Training Adolescent Health Providers to Effectively Address Intimate Partner Violence

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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

Controlling: 32%
Physical: 2%
Sexual: 2%

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

High Risk

Low Risk

Emotional

Sexual

Physical

Control

Assisting: Safety Planning

Advising and Assisting

Assess

Ask

Acknowledge
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 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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