

# Evidence-informed Interventions for Addressing Adolescent Relationship Abuse (ARA) in SBHC's



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# Workshop Guidelines

- Because family violence is so prevalent, assume that there are survivors among us.
- Be aware of your reactions and take care of yourself first
- Respect confidentiality
- Please turn off your phones, laptops, tablets, etc.



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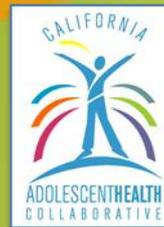
# Objectives

At the end of this session, participants will be better able to:

- demonstrate a greater understanding of the prevalence and impact of ARA.
- implement new strategies for integrating ARA into clinical encounters.
- formulate a multidisciplinary approach.



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# Making the Connection: The Impact of Adolescent Relationship Abuse on Health Outcomes

# “Where Am I”

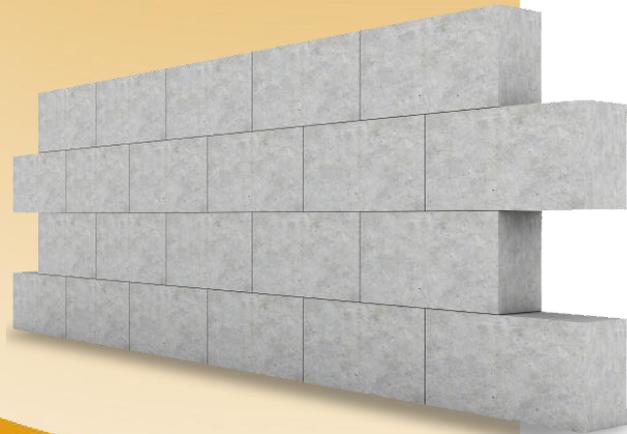
- Draw a “comfort meter”
- On the left end of the meter is “not at all comfortable”
- On the right end of the meter is “very comfortable”



# Barriers to Identifying and Addressing ARA

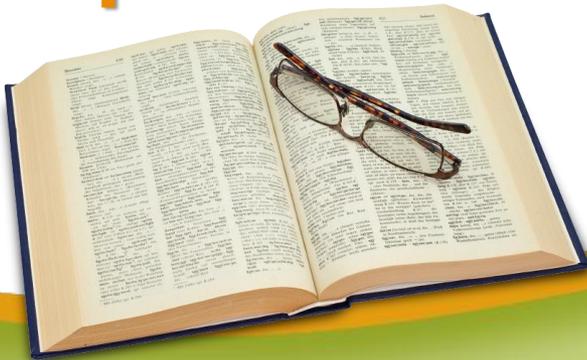
## Providers identified the following barriers:

- Comfort levels with initiating conversations with clients about ARA
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Worry about mandatory reporting
- Lack of time



# Adolescent Relationship Abuse (ARA)

**A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is a minor.**



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# Health Programs are Essential Sites for ARA Intervention

**Adolescent relationship abuse is rarely identified in clinics serving adolescents, but is common among adolescents seeking clinical services.**

(Miller et al, 2010; Asheley & Foshee, 2005; Schoen et al, 1991)



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# ARA negatively impacts meeting adolescent health program goals such as:

- Reducing unplanned pregnancy
- Preventing sexually transmitted infections
- Reducing unprotected sex
- Promoting health and safety, including mental health



# Definitions: Why Language Matters



**Reframing the Conversation  
from Teen Dating Violence to  
Adolescent Relationship Abuse:**

**“Are you hanging out with  
anyone?”**

**“Are you seeing anyone right  
now?”**



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Small  
Group  
Discussion:

# What Makes Adolescents Especially Vulnerable for Abuse?



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# Risk Factors for ARA

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Previous exposure to abuse (child abuse and/or witnessing DV)

Being YOUNG (16-24y.o.)

Substance involvement



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# Group Discussion

# What do we know about the impact of adolescent relationship abuse on health?



“I talk to all my patients about this because we know...”

**1 in 5 (20%) U.S. teen girls report ever experiencing physical and/or sexual violence in an intimate relationship.**

*(CDC Morbidity and Mortality Weekly Report. February 2008; Silverman et al, 2001)*



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# Prevalence



Each year in the U.S. at least **400,000 adolescents** experience serious physical and/or sexual violence in a dating relationship.

(Miller, 2009; Wolitzky-Taylor et al, 2008)



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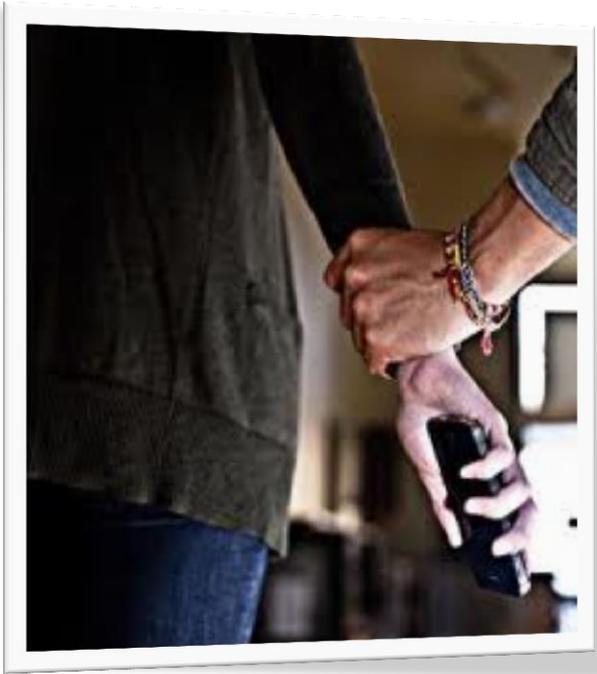
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# Technology as a tool for exerting power and control

