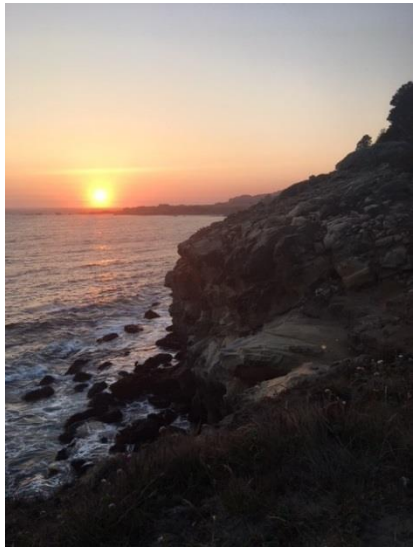
FUTURES WITHOUT VIOLENCE®

EVIDENCE-BASED "CUES INTERVENTION" TO ADDRESS INTIMATE PARTNER VIOLENCE/HUMAN TRAFFICKING IN PRIMARY CARE SETTINGS, AND TOOLS FOR RYAN WHITE-FUNDED HIV PROGRAMS

Webinar #3

August 8, 2018



Phone: 888-850-4523; code: 632001

Facilitator:
Anna Marjavi (Futures Without Violence)

Presenters:
Elizabeth Miller, MD, PhD, FSAHM
Jocelyn Anderson, PhD, RN, SANE-A

About this Adobe Connect technology

- All participants are muted, press *6 to unmute.
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- Slides and a link to the webinar recording will be emailed to all participants.

U.S. DHHS Project Support

The project is supported through a collaboration of U.S. Department of Health and Human Services partners, including the Administration for Children and Families' (ACF) Family and Youth Services Bureau, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women's Health.

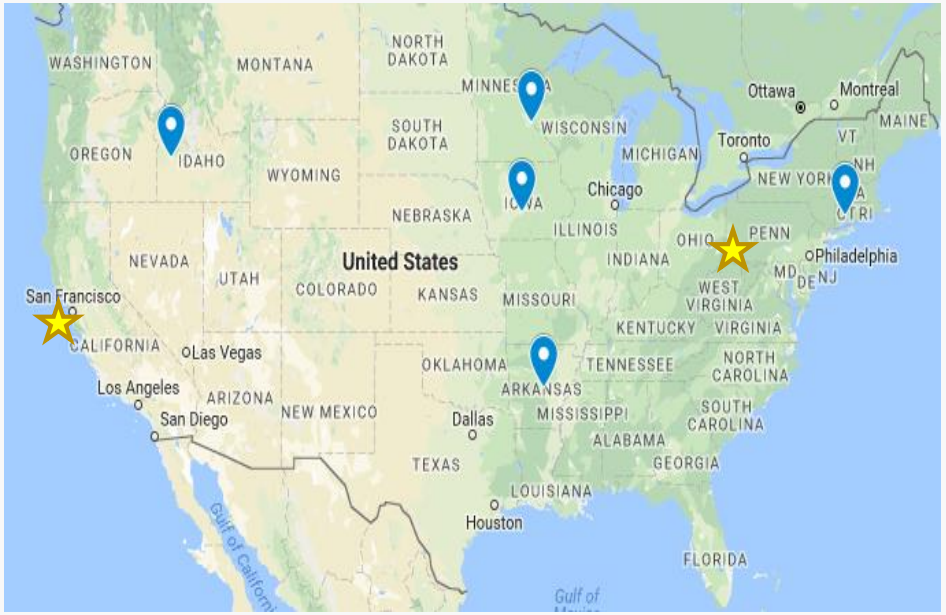
FYSB Family & Youth Services Bureau

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

HRSA Health Resources & Services Administration

Project Catalyst

Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence



Project Catalyst States: AR, CT, IA, ID, MN

5 State Leadership Teams include partners from each state's:

- ✓ **Primary Care Association**
- ✓ **Department of Health**
- ✓ **Domestic Violence Coalition**

FYSB Family & Youth Services Bureau

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

HRSA Health Resources & Services Administration

Training and TA: FUTURES
Evaluation: University of Pittsburgh

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The "CUES" approach to Address IPV/Human Trafficking and intersections with HIV in Primary Care: *what's the evidence?*

