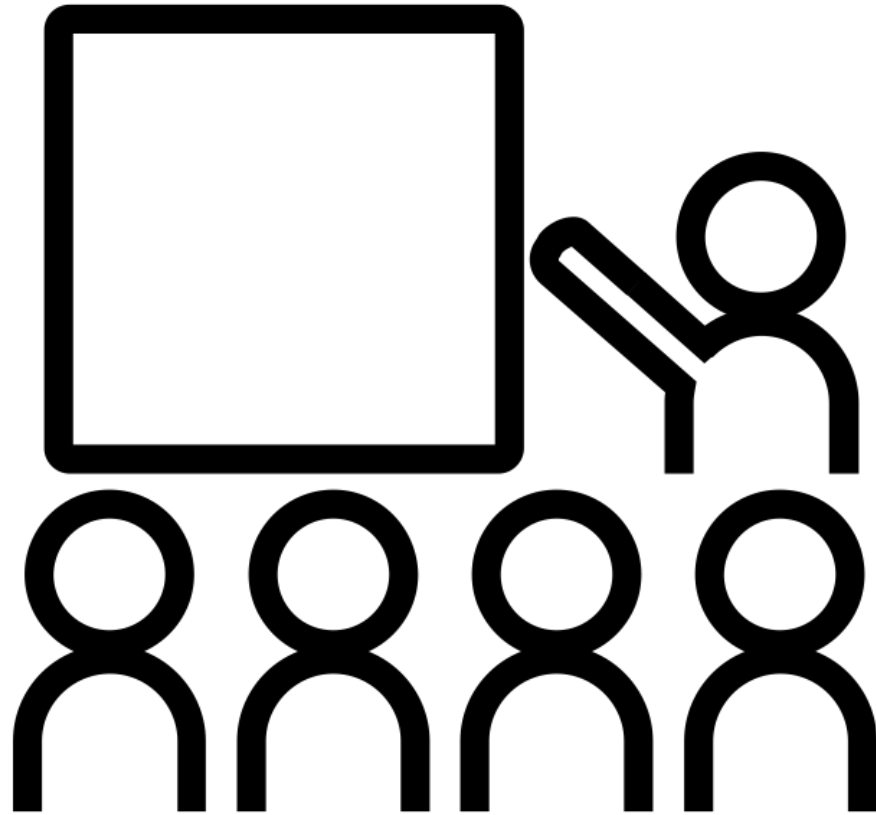
CALIFORNIA STRONG CD

Teaching Sexual Health Education:
Building Comfort & Capacity

Essential Questions

- What are the National Teacher Preparation Standards?
- What are my own values around sexuality?
- How can I support positive sexual health outcomes for students?
- What key messages are integral to teaching sexuality education?

What are the National Teacher Preparation Standards for Sexual Health Education?



What are the National Teacher Preparation Standards for Sexual Health Education?

**Standard 1:
Professional Disposition**

Standard 2: Diversity and Equity

Standard 3: Content Knowledge

**Standard 4:
Legal And Professional Ethics**

Standard 5: Planning

Standard 6: Implementation

Standard 7: Assessment

What are the National Teacher Preparation Standards for Sexual Health Education?

Standard 1: Professional Disposition

Teacher candidates demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education.

Standard 1: Professional Disposition

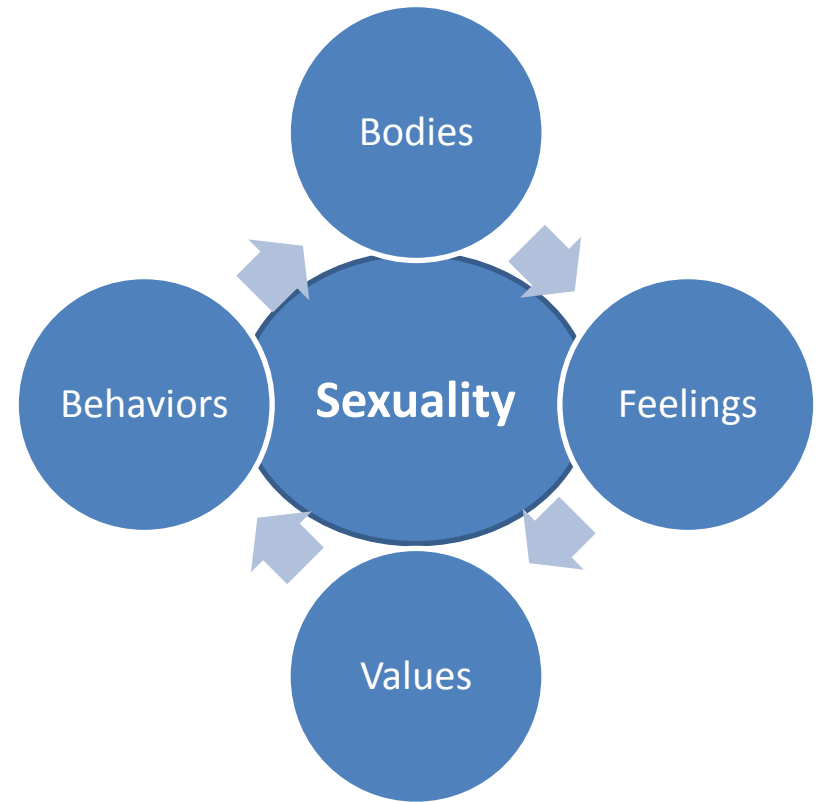
Indicators: Successful teacher candidates will:

1. Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.
2. Describe the importance of sexuality education as an integral part of K-12 health education.
3. Demonstrate awareness of their own personal values, beliefs, biases and experiences related to sexuality education.
4. Demonstrate how their personal values, beliefs, biases and experiences can influence the way they teach sexuality education.
5. Model self-efficacy to teach sexuality education in age and developmentally-appropriate ways.
6. Select their own continuing professional development needs relating to school-based sexuality education.

Sexual Slang Game

What is sexuality?

- Biological sex
- Gender Identity
- Sexual Orientation
- How we feel about / express ourselves
- Attraction, affection, love, intimacy
- Sexual behaviors
- Values and beliefs

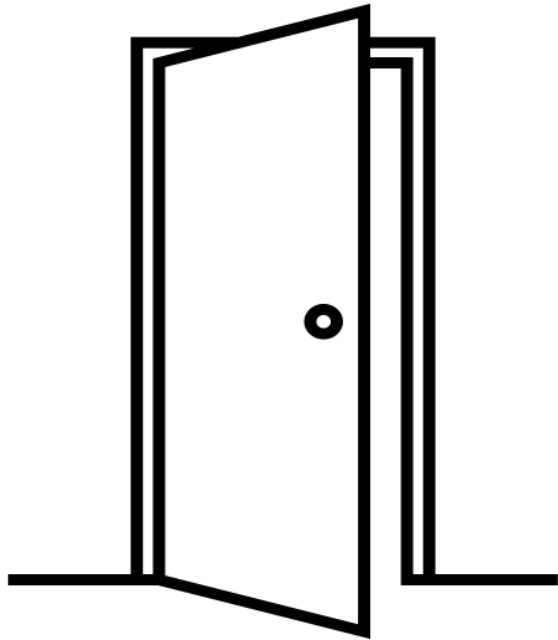


Values

1. I am comfortable talking about sexuality.	AGREE	DISAGREE
2. People who get STDs are promiscuous.	AGREE	DISAGREE
3. Teenagers should be able to make their own decisions about sex.	AGREE	DISAGREE
4. I would be upset if my child were lesbian, gay, bisexual, or transgender.	AGREE	DISAGREE
5. A 12-year-old is too young to have a baby and should have an abortion.	AGREE	DISAGREE
6. There is something wrong with someone who has sex with more than 3 partners a week.	AGREE	DISAGREE
7. If a female has sex without birth control, she has to be ready to pay the consequence.	AGREE	DISAGREE
8. Being gay is normal and natural.	AGREE	DISAGREE
9. If teenagers were responsible, they wouldn't get pregnant in the first place.	AGREE	DISAGREE
10. It is acceptable for LGBT people to be "out" at school.	AGREE	DISAGREE
11. There is something wrong with someone who masturbates every day.	AGREE	DISAGREE
12. A teenager should be able to get an abortion without a parent's permission.	AGREE	DISAGREE
13. Males are basically irresponsible when it comes to birth control.	AGREE	DISAGREE

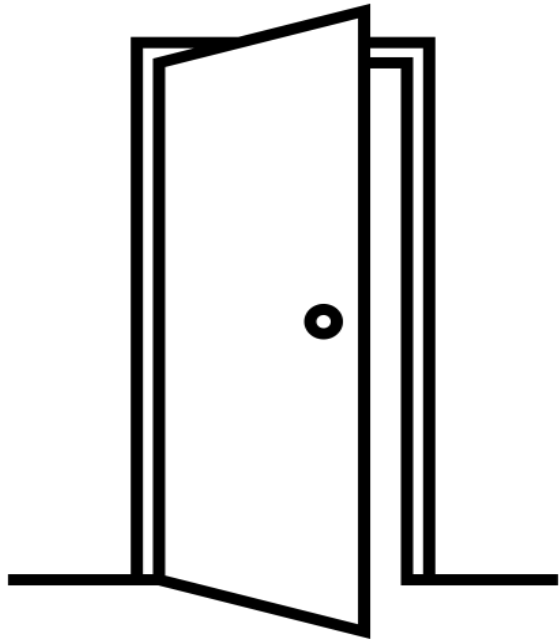
Tips to Support Youth

- Provide medically accurate information.
- Avoid fear-based approaches.
- Understand context.
- Offer students new perspectives to consider.