- **One in four** teens in a relationship report being called names, harassed, or put down by their partner via cell phone/texting (Zweig et al, 2013)
- **One in five** teen girls have electronically sent or posted nude/semi-nude photos or videos of themselves (**12%** of these girls say they felt 'pressured' to do so)



## Technology-based harassment is a red flag for other abuse



- **84%** of the teens who report cyber abuse said they were also psychologically abused by their partners,
- **52%** say they were also physically abused
- **33%** say they were also sexually coerced (Zweig et al, 2013)

# Adolescent Relationship Abuse and Mental Health

## Young women who have experienced abuse have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse



*(Kim-Godwin YS, et al 2009;Howard DE,et al ,2008; ,Brossard RM, et al ,2008)*

# Suicide Attempt in the Context of ARA

“ It got so bad, I tried to kill myself. I tried jumping off the bridge, and stuff like that; cause I just couldn't deal with it anymore. I couldn't deal with it. I stopped talking to all my friends. I had a ton of friends from [my hometown], and I wasn't allowed to talk to any of them.”



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# Youth who experience sexual dating violence are more likely to:

- Initiate sex before age 15
- Have had sexual intercourse with 4 or more people
- Use alcohol or drugs before sex
- Have a past or current sexually transmitted infection
- Report inconsistent use or nonuse of condoms
- Have a partner with known HIV risk factors



Kim-Goodwin et al, 2009; Wu et al, 2003



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# Unintended Teen Pregnancy

In a study of adolescent girls who experienced IPV:

- **32.1%** become pregnant while in an abusive relationship
- **58.8%** reported those pregnancies were unwanted



# ARA During & After Pregnancy



Pregnant adolescents are **2-3 times more likely** to have experienced violence during and after pregnancy than older pregnant women.

(Parker et al,1993)



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# Rapid Repeat Pregnancy

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months



# What happens at school for these teens?

- Victims and perpetrators are **more likely** to carry weapons as well as engage in physical fighting and other high risk behaviors.
- Physical and sexual victimization is associated with an **increased risk** for school dropout, lower grades, and less connectedness to school.



(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008; Coyne-Beasley et al, 2003)

# The Worst Outcome of ARA

**A third (32%) of female homicides** among adolescents between the ages of 11 and 18 are committed by an intimate partner.



(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008; Coyne-Beasley et al, 2003)



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# Summary of Research on Adolescent Relationship Abuse

- It is **COMMON**
- It is associated with multiple risk behaviors and poor health indicators
- It has **SIGNIFICANT CONSEQUENCES** for health
- It is highly prevalent among youth seeking services in family planning and school-based settings



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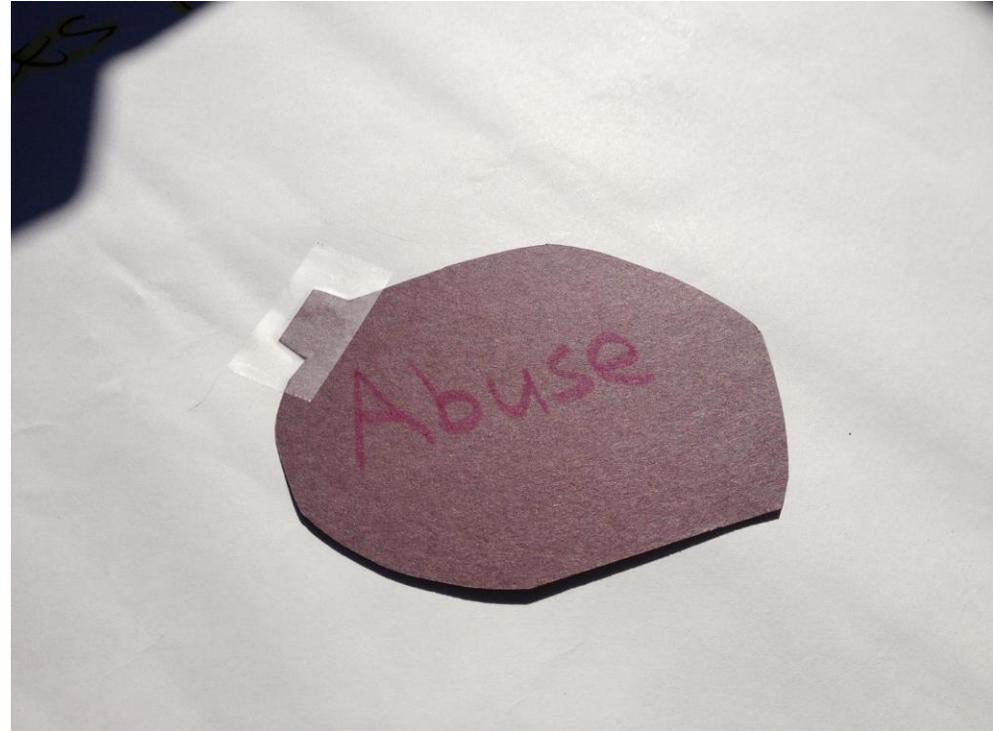
# Section Recap

- ARA is experienced by many young people and takes a variety of forms
- General health and well-being, as well as psychological health and sexual health are impacted by ARA
- Providers working with youth should be aware of the links between ARA and problem behaviors and outcomes in all arenas of young people's lives.