Elizabeth Miller, MD, PhD

Jocelyn Anderson, PhD, RN, SANE-A

Division of Adolescent and Young Adult Medicine

Children's Hospital of Pittsburgh of UPMC

Objectives

- Describe dynamics of interpersonal violence including human trafficking and intersections between gender based violence and HIV
- Outline emerging evidence on clinic-based trauma-informed strategies to address sexual and partner violence

Wellness Lens

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- It's about enhancing resiliency skills and trauma-informed, programming
- Paradigm shift from what is wrong to where we want to go

Healing-centered engagement

Being Trauma-Informed Starts With Us

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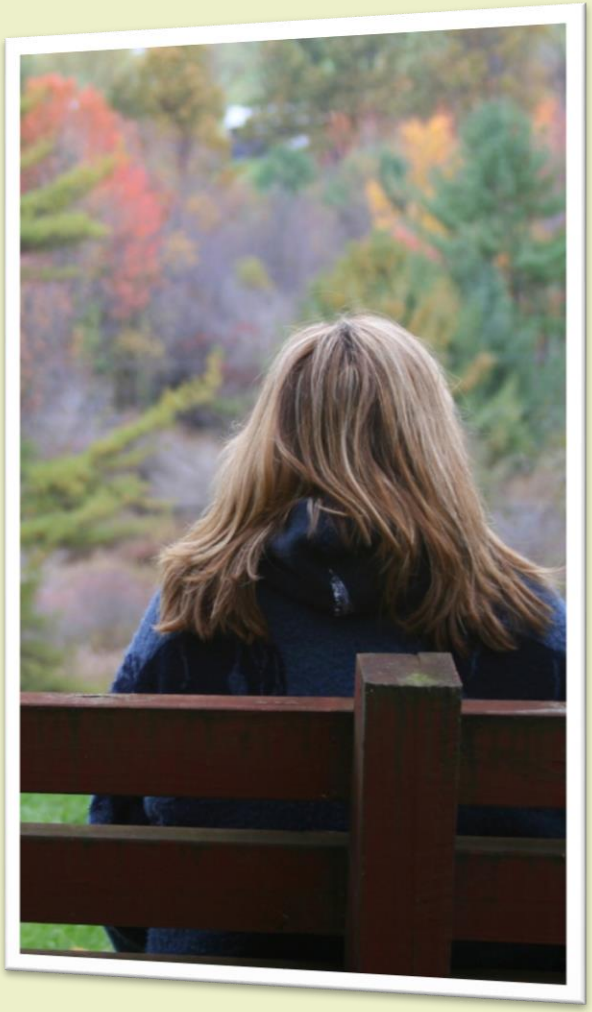
- Trauma is prevalent
- Be aware of your reactions and take care of yourself first

"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare."
– Audre Lorde



The Big Picture of Trauma

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- There are many types of childhood adversities including:
  - Community violence
  - Bullying
  - Poverty
  - Oppression
- These all affect health and well-being

What is Trauma ?

Reframing the role of the health care professional

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Can talking about abuse make a difference?

Even if a patient/client is not ready to leave a relationship, recognition and validation of their situation appears to be important.

Health professionals can help:

- Reduce survivor's sense of isolation and shame
- Encourage them to believe a better future is possible

Women Who Talked to Their Health Care Provider About the Abuse Were

4 times more likely

to use an intervention

(McClosky et al. 2006)

Providers can make a difference

Survivors request …

What do survivors say that they want providers to do and say?

- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang et al. 2006)

Defining Success

> "Success is measured by our efforts to reduce isolation and to improve options for safety."

Futures Without Violence

Rethinking screening

What shifts if disclosure is no longer the goal?

- **Low disclosure rates**
- **Not survivor centered**
- **Resources offered only based on a patient's disclosure**
- **Missed opportunity for prevention education**

Enhancing RESILIENCE

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Resilience is the capacity to rise above difficult circumstances, allowing our children to exist in this less-than-perfect world, while moving forward with optimism and confidence.

