

Training Adolescent Health Providers to Effectively Address Intimate Partner Violence

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Futures Without Violence Annual Conference

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Workshop Objectives

- ▶ To apply approach to address adolescent partner violence in teenage patients using the following skills: ask, acknowledge, assess, advice, and assist
- ▶ Understand the boundaries between child protection laws and adolescent health rights (state based laws)
- ▶ Expand knowledge on training health care providers to support adolescent patients who do not want disclosure or referral

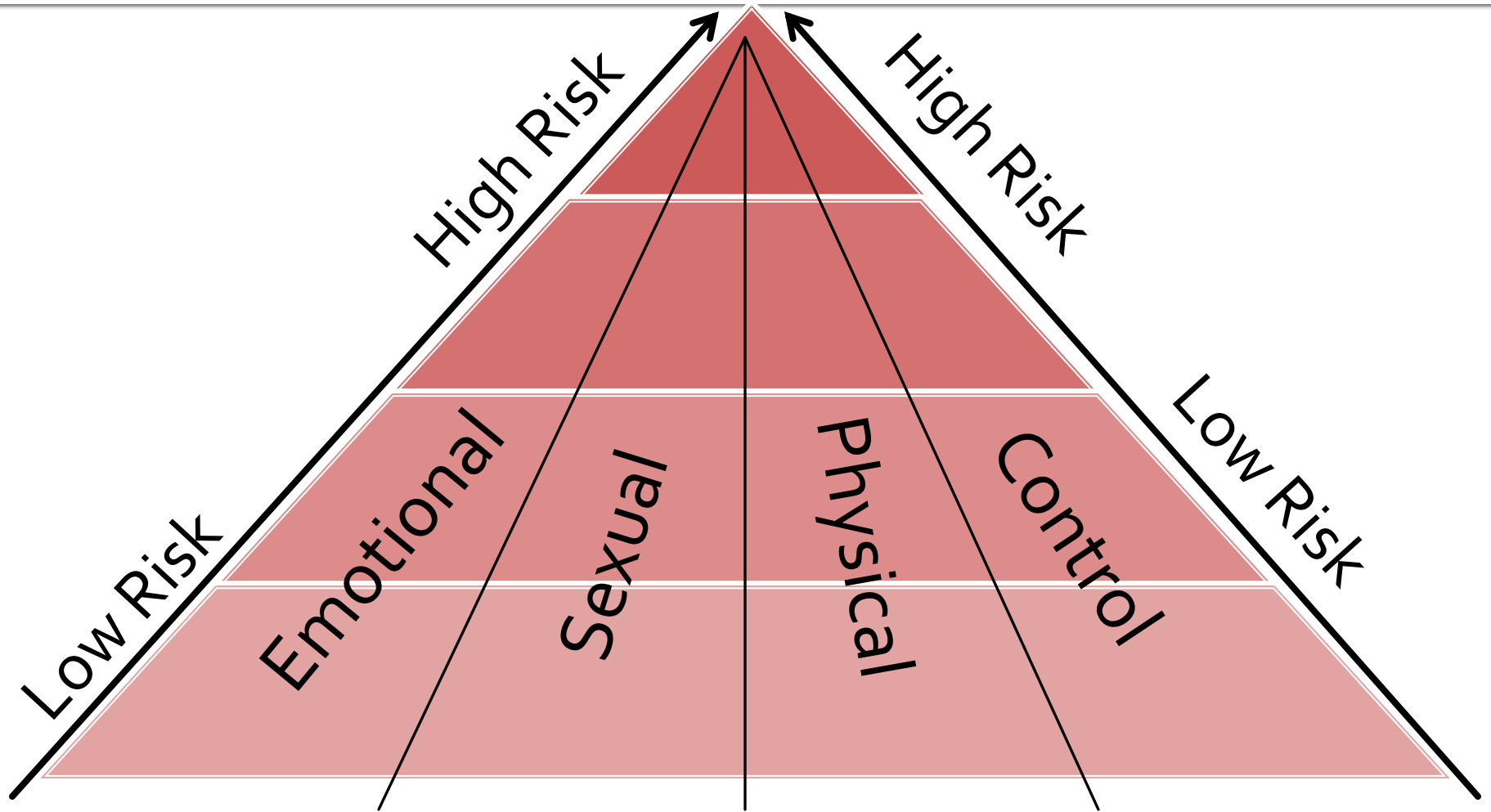
Aim of the Intervention

- Train providers to:
 - Routinely discuss both healthy/unhealthy relationships with all adolescents during primary care visits
 - Screen for, assess and appropriately refer adolescents experiencing relationship violence
 - Support adolescents who do not wish to involve parents or receive referral
 - Know danger signs and limits of confidentiality