# What can we do about it?

Preliminary findings from our research in adolescent school health centers are showing that when adolescents receive **universal education about healthy relationships and targeted assessment in the clinical setting**, their knowledge and use of ARA resources increases, and **relationship abuse victimization appears to decline.**



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# SHARP PEER ACTIVITIES

- Each team led by an adult ally
- Each team received training from Kat Gutierrez, CSHC
- Peers organized one school wide project
- Peers organized a bathroom campaign



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# EXAMPLES OF ACTIVITIES



- Mock dating game with three contestants, each representing healthy, unhealthy, and abusive relationship tendencies.
- Two cupids passing out wallet cards with candy.

# EXAMPLES OF ACTIVITIES

- Lunchtime session on Valentine's Day called "Hearts or Bombs" during which students describe healthy and unhealthy relationship qualities.
- Theater production on healthy relationships. Production is an interactive piece that will engage audience members in acting out relationship trauma that they or a loved one might have experienced.





**“I talk about this with all my patients...”**  
**Providing Universal Education on  
Healthy Relationships**



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# Goals for Universal Education about Healthy Relationships

- Distinguish between healthy and unhealthy relationships
- Support youth to take action if they witness unhealthy behavior
- Educate sexually active adolescents about sexual coercion and the importance of consent
- Create a safe environment to discuss relationships



# Guidelines For Universal Education

- **How Often Should You Educate?**
  - At least annually and with each new partner
- **When Should You Provide Universal Education?**
  - During any health appointment including sports physicals
- **Where Should You Provide Education?**
  - When the patient is by him/herself without parents, partners, or friends present
- **Who Should Receive Education About Healthy Relationships?**
  - Every teen regardless of gender or sexual orientation should learn about healthy relationships



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# Intervention Elements: the 4 C's

- Confidentiality
  - Discuss with ALL clients
- Conversation
  - normalizing the activity
- Card
  - go through safety card
- Connect
  - warm referral



# First Things First...

## Getting Started:

- 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.



# Script for Disclosing Limits of Confidentiality with Adolescents

“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself”



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# When you need to report:

- After the reason the patient was seeking care has been addressed, remind the young person of the limits of confidentiality discussed at the start of the visit, then inform her of the requirement to report.



***"Remember at the start of this visit we talked about situations where if your safety is at risk that we would have to get others involved? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe."***

# Supporting a patient when you need to make a report

- Inform your patient of your requirement to report
- Explain what is likely to happen when the report is made
- Ask your patient if she is willing to call or meet with an advocate to develop a safety plan in case of retaliation
- Maximize the role of the client in the process



# Universal Anticipatory Guidance: Making Healthy Relationship Conversations Simple



**Hanging out or Hooking up?**



**Hanging out or Hooking up?**

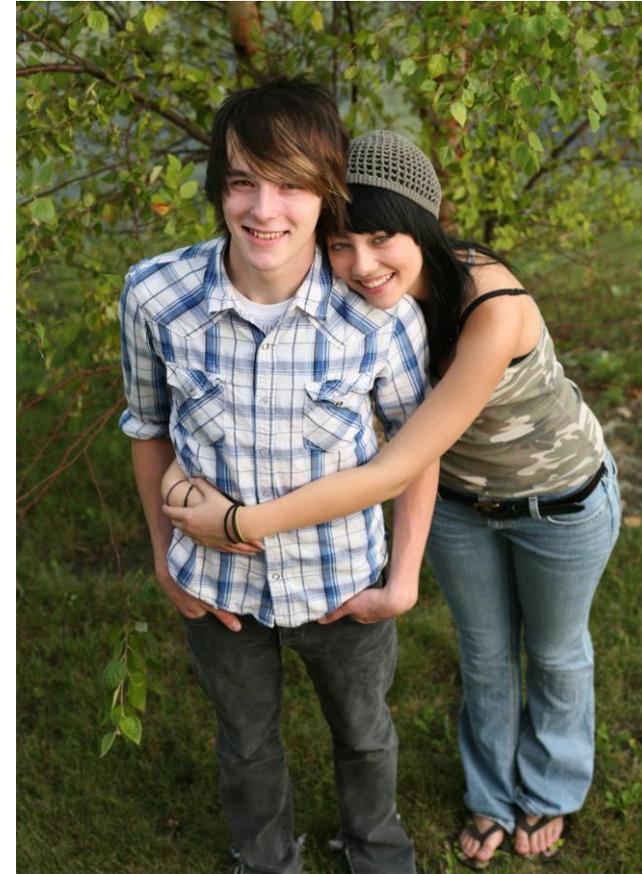


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# These safety cards are a simple, evidence-informed intervention

- 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 who are experiencing abuse but not yet ready to disclose.
- Help victims learn about safety planning, harm reduction strategies and support services.



# How to Introduce the Card:

- "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- (Unfold card and show it) "See, it's kind of like a magazine quiz and it talks about respect, sex and texting. On the back are confidential hotline numbers you can call 24/7..."



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“We’ve started talking to all the teens in our clinic about what they deserve in relationships...”

