

Prevention Peer Network Web Conference

NOVEMBER 20, 2014



Announcements



- ▶ No PPN in December
- ▶ January and February registration open!
 - ▶ PPN E-list
 - ▶ [PPN page on website](#)
- ▶ March 24-26 **SAVE THE DATE!**
- ▶ Questions?
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School Health Center Healthy Adolescent Relationship Program (SHARP)

Prevention Peer Network Web Conference



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Director

California Adolescent Health
Collaborative

Public Health Institute



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- Virginia Duplessis – Futures Without Violence
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- Kathleen Gutierrez



Agenda

- Reframing TDV as ARA
- Overview of SHARP intervention
- Universal Education
- Assessing for Reproductive Coercion
- Building Partnerships
- Preliminary Results of Intervention Trial



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Definitions: Why Language Matters



Reframing the Conversation from Teen Dating Violence to Adolescent Relationship Abuse:

**“Are you hanging out with
anyone?”**

**“Are you seeing anyone right
now?”**



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Adolescent Relationship Abuse

A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is a minor.



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Previous exposure to abuse (child abuse and/or witnessing DV)

Being YOUNG (16-24y.o.)

Substance involvement



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What Makes Adolescents Especially Vulnerable to Abuse?



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Prevalence



Each year in the U.S. at least **400,000 adolescents** experience serious physical and/or sexual violence in a dating relationship.

(Miller, 2009; Wolitzky-Taylor et al, 2008)



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“I talk to all my patients about this because we know...”

1 in 5 (20%) U.S. teen girls report ever experiencing physical and/or sexual violence in an intimate relationship.

(CDC Morbidity and Mortality Weekly Report. February 2008; Silverman et al, 2001)



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Technology as a tool for exerting power and control

- **One in four** teens in a relationship report being called names, harassed, or put down by their partner via cell phone/texting (Zweig et al, 2013)
- **One in five** teen girls have electronically sent or posted nude/semi-nude photos or videos of themselves (**12%** of these girls say they felt 'pressured' to do so)



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Technology-based harassment is a red flag for other abuse



- **84%** of the teens who report cyber abuse said they were also psychologically abused by their partners,
- **52%** say they were also physically abused
- **33%** say they were also sexually coerced (Zweig et al, 2013)

Adolescent Relationship Abuse and Mental Health

Young women who have experienced abuse have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse



(Kim-Godwin YS, et al 2009;Howard DE,et al ,2008; ,Brossard RM, et al ,2008)



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Suicide Attempt in the Context of ARA

“ It got so bad, I tried to kill myself. I tried jumping off the bridge, and stuff like that; cause I just couldn't deal with it anymore. I couldn't deal with it. I stopped talking to all my friends. I had a ton of friends from [my hometown], and I wasn't allowed to talk to any of them.”



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Youth who experience sexual dating violence are more likely to:

- Initiate sex before age 15
- Have had sexual intercourse with 4 or more people
- Use alcohol or drugs before sex
- Have a past or current sexually transmitted infection
- Report inconsistent use or nonuse of condoms
- Have a partner with known HIV risk factors



Kim-Goodwin et al, 2009; Wu et al, 2003



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In a study of adolescent girls who experienced ARA:

32.1% become pregnant while in an abusive relationship

58.8% reported those pregnancies were unwanted



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Rapid Repeat Pregnancy

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months





Pregnant adolescents are

2-3 times

more likely to have experienced violence during and after pregnancy than older pregnant women.



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ARA negatively impacts meeting adolescent health program goals such as:

- Reducing unplanned pregnancy
- Preventing sexually transmitted infections
- Reducing unprotected sex
- Promoting health and safety, including mental health



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The Worst Outcome of ARA

A third (32%) of female homicides among adolescents between the ages of 11 and 18 are committed by an intimate partner.



(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008; Coyne-Beasley et al, 2003)



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Community Impacts

- Victims and perpetrators are **more likely** to carry weapons as well as engage in physical fighting and other high risk behaviors.
- Physical and sexual victimization is associated with an **increased risk** for school dropout, lower grades, and less connectedness to school.

(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008; Coyne-Beasley et al, 2003)



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Health Centers: An opportunity to address ARA

Adolescent relationship abuse is rarely identified in clinics serving adolescents, but is common among adolescents seeking clinical services.

(Miller et al, 2010; Asheley & Foshee, 2005; Schoen et al, 1991)



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Summary of Research on Adolescent Relationship Abuse

- It is **COMMON**
- It is associated with multiple risk behaviors and poor health indicators
- It has **SIGNIFICANT CONSEQUENCES** for health
- It is highly prevalent among youth seeking services in family planning and school-based settings



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School-Based Health Centers Model

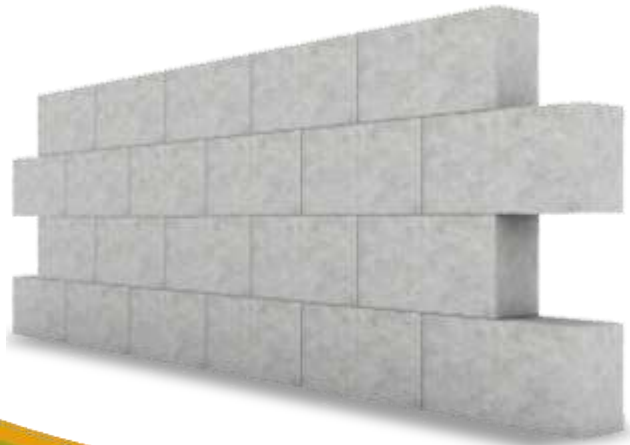
- Provider training
- Provider Assessment at every encounter
- Distribute Safety Card at every encounter
- Peer-led activities



Barriers to Identifying and Addressing ARA

Providers identified the following barriers:

- Comfort levels with initiating conversations with clients about ARA
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Worry about mandatory reporting
- Lack of time



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Training Elements: the 4 C's

- Confidentiality
 - discuss with ALL clients
- Conversation
 - normalizing the discussion
- Card
 - go through safety card
- Connect
 - warm referral



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First Things First...

