Joint Session with ACOFP and ACOP: Adolescent Relationship Abuse (ARA)

Cynthia Mears, DO
WILLINGNESS TO PARTICIPATE

I am pleased to participate in all lectures, workshops, case discussions, and/or as moderator as outlined in the Willingness to Participate and Disclosure Form Lecture Schedule.

SECTION 1

I have read the above and understand that the information I provide on this form will be made known to the planners and participants of the educational activity. I declare the following:

Merck Nexplanon
Speaker's Bureau

Pfizer
Speaker's Bureau

The disclosures you listed may represent a perceived Conflict of Interest (when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest). The content of presentations must not be product or promotion oriented, and the presentations must give a balanced view of all relevant therapeutic options available. Any Conflict of Interest must be resolved prior to your presentation. There are a number of resolutions suggested by the American Osteopathic Association, however we feel one of the following has worked best for our college:

I plan to use the following mechanism to resolve any Conflict of Interest (COI): Best Available Evidence
SECTION 2

I hereby accept the invitation to participate as:

Faculty

COPYRIGHT PERMISSION: No, I do not grant permission to reproduce and distribute materials.
LEARNING OBJECTIVES

As a result of this activity learners will be better able to:

1. Define Adolescent Relationship Abuse (ARA)
2. Identify three ways ARA affects adolescent health
3. Describe how to counsel patients on healthy relationships through universal education
4. Educate patients about what they can do if they or a friend or family member they know is struggling with abuse
5. Increase provider comfort level with assessment and management of ARA
In order to identify and prevent ARA, adolescents and providers need to understand the elements of healthy vs. unhealthy relationships.
WHAT IS A HEALTHY RELATIONSHIP?

In a healthy relationship:

• Your partner is kind and supportive
• Your partner supports you and your choices
• Both of you feel safe being open and honest
• Your partner is not excessively jealous
• Your partner gives you space to spend time with other people
• Your partner encourages you to achieve your goals and does not resent your accomplishments
WHAT IS AN UNHEALTHY RELATIONSHIP?

In an unhealthy relationship:

• Your partner shames or humiliates you in front of others or in private
• Your partner controls where you go, who you talk to, and how you spend money
• Your partner has hurt or threatened you, forced you to have sex or made you afraid
• Your partner is overly jealous
• Your partner demands access to your phone, e-mail, and social media

ADOLESCENT RELATIONSHIP ABUSE (ARA)

A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of any gender in the context of a dating or similarly defined relationship, in which one or both partners is a minor

Repetitive pattern of behavior to maintain power and control.

EXAMPLES: monitoring cell phone usage, Telling someone what to wear, interfering with contraception use.
1 in 5 (20%) U.S. teen girls report having experienced physical and/or sexual violence in an intimate relationship


The 2013 CDC Youth Risk Behavior Survey reported that 10.4% of students had been sexually assaulted and 10.3% had been physically harmed by someone they were dating during the 12 months prior to the survey

UNINTENDED TEEN PREGNANCY

- Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non-abused girls.\(^5\)

- Pregnant adolescents are **2-3 times more likely** to have experienced violence during and after pregnancy than older pregnant women.\(^6\)

- Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a rapid repeat pregnancy than non-abused mothers.\(^7\)

5. Roberts, 2005  
6. Parker, 1993  
7. Raneri & Wiemann, 2007

HIGH RATES OF HOMICIDE

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

8. Coyne-Beasley, 2003
TYPES OF ABUSIVE BEHAVIORS INCLUDE

- Emotional/Mental (psychological) abuse
- Physical abuse
- Sexual abuse and reproductive coercion
- Cyber abuse
- Harassment
- Using extreme and controlling jealousy
- Isolation
- Stalking Threats

Abuse is not the same as conflict in relationships

---

**Psychological/Emotional Abuse**

- Name calling including racial slurs
- Hiding or destroying important belongings
- Putting a person down
- Frequent demands to know where s/he is and with whom
- Alienation from family and friends
- Public humiliation
Physical Abuse

