Health Resource Center
on Domestic Violence Webinar Series:

School-based Health Services, Adolescent Health and Anticipatory Guidance for Domestic and Sexual Violence

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Learning Objectives

1. Promote healthy relationships through universal education in their health settings

2. Provide targeted assessment for reproductive coercion with sexually active young women

3. Identify how to balance adolescent safety and confidentiality with mandated reporting requirements
Making the Connection: The Impact of Adolescent Relationship Abuse on Health Outcomes
Adolescent Relationship Abuse has a Negative Impact on Program Goals

Domestic and sexual violence negatively impact adolescent health program goals including:

• Reducing unplanned pregnancy
• Preventing sexually transmitted infections
• Reducing unprotected sex
• Promoting health and safety, including mental health
Why do providers avoid exploring the topic?

- Don’t prioritize the issue because they are unaware of prevalence/impact
- Unsure of what to say if there is a disclosure
- Unsure of what to do if there is a disclosure
What We Know

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

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

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)

From “The Facts on Teens and Dating Violence,” available on the Futures Without Violence website: FuturesWithoutViolence.org
Young women who have experienced abuse have higher rates of:

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

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."
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
In a study of adolescent girls who experienced IPV:

- **32.1%** become pregnant while in an abusive relationship

- **58.8%** reported those pregnancies were unwanted

Miller et al, 2007
ARA During & After Pregnancy

- Pregnant adolescents are 2-3 times more likely to have experienced violence during and after pregnancy than older pregnant women.
Adolescent mothers who experienced physical abuse within three months after delivery were nearly twice as likely to have a repeat pregnancy within 24 months.

(Raneri & Wiemann, 2007)
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 in clinical and school-based settings
Can talking about abuse make a difference?

Even if a patient/client is not ready to leave a relationship, your recognition and validation of her situation is important. You can help:

- Reduce her sense of isolation and shame
- Plant the seeds for change
- Encourage her to believe a better future is possible
Validate:

- “I'm so sorry this is happening in your life, you don’t deserve this”
- “It’s not your fault”
- “I’m worried about your safety”
Don’t try to do it alone:

Role of the Domestic Violence Advocate

• Domestic violence advocates provide safety planning and support.

• Get to know local programs that SERVE YOUTH

• Additional services may include:
  • Housing
  • Legal advocacy
  • Support groups
  • One-on-one counseling
  • Children’s programs
  • Referrals to other programs for health, mental health, etc.
Providing a Referral to The National Hotline

“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”
Internet resources and online/text chats may be better options for youth.

http://www.loveisrespect.org

http://www.thatsnotcool.com/

“loveis” to 77054
You do not have to be a domestic violence expert to recognize and help youth experiencing domestic violence.

Contact with adolescents during clinic visits provides a unique opportunity for education, early identification, and intervention.
“I talk about this with all my patients...”

Providing Universal Education on Healthy Relationships
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.
Preparing Your Practice for Mandatory Reporting

- Learn your state law... and how it is applied in your county

- Partner with local DV and SA programs that can provide guidance and support

- Find out what to report and to whom

- Many forms of ARA are not reportable... but some forms of sexual and physical violence are
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.”
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
KEY RESOURCE:

Futures
Without
Violence
Safety Card for
Adolescent
Relationship
Abuse

Hanging out or Hooking up?
These safety cards are a simple, evidence-based 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.
How to Introduce the Card:
NORMALIZE

• "We’ve started talking to all the young people in our clinic about what they deserve in relationships."

• (Unfold card and show it) "See, it's kind of like a magazine quiz and it talks about the difference between healthy and unhealthy relationships and tells you how to get help or help a friend if anything like this is happening to them..."
The safety card covers a range of issues...

How is it Going?

Does the person you are seeing (like a boyfriend or a girlfriend):

✔ Treat you well?
✔ Respect you (including what you feel comfortable doing sexually)?
✔ Give you space to hang out with your friends?
✔ Let you wear what you want to wear?

If you answered YES—it sounds like they care about you.
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.
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.
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.
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
“One of the things that I talk to all my patients about is how you deserve to be treated by the people you go out with. You have the right to:

• Be treated with kindness
• Be with your friends when you want to be
• Wear what you want to wear
• Feel safe and have your boundaries be respected.
• Go only as far as you want to go as far as touching, kissing, or anything sexual
  • Speak up about any controlling behavior, including textual harassment such as receiving too many texts, phone calls or embarrassing posts about you on Facebook or other sites.”
“Is this happening in your relationship?”