## How is it Going?

*Does the person you are seeing (like a boyfriend or a girlfriend):*

- ✓ Treat you well?
- ✓ Respect you (including what you feel comfortable doing sexually)?
- ✓ Give you space to hang out with your friends?
- ✓ Let you wear what you want to wear?

If you answered YES—it sounds like they care about you.



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“Everyone deserves to be treated with respect but defining what that looks like can be confusing.”

**This panel of the card breaks it down a little more.**

## What About Respect?

**Anyone you're with (whether talking, hanging out, or hooking up) should:**

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.



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# Talk about healthy relationships with BOTH teen girls and boys

## And on a Bad Day?

*How often does the person you are seeing:*

- ✓ Shame you or make you feel stupid?
- ✓ Pressure you to go to the next step when you're not ready?
- ✓ Control where you go, or make you afraid?
- ✓ Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way. If these things ever happen in your relationship, talk to someone about it. For more info, go to [www.loveisrespect.org](http://www.loveisrespect.org).

# When does texting stop being fun?

## Everybody Texts

### **Getting a lot of texts can feel good—“Wow, this person really likes me.”**

What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

### **Figuring out what to say can be hard, especially if you like the person.**

Be honest. “You know I really like you, but I really don’t like it when you text me about where I am all the time or pressure me for naked pics.” For more tips on what to say go to: [www.thatsnotcool.com](http://www.thatsnotcool.com).



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Adolescents  
report  
disclosing  
abusive  
relationship  
experiences  
to friends far  
more often  
than to health  
professionals

## How to Help a Friend

*Do you have a friend who you think is in an unhealthy relationship?*

### **Try these steps to help them:**

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don't tell other friends what was said.
- Show them [www.loveisrespect.org](http://www.loveisrespect.org) and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.  
Suicide Hotline: 1-800-273-8255



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# Guidelines For Universal Education

- **How Often Should You Educate?**
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## Video Clip: Sam



The following video clips demonstrate providing universal education on healthy relationships during an adolescent health visit



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# Video Debrief

- What worked well in this video? What would you change?
- Do you talk to your adolescent male patients about how to respect girls?
- Do you talk to your female patients about what they deserve from their male partners?
- How can you see using this card in your practice?



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# Practical Application

- Divide into groups of three. One person is the provider, one person is the client, one person is the observer
- Take 5 minutes to practice using the card to provide anticipatory guidance on healthy relationships. **Your goal is to introduce the card.**
- Take 5 minutes to discuss as a group – what worked, what would you change?
- Switch roles so that each person has a chance to try out the skills.



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# Making a Difference

- You do not have to be a domestic violence expert to recognize and help youth experiencing ARA
- Contact with adolescents during visits provides a unique opportunity for education, early identification, and intervention



# Section Recap

- Use the **Hanging Out or Hooking Up** safety card to provide anticipatory guidance on healthy relationships with **all** adolescent patients as part of routine care.
- Talk with patients about texting and other forms technology, and strategies for help
- Educate patients about what they can do if they have a friend or family member who may be struggling with abuse.





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# Beyond Anticipatory Guidance: Targeted Use of the Safety Card

# Integrating Assessments: Substance Use

If a patient reveals they are using substances regularly



## What About Respect?

**Anyone you're with (whether talking, hanging out, or hooking up) should:**

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

**“This card talks about being pressured to get drunk or high with someone because they want to have sex with you...”**



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# Integrating Assessments: Depression & Suicide

If a patient reveals they are sad, irritable, not sleeping well, and/or not motivated



## How to Help a Friend

*Do you have a friend who you think is in an unhealthy relationship?*

### **Try these steps to help them:**

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don't tell other friends what was said.
- Show them [www.loveisrespect.org](http://www.loveisrespect.org) and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.

Suicide Hotline: 1-800-273-8255

**“Has anyone you were going out with ever made you feel so bad about yourself that you thought about hurting yourself?”**



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# Integrating Assessment: Disordered Eating

## Unhealthy eating behaviors in the context of an unhealthy relationship

### What About Respect?

**Anyone you're with (whether talking, hanging out, or hooking up) should:**

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and (or whatever else).

How would you want your best friend to be treated by someone they were going out with? Are you seeing treats you with respect if you treat them with respect.

### And on a Bad Day?

*How often does the person you are seeing:*

- ✓ Shame you or make you feel stupid?
- ✓ Pressure you to go to the next step when you're not ready?
- ✓ Control where you go, or make you afraid?
- ✓ Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way. If these things ever happen in your relationship, talk to someone about it. For more info, go to [www.loveisrespect.org](http://www.loveisrespect.org).

**“Sometimes a response to feeling out of control in a relationship, is controlling what and how you eat...”**



“Is this happening  
in your  
relationship?”