Getting Started:

- Always review the limits of confidentiality, even if you are not asking DIRECT questions about abuse, in case there is disclosure and you need to report.



Script for Disclosing Limits of Confidentiality with Adolescents

“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself”



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“I talk about this with all my patients...”
**Providing Universal Education on
Healthy Relationships**



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Goals for Universal Education about Healthy Relationships

- Distinguish between healthy and unhealthy relationships
- Support youth to take action if they witness unhealthy behavior
- Educate sexually active adolescents about sexual coercion and the importance of consent
- Create a safe environment to discuss relationships



Guidelines For Universal Education

- **How Often Should You Educate?**
 - At least annually and with each new partner
- **When Should You Provide Universal Education?**
 - During any health appointment including sports physicals
- **Where Should You Provide Education?**
 - When the patient is by him/herself without parents, partners, or friends present
- **Who Should Receive Education About Healthy Relationships?**
 - Every teen regardless of gender or sexual orientation should learn about healthy relationships



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What are the messages for adult and adolescent men?

- Male patients need to hear the same messages about the importance of healthy relationships, consensual sex, and consensual contraception to prevent unwanted pregnancies.
- Strategies for assessment, harm reduction, and intervention can be adapted for male patients.



What about same-sex relationships?

- Sexual coercion or rape may occur in heterosexual or same sex couples.
- Recent research provides some insight into gay and bisexual males' experiences with sexual coercion. In a survey with gay and bisexual men, 18.5% reported unwanted sexual activity.



(Houston and McKiman, 2007)



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Universal Anticipatory Guidance: Making Healthy Relationship Conversations Simple



Hanging out or Hooking up?



Hanging out or Hooking up?



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How to Help a Friend

Do you have a friend who you think is in an unhealthy relationship?

Try these steps to help them:

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don't tell other friends what was said.
- Show them www.loveisrespect.org and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.

Suicide Hotline: 1-800-273-8255

Adolescents report disclosing abusive relationship experiences to friends far more often than to health professionals



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These safety cards are a simple, evidence-informed intervention

- **Opportunity to talk** about healthy relationships
- Provide primary prevention **by identifying signs** of an unhealthy relationship.
- Educate clients about what they can do if they have a **friend or family member** who may be struggling with abuse
- Plant seeds for adolescents who are experiencing abuse but **not yet ready to disclose**.
- Help victims learn about **safety planning, harm reduction strategies and support services**.



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How to Introduce the Card:

- "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- (Unfold card and show it) "See, it's kind of like a magazine quiz and it talks about respect, sex and texting. On the back are confidential hotline numbers you can call 24/7..."



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...meaning what
that looks like
can be
confusing.”

**This panel of
the card breaks
it down a little
more.**

What About Respect?

Anyone you're with (whether talking, hanging out, or hooking up) should:

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.



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When does texting stop being fun?

Everybody Texts

Getting a lot of texts can feel good—“Wow, this person really likes me.”

What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

Figuring out what to say can be hard, especially if you like the person.

Be honest. “You know I really like you, but I really don’t like it when you text me about where I am all the time or pressure me for naked pics.” For more tips on what to say go to: www.thatsnotcool.com.



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Section Recap

- Use the **Hanging Out or Hooking Up** safety card to provide anticipatory guidance on healthy relationships with **all** adolescent patients as part of routine care.
- Talk with patients about texting and other forms technology, and strategies for help
- Educate patients about what they can do if they have a friend or family member who may be struggling with abuse.



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- Substance use
- Depression/
suicide
- Disordered eating
- Reproductive
coercion



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Beyond Anticipatory Guidance: Targeted Use of the Safety Card

Integrating Assessments: Substance Use

If a patient reveals they are using substances regularly



What About Respect?

Anyone you're with (whether talking, hanging out, or hooking up) should:

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

“This card talks about being pressured to get drunk or high with someone because they want to have sex with you...”



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Integrating Assessments: Depression & Suicide

If a patient reveals they are sad, irritable, not sleeping well, and/or not motivated



How to Help a Friend

Do you have a friend who you think is in an unhealthy relationship?

Try these steps to help them:

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don't tell other friends what was said.
- Show them www.loveisrespect.org and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.

Suicide Hotline: 1-800-273-8255

“Has anyone you were going out with ever made you feel so bad about yourself that you thought about hurting yourself?”



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Integrating Assessment: Disordered Eating

Unhealthy eating behaviors in the context of an unhealthy relationship

What About Respect?

Anyone you're with (whether talking, hanging out, or hooking up) should:

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and (or whatever else).

How would you want your best friend to be treated by someone they were going out with? Are you being treated with respect? If you treat them with respect,

And on a Bad Day?

How often does the person you are seeing:

- ✓ Shame you or make you feel stupid?
- ✓ Pressure you to go to the next step when you're not ready?
- ✓ Control where you go, or make you afraid?
- ✓ Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way. If these things ever happen in your relationship, talk to someone about it. For more info, go to www.loveisrespect.org.

“Sometimes a response to feeling out of control in a relationship, is controlling what and how you eat...”



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Domestic violence increases women's risk for **Unintended Pregnancies**

(Sarkar, 2008)

What We Know

Among a random sample of 1,278 women, ages 16-29, seen at five family planning clinics:

53% experienced domestic/sexual partner violence

This data mirrors other findings from reproductive health clinics nationwide. Family planning clients experience high rates of violence.

