



Impact of the Law on Service to Teens

Effective interventions for youth experiencing intimate partner abuse are desperately needed in every community. Providers of these services are faced with a myriad of challenges to reaching and serving dynamic youth populations. To develop, expand or sustain a program for youth, a foremost but too often ignored concern is federal and state laws affecting minors' rights to access sensitive and confidential services due to their age.

Despite common perceptions that intimate partner abuse (IPA) is an adult problem, youth face a significant risk of interpersonal abuse. One in three teens knows someone their age who has been physically hurt by a dating partner.ⁱ An estimated 1.5 million high school students in the United States report physical abuse by a dating partner every year.ⁱⁱ Teens who experience abuse are often being hurt by dating partners who are also teens. 90% of teen victims between 12-14 years old and 50% of teen victims between 15-17 years old report abuse by a dating partner under 18 years old.ⁱⁱⁱ IPA by and against teens is a significant public health problem.

Teens who report experiencing abuse are also at an increased risk for a wide range of serious health problems. Documented associated health risks include elevated rates of substance abuse, eating disorders, suicidal ideations, sexually transmitted infections, and unplanned pregnancy.^{iv} Teens experiencing IPA need sensitive services from a broad array of providers to safely end abusive relationships and address a variety of important health risks.

Growing public attention to this health crisis, combined with changes to certain federal and state laws, is fostering the development and expansion of programs to reach teens experiencing IPA. In designing these programs, it is critical that legal and non-legal service providers account for laws that affect teens' access to services. Effective interventions for youth are unique for many reasons; one important reason is that youth are treated differently under the law, affecting how providers serve teens and how teens respond to adult interventions.

The Rights of Parents and Minors

Parents have recognized rights to direct the care, custody and control of their minor children. Until a minor legally emancipates into the rights of adulthood, parents' rights deeply impact how he or she will interact with providers of care in their community. Parents are vested with the right to make legal decisions for their minor children, determine their

medical and mental health treatment, and control where their minor children reside.

Each state has determined what decisions, if any, an unemancipated minor can make without their parents' knowledge or consent. These laws recognize that many minors will delay or forgo important services or treatment if required to consult or involve their parents. How to balance the competing interests of parents and minors is a controversial topic to which states have developed varying solutions.

In nearly every state, a person legally emancipates at 18 years old. Although state laws often provide a process for early emancipation, stringent requirements and undefined application procedures deter most minors from successfully emancipating prior to age 18. Therefore, the majority of teens needing services or treatment for IPA are unemancipated and their ability to independently access help is limited.

Forming Trusted and Confidential Relationships

Programs for teens experiencing IPA are challenged to develop age-appropriate and trauma-informed services that will effectively reach a growing and ever-changing demographic. How to provide culturally competent services for teens experiencing IPA is a subject deserving of lengthy attention. This issue brief series will be dedicated to exploring ways to provide culturally competent services to teens in diverse communities. A necessary first step in this endeavor is for providers to ensure their programs have been designed to effectively address laws about minors' rights.

Services and treatment for persons experiencing IPA are best provided in trusted relationships. But when providers form relationships with teen clients, unique legal barriers can arise that impact this relationship. Barriers may include a teen's inability to contract or sign agreements, and parental involvement in services consented to or procured by a parent. The overwhelming barrier to teens accessing



“One in three teens knows someone their age who has been physically hurt by a dating partner.”

help is concerns about confidentiality. Teens report not accessing care or raising sensitive concerns if they fear information will be shared with parents and other adults.^v For providers to attract teen clients and maintain trusted relationships with them, programs must be designed to account for laws limiting minors’ rights.

Community Responses to IPA

Every community has a unique system for responding to IPA. The primary supports available to victims include shelter, medical care, mental health services and legal advocacy. Responses to abusive partners may combine mental health services with legal consequences in the civil and criminal justice system. Not only have these systems been developed with an adult consumer in mind, but the rights of teens to participate in this safety net are also limited by law.

Shelter

Domestic violence shelters provide specialized services tailored to abuse victims in a confidential location. But most domestic violence shelters do not accept teens unless accompanying a battered parent. Parents have the right to know their child’s whereabouts and the responsibility to provide their child safe shelter. State laws that provide exceptions for emergency housing of teens are generally limited to cases involving child abuse, require parental consent and/or notification, and require the shelter to meet unique licensing standards. These laws limit existing domestic violence shelters from providing shelter to teens experiencing IPA. When a domestic violence shelter is not an option for teens seeking safe haven, homeless and runaway youth shelters may be the only viable option.