**Targeted  
Education About  
Reproductive  
Coercion With  
Sexually Active  
Young Women**



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# Domestic violence increases women's risk for **Unintended Pregnancies**

(Sarkar, 2008)

# 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.”



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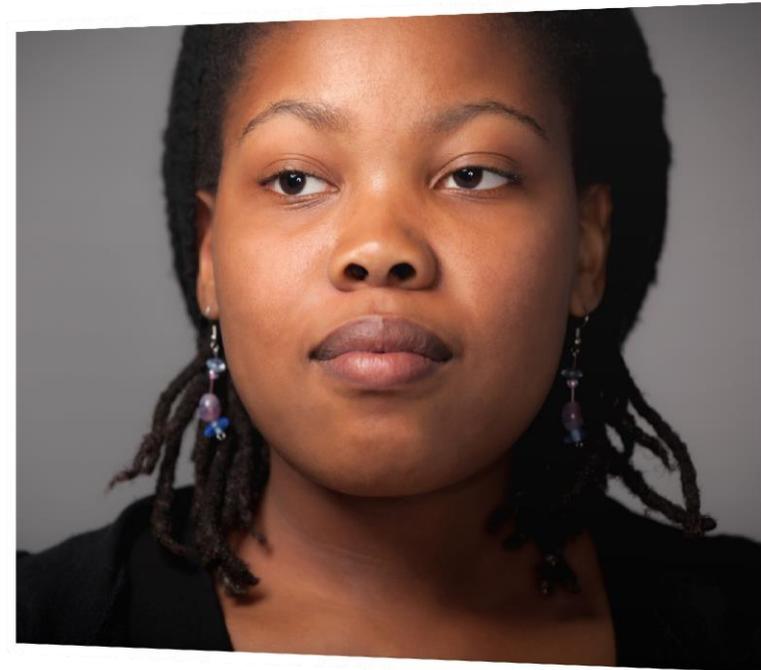
# What We Know

Among a random sample of 1,278 women, ages 16-29, seen at five family planning clinics:

**53% experienced domestic/sexual partner violence**

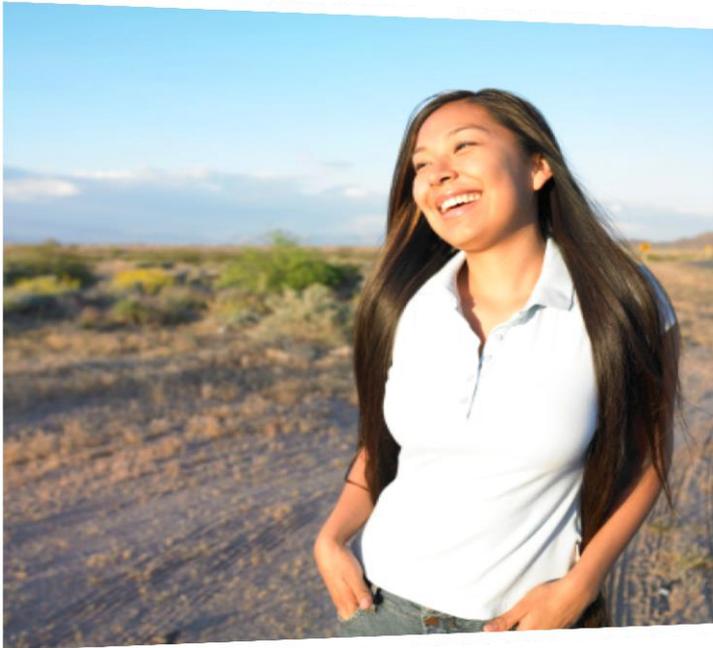
This data mirrors other findings from reproductive health clinics nationwide. Family planning clients experience high rates of violence.

(Miller, et al 2010)



# Among women who received the intervention and experienced recent partner violence:

**71% reduction** in the odds of *pregnancy pressure and coercion* compared to control group



**60% more likely** to end a relationship because it felt unsafe or unhealthy

## Group Discussion

**What** are some ways a partner can interfere with a young woman's reproductive health – pregnancy, STIs, etc.?

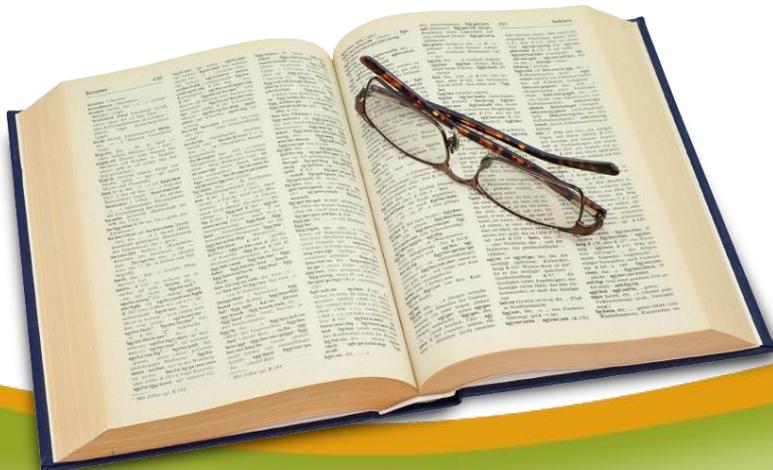


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# Reproductive Coercion (RC)

**Reproductive Coercion involves behaviors aimed 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.**



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# What Is Sexual Coercion?

## **Sexual Coercion:**

Creating a feeling, situation or atmosphere where emotional and physical control lead to sexual abuse or rape, or a victim feeling that he or she has no choice but to submit to sexual activity with the perpetrator.