(Miller, et al 2010)



Women, including teens, experiencing physical and emotional abuse are more likely to report **not using their preferred method of contraception** in the past 12 months (OR=1.9).

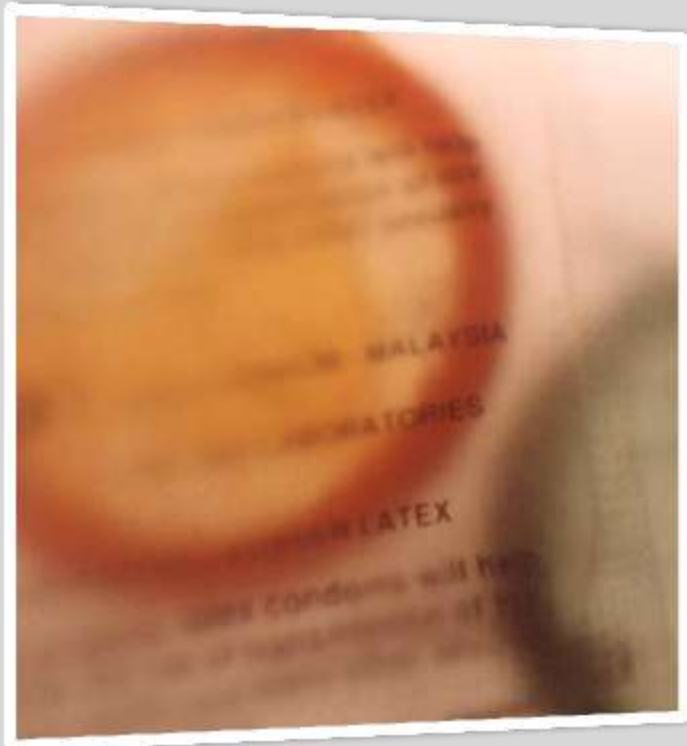


Williams et al, 2008



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Knowledge Isn't Enough



Under high levels of fear for abuse, women with high STI knowledge were **more likely to use condoms inconsistently** than nonfearful women with low STI knowledge.

(Ralford et al, 2009)



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What Is Sexual Coercion?

Sexual Coercion:

Creating a feeling, situation or atmosphere where emotional and physical control lead to sexual abuse or rape, or a victim feeling that he or she has no choice but to submit to sexual activity with the perpetrator.



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Reproductive Coercion (RC)

Reproductive Coercion involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.



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Pregnancy-Promoting Behaviors

One-quarter (26.4%) of adolescent females reported that their abusive male partners were



**TRYING TO
GET THEM
PREGNANT**

(Miller et al, 2007)



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Pregnancy Pressure and Condom Manipulation

“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

(Miller et al, 2007)



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Birth Control Sabotage

Tactics include:

- Destroying or disposing contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives



Adolescent girls tell us that controlling reproductive health is used as a tool for abuse

“ He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.”



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Pregnancy Pressure and Coercion

Tactics include:

- Threatening to leave a partner if she does not become pregnant
- Threatening to hurt a partner who does not agree to become pregnant
- Forcing a female partner to carry to term against her wishes through threats or acts of violence
- Forcing a female partner to terminate a pregnancy when she does not want to
- Injuring a female partner in a way that she may have a miscarriage



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Threats to Promote a Birth

“He really wanted the baby—he wouldn’t let me have—he always said, “If I find out you have an abortion,” you know what I mean, “I’m gonna kill you,” and so I really was forced into having my son. I didn’t want to; I was 18. [...] I was real scared; I didn’t wanna have a baby. I just got into [college] on a full scholarship, I just found out, I wanted to go to college and didn’t want to have a baby but I was really scared. I was scared of him.”



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“Is this happening
in your
relationship?”

**Targeted
Education About
Reproductive
Coercion With
Sexually Active
Young Women**



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Among women who received an IPV intervention in family planning clinics and experienced recent partner violence:

71% reduction in the odds of *pregnancy pressure and coercion* compared to control group



60% more likely to end a relationship because it felt unsafe or unhealthy



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Provider Tip: Use this panel with contraceptive counseling visits

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your health and safety may be in danger.

Sample Script:

“Before I review all of your birth control options, I want to understand if your partner is supportive of your using birth control. Has your partner ever messed or tampered with your birth control or tried to get you pregnant when you didn't want to be?”



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Harm Reduction

Taking Control:

Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.

If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:

- ✓ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
- ✓ The IUD is a safe device that is put into the uterus and prevents pregnancy up to 10 years. The strings can be cut off so your partner can't feel them. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.

Sample Script:

“I'm really glad you told me about what is going on. It happens to a lot of women and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk with you about some methods of birth control your partner doesn't have to know about—take a look at this section of the safety card called “Taking Control.”



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Follow-up to Disclosure of Birth Control Sabotage

“What you’ve told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don’t want to be, they might also try and control or hurt you in other ways.”



“Is anything like this happening in your relationship?”



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Provider Tip: Use This Panel With Pregnancy Test Visits

Who controls PREGNANCY decisions?

Ask yourself. Has my partner ever:

- ✓ Tried to pressure or make me get pregnant?
- ✓ Hurt or threatened me because I didn't agree to get pregnant?

If I've ever been pregnant:

- ✓ Has my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction—continuing the pregnancy or abortion)?

If you answered *YES* to any of these questions, you are not alone and you deserve to make your own decisions without being afraid.

Sample Script:

“Because this happens to so many women, we ask all of our patients who come in for a pregnancy test if they are able to make decisions about pregnancy and birth control without any threats or fear from a partner. Who makes these decisions in your relationship?”



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Provider Tip: Use This Panel With Emergency Contraception and STI visits

Is your **BODY** being affected?

