

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time you may press star 1 on your touch-tone phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time.

I would like to now like to turn the conference over to Jaclyn Ruiz. Thank you. You may begin.

Jaclyn Ruiz: Thank you and good afternoon everyone and thank you for joining us on today's webinar Intimate Partner Violence Among Expectant and Parenting Youth Prevention, Identification and Intervention. Intimate partner violence is a wide-spread issue that serious short and long-term affects and it's especially important for our grant programs as dating violence and teen pregnancies are intimately linked.

For many teen mothers of violence and abuse begins or increases at the time they become pregnant and this webinar will help us best identify and

understand how to respond to these needs of teens who are experiencing intimate partner violence.

This webinar was developed by Child Trends under a contract for the Office of Adolescent Health, US Department of Health and Human Services as a technical assistance product for youth with OAH Pregnancy Assistance Fund grantees.

And before I introduce our speakers I just want to go over a few logistics for today's webinar. All participants should be able to hear the audio and view the slides. If you're having trouble accessing the net portion of the webinar please let the operator know and know that the slides, transcript, and audio will be made available on the OAH Web site at a later time.

There are going to be a few interactive features that we are going to be utilizing today's webinar. We'll be using poles as well as the Q & A feature that's at the top of your screen. And there'll be lots of presentation where we'll be asking you questions and asking you to share some information with us as well.

And finally as the operator mentioned everybody is in a listen-only mode. We'll be taking questions at the end of the presentation using the Q&A feature that I mentioned or you can also enter the operator's queue as she instructed by pressing star 1 on your phone.

But please feel free to just type in your questions whenever you have them in the presentation in the Q&A pod because I know sometimes we forget as the presentations are going on. So please make sure to utilize the Q&A pod whenever you have a chance.

And so without further ado I'm going to introduce our first speaker Dr. Nadine Finigan-Carr. She's a Prevention Research Scientist focused on the application of behavioral and social science perspectives. She does research on contemporary health problems especially those disproportionately - those that disproportionately affect people of color.

Her fellowship is guided in theory and methods found primarily in the fields of health behavior change among individuals and the environment which includes social, informational, and psychological environments but support or impede chronic disease prevention or management injury and fire.

More specifically she has focused on adolescent risk behaviors and their determinants. She is a research assistant professor at the University of Maryland School of Social Work and she also likes to play the drums. So she has not had an opportunity to play in a band in the last year (unintelligible).

So without further ado I'm going to hand it over to her to start the presentation.

Nadine Finigan-Carr: Thank you (Jackie) and good afternoon everybody. We're excited to be meeting with you today to discuss intimate partner violence among teens, also known as teen dating violence. And I want to thank OAH for the opportunity to present this work.

The goals for today's webinar as seen on your screen are for attendees to be able to identify factors that can place teens -- especially expectant and parenting teens -- at risk for intimate partner violence, to communicate with youth about intimate partner violence, the characteristics of health and unhealthy relationships, and third to describe components to develop and

effective response and referral system for youth at risk for experiencing intimate partner violence.

So before we begin we're going to start with a quick poll to practice using the polling feature. And also to help give us a better idea of what you already know about teen dating violence. So please use the polling function as seen on your screen to indicate whether you think intimate partner violence is more or less of a risk for teenagers than adults. And I'll give you some time to respond now. Once again your choices are higher, lower, or you don't know. So we have - I'll give you about 30 seconds more for everyone to respond.

Okay. So let's see what the results show. (Neela) can you show the results please?

Woman: (Unintelligible)

Nadine Finigan-Carr: Okay. There we go. So as you can see 19 - almost 95% of you believe that teens are at higher risk than adults for intimate partner violence. And one of you is not sure - and I admire you for being honest with that. The true answer is that they are at more risk.

So teens are at higher risk than adults for intimate partner violence. And we're going to cover a little bit more details of that but first let's go through our second fast fact about teen dating violence and then we'll go over them both together.

So 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%, or 60%? And I'll give you all some time to provide your answers. Okay once again we'll give about 30 more seconds because it looks

as though a few people are switching back and forth. Okay let's show the results of the poll.

So the majority you feel that 25% of high school students report being hit, slapped, or physically hurt. And this more than likely reflects what see in the media or reflected based on our own populations that we work with but in reality -- and let's switch back to the slide -- in reality the answer is - where'd the 10 go? The answer is 10%. 10% of high school students report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months. And even 10% is too high.

And you can see it also ranges in the United States here from 10% to about 14%. So dating violence is a widespread issue that has serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family.

Among adult victims of rape, physical violence, and/or stalking by an intimate partner 22% of women and 15% of men first experienced some form of partner violence as teenagers.