Setting and Training Groups

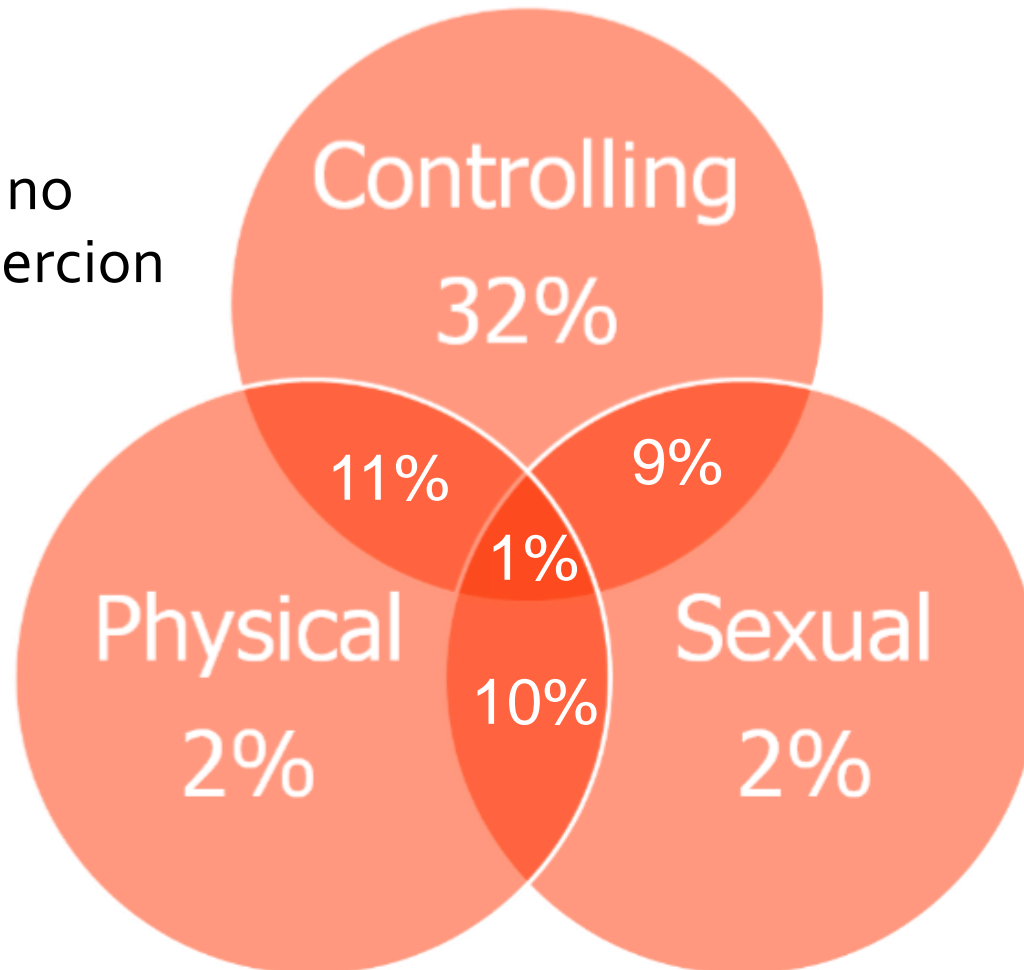
- 93 primary care staff having primary care contact with adolescents
 - 1) general pediatrics
 - 2) school based health clinics
 - 3) family planning and young men's health clinics
 - 4) general family practice
- Each participant received a folder tailored to the local resources and policies

Spectrum of Adolescent Relationship Violence



Pattern of Violent Experiences for Young Women in Prior Year*

27% reported no violence or coercion



CADRI excluding unwanted kissing from the measure of sexual violence (NYC HS Students 2008)

Adolescent Relationship Violence is not Domestic Violence

- Do not often self-identify as victims
- Physical violence often *mutual*
- Violence embedded in a broad base of coercion
- Adolescents go to friends first for help
- Identify health care providers as people who should be asking about relationship violence
- Among adults, they identify health care providers as appropriate sources of help
- Concern for confidentiality