Tips to Support Youth

- Refer students to a health center for medical information/ details.
- Stand up for teens' rights.
- Reinforce key messages.
- Support gender equality and avoid reinforcing stereotypes.
- Be inclusive.



What are key messages to support youth?

- Talk to a trusted adult.
- You can get confidential sexual health services and information.
- It's never OK to pressure someone or be pressured to have sex.
- Healthy relationships are built on love, respect, and equality.

What are key messages to support youth?

- You can challenge gender roles.
- Communication is important.
- You always have the right to say no or to practice safer sex.
- If you choose to have sex, use condoms or latex barriers.

Questions?

Acknowledgements

We would like to thank
Planned Parenthood Los Angeles for the
development of this module.



CALIFORNIA HEALTHY YOUTH ACT

BACKGROUND

- Broad coalition of supporters, including CA School Boards Association, CA Teachers Association, and CA State Parent-Teacher Association.
- Author: Assemblymember Shirley Weber
- Sponsors: ACLU of CA, California Latinas for Reproductive Justice, Equality California, Forward Together, and Planned Parenthood Affiliates of CA.
- Since the last legal reform in 2004, a number of gaps surfaced—the CA Healthy Youth Act was an effort to *address those missing pieces and streamline existing law*.
- Signed into law October 1, 2015. *Effective January 1, 2016*

WHAT'S DIFFERENT AS OF JANUARY 1, 2016?

- All districts required to provide *both comprehensive sexual health education and HIV prevention education* to students *at least twice*
 - Once in middle school and once in high school.
- Reinforces a focus on healthy attitudes, healthy behaviors, and healthy relationships.
- Some new requirements and required topics
 - E.g., adolescent relationship abuse and sex trafficking
- Expands and strengthens existing requirements that instruction and materials be appropriate for ALL students
 - All sexual orientations and genders.

PURPOSE

EDUCATION CODE 51930

(1) Provide pupils with the **knowledge and skills** necessary to **protect their sexual and reproductive health** from HIV and other sexually transmitted infections and from unintended pregnancy.

(2) Provide pupils with the **knowledge and skills** they need to **develop healthy attitudes** concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.

PURPOSE

EDUCATION CODE 51930

(3) To promote understanding of sexuality as a **normal part of human development.**

(4) To ensure pupils receive **integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction** and provide educators with clear tools and guidance to accomplish that end.

(5) To provide pupils with the knowledge and skills necessary to have **healthy, positive, and safe relationships and behaviors.**

REQUIREMENTS

- ✓ At least once in **junior high/middle school** and at least once in **high school**, starting in grade 7. May be provided in age-appropriate way before grade 7.

EDUCATION CODE 51934(a)

- ✓ **Age-appropriate.**

EDUCATION CODE 51933(a)

- ✓ **Medically accurate and objective.**

EDUCATION CODE 51933(b)

Medically accurate: “Verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.” EDUCATION CODE 51931

REQUIREMENTS

ALL GRADES, INCLUDING
ELEMENTARY

- ✓ **All components** align with and support the purposes of the California Healthy Youth Act.

EDUCATION CODE 51933(c)

- ✓ Tone and content consistent across all instruction and materials.
- ✓ Regardless of who provides each component.

REQUIREMENTS

ALL GRADES, INCLUDING
ELEMENTARY

✓ Knowledge and skills based.

EDUCATION CODE 51930(b), 51933(g), (h)

✓ Not promoting of any religious doctrine.

EDUCATION CODE 51933(i)

✓ Accessible to:

- ✓ English learners, and
- ✓ Students with disabilities.

EDUCATION CODE 51933(d)(2), (3)

REQUIREMENTS

ALL GRADES, INCLUDING
ELEMENTARY

- ✓ Do not reflect or promote **bias** against any person on the basis of:
 - ✓ Disability
 - ✓ Gender
 - ✓ Gender identity
 - ✓ Gender expression
 - ✓ Nationality, race, or ethnicity
 - ✓ Religion
 - ✓ Sexual orientation

EDUCATION CODE 51933(d)(4); see also
EDUCATION CODE 220

- ✓ Culturally **inclusive** and **appropriate** students of all:
 - ✓ Races
 - ✓ Genders
 - ✓ Sexual orientations; and
 - ✓ Ethnic and cultural backgrounds

EDUCATION CODE 51933(d)(1)

REQUIREMENTS

ALL GRADES, INCLUDING
ELEMENTARY

- ✓ **AFFIRMATIVELY** recognize that people have different sexual orientations and examples of relationships also include same-sex relationships.

EDUCATION CODE 51933(d)(5)

- ✓ Include instruction on:
 - ✓ Gender
 - ✓ Gender expression
 - ✓ Gender identity; and
 - ✓ The harms of negative gender stereotypes.