• Hitting, punching, kicking, slapping, pushing, strangling
• Withholding medications
• Attempting to force miscarriage
• Scratching, biting, pulling hair, tripping
• Refuse to help when sick, injured, disabled
• Using or threatening to use weapons

Sexual Abuse

• Unwanted or abusive sexual contact
• Non-contact sexual abuse
• Forced sexual activities with abuser and/or others
• Commercial exploitation
• Reproductive coercion and/or abuse
• Forcing partner to watch while having sex with others
• Forcing cruel and/or harmful sexual acts
TECHNOLOGY AS A TOOL FOR EXERTING POWER AND CONTROL

• **One in four teens** in a relationship report having been called names, harassed, or put down by their partner via cell phone/texting.  

• **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).

---


---

**% OF TEEN DATES REPORTING POTENTIALLY ABUSIVE OR CONTROLLING BEHAVIOR BY A CURRENT OR FORMER PARTNER USING PHONE OR INTERNET**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>During Relationship</th>
<th>After Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked up with you multiple times per day asking where you are, who you are with, or what you are doing</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>Read your text messages without your permission</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Used the internet or text messages to try to pressure you into sexual activity you didn’t want to have</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Demanded you remove former girlfriends or boyfriends from your friends list on social media</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Demanded to know the passwords to your e-mail and internet accounts</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Contacted you on the internet or cellphone to threaten or hurt you</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Used information posted on the internet against you, to harass you</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Called you names, put you down or said really mean things to you on the internet or your cellphone</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Spread rumors about you on the internet or on the cellphone</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

CYBER RELATIONSHIP ABUSE RARELY HAPPENS IN ISOLATION

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.

ARA NEGATIVELY IMPACTS MEETING ADOLESCENT HEALTH CARE GOALS SUCH AS:

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

5. Roberts et al, 2005,
6. Parker et al, 1993,
7. Raneri and Wiemann, 2007
BARRIERS TO IDENTIFYING & ADDRESSING ARA

Providers identified the following barriers:

- Comfort levels with initiating conversations with patients 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
- Worries about mandatory reporting
- Lack of time

What Makes Adolescents Especially Vulnerable to Abuse?
RISK FACTORS

Previous exposure to abuse (child abuse and/or witnessing DV)\textsuperscript{16}

Being young (16-24 y.o.)\textsuperscript{17}

Substance involvement\textsuperscript{3,18}

Adolescent pregnancy\textsuperscript{19}

16. Miller, 2011
17. Black, 2011
18. Chiodo, 2012
19. Jacoby, 1999

RISKS OF HAVING UNHEALTHY RELATIONSHIPS INCREASE FOR TEENS WHO

• Believe that dating violence is acceptable
• Are depressed, anxious, or have other symptoms of trauma
• Display aggression towards peers or display other aggressive behaviors
• Use drugs or illegal substances
• Have a friend involved in dating violence
• Have conflicts with a partner
• Witness or experience violence in the home

20. Center for Disease Control and Prevention, 2015
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


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.”

22. Miller, 2007
Experiencing teen dating violence victimization predicated a range of adverse health outcomes:

- For females:
  - Heavy episodic drinking
  - Depressive symptoms
  - Suicidal ideation
- For males:
  - Antisocial behaviors
  - Suicidal ideation

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 and well-being of youth
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.

24. Miller, 2010
25. Ashley, 2005
**UNIVERSAL EDUCATION AND ROUTINE ASSESSMENT**

Universal education and routine, face to face assessment in the health care setting helps to

- Overcome barriers
- Facilitate conversation
- Move beyond disclosure
- Offer information
- Reduce isolation
- Increase options for safety

**IMPORTANT ROLE OF HEALTH CARE PROVIDERS**

By conducting universal education, assessment and a brief intervention, health care providers can decrease risk for violence AND poor health outcomes such as unplanned pregnancy

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

HOW IS THIS DIFFERENT FROM TRADITIONAL ARA SCREENING?