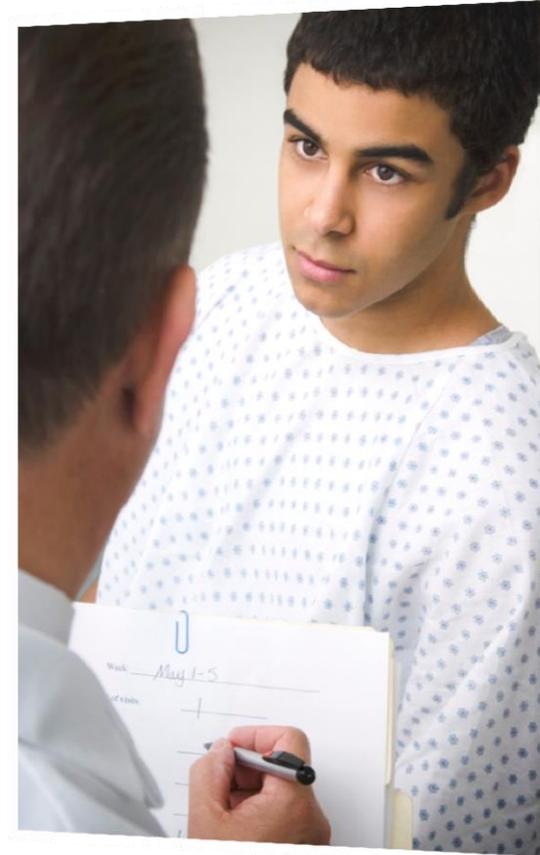


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# What are the messages for adult and adolescent men?

- Male patients need to hear the same messages about the importance of healthy relationships, consensual sex, and consensual contraception to prevent unwanted pregnancies.
- Strategies for assessment, harm reduction, and intervention can be adapted for male patients.



# What about same-sex relationships?

- Sexual coercion or rape may occur in heterosexual or same sex couples.
- Recent research provides some insight into gay and bisexual males' experiences with sexual coercion. In a survey with gay and bisexual men, 18.5% reported unwanted sexual activity.



(Houston and McKiman, 2007)



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# Pregnancy Pressure and Condom Manipulation

“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

(Miller et al, 2007)



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# Birth Control Sabotage

## Tactics include:

- Destroying or disposing contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives

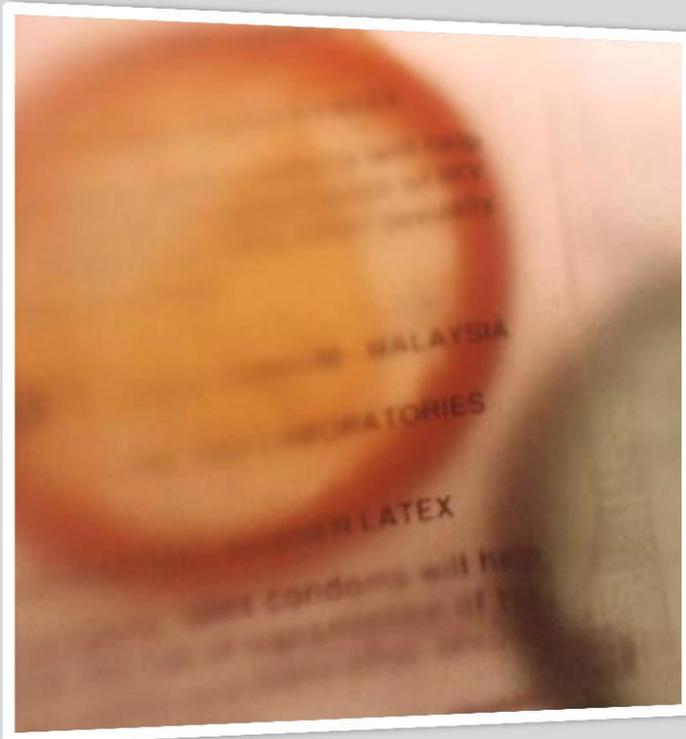


Women, including teens, experiencing physical and emotional abuse are more likely to report **not using their preferred method of contraception** in the past 12 months (OR=1.9).

Williams et al, 2008



# Knowledge Isn't Enough



Under high levels of fear for abuse, women with high STI knowledge were **more likely to use condoms inconsistently** than nonfearful women with low STI knowledge.

(Ralford et al, 2009)

# Pregnancy Pressure and Coercion

## **Tactics include:**

- Threatening to leave a partner if she does not become pregnant
- Threatening to hurt a partner who does not agree to become pregnant
- Forcing a female partner to carry to term against her wishes through threats or acts of violence
- Forcing a female partner to terminate a pregnancy when she does not want to
- Injuring a female partner in a way that she may have a miscarriage



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# Pregnancy-Promoting Behaviors

**One-quarter (26.4%)** of adolescent females reported that their abusive male partners were



**TRYING TO  
GET THEM  
PREGNANT**

(Miller et al, 2007)



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# Threats to Promote a Birth

“He really wanted the baby—he wouldn’t let me have—he always said, “If I find out you have an abortion,” you know what I mean, “I’m gonna kill you,” and so I really was forced into having my son. I didn’t want to; I was 18. [...] I was real scared; I didn’t wanna have a baby. I just got into [college] on a full scholarship, I just found out, I wanted to go to college and didn’t want to have a baby but I was really scared. I was scared of him.”



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# Resource for Targeted Assessment and Response: Reproductive Health Safety Card



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# How to Introduce the Card:

- "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- (Unfold card and show it) "See, it's kind of like a magazine quiz. On the back are confidential hotline numbers you can call 24/7..."