Kenneth Ginsburg, M.D., M.S. Ed
www.fosteringresilience.com

Resilience Portfolio Model

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Three functional categories of strengths:

- Regulatory
- Interpersonal
- Meaning making

Grych, Banyard, and Hamby 2015

Prevalence: Women and Girls

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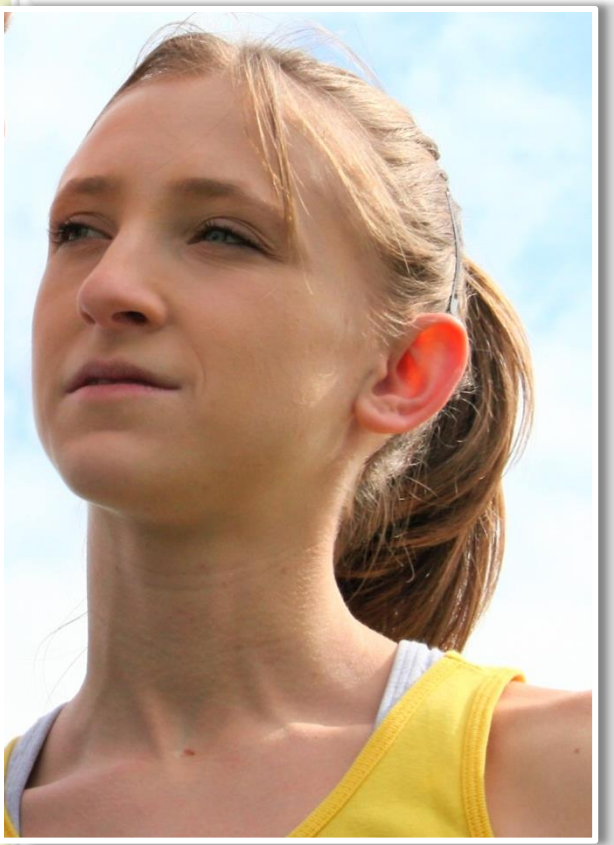

1 in 4 (25%) U.S. women and

1 in 5 (20%) U.S. teen girls report experiencing physical and/or sexual partner violence in past year.

(Black et al., 2011, NISVS; Vagi et al., 2015)

Prevalence:
Male Victims of IPV

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- **1 in 59** men has been raped in their lifetime.
- **1 in 7** men has been the victim of severe physical violence by an intimate partner
- **1 in 19** men has been stalked during their lifetime

The majority of perpetrators against both men and women are othe men.

(2010 CDC National Intimate Partner and Sexual Violence Survey)

Prevalence: LGBTQ Communities

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61% of bisexual women and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (NISVS, 2010)

44% of lesbian women and 26% of gay men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (NISVS, 2010)

- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault. (Breiding, 2011; Landers, 2009)

Intimate Partner Sexual Violence

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51% of rape survivors were raped by an intimate partner. (Basile, et al. 2010)

Limited Control in Sexual Encounters

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> 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 doin' it, and I was cryin' 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… [Miller 2007]

Miller, et al, 2007

Interpersonal Violence and Health

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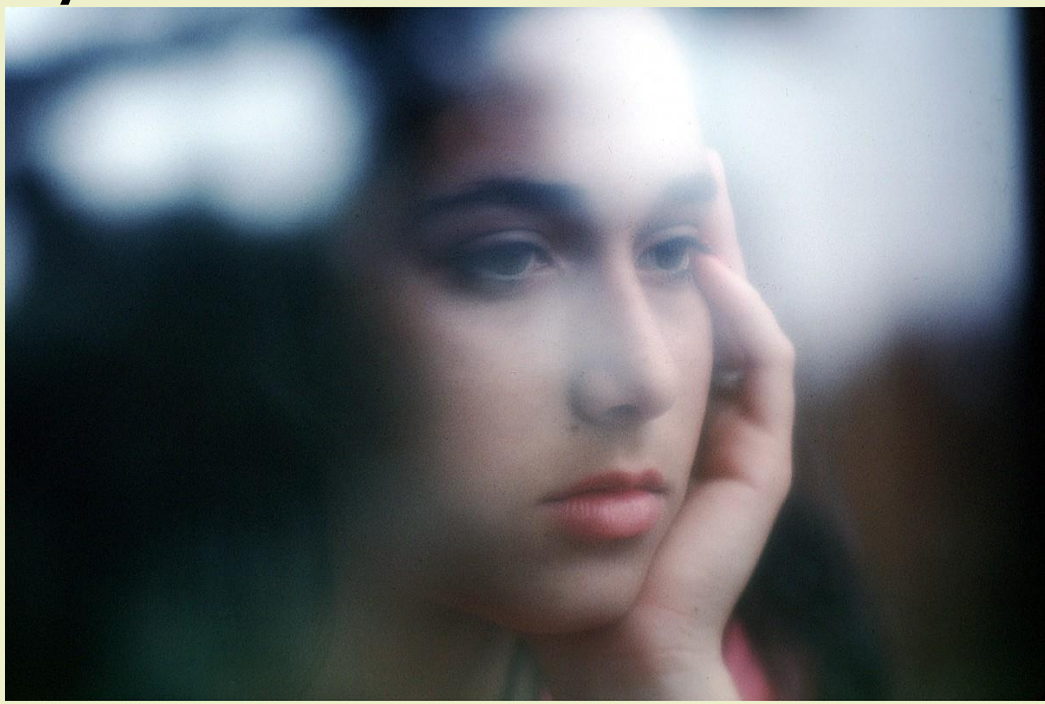
- Unintended pregnancy
- STIs/HIV
- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse



Research shows us that violence is both a significant cause and a significant consequence of HIV infection among women.

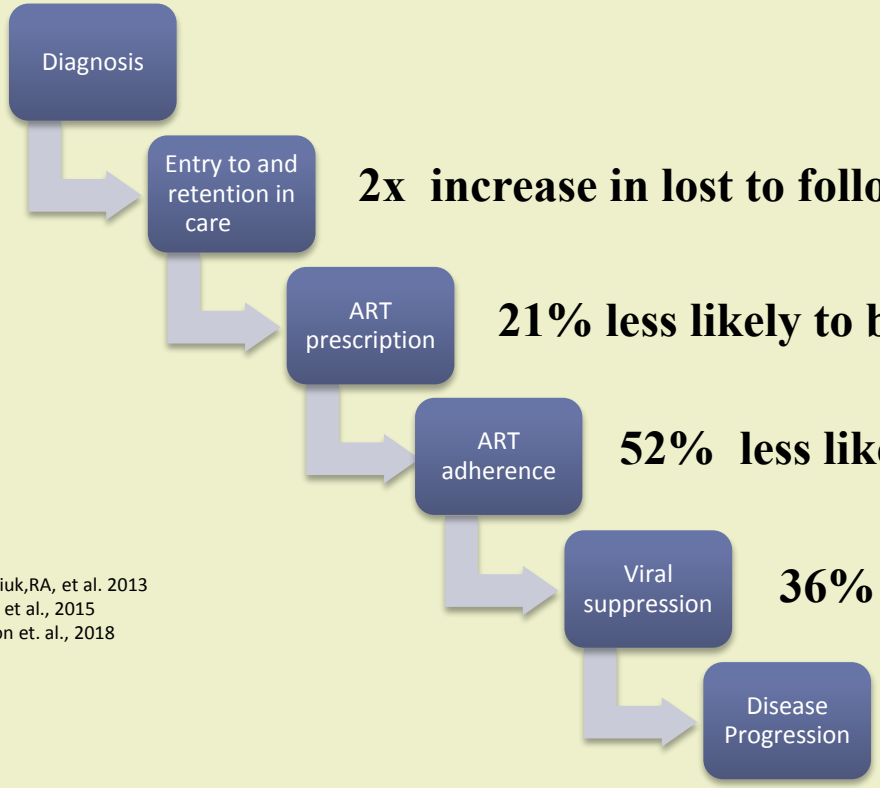
American Foundation for AIDS Research (AmfAR)

IPV Increases Risk for HIV Infection

- Sexual coercion/forced sex with an infected partner
- Limited or compromised negotiation of safer sex practices
- Increased sexual risk-taking behaviors, including survival and transactional sex
- Increased risk of mother-to-child HIV transmission among abused pregnant women
- Increased risk of unsafe injecting practices and coerced drug use

Over half of women living with HIV have experienced partner violence, considerably higher than the national prevalence among women overall (55% vs. 36%). (Machtinger, 2012; Black, 2011)

IPV impacts the health of women living with HIV



2x increase in lost to follow up[1]

21% less likely to be prescribed ART[2]

52% less likely to report ART adherence[2]

36% less likely to have an undetectable VL[2]

3.5x increase in CD4 <200[3]