• Focus on prevention in addition to intervention
• All patients have access to information on ARA services, not just those who disclose
• Disclosure is not the only goal
• ARA advocates are key members of the health care team through warm referrals

27. McCloskey, 2006
BEFORE GETTING STARTED

• Build a relationship with your local domestic violence agency and/or connect with nearest agency via phone, video
• Have the national Teen Dating Abuse Hotline number available in every exam room
• Designate an area where a client could use a phone privately to speak with an advocate and/or the national hotline
• Identify a member of your staff who can update local agency contact information every 6 months

CREATING A SAFE SPACE

To build trust and promote safety of adolescent patients:

• Designate a private place to interview clients alone where conversations cannot be overheard or interrupted
• Display highly visible educational posters on consent, etc. that are multicultural, multilingual and reflect a range of relationships
• Have information including hotline numbers, safety cards, and resources on display in common and private areas
• Have intake forms acknowledge ARA
MAINTAINING A SAFE SPACE

- Always meet with patients alone and not within earshot of a partner or friend
- Never use a family member or friend as an interpreter, use medically trained interpreters only
- Reports required by law are allowed under HIPAA disclosure
- You violate HIPAA laws if you report something not mandated by law

WHAT FACILITATES ADOLESCENT COMFORT IN DISCUSSING ARA?

- Provide clear understanding of limits of confidentiality*
- Ensure that health care provider will not take any action without permission (except if life threatening)*
- Offer friendly, supportive, understanding environment
  - Non-judgmental
  - Normalize - “I ask everyone this”
  - Contextualize “many teens have issues with this”

LANGUAGE MATTERS

- Avoid gender discrimination – young men are affected both as perpetrators and victims

*subject to state laws
SAMPLE Confidentiality Statement

Our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger or What you tell me stays with me unless you share you are going to kill yourself or someone else or by law I have to report that you have raped or abused.

Remind them of Explanation of Benefits

Disclosing Limits of Confidentiality

Always review the limits of confidentiality, even if you are not asking DIRECT questions about abuse, in case there is disclosure that you need to respond to
LEGAL REQUIREMENTS VARY FROM STATE TO STATE

Providers in NYS are not required to report all disclosures of ARV but they are required to report certain injuries that appear to have resulted from a criminal act (whether or not a patient elects to file a report)

TYPES OF INJURIES THAT MUST BE REPORTED

<table>
<thead>
<tr>
<th>TYPE OF INJURY</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Injury from discharge of a firearm OR potentially life-threatening injury inflicted by a knife or other sharp object</td>
<td>• Report to the local police or call 911 (Penal Law Section 265.25)</td>
</tr>
</tbody>
</table>
TYPES OF INJURIES THAT MUST BE REPORTED

<table>
<thead>
<tr>
<th>TYPE OF INJURY</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All 2nd or 3rd degree burns to 5% or more of the body</td>
<td>• Report in writing to New York State Office of Fire Prevention and Control within 72 hours of patient visit (Penal Law Section 265.26)</td>
</tr>
<tr>
<td>• All respiratory tract burns due to inhalation of superheated air</td>
<td></td>
</tr>
<tr>
<td>• All life-threatening burns</td>
<td></td>
</tr>
</tbody>
</table>

ADOLESCENT RELATIONSHIP ABUSE 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
CHILD ABUSE STATUTES AS IT RELATES TO SEXUAL CONTACT OR ABUSE

Reporting sexual contact in adolescents:

• Only required if the abuse is committed by a parent or caregiver
• Harm committed by others only reported if the parent allowed the harm to occur
• These decisions are sometimes difficult/complicated and often require intervention, even if report is not mandated
• Check your clinic or agency protocols
• Recommend team approach

MAKING HEALTHY RELATIONSHIP CONVERSATIONS EASIER

Safety cards can be ordered FREE from Futures without violence!
THIS SAFETY CARD IS PART OF A SIMPLE, EVIDENCE-INFORMED INTERVENTION

- Discuss healthy relationships
- Identify signs of an unhealthy relationship
- Educate patients about how to help others
- Plant seeds for people who may be experiencing violence
- Help survivors learn about harm reduction strategies and support services

HOW TO INTRODUCE THE CARD:

- "We’ve started giving this card to all of our patients so they know how to get help for themselves or so they can help others"
- Check in with patient that he or she will be able to safely take it home
- (Unfold card and show it) "It's kind of like a magazine or online quiz. It talks about respect, sex and texting"
“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.