EDUCATION CODE 51933(b)(6)

REQUIREMENTS

ALL GRADES, INCLUDING
ELEMENTARY

- ✓ Encourages students to **communicate with parents**, guardians, or other trusted adults
- ✓ and provides knowledge and skills necessary for these discussions.

EDUCATION CODE 51933(e)

- ✓ Teaches the value of and prepares students to form and maintain **healthy, committed relationships** based on mutual respect and affection, and are free from violence, coercion, and intimidation.

EDUCATION CODE 51933(f), (g)

REQUIREMENTS

GRADES 7-12

- ✓ **Nature and transmission of HIV and other STIs.**

EDUCATION CODE 51934(a)(1), (2), (5)

- ✓ **HIV and STI prevention and treatment.**

EDUCATION CODE 51934(a)(4), (6)

- ✓ **Social views on HIV and AIDS, including stereotypes and myths, and emphasizing:**

- ✓ Successfully treated HIV-positive individuals have a normal life expectancy;
- ✓ All people are at some risk of contracting HIV; and
- ✓ The only way to know if one is HIV-positive is to get tested.

EDUCATION CODE 51934(a)(7)

REQUIREMENTS

GRADES 7-12

- ✓ Effectiveness and safety of all FDA-approved contraceptive methods.
EDUCATION CODE 51934(a)(9)
- ✓ Abstinence as the only certain way to prevent HIV, STIs, and unintended pregnancy.
EDUCATION CODE 51934(a)(4), (6)
- ✓ Value of delaying sexual activity, *while mentioning other methods of preventing HIV, STIs, and unintended pregnancy.*
EDUCATION CODE 51934(a)(7)

ABSTINENCE-ONLY EDUCATION IN CALIFORNIA HAS BEEN STRICTLY PROHIBITED SINCE 2004.

REQUIREMENTS

GRADES 7-12

- ✓ Includes information about pregnancy, including:
 - ✓ The importance of prenatal care;
 - ✓ **Objective discussion** of all legally available pregnancy outcomes, including parenting, adoption, and abortion; and
 - ✓ Information about the CA newborn safe-surrender law.

REQUIREMENTS

GRADES 7-12

- ✓ **Sexual assault, adolescent relationship abuse, and intimate partner violence.**

EDUCATION CODE 51934(a)(10)

- ✓ **Sexual harassment.**

EDUCATION CODE 51934(a)(10)

- ✓ **Sex trafficking.**

EDUCATION CODE 51934(a)(10)

- ✓ **Local resources and student rights about:**

- ✓ **Accessing sexual and reproductive health care; and**
- ✓ **Assistance with sexual assault and intimate partner violence.**

EDUCATION CODE 51934(a)(6)

PARENTAL NOTIFICATION & OPT-OUT

EDUCATION CODE 51938

At the beginning of the school year...*

Notice: Districts must notify parents of the instruction and provide them with opportunities to view the curriculum and other instructional materials.

Opt-out: Districts must also allow parents to remove their student from instruction if they so choose, using a passive consent (“opt-out”) process in which **parents must request in writing** that their student not receive the instruction.

Districts may not require active consent (“opt-in”) by requiring that students return a permission slip in order to receive the instruction.

This applies to all grades, including elementary.

* Or at time of enrollment, for students enrolling late

INSTRUCTORS, OUTSIDE CONSULTANTS, & GUEST SPEAKERS

ALL INSTRUCTORS

EDUCATION CODE 51931(e), 51934(a)

Knowledge: Most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections.

OUTSIDE CONSULTANTS & GUEST SPEAKERS

EDUCATION CODE 51936

Expertise: Comprehensive sexual health education.

Knowledge: Most recent medically accurate research on the relevant topic or topics covered in their instruction.

IN-SERVICE TRAINING

EDUCATION CODE 51935

HIV prevention education: Periodic training to all district personnel providing instruction to learn new developments in the scientific understanding of HIV.

Comprehensive sexual health education: School districts may expand the training to include the topic of comprehensive sexual health education.

NOTE: In-service training is voluntary for teachers with a demonstrated expertise in the field or who have received training from the California Department of Education, their affiliates or Centers for Disease Control and Prevention.

ADDITIONAL RESOURCES

Text of the CA Healthy Youth Act:

http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=EDC&division=4.&title=2.&part=28.&chapter=5.6.&article=

CA Department of Education: <http://www.cde.ca.gov/ls/he/se/>

CA School Boards Association:

<https://www.csba.org/ProductsAndServices/AllServices/Gamut.aspx>

American Civil Liberties Union (ACLU) of California:

http://www.aclunc.org/sex_ed

Minor Consent & Confidentiality for Sexual Health Services in California



National Center for
Youth Law

Course Learning Objectives

- Describe the rights of youth in California regarding:
 - STD testing, treatment, and preventive services
 - Contraception
 - Pregnancy and related services
 - School release for confidential care
- Identify resources for keeping up-to-date with minor consent and confidentiality for sexual health services in California

Course Learning Objectives continued...

