

Intimate Partner Violence Among Expectant and Parenting Youth: Prevention, Identification, and Intervention



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By the end of this webinar, participants will be able to:

1. Identify factors that can place teens (especially expectant and parenting teens) at risk for intimate partner violence (IPV);
2. Communicate with youth about IPV and characteristics of healthy and unhealthy relationships; and
3. Describe three components to develop an effective response and referral system for youth at risk for experiencing IPV.

Teens are at ??? risk than adults for intimate partner violence.

Higher



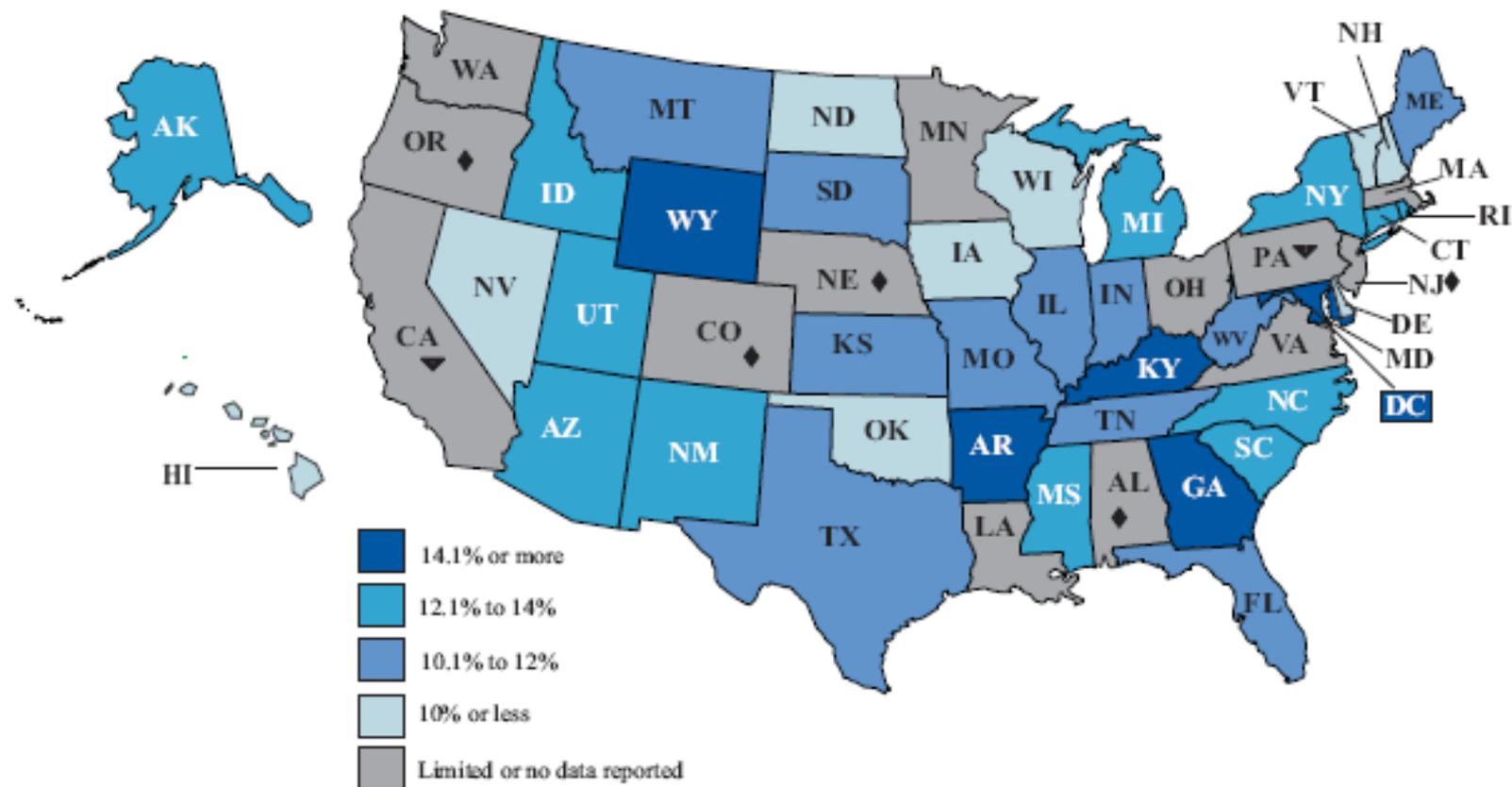
Lower



What percent of high school students report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months?

- 10 %
- 25 %
- 60 %

Fast Facts about Teen Dating Violence - 3



Notes:

- * Hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.
- ▼ No statewide data collected. Data collected in select cities only.
- ◆ State did not have a 60 percent or more response rate to the Youth Risk Behavior Surveillance System.