Medical and mental health services

Parents have the right to determine medical and mental health treatment for their children with limited exceptions. State laws may allow teens to independently access certain sensitive services, including pregnancy-related treatment, access to contraceptives, STI testing and treatment, substance abuse treatment, rape and

sexual assault services, and certain mental health treatment. Because of the associated health risks to IPA and teens’ concerns about confidentiality, state laws that allow for independent access to a broad range of sensitive services provide communities an opportunity to respond to teens experiencing IPA.

Access to law

Teens face unique barriers in the civil and criminal justice systems. State laws often restrict teens from applying for a protective order because of their age or the nature of their relationship with their abusive partner. Of those states that do permit a teen to apply for a protective order, many require a parent or other adult to apply for protection on the teen’s behalf. Protective orders may also not be available against an abusive partner who is a minor. In the criminal justice system, domestic violence acts committed by or against a minor may be subject to lesser penalties. Very few specialized criminal court programs exist to respond to teen abusers, relegating most teen offenders to a juvenile court system with limited expertise in handling domestic violence cases.

Mandated Reporting and Privacy of Records

If services are provided to a teen experiencing IPA, confidential participation is often the teen’s utmost concern. Many professionals in the service sector are designated as mandated reporters of child abuse and neglect. Because state child abuse laws can be broadly written, a teen’s disclosure of IPA to a mandated reporter may result in a report to law enforcement or child protective services. Mandated reporting can deter a teen from accessing available services or making a full disclosure of abuse. A mandated report impacts the trusted relationship between the provider and teen client, potentially exposing the teen to undesired consequences and preventing a provider from following the wishes of their teen client. To maintain trust and rapport, mandated reporters must clearly understand their reporting obligation and impart this information to their teen clients.

Although teens are likely to equate access to health services and privacy of their health records, these are separate legal issues. Parents generally have control over their minor child's health records. When a minor accesses sensitive services without parental consent as permitted by state law, state laws govern who has control over the related records. If a parent requests the records and state law is silent about parental access, providers can use their professional judgment to decide whether parents can have access to the records.^{vi} Although privacy of health records is a complex issue involving both federal and state laws, addressing the full picture of confidentiality concerns to teens requires providers to discuss the privacy of records with their teen clients.

Strategies

Laws about minors' rights impact how a community effectively responds to teens experiencing IPA. Critical conversations about improving laws to better respond to teens' needs must occur in every community. In addition to traditional domestic violence service providers, agencies who have rapport with teens and provide teens related services should be included in this dialogue.

An immediate step for new and existing programs for teens experiencing IPA is to take a fresh and critical look at their program policies and structures to ensure the best provision of services given the current limits to minors' rights in their state. Programs serving teens experiencing IPA should:

- * Research the laws that impact their ability to develop confidential relationships with teens experiencing IPA;
- * Develop clear written policies about how teen clients are uniquely served because of these laws;
- * Institute on-going training of staff about these laws and agency policies;
- * Provide information to teen clients about these laws and policies in a culturally competent manner.

In addition to advocating for policy change, providers should strive to work innovatively within the law to better serve teens. Innovative court programs like the *Santa Clara County Juvenile Domestic Violence and Family Violence Court* and the *Brooklyn Youthful Offender Domestic Violence Court* uniquely address the needs of teen victims and abusers in the criminal justice system. Building bridges between homeless youth shelters and domestic violence providers, the *Hollywood Homeless Youth Partnership* developed innovative practice guides and teaching tools to better serve homeless youth experiencing IPA. These programs are representative of what can be accomplished by critically reflecting on service gaps in a community and building a collaborative response to IPA among teens.

Notes

ⁱ Teen Research Unlimited, February 2005.

ⁱⁱ Centers for Disease Control and Prevention, "Physical Dating Violence Among High School Students – United States, 2003," *Morbidity and Mortality Weekly Report*, May 19, 2006, Vol. 55, No. 19.

ⁱⁱⁱ Bureau of Justice Statistics, *Intimate Partner Violence in the United States*, 2004.

^{iv} Silverman, J.G., Raj, A., Mucci, L.A., & Hathaway, J.E. 2001, "Dating Violence Against Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality," *Journal of the American Medical Association* 286, 572-579.

^v Cornerstone Consulting, Inc., "What Do Teens Look For in a Successful Clinic Visit?," June 2000.

^{vi} U.S. Department of Health & Human Services, Office for Civil Rights, *HIPAA Privacy Policy*, April 2003.

Future Release

State-by-state charts analyzing the laws referenced in this brief will be available in 2008 at www.breakthecycle.org



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Contact Us:

Teen Center

www.breakthecycle.org

teencenter@breakthecycle.org

(202) 824-0707