Ask yourself:

- ✓ Am I afraid to ask my partner to use condoms?
- ✓ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
- ✓ Have I hidden birth control from my partner so he wouldn't get me pregnant?
- ✓ Has my partner made me afraid or physically hurt me?

If you answered *YES* to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.

Sample Script:

“Anytime someone tells me they use condoms as their main method of contraception—I always ask if using condoms is something that you are able to talk with him about? Does he ever get mad at you for asking? Do they break often?”



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Review Last Bullet for Every EC Visit



Taking Control:

Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.

If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:

- ✓ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
- ✓ The IUD is a safe device that is put into the uterus and prevents pregnancy up to 10 years. The strings can be cut off so your partner can't feel them. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.



Sample Script:

"Was the sex you had consensual, something you wanted to do? Are you at all concerned that a partner may be trying to get you pregnant when you don't want to be? Sometimes women have to worry about someone else finding your emergency contraception and throwing it away. If that is an issue for you it may be useful for you to try out some of the strategies listed on the card."



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Harm Reduction Counseling

Specific to sexual and reproductive health:

- Birth control that your partner doesn't have to know about (IUD, Implant)
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home



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Section Recap

- Use the **Did You Know Your Relationship Affects Your Health** safety card to provide education on reproductive coercion as part of routine care with sexually active young women.
- Simple harm reduction strategies can prevent a woman from being a victim of a forced, unwanted pregnancy.
- Health care provider is the key to intervention for reproductive coercion through providing harm reduction and discreet methods of contraception



6 Steps for Responding to Disclosures

1. Validate patient's experience.
2. Offer a safety card for patient to review and keep if it is safe to do so.
3. Discuss where patient can go to learn more about and obtain birth control options.
4. Ask patient if she has immediate safety concerns and discuss options
5. Refer to a domestic violence advocate for safety planning and additional support.
6. Follow up at next visit.



Intervention: Supported Referral

- Adolescent health providers are key to help youth contact resources
- Educate patients that the clinic is safe place for them to connect to such resources
- Normalize the use of referral resources

Outcome: Increased awareness and utilization of DV/SA victim services



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Providing a “Warm” Referral



When you can connect to a local program it makes all the difference

“If you are comfortable with this idea, I would like to call my colleague at the local program, (fill in person's name), she is really an expert in what to do next and she can talk with you about a plan to be safer.”



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Providing a Warm Referral to the National Hotline

Funded in part by the U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families (Grant #90EV0414).



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FuturesWithoutViolence.org



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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All these national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:

National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224

www.thehotline.org

National Dating Abuse Helpline

1-866-331-9474

www.loveisrespect.org

National Sexual Assault Hotline

1-800-656-HOPE (1-800-656-4673)

www.rainn.org

“There are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals”



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Internet resources text or chats may be better options for youth



love is respect .org

<http://www.loveisrespect.org>



"loveis" to 77054



<http://www.thatsnotcool.com/>



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**CONGRATS!
WITH THAT
LAST TEXT
YOU'VE
ACHIEVED
STALKER
STATUS.**



THATSHITCOOL.COM

**I'M SORRY,
I STOP
LISTENING
AFTER A
GAZILLION
PHONE
CALLS.**



THATSHITCOOL.COM

**AT LEAST I
CAN TRUST
YOU TO
SPREAD
TERRIBLE
LIES ABOUT
ME.**



THATSHITCOOL.COM

**THANKS
TO YOUR
CONSTANT
CALLS, THE
SOUND OF
YOUR VOICE
OFFICIALLY
MAKES ME
WANT TO
PUKE.**



THATSHITCOOL.COM

**THANKS
TO YOUR
TEXTING,
I NEVER
HAVE TO
ENJOY
FREE SPACE.**



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Is someone disrespecting you?
Making you or someone
you know feel uncomfortable?

**TELL 'EM TO BACK OFF.
SEND A
CALLOUT
CARD.**



1 SNAP A PIC WITH
YOUR PHONE.

2 SEND TO
SOMEONE.

**THANKS FOR
SPREADING
MY PHONE
NUMBER
LIKE THE
BIRD
FLU.**



THATSHITCOOL.COM

**YOUR
INCESSANT
CALLING
MAKES MY
PHONE
WEEP.**



THATSHITCOOL.COM

**NOW THAT
YOU'VE
VIOLATED
MY E-MAIL
ACCOUNT,
I WON'T
FEEL BAD
DUMPING
YOU.**



THATSHITCOOL.COM

**I'M LOOKING
FORWARD
TO YOU
CLOGGING
MY INBOX
THIS
WEEKEND.**



THATSHITCOOL.COM

**YOU TURN
INSTANT
MESSAGING
INTO
CONSTANT
MESSAGING.**



THATSHITCOOL.COM

**YOUR
BOYFRIEND
IS SO CUTE
WHEN HE'S
BADGERING
YOU FOR
DIRTY
PHOTOS.**



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**CONGRATS
ON SENDING
ME YOUR
MILLIONTH
INSTANT
MESSAGE
TODAY.**



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**WHEN YOU
PRESSURE
ME FOR
NUDE PICS,
I THROW UP
IN MY
MOUTH
A LITTLE.**



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**IF YOU GOT
THIS, IT MUST
HAVE BEEN
LUCKY ENOUGH
TO MAKE IT
THROUGH THE
BILLION TEXTS
FROM YOUR
BOYFRIEND.**



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**FRANKLY, I
ENJOY YOU
GIVING MY
NUMBER TO
YOUR FRIENDS
WHO I HARDLY
KNOW.**



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**THANK YOU
FOR THE
THOUGHTFUL
TEXT
EVERY
10 SECONDS.**



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What if she or he is not ready for any intervention today?