# Provider Tip: Start with Healthy Relationships

## Are you in a **HEALTHY** relationship?

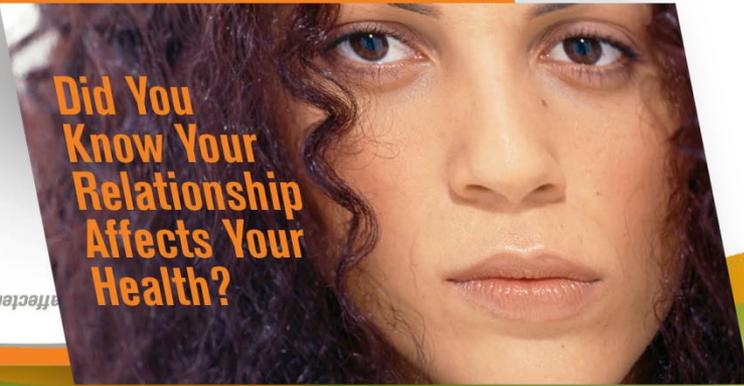
### Ask yourself:

- ✓ Is my partner kind to me and respectful of my choices?
- ✓ Does my partner support my using birth control?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered *YES* to these questions, it is likely that you are in a healthy relationship. *Studies show that this kind of relationship leads to better health, longer life, and helps your children.*

### Sample Script:

“We have started talking to all of our patients about how you deserve to be treated by the people you go out with and giving them this card—It’s kind of like a magazine quiz—Are you in a **HEALTHY** relationship?”



**Did You Know Your Relationship Affects Your Health?**



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# Provider Tip: Use this panel with contraceptive counseling visits

## Are you in an UNHEALTHY relationship?

### Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your health and safety may be in danger.

### Sample Script:

“Before I review all of your birth control options, I want to understand if your partner is supportive of your using birth control. Has your partner ever messed or tampered with your birth control or tried to get you pregnant when you didn't want to be?”



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# Provider Tip: Use This Panel With EC and STI visits

Is your **BODY** being affected?

## Ask yourself:

- ✓ Am I afraid to ask my partner to use condoms?
- ✓ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
- ✓ Have I hidden birth control from my partner so he wouldn't get me pregnant?
- ✓ Has my partner made me afraid or physically hurt me?

If you answered *YES* to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.

## Sample Script:

“Anytime someone tells me they use condoms as their main method of contraception—I always ask if using condoms is something that you are able to talk with him about? Does he ever get mad at you for asking? Do they break often?”



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# Provider Tip: Use This Panel With EC visits

## Double Check

Is your **BODY** being affected?

### Ask yourself:

- ✓ Am I afraid to ask my partner to use condoms?
- ✓ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
- ✓ Have I hidden birth control from my partner so he wouldn't get me pregnant?
- ✓ Has my partner made me afraid or physically hurt me?

If you answered *YES* to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.

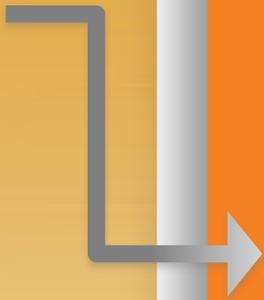
*Does your partner  
know you are here  
for emergency  
contraception?*



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# Review Last Bullet for Every EC Visit



## Taking Control:

*Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.*

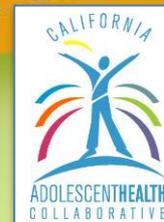
### **If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:**

- ✓ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
- ✓ The IUD is a safe device that is put into the uterus and prevents pregnancy up to 10 years. The strings can be cut off so your partner can't feel them. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.



### Sample Script:

“Was the sex you had consensual, something you wanted to do? Are you at all concerned that a partner may be trying to get you pregnant when you don't want to be? Sometimes women have to worry about someone else finding your emergency contraception and throwing it away. If that is an issue for you it may be useful for you to try out some of the strategies listed on the card.”



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# Provider Tip: Use This Panel With Pregnancy Test Visits

## Who controls PREGNANCY decisions?

### Ask yourself. Has my partner ever:

- ✓ Tried to pressure or make me get pregnant?
- ✓ Hurt or threatened me because I didn't agree to get pregnant?

### If I've ever been pregnant:

- ✓ Has my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction—continuing the pregnancy or abortion)?

If you answered *YES* to any of these questions, you are not alone and you deserve to make your own decisions without being afraid.

### Sample Script:

“Because this happens to so many women, we ask all of our patients who come in for a pregnancy test if they are able to make decisions about pregnancy and birth control without any threats or fear from a partner. Who makes these decisions in your relationship?”



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# Harm Reduction

## Taking Control:

*Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.*

### **If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:**

- ✓ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
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- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.

### **Sample Script:**

“I'm really glad you told me about what is going on. It happens to a lot of women and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk with you about some methods of birth control your partner doesn't have to know about—take a look at this section of the safety card called “Taking Control.”



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# 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



# Follow-up to Disclosure of Birth Control Sabotage

**“What you’ve told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don’t want to be, they might also try and control or hurt you in other ways.”**



**“Is anything like this happening in your relationship?”**



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# What if she is not ready for any intervention today?

Funded in part by the U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families. (Grant #90EV0414)



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WOMEN'S HEALTH CARE PHYSICIANS

## Sample Script:

“You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can come here for help. I am also going to give you a card with a hotline number on it. You can call the number anytime. The hotline staff really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. They have contact with lots of women who have experienced this or know about it in a personal way.”

