

Promoting Healthy Relationships and Responding to Relationship Abuse in Adolescent Health Settings
HEART Primer and Training Project



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HEART is a collaborative project of three organizations

- California Adolescent Health Collaborative (CAHC), a project of the Public Health Institute
- Dr. Elizabeth Miller, Children's Hospital of Pittsburgh, University of Pittsburgh Medical Center
- Futures Without Violence

Funded By: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Dept. of Justice

From “Teen Dating Violence” to “Adolescent Relationship Abuse”

- Adolescence spans a LONG time (ages 10 – 24) – i.e., not just teenagers
- Interventions need to be developmentally appropriate
- Opportunity for youth and young adults to define diverse “relationships”
- Inclusive of range of abusive behaviors (not only violence)

Additional considerations with Adolescent Relationship Abuse

- Electronic media and social networking
- Minor consent laws – balancing safety, mandated reporting, and confidentiality
- Clustering of vulnerabilities

Summary of Research on Adolescent Partner Violence

Adolescent IPV:

- is COMMON
- is associated with multiple risk behaviors and poor health indicators
- has SIGNIFICANT CONSEQUENCES for health
- is highly prevalent in clinical and school-based settings

Adolescent Health Programs: Opportunity for Prevention AND Intervention

The Healthcare Education, Assessment & Response Tool for Teen Relationships (H.E.A.R.T.) Primer and Training Project:

- 1) Linking education about relationship abuse and adolescent health concerns (universal anticipatory guidance and assessment)
- 2) Discuss harm reduction behaviors
- 3) Raise awareness of victim advocacy services relevant for youth

HEART Primer Content

- Current research on ARA
- Policy and procedure recommendations on system changes in healthcare settings
- Assessments and protocols for screening in different healthcare settings,
- Legal issues in minor consent and mandated reporting
- Educational materials for teens and parents

Assessment or Education?

Few adolescents report experiences of violence to adults, and adolescents make up a small proportion of clients utilizing domestic violence services. (Foshee et. al, 2000)

Goal may be education about ARA and that the adolescent health program is a safe place to discuss these issues

Review Adolescent Card: A tool for talking with all adolescents about healthy relationships



Hanging out or Hooking up?

Program Goals:

- To decrease the incidence of adolescent relationship abuse (ARA) among California youth through improved case identification and clinic based interventions.
- To increase teen health and safety by promoting healthy relationships.
- To improve healthcare systems' capacity to prevent ARA.

Program Activities

- Provide Primer and Train Providers across California to identify and respond to ARA among their patients in every clinical encounter.
- Two pilot sites for intervention, statewide dissemination of tools and resources.
- Evaluation to follow up with healthcare providers as well as youth receiving clinical services at two sites with trained providers.

Provider Surveys

68 providers completed surveys prior to the training;
50 completed the 3 month follow up survey.

-41% White; 10% African American; 4% Asian
American; 24% Hispanic/Latino

Of the 44 providers who reported their
background/certification:

41% family planning counselors
18% nurse practitioner/physician assistant
14% community health worker

56% reported being in practice less than 5 years

Provider Surveys

Since being trained, 26% reported an increased number
of disclosures about ARA by youth

26% also reported having more contact with domestic
violence and sexual assault advocates since the
training.

66% reported increased counseling about harm reduction
strategies with their clients (strategies to stay safer,
reduce risk for unintended pregnancy)

Having a protocol to address ARA in their clinic setting,
increased from 64% at baseline to 81% in follow up.

Provider Surveys

Confidence in assessing for ARA increased overall:

For example, "I feel confident that I can talk to a young
person about her/his safety when notifying partner(s)
about need for treatment for an STI" increased from
69% agreeing with this statement to 92% at follow up.

Comfort related to mandated reporting and doing so
safely increased from 68% to 95% of providers in
agreement.

Provider Surveys

Targeted assessment for ARA increased:
Notably, assessing for ARA >75% of the time stayed about the same, from 46% to 43%.

- Assessing for **client safety** >75% of the time increased from 34% to 84%.
- Assessing for ARA when a client is seeking a **pregnancy test** >75% of the time increased from 13% to 61%.
- Similarly for **STI testing** and ARA assessment >75% of the time, 13% to 57%.
- Assessing for ARA when there is also **depression or suicidality**, 27% compared with 73% at followup reported doing this >75% of the time.

Client Surveys

Baseline N = 203; Follow up N = 99

Age range 14-24 years

The lifetime prevalence of physical/sexual violence victimization by a partner among clients served = **40%** (past 3 month violence victimization =16%)

Tech abuse victimization ever = 50%

Client Surveys

Tech abuse victimization in the past 3 months decreased in both sites: 65% to 22% (school health center) and from 26% to 7% (adolescent/young adult health center).

The youth (ages 14-18 and ages 14-24 in each site, respectively) report about a 19% increase in overall knowledge of existing resources available to address healthy and unhealthy relationships

-actual use of services, however, did not change in 3 months.

Client Surveys

No significant changes in condom confidence, fear of condom negotiation, recognition of what constitutes abusive behaviors, or bystander behaviors.

No significant changes in victimization or perpetration of abusive behaviors.

** In the young adult health center site, past 3 month reproductive coercion decreased from 13% to 2%.

-no significant difference in the school health center site (baseline reproductive coercion was low).

Client Exit Surveys (n=346)

- Clients were overwhelmingly positive about receiving this information from their provider:
- Clients reported talking to their provider about healthy and unhealthy relationships during the clinical encounter 70% of the time.
- Clients reported receiving a safety card about adolescent relationship abuse 59% of the time.
- 57% reported receiving this information helped them know how to help someone in an unhealthy relationship
- 77% agree that it is helpful for health care providers to talk about healthy and unhealthy relationships to young people like me.
- 84% state they would bring a friend to the health center if they were experiencing an unhealthy relationship.

Promoting Healthy Relationships

Every adolescent clinical encounter is an opportunity to:

- convey prevention education messages about healthy relationships
- share with youth that your clinical space is safe and confidential
- identify and support youth who may be experiencing controlling and abusive behaviors in their relationships

Next Steps

Cluster-randomized trial in 10 school health centers in California

Intervention components:

- healthy relationships card distributed with every clinic visit
- direct assessments for sexual health related visits
- school-wide youth advisory-led relationship abuse awareness

Funding: National Institute of Justice

For More Information

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THANK YOU!