Sample Script:

“You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can come here for help. I am also going to give you a card with a hotline number on it. You can call the number anytime. The hotline staff really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. They have contact with lots of women who have experienced this or know about it in a personal way.”

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FuturesWithoutViolence.org



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

All these national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:

National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224

www.thehotline.org

National Dating Abuse Helpline
1-866-331-9474

www.loveisrespect.org

National Sexual Assault Hotline
1-800-656-HOPE (1-800-656-4673)

www.rainn.org



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When you need to report:

- After the reason the patient was seeking care has been addressed, remind the young person of the limits of confidentiality discussed at the start of the visit, then inform her of the requirement to report.



"Remember at the start of this visit we talked about situations where if your safety is at risk that we would have to get others involved? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe."



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Supporting a patient when you need to make a report

- Inform your patient of your requirement to report
- Explain what is likely to happen when the report is made
- Ask your patient if she is willing to call or meet with an advocate to develop a safety plan in case of retaliation
- Maximize the role of the client in the process





Building Bridges Between Adolescent Health and Domestic Violence Advocacy

Importance of Cross-Agency Connections

- Educate clients that the clinic is safe place for them to connect to such resources
- Normalize use of referral resources



Outcome: Increased awareness and utilization of DV/SA victim services

Barriers to Youth Receiving Services

- Get to know local programs that **SERVE YOUTH**
- Problem solving – what's the next step if there are not any?
- What is the work around?



First steps: ARA resource list

- Annotated referral list for community resources that serve adolescents
- Include names of staff, languages spoken, how to get there on public transportation, etc.
- Identify staff person to update list
- List should be updated yearly



Strategies for building and sustaining partnerships

- Formalizing partnership through an MOU
- Cross-training for clinic and DV program staff
- Policy development
- Case reviews/regular check-ins
- “Backdoor” number



Experiences from the Field

In the clinics that have close partnerships with local advocacy programs:

- Advocates did safety planning on site or by phone
- Advocates escorted women to safety out the backdoor of clinic



This did not happen in the sites without strong partnerships.



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Section Recap

- Health care providers play an important role in connecting victims to advocacy services
- Become familiar with the resources on the safety card, including making a call to the National Domestic Violence Hotline
- Create partnerships with your local domestic violence program, so that you can make warm referrals



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Safety Cards, Pregnancy Wheels, Posters and Clinical Guidelines

Reproductive Health and Partner Violence Guide

An Integrated Response to Partner Violence and Reproductive Health

Second Edition

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Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse

An Integrated Approach to Prevention

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Did you know...

The likelihood of a successful, vital health care system for women and their babies depends on their access to reproductive health services.

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Hanging Out or Hooking Up?

...ing out, or

But sometimes there is drama in relationships. How often does the person you are seeing:

- x Shame you or make you feel stupid?
- x Pressure you to go to the next step when you are not ready?
- x Control you, or make you feel afraid if you don't do what they want?
- x Send lots of texts, ask for your online passwords, or make you send them naked pictures?

...est friend, sister or brother to be treated by ... it with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

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We are here to help. You or a friend can talk to us about how things are going. Or you can make a call to one of these confidential hotlines 24 hours a day:

National Teen Dating Abuse Hotline 1-866-251-0474
 or online chat www.loveisrespect.org
 Suicide Prevention Hotline 1-800-273-4255
 Teen Runaway Hotline 1-800-421-4000
 Rape, Abuse, Incest National Network (RAINN) 1-800-656-4873

Did You Know Your Relationship Affects Your Health?

If you can't set...

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Technical Assistance

For questions about how to introduce and facilitate training vignettes and for other free technical assistance and tools including:

- Posters
- Safety cards
- Guidelines on Reproductive Coercion
- Hanging Out of Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse
- Visit: www.FuturesWithoutViolence.org/health
- Call: **415 678-5500**
- Email: health@FuturesWithoutViolence.org



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SHARP PEER ACTIVITIES

- Each team led by an adult ally
- Each team received training from Kat Gutierrez, CSHC
- Peers organized one school wide project
- Peers organized a bathroom campaign



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~~SHARP PEER ACTIVITIES~~



- Mock dating game with three contestants, each representing healthy, unhealthy, and abusive relationship tendencies.
- Two cupids passing out wallet cards with candy.



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EXAMPLES OF ACTIVITIES

- Lunchtime session on Valentine's Day called "Hearts or Bombs" during which students describe healthy and unhealthy relationship qualities.
- Theater production on healthy relationships. Production is an interactive piece that will engage audience members in acting out relationship trauma that they or a loved one might have experienced.



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SHARP Intervention Trial

- *Cluster randomized controlled trial of a multi-level intervention in school-based health centers (SHC) to address relationship abuse*
- Implemented during the 2012-13 school year
 - 8 school health centers
 - randomized to intervention or standard-of-care control condition
- Enrolled 1,011 SHC patients, ages 14-19, who completed a baseline survey prior to their visit
- 939 participants completed the 3 month follow-up survey



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All participants were surveyed at baseline and three months later using ACASI:

- allows participants to be interviewed alone, without someone sitting with them face-to-face
- enhances privacy and confidentiality
- removes barriers to transparent responses, including embarrassment



