Intimate Partner Violence Among Expectant and Parenting Youth: Prevention, Identification, and Intervention
This webinar was developed by Child Trends under contract #HHSP233201450027A for the Office of Adolescent Health, US Department of Health and Human Services as a technical assistance product for use with OAH Pregnancy Assistance Fund grantees.
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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.
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.

KEY SIGNS OF TEEN DATING VIOLENCE
What is 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
Effects on Health and Well-Being

- 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
Common Signs of an Abusive Relationship

• 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
Teen Parenting and Dating Violence

- 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
Prevention of TDV

- **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

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, just relationships with caring adults—such as 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>

RESOURCES
A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children
Download PDF

Healthy Relationships in the States

ADOLESCENT HEALTH TOPICS
• Reproductive Health
• Mental Health
TDV Awareness Resources

• OAH Dating Violence page
  http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/dating-violence.html

• Dating Matters: Understanding TDV Prevention

• 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/
Train Staff

- 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
Building a Team of Community Partners

• 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
Building a Team of Community Partners

- 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.

Created by Massachusetts Medical Society. Source TDV Technical Assistance Center (2009)
Issue Brief No. 8.
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

Safer Futures
Improving the health and safety of women and children

Oregon Coalition
Against Domestic & Sexual Violence

Sarah Keefe, Health Systems Program Coordinator
Oregon Coalition Against Domestic and Sexual Violence
Oregon’s Safer Futures project

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
Oregon’s Safer Futures project model

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
Oregon’s Safer Futures project

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
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<th>Advocate services</th>
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<td><strong>Intervention services</strong></td>
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<td>• Safety planning</td>
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<td>• In-person crisis counseling</td>
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<td>• Legal and court advocacy</td>
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<td>• Assistance with restraining orders</td>
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<td>• Emergency assistance, including vouchers for attorney consultations, baby supplies, gas, food, etc.</td>
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<td>• Emergency shelter assistance</td>
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<td><strong>Supportive social services</strong></td>
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<td>• Information and referral provided in person or by phone</td>
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<td>• Support groups</td>
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<td>• Child care referral and some assistance</td>
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<td>• Transportation assistance</td>
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<td>• Transitional housing assistance</td>
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<td>• Home visitation</td>
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<td>• Assistance obtaining and understanding insurance benefits and coverage</td>
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<td>• Connecting women to maternal/infant health programs and self-care options like yoga or mom-and-baby play groups</td>
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<td>• Education and employment assistance</td>
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<td><strong>Accompaniment services</strong></td>
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<td>• Accompaniment to court hearings (criminal, child welfare, child custody)</td>
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<td>• Accompaniment to medical appointments</td>
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Partnerships are essential to the project

Positive health outcomes & promoting healthy relationships

Unique Roles

Safer Futures
Improving the health and safety of women and children
Partnerships are essential to the project

Increase...

• Collaboration
• Training
• Cross referrals
Why have partnerships with health providers?

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
Partnerships must be client-centered

- 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
How do I establish partnerships?

- 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](http://www.healthcareaboutipv.org)
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
Why Screening with Universal Education?

- 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
Why do we need 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.”
Safe Futures’ progress

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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