Direct Assessment for Reproductive Coercion With Sexually Active Young Women

FUTURES
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund
Adolescent relationship abuse increases young women’s risk for Unintended Pregnancies

(Sarkar, 2008)
Women 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.”
A Community-Based Family Planning Intervention to Reduce Partner Violence

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Research Supports Direct Assessment for Reproductive Coercion and IPV
What We Know

• Among a random sample of 1278 women ages 16-29 in 5 Family Planning clinics – 53% experienced DV/SA

• Mirrors findings from studies nationwide – family planning clients have high rates of violence

Miller, et al 2010
Among women in the intervention who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe
Behaviors 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.

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods
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)
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
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
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
Sexual Coercion

• Sexual assault/rape

• Threatening to harm a partner unless he or she agrees to have sex

• Forced non-condom use or not allowing other prophylaxis use

• Intentionally exposing a partner to an STI or HIV

• Threats or acts of violence when notified of positive STI result
I’m not gonna say he raped me, he didn’t use force, but I would be like, “No” and then next thing, he pushes me to the bedroom, and I’m like “I don’t want to do anything” and then we ended up doing it, and I was crying like a baby and he still did it. And then after that he got up, took his shower, and I just stayed there like shock.

17 yr. old female

(Miller et al, 2007)
Pregnancy Pressure and Coercion

- 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
One-quarter (26.4%) of adolescent females reported that their abusive male partners were trying to get them pregnant.

Miller et al, 2007
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.
NEW RESOURCE: Futures Without Violence Reproductive Health Safety Card

Did You Know Your Relationship Affects Your Health?
Intervention Elements

- Review limits of confidentiality
- Introduce safety card
- Provide integrated assessment
- Offer support and validation
- Harm reduction strategy
- Offer supported referral
Provider Tip: Start with Healthy Relationships

Are you in a HEALTHY relationship?

Ask yourself:

✅ Is my partner kind to me and respectful of my choices?

✅ Does my partner support my using birth control?

✅ Does my partner support my decisions about if or when I want to have more children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and helps your children.
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.
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.
Provider Tip: Use This Panel With Pregnancy Tests

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.
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.

✔ The IUD is a safe device that is put into the uterus. The strings can be cut off so your partner can’t feel them and prevents pregnancy up to 10 years. 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.
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
- Opting NOT to engage in partner notification
Client Discloses She is Concerned About Getting Pregnant Due to Partner(s’) Actions

“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 that your partner doesn’t have to know about like the implant or the IUD—so you don’t have to worry about unplanned pregnancy.”
“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?”
Responding to Disclosures

1. Validate client’s experience.
2. Offer a safety card for client to review and keep if it is safe to do so.
3. Discuss where client can go to learn more about and obtain birth control options.
4. Ask client 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.
Adolescent health providers may help client contact relevant resources:

Annotated referral list for violence related community resources
Staff should know names of staff, languages spoken, how to get there etc.

Educate youth that the clinic is safe place for them to connect to such resources

Normalize use of referral resources

Encourage youth to intervene when they witness disrespectful or coercive behaviors among their peers
“What will happen when you tell him you have an STI?”

Safe Partner Notification
I told him to put a condom on, he didn't. I went to a clinic, and they were like, "Oh, he gave you Chlamydia." [H]e said it was me messin' around with some other guy, and that's not true, 'cause I was like, "You were the only guy I was with." And he's like, "Oh, that's you, you're messin' around," he's like, “f... you, I thought you loved me.”
More than one-third (38.8%) of adolescent girls tested for STI/HIV have experienced dating violence.
Assessment questions with positive STI:

• How is your partner going to react if they find out about your having an infection?
• Are you afraid he will hurt you if you tell him you have an STI?
• Would it help for us to talk to your partner?
• What can we do to help?
Provider Tips for Safe Partner Notification:

- We must notify the people you’ve slept with about the infection.
  - We can talk to him about it in clinic
  - We can have someone call anonymously from the health department

- If you decide you want to tell him yourself—tell him in a public place so you can leave easily if you need to.

- If you would like I can put you on the phone right now with (name of local advocate) and we can create a plan for you to protect your safety.
Considerations for STI Testing

- Partner notification may be dangerous for clients experiencing abuse.
- Clients may not be able to negotiate safe sex with an abusive partner.
- IPV may be a more immediate threat to a client than a sexually transmitted infection or HIV status.
Resources

Safety Cards, pregnancy wheels, posters and clinical guidelines

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

An Integrated Response to Intimate Partner Violence and Reproductive and Sexual Coercion

Second Edition

By Linda Chamberlain, PhD, MPH and Rebecca Levenson, MA

Did you know...

An Integrated Approach to Prevention and Response to Relationship Violence

By Elizabeth Miller and Rebecca Levenson

Our vision is now our frame.