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Sample characteristics

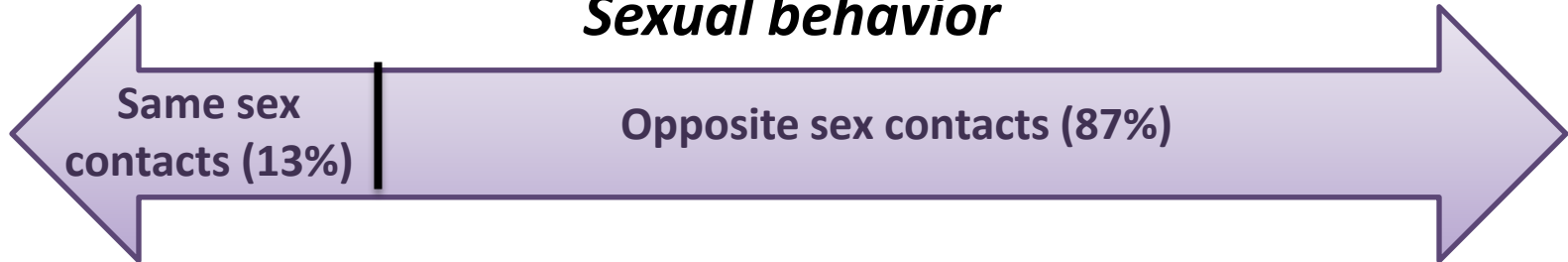
- 76% female
- The majority of participants (56%) were ages 16 and 17 years.
- Almost all participants identified as non-White (5% White)
- 46% reported being in a serious relationship, 11% dating more than one person.
- 12% identified as bisexual and 4% identified as gay, lesbian, or questioning



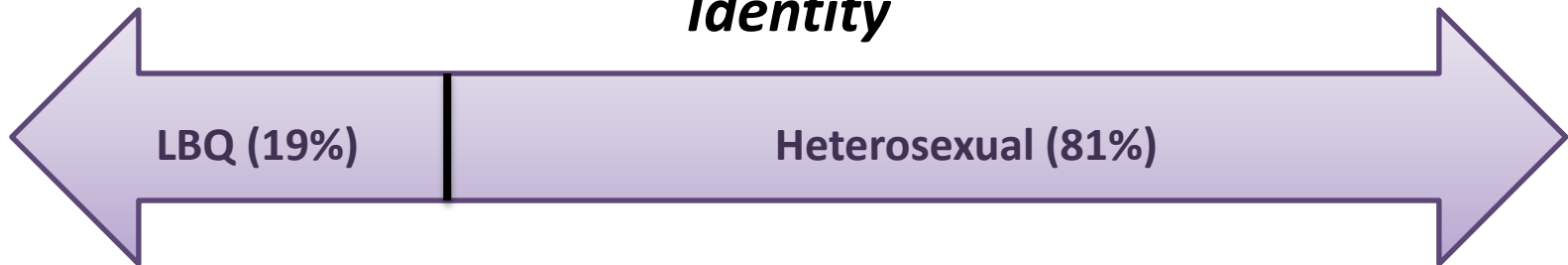
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Sexual behavior and identity among females

Sexual behavior



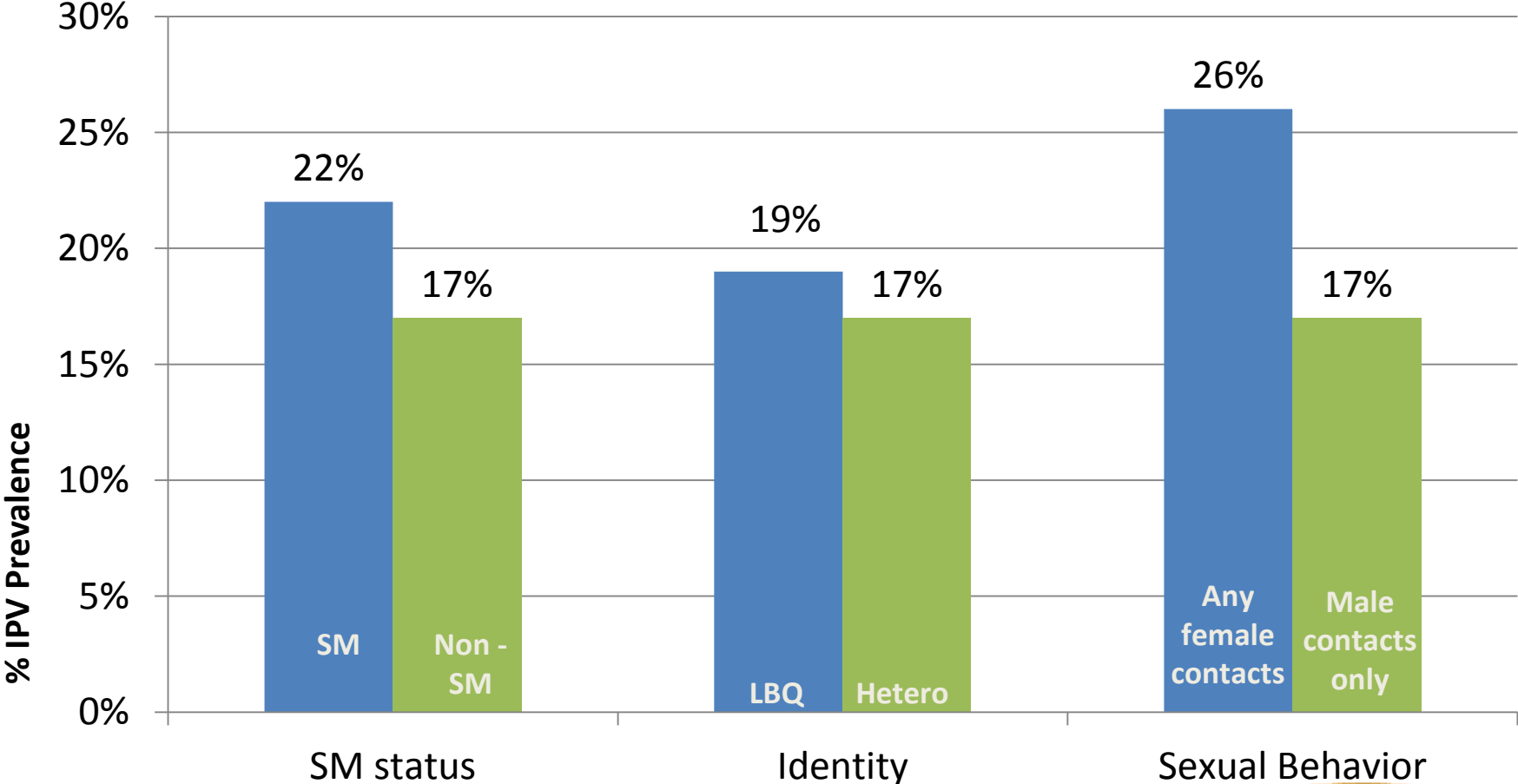
Identity



Sexual minority status



Among females, does partner violence exposure differ by SM* status?



