

Pediatric residency training curriculum on identifying and preventing teen dating violence

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Why do we need to talk about teen dating violence in a pediatric setting?

Because...



Adolescent girls who are victims of IPV experience greater rates of health risk and disease including substance use, risky sexual behavior, STIs, unhealthy weight control, depression, and suicide.

Because...



Nationwide 9.8% of teens report being hit, slapped or physically hurt on purpose by their boyfriend/girlfriend.

And...

◉ In a 1999 report by the *Task Force on Violence*, the AAP recommends that pediatric residency programs should develop and institute appropriate curricula on prevention management of youth violence.

However...



In a 2010 study by E. Miller & colleagues, only 30% of adolescent participants reported that a health care provider had **EVER** asked them about being hurt or feeling unsafe in a dating relationship.

Miller, E., Decker, M.R., Raj, A. Reed, E., Marable, D., Silverman, J.G. (2010). Intimate partner violence and health care-seeking patterns among female users of urban adolescent clinics. *Maternal Child Health J* 14:910 - 917.

However,...

- 91 % of pediatric residents did not routinely screen for dating violence in adolescent patients even though they knew its prevalence.

Forcier, M., Patel R., & Kahn J.A., (2003) Pediatric residents' attitudes and practices regarding adolescent dating violence. *Ambulatory Pediatrics*. 8:317-323.

We also learned that

- ◉ 59% of parents, in a 2009 nationwide survey, said that they were interested in information and guidance from their child's pediatrician.

Hart Research

So...

We decided to do something about it!

The Team

- ◉ Alexandra Smith, LCSW,
Project Coordinator, Start Strong Bronx
- ◉ Dr. Cynthia Lewis
Medical Director of Adolescent Medicine
- ◉ Dr. Ram Kairam
Chair, Department of Pediatrics
- ◉ Christina Alex, LMSW
Project Director, Start Strong Bronx

The Plan

- ◉ Developed a 6-session training model:
Training curriculum for pediatric residents in the prevention of intimate partner violence
- ◉ Each one-hour session was held during morning meeting times. You might also consider doing it during Grand Rounds.

Overview of the Outline

- ◉ Session one:
 - Define and discuss dynamics of domestic violence (DV)
 - Present misperceptions, myths and facts about DV.

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 - Present misperceptions, myths and facts about DV.
- ◉ Session two:
 - Learn how to screen adolescents for teen dating violence and domestic violence in the home
 - Be able to identify signs of dating violence and witnessing domestic violence
 - Be able to raise the issue of dating violence/domestic violence with your young patients

- ◉ Session three:
 - Hospital Administrative Policy on DV and Sexual Assault
 - New York State Law and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

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◎ **Session four:**

- How to Talk to Parents of Young Patients
- How to use the American Academy of Pediatrics' (AAP) "Connected Kids Clinical Guide" in your clinical practice with youth and their caregivers

◎ **Session five:**

- Be able to identify different types of Teen Dating Abuse including:
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- Know how to safety plan

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◎ **Session six:**

- Review screening techniques for youth
- Review how to talk to parents and caregivers about safe and healthy relationships in the 11- and 12-year-old visit

Then we evaluated

Scales used to evaluate

- | | |
|---------------------|---------------------------------|
| Self-efficacy | Legal requirements |
| Referral | Don't need training |
| Health care role | Victim understanding |
| Screening | Identify & document |
| Workplace | Victim autonomy |
| Too busy/can't help | Staff preparation |
| Limitations | Relationship of alcohol & drugs |

Baseline

- ◉ Descriptive analysis of pre-test
 - 60% of residents reported that they lacked prior training in IPV.
 - 50% reported that they did not know of any community resources.

Paired sample t-test findings

- All scales showed significantly increased means except:
 - staff preparation
 - relationship of alcohol & drugs
- Highest significance was noted for:
 - self-efficacy
 - referral
 - work place
 - legal requirements

Then we tested our theory

- Teen Surveys
 - *Collected 74 over four weeks*
- Caregiver Surveys
 - *Collected 60 over four weeks*

Early findings...



Teens

- ◉ 59% reported that their provider asked them about dating and relationships.
- ◉ 57% reported that their provider talked to them about what a healthy relationship looks and feels like.
- ◉ 42% reported that their provider talked to them about TDV.

- ◉ 27% reported that their provider gave them handout.
- ◉ 69% reported that they feel comfortable talking about these issues with their provider.
- ◉ 84% reported that if they were a victim they would tell their provider.

- ◉ 85% said they would ask their provider for help if they were a victim of TDV.
- ◉ 73% reported that they were glad their provider talked to them about these issues.

Caregivers

- 77% reported that their child's provider discussed the importance of talking to their child about what a healthy relationship looks and feels like.
- 58% reported that the provider discussed the importance of talking to their child about signs of TDV.

- 52% reported receiving *Connected Kids Clinical Guide for Parents*.
- 57% reported that the provider gave them practical tips on how to talk their child about healthy relationships.
- 45% reported that the provider gave them practical tips on how to talk to their child about TDV.

- 63% reported that they found the information about how to talk to their child about healthy relationships and TDV useful.
- 77% report that they plan to talk to their child about healthy relationships.
- 85% report that they plan to talk to their child about TDV.

- ◉ 70% report that they know where to get help if their child is a victim of TDV.
- ◉ 62% report that they would talk to their provider if their child were a victim of TDV.

At the end of the day...



We all want happy, healthy teens!

Questions?