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2007.





KEY SIGNS OF TEEN DATING VIOLENCE

It is a type of intimate partner violence (IPV).

It can be:

- Physical
- Sexual
- Psychological/Emotional

It can take place in person or electronically.

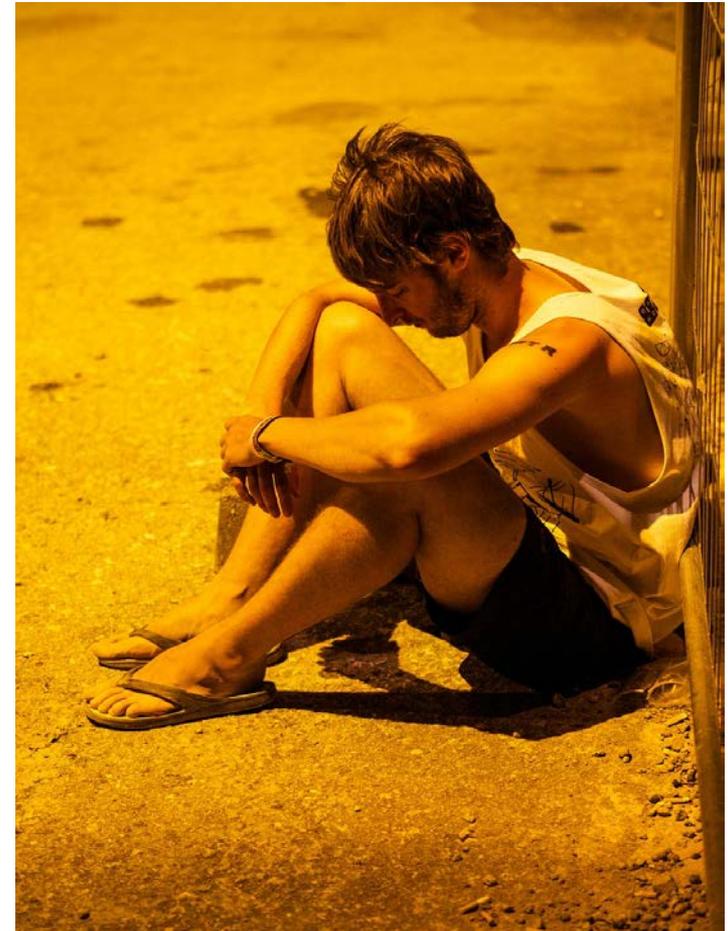
What does TDV look like?

Physical – pushing, slapping, punching, kicking

Psychological/Emotional – threatening to harm one's partner or one's self; name calling, shaming, bullying, or harassing; isolating from friends/family

Sexual – sexual assault; birth control sabotage; threatening to spread rumors if partner refuses sex

Stalking – unwanted harassment



- Survivors are more likely to be **depressed** and **do poorly in school**.
- They may engage in **unhealthy behaviors** – e.g., eating disorders and using alcohol and drugs.
- They tend to **think about or attempt suicide**.
- Girls are 3 times more likely to have been **tested for STDs and HIV**, and more than twice as likely to report an **STD diagnosis**.
- High School girl survivors are 4-6 times more likely than their non-abused peers **to have been pregnant**.

Some factors that put teens at higher risk include:

- Family instability
- History of maltreatment
- Social disadvantage
- Dating at a younger age
- Witnessing community violence (for girls)

Factors that make a teen more likely to *be* abusive include:

- Trauma experiences
- Alcohol use
- A friend who is involved in dating violence
- Problem behaviors in other areas
- Normative beliefs about dating violence
- Exposure to harsh parenting
- Exposure to inconsistent discipline
- Lack of parental supervision, monitoring, and warmth

- Truancy
- Dropping out of school
- Decline in academic performance
- Mood or personality changes (e.g. increased sadness, acting passive or withdrawn)
- Increased use of alcohol or other drugs
- Emotional outbursts
- Isolation
- Unexplained physical injuries
- Noticeable weight change
- Pregnancy*

Abuse Causing Pregnancy

- Forced sexual activity
- Birth control sabotage
- Risky sexual behavior

Abuse During Pregnancy

- Abuse at the onset of pregnancy
- Isolation/denial of prenatal care
- Abdominal area injuries

- Increased Isolation -> limited support networks
- Shame and embarrassment associated with being a teen parent
- Financial dependence on an abusive partner
- Fear of losing custody of their children



BUILDING AWARENESS OF TEEN DATING VIOLENCE

- **Universal** – have campaigns that reach all clients/participants in the community. Use posters, videos, general discussions to raise awareness and create a safe environment.
- **Selective** – know who may be at risk so that you can determine who may need intervention, education, and other services.
- **Indicated** – communicate to survivors where they can get help.