- Describe situations that are ***mandated*** to be reported versus reportable.
- Identify strategies for maintaining trust with youth with regard to confidentiality.
- Identify how personal and professional responsibility differ from legal responsibility.

Why is this important?

- Youth desire privacy regarding health issues and opportunity to make decisions
- Important for youth to establish autonomy
- Youth cite confidentiality as the #1 reason for foregoing medical care
- It's confusing!

Resources



National Center for Youth Law Charts

www.teenhealthlaw.org

- [When Sexual Intercourse is Deemed Child Abuse in CA](#)
- [CA Minor Consent Laws](#)

Definitions

What does “minor consent” mean?

- Young people can consent to specific, sensitive medical services without the permission or notification of their parents/guardians.
 - These are minor consent services.
- Some minors are able to consent to their own care entirely.
 - This is minor consent based on status.

Definitions

Minor consent based on status requires emancipation, OR all of the following:

- 15 years of age or older;
- living apart and separate from parents/guardians, no matter the duration of the separation and with or without the permission of the parents;
- managing their own financial affairs.

Quiz

Minor Consent Services

- ✓ Select YES or NO next to the service you think minors CAN consent to *without* parent permission or notification.

Minors can consent to:

Sports physical

yes

no

Contraception
(with prescription)

yes

no

Contraception
(without prescription, i.e.
condoms, EC)

yes

no

Minors can consent to:

Abortion



Eye exam



Sterilization



Minors can consent to:

Measles vaccine

yes

no

Pregnancy testing

yes

no

HPV vaccine

(12 years and older)

yes

no

Minors, age 12 and older, can consent to:

HIV testing



STD testing



Hepatitis B vaccine



Minor Consent Laws as they apply to Providers

- ✓ Minors age 12 and up may seek any of the services noted (no age min. for pregnancy related services or contraception)
- ✓ Healthcare providers do NOT need parent/guardian permission for these services



Minor Consent Laws as they apply to Providers

According to *National Center for Youth Law* and the *CA Adolescent Health Working Group*:

The health care provider is **not permitted to inform a parent or legal guardian** without minor's consent.

The provider can **only** share the minor's medical records **with a signed authorization from the minor.**

*Cal. Health & Safety Code §§ 123110(a), 123115(a)(1);
Cal. Civ. Code §§ 56.10, 56.11*

STD/HIV

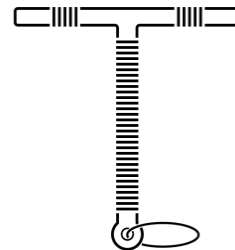
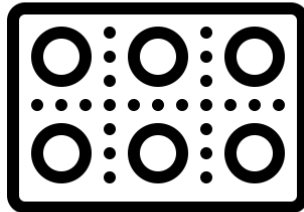
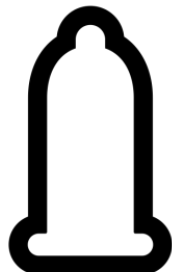
Prevention + Testing + Treatment

- A minor 12 and older is competent to give written consent for an **HIV test**. *Cal. Health and Safety Code § 121020*
- A minor 12 and older may consent to the **diagnosis and treatment of HIV/AIDS**. *Cal. Family Code § 6926*
- A minor 12 years of age or older who may have come into contact with a **sexually transmitted disease** may consent to medical care related to the **diagnosis or treatment** of the disease. *Cal. Family Code § 6926*
- A minor who is 12 years of age or older may consent to medical care related to the **prevention** of a **sexually transmitted disease**. *Cal. Family Code §6926*

Contraception Services

- A minor may receive **birth control** without parental consent. *Cal. Family Code § 6925*

There is no specified age minimum related to minor consent for birth control.



Pregnancy + Related Services

- A minor may consent to medical care related to the **prevention or treatment of pregnancy**, except sterilization. *Cal. Family Code § 6925*
- A minor may consent to an **abortion** without parental consent. *Cal. Family Code § 6925; American Academy of Pediatrics v. Lungren, 16 Cal.4th 307 (1997)*
- A health care provider is **not permitted to share** information or records regarding abortion services with a parent or legal guardian **without the minor's written authorization**. *Cal. Civil Code §§ 56.10, 56.11; Cal. Health & Safety Code §§ 123110(a), 123115(a)(1)*

Minor Consent Services: Summary of CA Laws

- ✓ Minors may seek and consent to any of the following services:



Minor Consent Services: Summary of CA Laws

- ✓ Minors may seek and consent to any of the following services:
 - STD & HIV testing, treatment, prevention
(12 and older)
 -
 -
 -