1. Siemieniuk,RA, et al. 2013
2. Hatcher et al., 2015
3. Anderson et. al., 2018

Possible Similarities Between IPV and Human Trafficking Survivors

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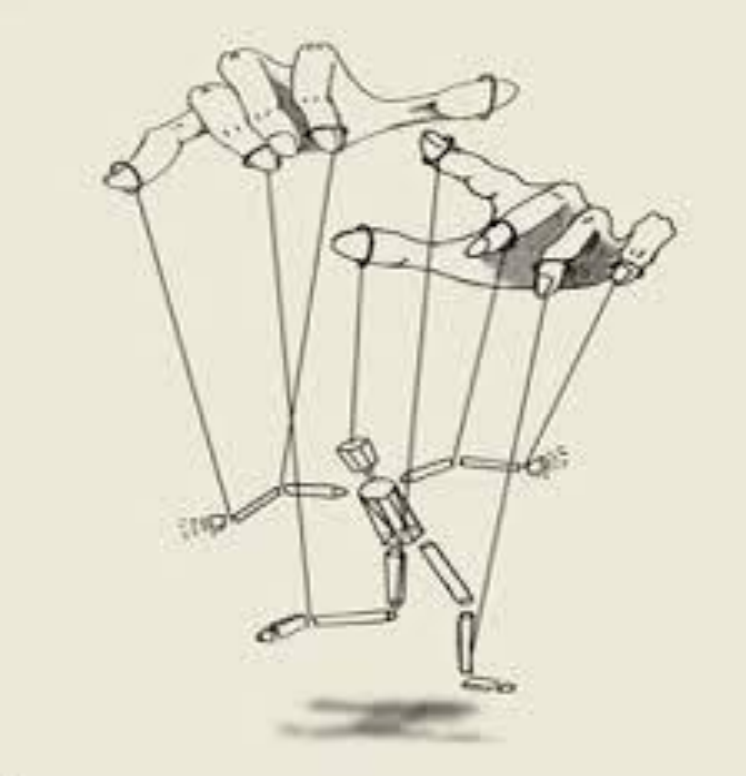
- Physical and sexual violence
- Restrictions on freedom of movement, control
- Isolation
- Financial control
- Intimidation, fear
- Fostering of drug and alcohol dependencies due to their situations



It is not uncommon in federal trafficking prosecutions for the trafficker to be the husband, boyfriend, or romantic partner of the victim.

(Human Trafficking Legal Center, 2018)

Assessment or Education?

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- Few adolescents report experiences of violence to adults (Foshee et. al, 2000)
- High prevalence of relationship abuse and sexual violence in clinical settings
- Goal may be education about sexual and partner violence and that the clinical setting is a safe place to discuss these issues

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"I talk about this with all my patients…"

Providing Universal Education on Healthy Relationships

Intervention Elements: "CUES"

- Review limits of Confidentiality
- Universal Education & Empowerment

(offer safety information and encourage sharing)

- Support (warm referral)

First things first…

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.

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Futures Without Violence Safety Card for Adolescent Relationship Abuse

(Funding: DOJ and HHS, ACF and OWH)

Safety cards as a simple, brief assessment and counseling 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 experiencing abuse but not yet ready to disclose.
- Help victims learn about safety planning, harm reduction strategies and support services.

Research

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Findings from the NIJ randomized controlled trial in school based health centers

- Increased recognition of what constitutes abusive behavior and sexual coercion
- Increased awareness of ARA resources
- Among youth with recent ARA victimization, less ARA victimization reported at three month follow up
- Increased likelihood of disclosing any ARA to the provider during clinic visit

Miller et al., 2014

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"Is this happening in your relationship?"

Direct Assessment for Reproductive Coercion With Sexually Active Young Women

Family Planning Clinics

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- 53% of women reported a lifetime experience of physical or sexual violence by a partner

- 17.6% reported violence in the past three months.

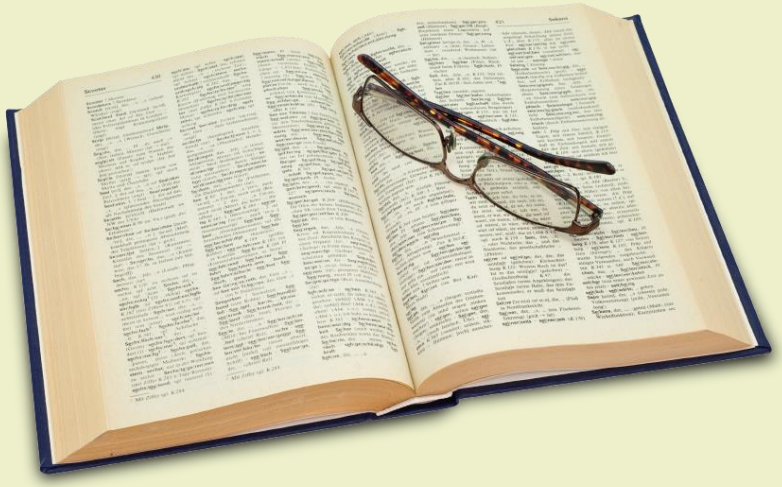
N=1278 sexually active women (16-29)

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."