Healthy vs. Unhealthy Relationships

The screenshot shows a web browser window displaying the website for the Office of Adolescent Health. The browser's address bar shows the URL www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships. The website header includes the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. The main content area features a navigation menu with links for Home, About Us, OAH Initiatives, Adolescent Health Topics, News, Resources & Publications, and Grants. A search bar and social media sharing icons are also present. The main heading is "Healthy Relationships", followed by a paragraph explaining the importance of safe and healthy relationships during adolescence. A sidebar on the right lists related topics: Dating, Bullying, LGBT, Dating Violence, Healthy Friendships, Talking with Teens, and In the States. Below the main text, there are sections for "RESOURCES" (including a PDF guide for practitioners) and "HEALTHY RELATIONSHIPS IN THE STATES" (with a map of the United States).

U.S. Department of Health & Human Services
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Healthy Relationships

During adolescence, young people learn how to form safe and healthy relationships with friends, parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles during this time, and relationships contribute to their development. Peers, in particular, play a big role in identity formation, but relationships with caring adults – including parents, mentors or coaches – are also important for adolescent development. Often, the parent-adolescent relationship is the one relationship that informs how a young person handles other relationships. [MORE »](#)

in HEALTHY RELATIONSHIPS

- Dating
- Bullying
- LGBT
- Dating Violence
- Healthy Friendships
- Talking with Teens
- In the States

RESOURCES

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children
[Download PDF](#)

Parent Information: Teens

HEALTHY RELATIONSHIPS IN THE STATES

ADOLESCENT HEALTH TOPICS

- Reproductive Health
- Mental Health



- OAH Dating Violence page
<http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/dating-violence.html>
- Dating Matters: Understanding TDV Prevention
<http://vetoviolence.cdc.gov/index.php/dating-matters/>
- The White House 1 is 2 Many Campaign
<https://www.whitehouse.gov/1is2many>
- DOJ Office of Violence Against Women <http://www.justice.gov/ovw>
- Break the Cycle www.breakthecycle.org
- Love is Respect www.loveisrespect.org
- Start Strong: Building Healthy Teen Relationships
<http://startstrong.futureswithoutviolence.org/>



- Share the statistics about teen dating violence
- Teach them the signs of TDV
- Discuss what they should do if they suspect client involvement in an abusive dating relationship
 - Have the infrastructure in your agency to address and refer these cases

- Informal Social Networks and Individuals
 - Family and Friends
 - Parents
 - Other youth
- Formal Social Networks
 - Associations and Groups
 - PTA
 - Youth-Serving Organizations
 - Youth Organizations
 - Faith-Based Organizations

- Service Providers
 - Rape Crisis Centers and Domestic Violence Agencies
 - Individual Health Care Agencies
- Institutions and Government Agencies
 - Schools
 - Criminal Justice
 - Law Enforcement
 - Judges
 - Local Media



BEST PRACTICES FOR TEEN DATING VIOLENCE RESPONSE AND REFERRALS

- R.** Routinely screen all expectant and/or parenting teens.
- A.** Ask specific & direct questions in a caring and non-judgmental manner.
- D.** Document information about suspected dating violence.
- A.** Assess the teen's safety.
- R.** Review options and provide referrals.

What to Do When TDV Occurs

- Conduct a risk assessment and safety plan
- Discuss how to break up safely
 - Avoid being alone with abuser
 - Make it clear that the relationship is over
 - Be cautious and report stalking or threats
 - Create a support system
- Gather evidence – photos, clothing, messages, and letters
- Get written statements from witnesses
- Assist with filing charges and/or protective orders
- Initiate program/organization interventions – Stay Away agreement, counseling, support groups, etc.



Questions?

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Oregon's Safer Futures Project



Sarah Keefe, Health Systems Program Coordinator
Oregon Coalition Against Domestic and Sexual Violence



Vision

- Safety and well-being for all pregnant and newly parenting women in Oregon

Mission

- The mission of Safer Futures is to reach pregnant and newly parenting women who are victims of intimate partner violence (IPV) through partnerships with child welfare, public health, and local health care systems

On-Site Advocate

- Provides intervention, accompaniment, and supportive services
- Provides case consultation

Training and Partnership Development Coordinator

- Health care cohort only
- Provides training and technical assistance
- Develops organizational capacity for effective IPV services in partnership with health care systems

Partnerships with:

- Child Welfare branch offices
- Public Health departments
 - Reproductive health programs
 - Women, Infants, and Children (WIC) programs
 - Maternal and child health home visiting programs
- Local health clinics
 - Federally qualified health centers
 - Community-based health centers
 - Tribal health and wellness centers

Intervention services

•Safety planning

- In-person crisis counseling
- Legal and court advocacy
- Assistance with restraining orders
- Emergency assistance, including vouchers for attorney consultations, baby supplies, gas, food, etc.
- Emergency shelter assistance