Minor Consent Services: Summary of CA Laws

- ✓ Minors may seek and consent to any of the following services:
 - STD & HIV testing, treatment, prevention
(12 and older)
 - Contraception
 -
 -

Minor Consent Services: Summary of CA Laws

- ✓ Minors may seek and consent to any of the following services:
 - STD & HIV testing, treatment, prevention (12 and older)
 - Contraception
 - Pregnancy services, including abortion
 -

Minor Consent Services: Summary of CA Laws

- ✓ Minors may seek and consent to any of the following services:
 - STD & HIV testing, treatment, prevention (12+)
 - HPV & Hepatitis B vaccines (12+)
 - Contraception
 - Pregnancy services, including abortion

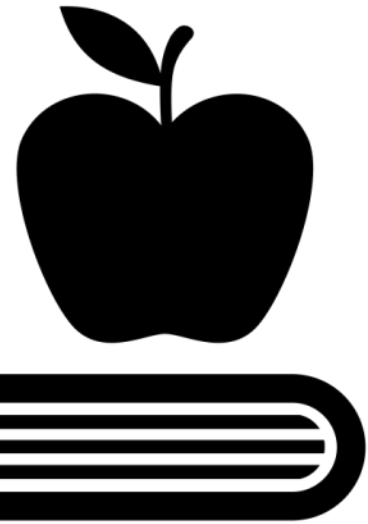
Minor Consent Services: Summary of CA Laws

- ✓ Healthcare providers _____ parent/guardian permission to provide these services
 - a) must have verbal
 - b) must have written
 - c) must not require

Minor Consent Services: Quick Quiz!

- ✓ _____ consent from minors is **REQUIRED** to share minor's medical records
- a) Verbal
 - b) Written
 - c) Notarized

Challenges for Teachers + Healthcare Providers



This is not legal advice, this is education about minor rights.

**** Seek out local district/employer counsel for guidance on these issues ****

School Release for Confidential Care

**The California Attorney General was
asked two questions:**



School Release for Confidential Care

The California Attorney General was asked two questions:

1. May a school district require that a student obtain written **parental consent** prior to releasing the student from school to receive confidential medical services?



yes



no

School Release for Confidential Care

The California Attorney General was asked two questions:

2. May a school district adopt a policy pursuant to which the district will **notify** a parent when a student leaves school to receive confidential medical services?



School Release for Confidential Care

California Attorney General says:

“We conclude that a school district **MAY NOT REQUIRE** that a student obtain **written parental consent** prior to releasing the student from school to receive confidential medical services [and] ...**MAY NOT** adopt a policy pursuant to which the school will **notify a parent** when a student leaves school to receive confidential medical services.”

87 Ca. Op. A.G. 168 (2004)



HIPAA & FERPA

HIPAA



FERPA



HIPAA & FERPA

HIPAA

- Health Insurance Portability and Accountability Act



FERPA

- Family Educational Rights and Privacy Act



Minor Consent in Schools

Laws related to minor consent apply at all locations where a minor may seek healthcare services, including school sites that provide sexual health services.

BUT confidentiality *may not be the same* in a school setting!

- Items documented within a student's school record may be subject to parent/guardian scrutiny

More Information...

HIPAA or FERPA? A Primer on School Health Information Sharing in California

- *Developed by the [National Center for Youth Law](#) in collaboration with the [California School Health Centers Association](#)*

SB-138-Confidentiality of Medical Information

- Allows a person who is covered under another person's health plan to keep their health visits and information private and confidential.
 - Person requesting the confidentiality does need to notify the health plan in writing.

KEEP IT CONFIDENTIAL.

Confidential Communications Request

As of January 1, 2015, California law* requires insurers to honor this request

TO: _____
Name of Your Health Insurance Company

FROM: _____
Your Name

Your Date of Birth

Your Insurance Member #

I am contacting you to request: (Please mark one or both statements below)

____ All medical information about the sensitive services I receive using my health insurance including where and when I receive health care sent directly to me and not to my family members. ("Sensitive services" include sexual and reproductive health care, mental health, sexual assault counseling and care and treatment for alcohol and drug use.)

____ All information about the health care I receive using my health insurance including where and when I receive care be sent directly to me and not to my family members because disclosure of all or part of this information could lead to harm or subject me to harassment or abuse. (You will never be asked to explain why you feel this way.)

I request that communications containing any of the above information be sent to me as available as follows:

(Please mark the way(s) that are safe for you to receive information. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice and so on. Your health plan is required to contact you through at least one of the communication methods noted below.)

____ Email to the following email address: _____
____ Message through my online insurance patient portal: _____
____ Text to the following telephone #: _____
____ U.S. Mail at the address below _____
____ Other (please describe): _____

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

2. Is there a phone number or email we can use to contact you if we have questions regarding this request?

This request is valid until I submit a revocation or a new request.