Definition: Reproductive and Sexual Coercion

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

- 25.7% of women reported a lifetime experience of *reproductive coercion* by a partner
- 19.1% reported *pregnancy coercion* from a partner
- 15.0% of women experienced *birth control sabotage*

N=1278 sexually active women (16-29)

IPV, Reproductive Coercion and Unintended Pregnancy

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Among women reporting reproductive coercion (pregnancy coercion and birth control sabotage) (Miller 2010):

- **IPV increases risk for unintended pregnancy two-fold**

Recent reproductive coercion is associated with past year unintended pregnancy (Miller 2013)

- **Reproductive coercion increases risk for unintended pregnancy (AOR 1.8, 1.06-2.03), independent of IPV exposure**

NICHD R01HD064407

Reproductive Coercion and Reproductive Health Needs

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Among women reporting recent reproductive coercion (with no IPV exposure):

- **past 3 month 2 or more pregnancy tests (AOR 2.3, 95%CI 1.2,4.5)**
- **2 or more STI tests (AOR 2.2, 95%CI 1.7-2.7)**
- **Use of EC (AOR 2.5, 95%CI 1.5, 4.1)**

NICHD R21HD057814

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Futures Without Violence Reproductive Health Safety Card

(Funding: NICHD and HHS, ACF and OWH)

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
- Opting NOT to engage in partner notification

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Supported Referral to DV/SA support and advocacy services

Health providers 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 clients that the clinic is safe place for them to connect to such resources -- offer use of phone; arrange for clinic visit with advocate

- Encourage clients to share information with other friends, loved ones – **GIVE 2 CARDS**

Pilot Intervention Results

(4 intervention clinics in CA)

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

Cluster-randomized controlled trial

24 family planning clinics in Western PA (women ages 16-29)

- 4 month and 12 month follow up after clinic visit
  - *Increased knowledge of resources*
  - *Increased self-efficacy to use harm reduction strategies*
  - *Reduction in reproductive coercion for women with higher levels of RC at baseline*

Funding: NICHD (R01HD064407)

What does the CUES intervention with harm reduction counseling look like?

Training Vignettes

http://www.futureswithoutviolence.org/health-training-vignettes/

Provider perspectives

"I think all of us had that epiphany. We didn't make the connection between women that were perpetually late for their Depo, or women who kept calling and saying they lost a pack of pills or coming in 3 months late to refill their pills… Reframing our thinking on various obstacles in women's lives and how they are affecting their reproductive choices."

Client perspectives

"They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before. ... It was awesome. She would touch on having, no matter what the situation you're in, there's some thing or some place that can help you. I don't have to be alone in it. That was really huge for me because I was alone most of the time for the worst part."

Client perspectives

"[Getting the card] makes me actually feel like I have a lot of power to help somebody…"

Reframing the role of the clinician in violence prevention

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Recognition that trauma is prevalent

Offering support and harm reduction (regardless of disclosure) to help patients increase safety and build resilience