*Classified as sexual minority (SM) if either identified as lesbian, bisexual or questioning OR had female sex partners



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SHARP Preliminary Results



10% of
females
experienced
reproductive
coercion

Study Findings on Adolescent Relationship Abuse and Non-partner Sexual Assault

- Prevalence of abuse in this sample is striking. At baseline:
 - 13% had experienced recent (past 3 month) physical or sexual abuse in a relationship
 - 41% had experienced recent cyber dating abuse
 - **14%** had experienced recent non-partner sexual assault
- Victimization experiences of ARA and SA overlap
 - **26%** of those exposed to SA were also exposed to both physical or sexual relationship abuse and cyber dating abuse, vs. **7%** among those who were not exposed to SA



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ARA and Sexual Assault, by group

	Total (N=1011) % (n)	Intervention (N=495) % (n)	Control (N=516) % (n)	P value ¹
Recent physical or sexual abuse in relationship	12.9 (130)	10.1 (50)	15.5 (80)	0.01
Recent cyber dating abuse	41.4 (417)	38.3 (189)	44.3 (228)	0.14
Recent adolescent relationship abuse (ARA) *	45.2 (455)	41.9 (206)	48.4 (249)	0.13
Non-partner sexual assault	13.6 (137)	10.0 (49)	17.1 (88)	<.01

* includes both physical/sexual abuse and cyber dating abuse

¹ Wald log-linear chi square p value, accounting for clinic-level clustering



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ARA and Sexual Assault, by sex

	Total (N=1011) % (n)	Males (N=495) % (n)	Females (N=516) % (n)	P value ¹
Recent physical or sexual abuse in relationship	12.9 (130)	10.1 (24)	13.8 (106)	0.14
Recent cyber dating abuse	41.4 (417)	31.0 (74)	44.6 (343)	0.01
Recent adolescent relationship abuse (ARA) *	45.2 (455)	34.9 (83)	48.5 (372)	<.01
Non-partner sexual assault	13.6 (137)	11.3 (27)	14.3 (110)	0.26

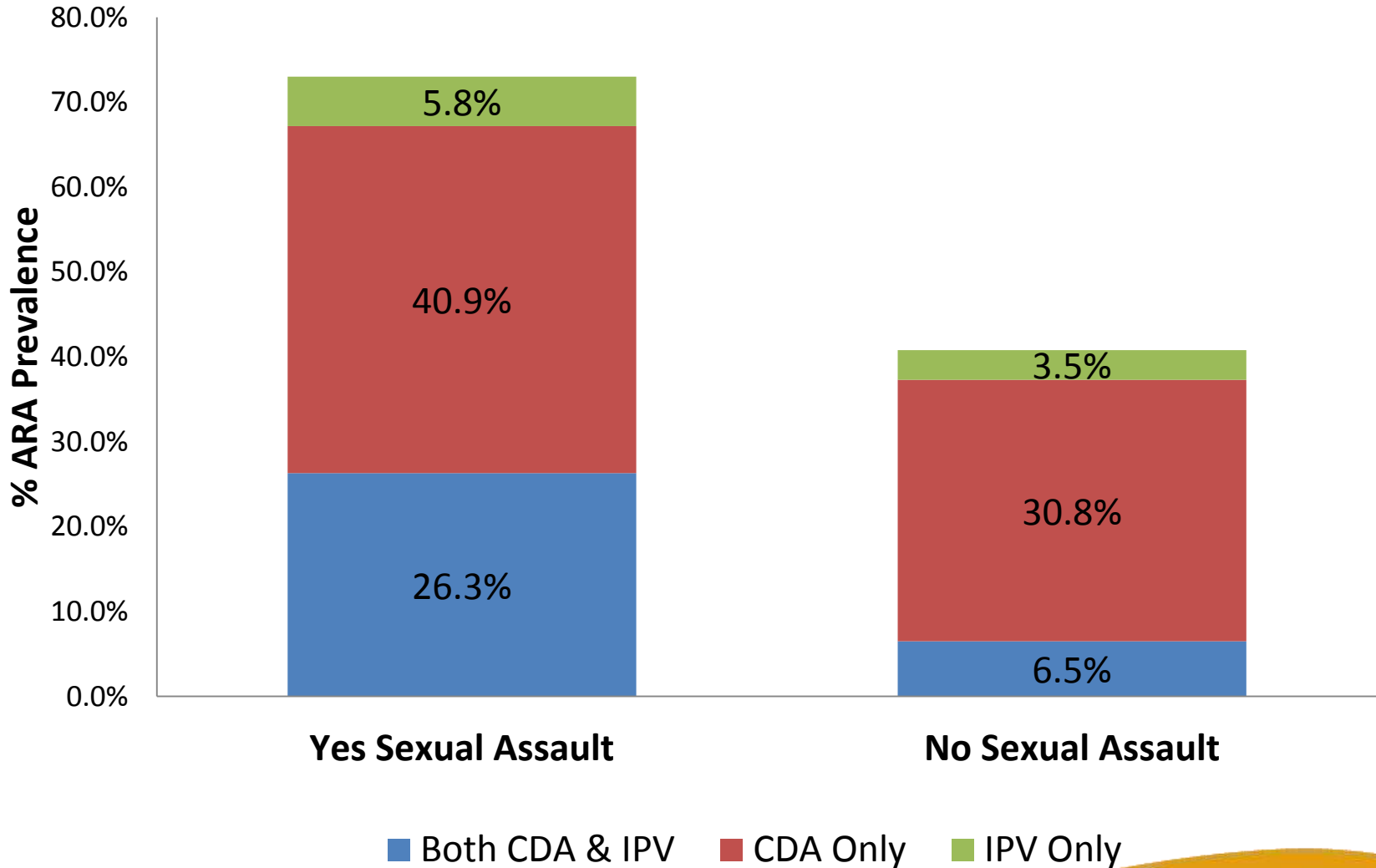
* includes both physical/sexual abuse and cyber dating abuse