Signature: _____ Date: _____

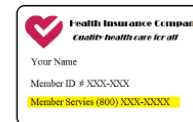
*As of January 2015, California law obligates health insurers to honor a Confidential Communications Request (CCR) when the CCR requests that "sensitive services" information, as defined in the law, be kept from the policyholder, or when the CCR requests confidentiality of all health service information because disclosure of the information to the main policy holder could lead to harm or harassment. Under California law, when a CCR is submitted, health insurers must send communications directly to the insured individual noted above and NOT the holder of the policy. To comply with California law, health insurers must implement CCRs within 7 days of their receipt by electronic transmission or 14 days of receipt by first class mail. See Cal. Civ. Codes 56.05 and 56.107 and Cal. Insurance Codes 791.02 and 791.29.

KEEP IT CONFIDENTIAL.

How to Submit a Confidential Communications Request

Follow these steps to submit your Confidential Communications Request to your health insurance plan, and ensure your health information stays private and secure.

1. Fill out the Confidential Communications Request Form as completely as possible.
2. Call your health insurance plan's member services department to ask how to submit the CCR form. You can find the toll-free number on your health insurance card.
3. You can use this script to talk to your health insurance company:

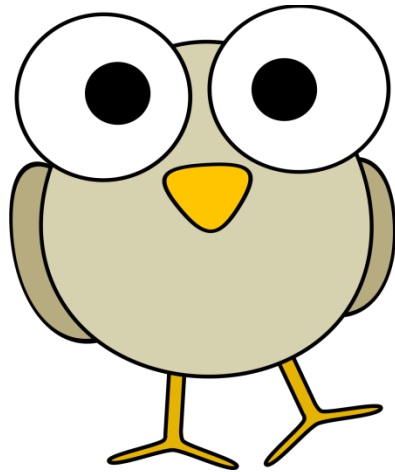


- Hello, my name is _____.
- My policy number is # _____ [state your policy number]
- I am covered under my parent's/spouse's health insurance policy.
- I don't want my health service information to be listed on any insurance documents you send to my parents/spouse.
- Under California's new Confidential Health Information Act, I can submit a Confidential Communications Request to you so that you don't send information about my health services to my parents/spouse.
- I already filled out the confidential communications request form. What is the best way to submit it to you? Should I email, fax, or mail it to you?
- Can you please confirm that my request form has been processed? You can contact me at _____ if you have questions.
- Thank you!

4. Submit your Confidential Communications Request form as directed by your insurer: email, fax, or mail.
5. Confirm that the CCR has been received and your information is protected **before you receive services** or treatment. If you submitted the CCR via phone, email, or fax call your health plan in 7 days. If you submitted the CCR via post mail call them in 14 days.

Need help? Check out our help page at <http://www.myhealthmyinfo.org/contact-us>

Mandated Reporting in CA



??

When Must Sexual Intercourse with a Minor Be Reported as Child Abuse (In CA)

- Mandated Reporters
 - Drs, RNs, “County Public Health Employees”

- Mandated to report any suspicion of child abuse
 - *Regarding sexual intercourse:*
 - *That is coerced or in any other way not voluntary*
 - *Based on the age difference between partners*
 - *Not obligated to ask about the age of partners for reporting purposes. May ask questions as in the ordinary course of care.*

Mandated reporting in CA

KEY: M = Mandated. A report is mandated based solely on age difference between partner and patient.

CJ = Clinical Judgment. A report is not mandated based solely on age; however, a reporter must use clinical judgment and must report if he or she has a reasonable suspicion that act was coerced, as described above.

Age of Partner ⇒	12	13	14	15	16	17	18	19	20	21	22 and older
Age of Patient ↓											
11	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
12	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
13	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
14	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M ⇒
15	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M ⇒
16	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
17	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
18	M	M	CJ	CJ	CJ	CJ					
19	M	M	CJ	CJ	CJ	CJ					
20	M	M	CJ	CJ	CJ	CJ					
21 and older	M	M	M	M	CJ	CJ					

Chart design by David Knopf, LCSW, UCSF.

(The legal sources for this chart are as follows: Penal Code §§ 11165.1; 261.5; 261; 259 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1989); 226 Cal. Rptr. 361, 381 (1st Dist. Ct. App. 1986); 73 Cal. Rptr. 2d 331, 333 (1st Dist. Ct. App. 1998).

Pregnancy + Related Services

Q: If a minor is 12 or older and finds out she is pregnant, *should the health provider notify her parents ?*

➤ **No, they should not.** Pregnancy and pregnancy-related healthcare services are CONFIDENTIAL

Q: If a minor is 12 or older and pregnant (or impregnated someone), *as a teacher or educator am I required to tell the parents ?*

➤ **No.** Pregnancy alone does not trigger any mandated reporting if a student is 12 or older

- However, the law is not clear about whether or not **teachers** must maintain confidentiality
- Discuss with your administration and be clear with students; partner with your nurses whenever possible!