Emphasize their role in helping others – strengthen connectedness

Acknowledgments

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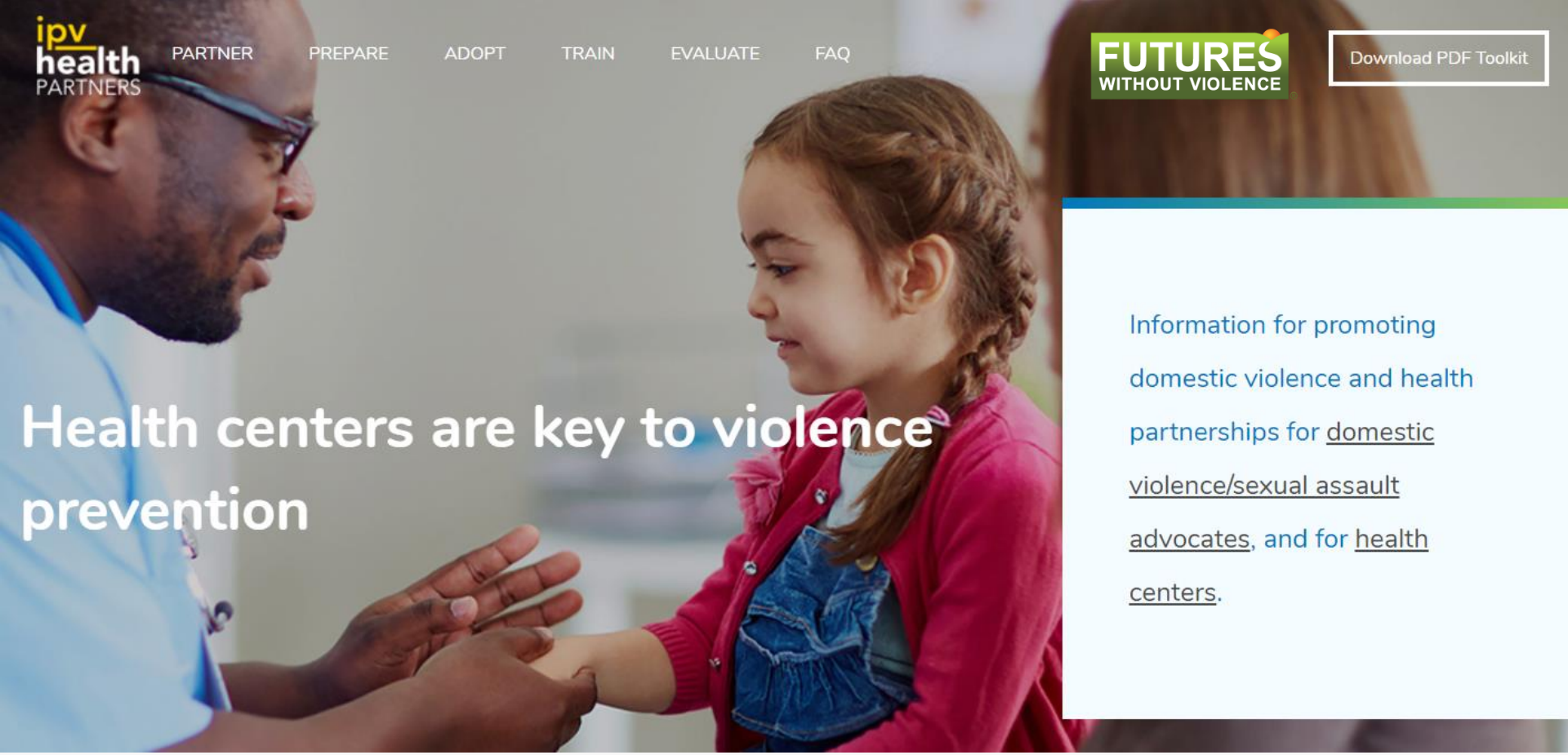
Thank you!

Questions?

Resources for HIV testing and care settings

- Safety Card for use in
  - HIV/STI testing
  - HIV treatment and primary care
- Training PowerPoint deck for HIV testing and care health settings
- Fact sheet: Violence against Women living with HIV/AIDS
- Training Video Vignette
- Archived webinars:
  - Addressing the Effects of Violence and Abuse to Improve the Health Outcomes of Women Living with HIV
  - Gender-Based Violence, Health, and HIV: Intersections and Implications for Clinicians
- Contact health@futureswithoutviolence.org



www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs

Google Drive

- Curricula, handouts, evaluations, videos, and other training materials:

https://drive.google.com/open?id=1Z-D7Du78_4Aq8e57YG8cD667X33vB2Cn

Upcoming Webinar

From the Webinar Series: *Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations*

IPV/HT and Substance Abuse and Treatment, with a Lens on Behavioral Health, Substance Abuse Programs and DV Agencies

September 12th: 11:00am-12:00pm PST/12:00pm-1:00pm MT/1:00pm-2:00pm Central/2:00-3:00pm EST

Presenter: Carole Warshaw, MD

Director, National Center on Domestic Violence, Trauma & Mental Health

Executive Director, Domestic Violence & Mental Health Policy Initiative

THANK YOU!

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