Adolescent Relationship Violence is not Child Abuse

- Unless:
 - Perpetrator is guardian or live-in partner of guardian
 - Parent is condoning/enabling this violence
 - Most circumstances the parent knows nothing about it
- Issues governing reporting and limits of confidentiality are based on state law

Challenges facing health providers

- Time – competing & important issues
 - *90% young women think health providers should ask all women (Zeitler et al. 2006)*
- Feeling competent in asking/discussing
 - *87% young women would not mind being asked*
- Comfort in safety assessment and referral
- Knowledge of confidentiality/legal issues

Barriers for Adolescents

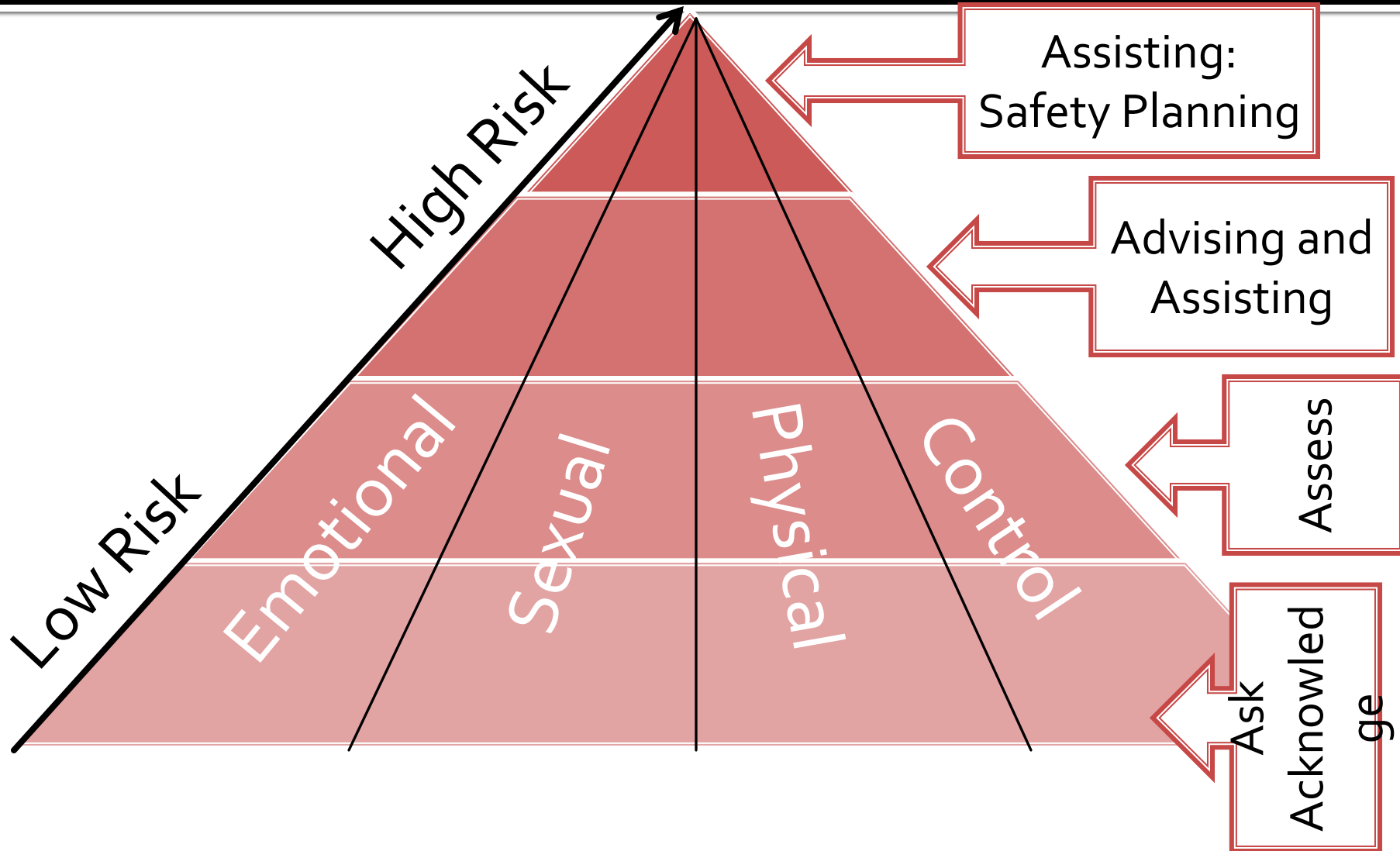
- Do not self-identify as a victim/perpetrator
- Confidentiality
 - Fear of what will happen- parents and partner)
 - Fear of retribution from partner or consequences to partner
- Shame
- Lack of trust in system (provider)
 - Cultural
 - Child protection issues
 - Police issues
- 73% young women say they would answer honestly if asked about relationship violence (Zeitler et al. 2006)