¹ Wald log-linear chi square p value, accounting for clinic-level clustering



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Overlap between Non-Partner Sexual Assault and ARA



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ARA and Sexual Assault

- Significant protective effects for youth who were already ARA victims at baseline and significant improvements in recognition of ARA and knowledge of ARA resources (results available upon request)
- However, there was not a significant intervention effect on SA
- BUT, given the overlap b/t SA, reproductive coercion, and CDA, there is potential for this model to be used in SA prevention



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Prevalence of Cyber Dating Abuse Experiences and Sexting Requests, by Sex

Cyber Dating Abuse Perpetrated by a Partner	Total (n=1008) % (N)	Male (n=239) % (N)	Female (n=769) % (N)	P value ¹
tried to get you to talk about sex when you did not want to	8.0 (80)	5.5 (13)	8.8 (67)	0.15
asked you to do something sexual that you that you did not want to do	8.0 (80)	4.2 (10)	9.1 (70)	0.07
posted or publicly shared a nude or semi-nude picture of you	1.5 (15)	2.1 (5)	1.3 (10)	0.43
repeatedly contacted you to see where you were/who with	28.4 (286)	20.5 (49)	30.9 (237)	0.01
made mean or hurtful comments	14.7 (148)	11.0 (26)	15.9 (122)	0.09
spread rumors about you	7.0 (70)	6.7 (16)	7.0 (54)	0.74
made a threatening or aggressive comment to you	7.8 (78)	7.6 (18)	7.8 (60)	0.92
Partner a Requested Sexual Images (not Cyber Dating Abuse)				
asked you to send nude or semi-nude pictures of yourself	29.0 (291)	17.6 (42)	32.6 (249)	0.01

¹ Wald Log-Linear Chi-Squared test, adjusted for clinic-level clustering



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SHARP Preliminary Results

In exploratory analyses adjusting for intensity of intervention uptake, intervention site participants in comparison to control site participants had:



- Improved recognition of sexual coercion
- Increased knowledge of relationship abuse resources
- Higher use of such resources
- Self-efficacy to use harm reduction behaviors
- Discussion of ARA with providers



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SHARP Preliminary Results

Among 524 (52%) participants reporting ever experiencing relationship abuse at baseline:

- Intervention participants were less likely to report such abuse at follow up 
- Intervention participants were more likely to report disclosing this to the provider during the SHC visit 



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SHARP intervention efficacy: ARA

	Recent Victimization		Group		Analysis	
	Baseline	Follow-up	Control (n=490) % (N)	Intervention (n=442) % (N)	Adjusted intervention effect AOR (95% CI)	P
Those experiencing abuse at baseline						
ARA	Y	N	24.3 (66)	32.9 (68)	– Reference –	
	Y	Y	75.7 (206)	67.1 (139)	0.60 (0.43, 0.85)	<.01
Those not experiencing abuse at baseline						
ARA	N	N	65.6 (143)	68.9 (162)	– Reference –	
	N	Y	34.4 (75)	31.1 (73)	0.84 (0.60, 1.18)	0.31



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We can have a positive impact!

Preliminary findings from our randomized controlled trial with eight school health centers are showing that when adolescents receive **universal education about healthy relationships and targeted assessment in the clinical setting**, their knowledge and use of ARA resources increases, and **relationship abuse victimization appears to decline.**



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Publications... so far

McCauley H. L., Dick R. N., Tancredi D. J., Goldstein S., Blackburn S., Silverman J. G., Monasterio E., James L., Miller E. *Differences by sexual minority status in relationship abuse and sexual and reproductive health among adolescent females*. J Adol Health. Nov 2014;55(5):652-658.

Dick R. N., McCauley H. L., Jones K. A., Tancredi D. J., Goldstein S., Blackburn S., Monasterio E., James L., Silverman J. G., Miller E. *Cyber dating abuse among teens using school-based health centers*. Pediatrics. Published online: November 17, 2014 (doi: 10.1542/peds.2014-0537).

Miller E., Goldstein S., McCauley H. L., Jones K. A., Dick R. N., Jetton J., Silverman J. G., Blackburn S., Monasterio E., James L., Tancredi D. J. *A school health center intervention for abusive adolescent relationships: A cluster RCT*. Pediatrics. In press (Volume 135, Number 1, January 2015).

Jones K. A., Dick R., McCauley H. L., Tancredi D., Chopel A., Silverman J. G., Blackburn S., Miller E. *"Have you ever been in an unhealthy relationships?": Differential responses to questions about adolescent relationship abuse exposure*. J Adol Health. Under review.



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...for participating

To Emily Martin at the CA Partnership to End Domestic Violence for hosting!



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