“EVERYONE DESERVES TO BE TREATED WITH RESPECT BUT DEFINING WHAT THAT LOOKS LIKE CAN BE CONFUSING.”

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.
TALK ABOUT HEALTHY RELATIONSHIPS WITH ADOLESCENTS OF ALL GENDERS

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.

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.
WHAT ARE THE MESSAGES FOR ADULT & ADOLESCENT MEN?

• Male patients need to hear the same messages about the importance of healthy relationships, consensual sex, and consensual protection to prevent unwanted pregnancies and STIs.

• Strategies for assessment, harm reduction, and intervention can be adapted for male patients.

ADOLESCENTS REPORT DISCLOSING ABUSIVE 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 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
What we have learned:

- Always give two cards – one for patient and one for a friend or family member
- Using a framework about helping others helps normalize the situation and allows patients to learn about risk and support without disclosure
- Patients do use cards to help their friends and family
- Having the information on the card is empowering for them – and for others they connect with
**Pregnancy tests:** We always ask patients whether the sex they had was consensual. Was this something you wanted to do?

**STI testing:** We always ask patients if they feel comfortable talking with their sexual partners about condom use.

**Birth control options:** We always ask patients if they feel safe asking their sexual partners to use protection.

**Emergency contraception:** Discuss with ALL patients. Know state laws. Anytime patients come in for EC, we ask if the sex that led to their needing EC was sex that they wanted to have? Or was someone making them do something sexual they didn’t want to do?

**STI diagnosis:** Some of our patients share with us that telling a partner about an infection so they can get treated can be scary. How is the person you’re having sex with going to react if they find out about this infection?

**Disordered Eating:** “Sometimes a response to feeling out of control in a relationship, is controlling what and how you eat...”
INTEGRATING ASSESSMENTS: SUBSTANCE USE

• Sometimes people turn to substance abuse because they are stressed about what is happening in their relationship and sometimes partners use substance abuse as a means of control.

• Underscore that a partner should:
  - Not pressure you or try to get you drunk or high because they want to have sex
  - Not threaten to expose your substance use as a way to control you

28. Behnken, 2010

INTEGRATING ASSESSMENTS: DEPRESSION & SUICIDE

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

• Follow clinical protocols for suicide risk and safety assessment including measures taken to assure safety

• If safety assessment is completed and safety confirmed, make appropriate mental health referral and/or provide suicide prevention resources if needed in the future

29. Howard, 2008
REMEMBER:

Disclosure is not the goal, and, Disclosures Happen!
EXAMPLES OF A FOLLOW-UP QUESTION TO ASK AFTER PROVIDING UNIVERSAL EDUCATION

“Is this happening to you?”
“Tell me about your relationship...”
“In your relationship does your partner threaten or physically hurt you?”
“Has your partner ever tried to interfere with your birth control?”
“Has anyone forced you to have sexual activities that made you feel uncomfortable?”
ACKNOWLEDGING RELATIONSHIP VIOLENCE

• Violence in adolescent relationships is common, but not acceptable
• Health provider’s reaction matters
• Even simple statements can have a powerful impact
• Often takes a number of experiences to disclose violence
• Want adolescents to identify health care providers as an ally, now and in the future

• “I am so sorry this is happening. It is not okay, but it is common. You are not alone.”
• “This is not your fault. Nothing you did caused this. Someone else made a choice to hurt you.”
• “What you’re telling me makes me worried about your safety and health.”
SUPPORTING SURVIVORS: WHAT NOT TO SAY

• “You should definitely report immediately.”
• “You are definitely in an abusive relationship.”
• “That does not sound like rape to me…”
• “Your partner is crazy, you need to break up with them.”
• “So what happened after that, and what happened after that?”