**All these national hotlines can connect you to your local resources and provide support:**

**For help 24 hours a day, call:**

**National Domestic Violence Hotline**  
**1-800-799-SAFE (1-800-799-7233)**

**TTY 1-800-787-3224**

**[www.thehotline.org](http://www.thehotline.org)**

**National Dating Abuse Helpline**

**1-866-331-9474**

**[www.loveisrespect.org](http://www.loveisrespect.org)**

**National Sexual Assault Hotline**

**1-800-656-HOPE (1-800-656-4673)**

**[www.rainn.org](http://www.rainn.org)**



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# Video Clip: Olivia



The following video clip demonstrates an approach to integrated reproductive coercion during a pregnancy test visit.



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# Video Debrief

- What worked well?
- What you would change?
- Were there some other questions that should have been asked?

# Practical Application

- Divide into groups of three. One person is the provider, one person is the client/patient, one person is the observer
- Take 5 minutes to practice using the card to assess for reproductive coercion. **Your goal is to introduce the card.**
- Take 5 minutes to discuss as a group – what worked, what would you change?
- Switch roles so that each person has a chance to try out the skills.



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# Section Recap

- Use the **Did You Know Your Relationship Affects Your Health** safety card to provide education on reproductive coercion as part of routine care with sexually active young women.
- Simple harm reduction strategies can prevent a woman from being a victim of a forced, unwanted pregnancy.
- Health care provider is the key to intervention for reproductive coercion through providing harm reduction and discreet methods of contraception





**Building Bridges Between  
Reproductive Health and  
Domestic Violence Advocacy**

# Intervention: Supported Referral

## **Adolescent health providers are key to help youth contact resources**

- Annotated referral list for violence related community resources that serve adolescents
- Staff should know names of staff, languages spoken, how to get there on public transportation, etc.
- Educate clients that the clinic is safe place for them to connect to such resources
- Normalize use of referral resources

## **Outcome: Increased awareness and utilization of DV/SA victim services**



# Role of the Domestic Violence Advocate



- Domestic violence advocates provide safety planning and support
- Get to know local programs that **SERVE YOUTH**
- Advocates can work with youth on safety planning and additional services like:
  - Housing
  - Legal advocacy
  - Support groups
  - One-on-one counseling
  - Referrals to other programs for health, mental health, etc.



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# 6 Steps for Responding to Disclosures

1. Validate patient's experience.
2. Offer a safety card for patient to review and keep if it is safe to do so.
3. Discuss where patient can go to learn more about and obtain birth control options.
4. Ask patient if she has immediate safety concerns and discuss options
5. Refer to a domestic violence advocate for planning and additional support.
6. Follow up at next visit.



# Providing a Warm Referral to the National Hotline

Funded in part by the U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families (Grant #90EV0414).



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[FuturesWithoutViolence.org](http://FuturesWithoutViolence.org)



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**“There are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals”**



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# When you can connect to a local program it makes all the difference:

“If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's name), she is really an expert in what to do next and she can talk with you about a plan to be safer. ”



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# Practical Application

- Divide into groups of three. One person is the provider, one person is the client, one person is the observer
- Scenario: Your client responds discloses abuse: “Yes, sometimes I am afraid.”
- Use the **Six Steps for Responding to Disclosures** and the safety card as your guide to respond
- Discuss as a group – what worked, what would you change?



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# Section Recap

- Health care providers play an important role in connecting victims to advocacy services
- Become familiar with the resources on the safety card, including making a call to the National Domestic Violence Hotline
- Create partnerships with your local domestic violence program, so that you can make warm referrals



# Safety Cards, Pregnancy Wheels, Posters and Clinical Guidelines



Reproductive Health and Partner Violence Guide

An Integrated Response to Partner Violence and Reproductive Health  
Second Edition

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**Hanging Out or Hooking Up:**  
Clinical Guidelines on Responding to Adolescent Relationship Abuse



An Integrated Approach to Prevention  
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**Did You Know Your Relationship Affects Your Health?**

- ✓ If you care...
- ✓ I...

**Did you know...**  
One in three girls and one in four boys are sexually active by age 18 and one in seven are pregnant or have had a pregnancy.

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**Hanging Out or Hooking Up?**



**Hanging out or Hooking up?**

But sometimes there is drama in relationships. How often does the person you are seeing:

- Shame you or make you feel stupid?
- Pressure you to go to the next step when you are not ready?
- Control you, or make you feel afraid if you don't do what they want?
- Send lots of texts, ask for your online passwords, or make you send them naked pictures?

Best friend, sister or brother to be treated by... Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

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We are here to help. You or a friend can talk to us about how things are going. Or you can make a call to one of these confidential hotlines 24 hours a day:

- National Teen Dating Abuse Hotline 1-866-231-0474 or online chat [www.loveisrespect.org](http://www.loveisrespect.org)
- Suicide Prevention Hotline 1-800-273-8255
- Teen Runaway Hotline 1-800-421-4000
- Rape, Abuse, Incest National Network (RAINN) 1-800-656-4873



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# Technical Assistance

For questions about how to introduce and facilitate training vignettes and for other free technical assistance and tools including:

- Posters
- Safety cards
- Guidelines on Reproductive Coercion
- Hanging Out of Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse
- Visit: [www.FuturesWithoutViolence.org/health](http://www.FuturesWithoutViolence.org/health)
- Call: **415 678-5500**
- Email: [health@FuturesWithoutViolence.org](mailto:health@FuturesWithoutViolence.org)



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# REVISIT: Where Am I?

- Draw a “comfort meter”
- On the left end of the meter is “not at all comfortable”
- On the right end of the meter is “very comfortable”



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