What Makes it Easier for Adolescents to Discuss RV

- Clear understanding of limits of confidentiality*
- Certainty that health care provider would not take any action without permission (except if life threatening)*
- Friendly, supportive, understanding environment
 - Non-judgemental
 - Normalize asking “I ask everyone this”
 - Contextualize “many teens have issues with this”
- Avoid gender discrimination – young men are affected too both as perpetrators and victims

*subject to state laws

Addressing ARV – the 5 A's



Focus on behaviors not “abuse”

Abuse implies prior identification and value judgments

Behaviors elicit more disclosure



Screening:

What to Ask ALL Adolescents

- *Tell me about your relationship....*
- *In your relationship does your partner threaten or physically hurt you?*
- *Does your partner check up on you? If yes, how often?*
- *Has anyone forced you to have sexual activities that made you feel uncomfortable?*

Acknowledging Relationship Violence

- Violence in adolescent relationships is common not acceptable
- ⊙ Health provider's reaction matters
 - ⊙ Even simple statements can have have powerful impact
- If there is a specific disclosure, validate with:
 - "You do not deserve this"
 - "You are not alone"
 - "It is not your fault"
- Often takes a number of experiences to disclose violence
- Want adolescent to identify health care providers as an ally, now and in the future

If “Yes” to Any Screening Questions - Assess for Fear

- *Are You afraid of what he/she might do?*
 - *If you say no?*
 - *If you don't do what he/she asks?*
- Fear can be important factor in physical, sexual, emotional, controlling, and stalking
- Degree of fear (or lack there of) can give provider a sense of the seriousness of the situation from the teens perspective

If “Yes” to physical: Assess for safety

- *Duration, frequency, severity*
- *Accessible weapons and/or threaten to use weapons?*
- *Threaten to harm you in any other way?*
- *History of fighting, losing temper quickly?*
- *Hurt animals or other people?*

If “Yes” to Sexual Coercion/Violence: Assess

- *Duration, frequency, severity*
- *Who decides when and if you will have sex?*
- *Are/how are condoms negotiated?*
- *Are you worried about pregnancy? Does your partner want a pregnancy?*
- *Are you worried about STIs? Have you had any STIs?*

If "Yes" to controlling: Assess

- *Does your partner ever:*
 - *Try to isolate you from friends and family?*
 - *Not want you to spend time with anybody else?*
 - *Get extremely jealous? What does extremely mean to you?*
 - *Get mad when you talk to other people?*
 - *Make you call to "check in" or ask permission?*
 - *Control what you wear, what you do and how you act?*

Assessment and Red Flags

- Degree and frequency of violence
 - Escalation of violence
 - Choking
- Risk Factors, co-morbidities
 - Depression, Substance abuse, unplanned pregnancy and STI
 - School failure
 - Children, Co-habiting?
- Strengths, resources of the adolescent
Self-awareness, Self-esteem, family, School environment, Friends
- Fear and safety
 - Access to fire arms
 - Life Threatened

Reassure PROVIDERS: THERE ARE
PROFESSIONALS TO HELP DO THIS!

Immediate Safety planning

- Emergency social service referral
- Safe place: friend, immediate family, or relative
- Involving the police
- Order of Protection
- School transfer
- Shelter

NOTE FOR PROVIDERS:
THERE ARE PROFESSIONALS
TO HELP DO THIS!

General Safety Planning for Future

- Where to go for safety immediately in their neighborhood
 - Police Precinct
 - Hospitals
- Program important numbers into phone
- Establish code word – for notification of identified support individuals

NOTE FOR PROVIDERS: THERE ARE PROFESSIONALS TO HELP YOU DO THIS!

Successes

- Able to shift provider's knowledge, self-efficacy and outcome expectancies in the short term; unclear if maintained over time
- Appeared to increase priority ARV for providers over other pressing issues during primary care
- Achieved specific skill acquisition – especially in asking male patients
- **Challenge:** Discomfort of providers with the legal/ethical issues of discussing ARV and adolescents.

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 - Contents of this training are the sole responsibility of the Authors and do not necessarily represent the official views of the CDC