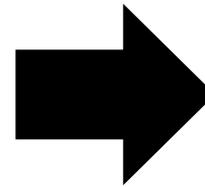
Accompaniment services

- Accompaniment to court hearings (criminal, child welfare, child custody)
- Accompaniment to medical appointments

Supportive social services

•Information and referral provided in person or by phone

- Support groups
- Child care referral and some assistance
- Transportation assistance
- Transitional housing assistance
- Home visitation
- Assistance obtaining and understanding insurance benefits and coverage
- Connecting women to maternal/infant health programs and self-care options like yoga or mom-and-baby play groups
- Education and employment assistance



Positive health outcomes & promoting healthy relationships

Unique Roles



Increase...

- **Collaboration**
- **Training**
- **Cross referrals**

Through Safer Futures, partnerships have:

- Helped providers make the connection between IPV and health
- Established a process for direct assessment and universal education about IPV for providers
- Implemented a simple safety card intervention
- Promoted universal education as a harm reduction strategy
- Improved understanding of trauma-informed care
- Offered referrals and support

- Clients want providers to talk with them about IPV
- Clients need to know the limits of confidentiality before they talk about IPV with a provider
- Providers must understand that the “perfect” screening question will not necessarily increase disclosure rates
- It is best practice to empower clients with information, regardless of the screening question or outcome
- Universal education about healthy relationships is a form of prevention

How do I establish partnerships?

- Acknowledge and address providers' concerns about their clients who are experiencing IPV
- Educate providers about how to recognize and respond to IPV
- Find champions and strategic partners within your community
- Create a leadership team comprised of invested partners

- Establish a Memorandum of Understanding with the local Domestic Violence/Sexual Assault program in your area (DV/SA)
- Adopt the Futures Without Violence universal education model for your practice
- Establish a referral process with your local DV/SA program (nnedv.org)

Futures Without Violence Resources

- Technical assistance
- Clinical guidelines
- Safety cards/brochures
- Posters
- Other tools: pregnancy wheels, buttons, provider reference cards, etc.

Visit the online toolkit:
www.healthcareaboutipv.org

Ask yourself. Has my partner ever:

- ✔ Tried to pressure or make me get pregnant?
- ✔ Threat 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 other words—terminating the pregnancy or aborting)?

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

Setting Help

- ✔ If your partner checks your cell phone or texts, talk to your health care provider about using their phone to call domestic violence services—so your partner can't see it on your call log.
- ✔ If you have an STD and are afraid your partner will hurt you if you tell him, talk with your health care provider about how to be safe and how they might tell your partner about the infection without using your name.
- ✔ Studies show educating friends and family about abuse can help them take steps to be safer—giving them this card can make a difference in their lives.

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. Consider also the *kind of relationship* that is best for health, longer life, and happy your children.

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✔ Does my partner stress 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 whom I can go?

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

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/STI, unwanted pregnancies and serious injury.

Taking Control

Your partner may be pressuring you to help you in his life and they intended to you through a child-care if that isn't what you want.

If your partner makes you have sex, condom 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 any time when you want to become pregnant.
- ✔ Emergency contraception (the "morning after pill") can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken one of two ways: by mouth and injected. One by mouth or injected will be safe to your partner won't know.



Of 1278 women (ages 16-29) sampled in five family planning clinics,
53% experienced DV/SA

Health interventions with women who experienced recent partner violence: **71% reduction** in odds for pregnancy coercion

Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Miller, et al, 2010



- Screening without response is ineffective
- Women often choose not to disclose
 - Not ready, distrust of formal systems, limited resources, fear of retaliation, mandatory reports
- Universal education provides an opportunity for primary, secondary, and tertiary prevention

Teen Boys' Reports of Condom Non-Use during Forced Sex (Futures Without Violence)

“...if she's saying no, she could leave... while you're putting the condom on. So...you don't have time...”

“...if she doesn't want to [have sex], then she'll leave if you're trying to put a condom on and, you know, she doesn't want to do it so you don't want her to get away.”

Intervention: Student Voices at a School Based Health Center (SBHC) Site (*Futures Without Violence* evaluation)

“I was in a really bad relationship and talked to them [providers at SBHC], I got out of it. Like, they helped me to realize that I’m way better and I deserve better, and it actually helped. It boosted my confidence in myself and I became a more independent young woman, I think.”



Through these partnerships, Safer Futures has increased:

- Safety of participants
- Understanding of health impacts of IPV for participants and provider partners
- Partner support as demonstrated through in-kind match
- Partners' participation in project leadership teams to incorporate and disperse knowledge and plan for sustainability
- Funding support of the on-site advocate and replication of the on-site advocate design in other settings

Questions?

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