What *IS* Mandated to Report?

- ✓ Sexual assault including rape
- ✓ Domestic violence
- ✓ Child abuse

Not mandated by law, but often required:

- ✓ Hurting oneself or threats to hurt oneself
- ✓ Hurting others or threats to hurt others

Grey Areas

- Illegal activities do NOT always require reporting
- State law may differ from local policy
- There is less guidance for teachers and youth providers than there is for clinicians

Maintain **Trust** with Your Students

- Be clear from the very beginning about boundaries related to confidentiality
- Outside agencies need to discuss limits of confidentiality with schools
- Maintain lists of confidential resources
- Report when you need to!

Youth Resources

SEX + HEALTH + YOU
teensource.org

myhealthmyinfo.org

TIPS...

FOR YOUTH:

- KNOW your health rights and USE your health rights! REFER to this card when you visit your health care provider.

FOR PROVIDERS:

- Help youth understand consent and confidentiality at the beginning of each visit.
- A youth is more likely to disclose sensitive information when he/she has time alone with the provider to discuss concerns.
- Even when the youth presents with a non-sensitive issue such as a headache, there may be underlying issues (ex. need for an STI screening) which may only surface if the youth is provided with confidential care.
- In most cases, for services under minor consent, access to a minor's records is only allowed with written consent of the minor.

This card does not constitute legal advice or representation. Please visit www.seerhealthlaw.org for more information. For additional copies of this card, please visit www.ahwg.org or call 415.254.8420.

Adapted from National Center for Youth Law materials, www.teenhealth.org. Revised 05/2011.

California Minor Consent Laws



This card provides a snapshot of CA laws. For more information please visit www.seerhealthlaw.org



Printing sponsored by the San Francisco Department of Public Health



Adolescent Health Working Group, 2011 www.ahwg.net

State of California

Health Access Programs

Family PACT

Planning • Access • Care • Treatment

ID No.



www.TeenHealthRights.org

A PROJECT OF THE NATIONAL CENTER FOR YOUTH LAW

California Teen Legal Guide To Sex, Pregnancy, And Parenting



YOUTH LEGAL GUIDE

FIND HELP

FOR CAREGIVERS OF TEENS

FOR PROFESSIONALS

YOUTH VOICES

WHAT IS THIS?

On this website, lawyers from [The National Center for Youth Law](#) answer your questions about teens' legal rights and responsibilities related to sex, pregnancy, and being a young parent in California.

FIND LEGAL QUESTIONS & ANSWERS ABOUT:

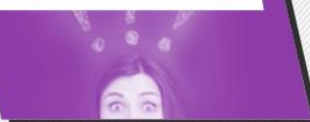
SEX &
RELATIONSHIPS



AM I PREGNANT?



I AM PREGNANT,
NOW WHAT?



BECOMING A PARENT



RAISING A FAMILY



FOSTER CARE
& JUVENILE JUSTICE



CHEAT SHEET: KNOW YOUR RIGHTS

YOUTH VOICES



What does it mean to be a parent?

November 7, 2016

I'm not a parent yet, but what I believe makes a good parent is... »



Ask NCYL: If I'm in Foster Care can I still live with my child?

October 20, 2016

You've sent us your questions about sex, pregnancy, and parenting rights. Each month, we'll... »



My Sex Ed Experience in School

October 4, 2016

by Isabel M. Isabel is a teen writer who is part of the Females Against... »

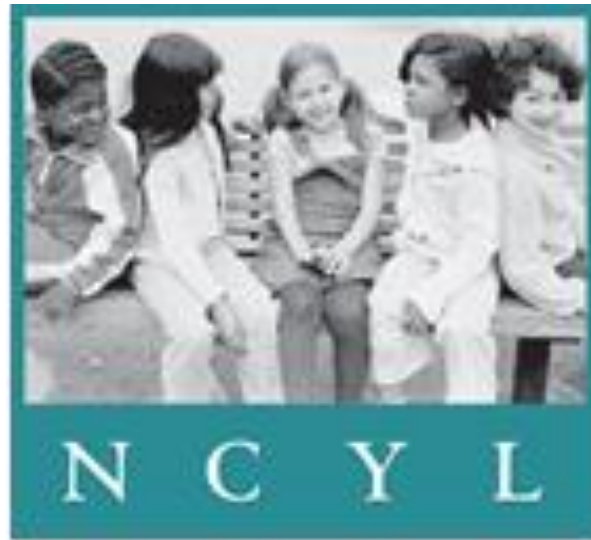
In Closing

Seek **HELP** when you need it

Learn about the **LAWS**

Learn about your local **POLICIES**

Be **HONEST** with your students



essential access
health



Lunch