ADVISE AND ASSIST

Advise
• Non-judgmental
• Give options
• Resources for the teen
• Advising to leave relationship immediately may increase risk of violence

Assist
• Friends – strengths and limitations
• Parents - if teen identifies them; can offer to help discuss it with their parents
• School – teacher, counselor, coach, etc
• Health /Mental Health Provider
• Legal/community resources
• Teen Hotlines
• Online Resources

There are professionals to help do this!
ADVISE & ASSIST

• “Would you like me to explain options and resources that our patients are often interested in hearing about?”
• “Some patients find talking to an advocate or counselor to be helpful.”
• “What else can I do to be helpful? Is there another way I can be helpful?”

RED FLAGS – ADVISE AND ASSIST

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

Fear and safety
• Access to fire arms
• Life threatened

There are professionals to help do this!
IMMEDIATE SAFETY PLANNING: ASSIST

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

There are professionals to help do this!

SUPPORTING A PATIENT WHEN YOU NEED TO MAKE A REPORT

- Maximize the role of the patient in the reporting process (make the call/fill out form together, only include information necessary for report, etc.)
- Assess for immediate danger
- Offer to let them use your office phone, computer, or meet with social worker or advocate in your clinic
PROVIDING A “WARM” REFERRAL

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), they are experts in what to do next and can talk with you about a plan to be safer.”

RC: PREGNANCY PRESSURE

Tactics include:

• Threatening to leave or hurt a partner who doesn’t 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 may cause a miscarriage
“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.”

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).
POSSIBLE HARM REDUCTION INTERVENTION

These methods are less vulnerable to tampering by a sexual partner—but may be detectable due to loss of period/irregular bleeding.

Intrauterine Device  Implant

Injection

AMONG WOMEN WHO RECEIVED THE INTERVENTION & 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.

1. Convey empathy without judgement
2. Validate patient’s experience
3. Ask patient if she has immediate safety concerns and discuss options
4. Offer visit specific harm reduction strategies (i.e. alternate birth control or safe partner notification)
5. Offer a safety card and other resources for patient to review and ask if it is safe to do so
6. Refer to a domestic violence advocate for safety planning and additional support
7. Follow up at next visit

HARM REDUCTION

If patient discloses RC – you can respond by saying “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.”

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.
KEY CONSIDERATION

If her partner monitors menstrual cycles, the copper IUD may be the safest method to offer the patient.

ACOG recommends cutting the strings in the cervical canal.

The inconvenience of IUD removal with ultrasound may well be worth avoiding an unwanted pregnancy by an abusive partner.

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:
  - Support groups
  - One-on-one counseling
  - Referrals to other programs for health, mental health, etc.
REVIEW THE RESOURCES PANEL

“ON THE BACK OF THE CARD ARE SOME PHONE NUMBERS AND WEBSITES, IN CASE YOU OR A FRIEND EVER NEEDS INFORMATION OR SUPPORT”

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).

INTERNET RESOURCES, TEXTS OR CHATS MAY BE BETTER OPTIONS FOR YOUTH

http://www.loveisrespect.org

http://www.thatssnotcool.com/

“loveis” to 77054

If you or someone you know ever just wants to talk, you can call these numbers. All of these hotlines are free, confidential, and you can talk to someone without giving your name.

National Teen Dating Abuse Helpline
1-866-331-9474 or online chat
www.loveisrespect.org

Suicide Prevention Hotline
1-800-273-8255

Teen Runaway Hotline
1-800-621-4000

Rape, Abuse, Incest, National Network (RAINN)
1-800-656-HOPE (1-800-656-4673)
SECTION RECAP

- Adolescent relationship abuse is common and can take many forms
- Health care providers are in a key position to provide universal education which can help identify young people experiencing ARA
- Having a standard way of assessing ARA and managing disclosure in your setting is critical
- Resources should be provided for all adolescents, not only those who are experiencing ARA

CITATIONS & REFERENCES


17. Black 2011 i.e., NISVS


CITATIONS & REFERENCES


CITATIONS & REFERENCES


QUESTIONS?

cynthia.mears@advocatehealth.com