And approximately 10% report - of high school students report being hit, slapped, or physically hurt. This map shows the range of teen dating violence survey responses by state. So you can look here and see approximately where your state ranks as far as being hit, slapped, or physically hurt by a boyfriend or girlfriend during the 12 months before this survey.

And the source of all of this information is the Centers for Disease Control.

So let's look now at what are the key signs of dating violence. What is teen dating violence? Teen dating violence threatens the safe supportive health-

promoting environment that OAH grantees strive to create. Some teenage dating relationships are violent only occasionally whereas for some others it is a frequent fundamental part of the relationship. It is not always physical violence as it spans a continuum of psychologically or emotionally, physically, and sexually abusive behaviors. It can also include stalking. Electronically it can occur via text and in the world of social media via Facebook, Twitter, Snapchat, and the like.

Teen dating violence is as serious a problem as adult intimate partner violence and like abusive adult relationships it is about power and control. Many teen abuse victims have adult partners which adds another element of power and control to the relationship.

So what does teen dating violence look like? It can be physical which occurs when a partner is hit, shoved, slapped, punched, or kicked.

It can be psychological or emotional which means that a partner is threatened or threatened to be harmed or their sense of self-worth is threatened. Some examples include name-calling, shaming, bullying, embarrassing on purpose, or even keeping him or her away from friends and family.

There's sexual violence which is forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or non-physical like threatening to spread rumors if a partner refuses to have sex.

And lastly there's stalking. This refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim.

Both girls and boys can be affected by teen dating violence. While some data shows that girls are more likely to be victimized other research shows an

equal proportion of girls and boys as both survivors and perpetrators. However girls overwhelmingly experience more severe teen dating violence including physical and sexual assault.

Teen dating violence has far-reaching consequences for survivors and has effects on their health and well-being. Survivors are more likely to be depressed and do poorly in school.

They may engage in unhealthy behaviors and exhibit eating disorders or use alcohol or drugs. They tend to think about or attempt suicide more in comparison to their non-abused peers.

Girls specifically are three times more likely to have been tested for STDs and HIV and more than twice as likely to report an STD diagnosis. And high school girl survivors are four to six times more likely than their non-abused peers to have been pregnant which is very relevant for OAH grantees.

So what are some survivor characteristics? Some factors that put teens at higher risk can be family and stability, maltreatment, social disadvantage, dating at a younger age, and witnessing of community violence - especially for girls.

Being abused as a teen can set students up for a lifetime of victimization without intervention and counseling services. And once again I'd like to remind you that both boys and girls can be survivors of dating violence.

For aggressor characteristics - aggressors can come from all walks of life. They tend to be more depressed and aggressive than their peers. Other factors that make a teen more likely to be abusive include an experience of trauma, alcohol use, normative behaviors from having friends who are involved in

dating violence, problem behaviors in other areas, and issues related to parenting - either harsh parenting, inconsistent discipline, or even lack of parental supervision, monitoring, and warmth.

So we've spoken a bit here about the survivor characteristics and the aggressor characteristics and teen dating violence as a whole. Now I'm going to pause and give you an opportunity to ask questions using the Q&A feature at the top of your screens, specifically - or to answer a question rather.

So specifically the question is what do you think are the signs that a teen is in an abusive relationship? So in your Q&A section share with us now what you think are some signs that a teen is in an abusive relationship. I'm seeing some very good responses.

So jealousy, isolating from - isolating the victim from family and friends and their once-loved ones, being disconnected from school -- that's a good one I see -- or from their social circles, isolation from once-loved activities - good, unable to hang with friends or -- oh that's a good one -- boyfriend constantly checking one's cell phone, bruises and marks on the body - that's a definite sign.

Let's see if we get a few more. Inseparable from their boyfriend or girlfriend, other people seeing physical signs, mental health signs, withdrawal, depression - good, social signs, misplaced birth control -- that's definitely one we're going to get into - issues with birth control all of a sudden -- good.

I'll give a moment. Anyone else have one more - ah here we go - getting into trouble at school or home. Very good. I like - that's definitely a good one. All right, just a reminder, in order to use the Q&A - because I see a few people who have raised hands but at this point we're using the actual Q&A feature

which means that you go into your Q&A and you type your question in the box so that we can see it and hear it and respond to it.

All right. So with that being said we will go into some of the details of common signs of an abusive relationship. So I think you've mentioned almost all of them. Definitely truancy. People said issues with academic performance. One of those issues in school would also include dropping out. Mental health was covered - so mood or personality changes. Someone did specify withdrawal. Isolation was mentioned and unexplained physical injuries.

A couple of the others here that weren't mentioned are increased use of alcohol or other drugs, emotional outbursts, noticeable weight change - and that can go in either direction - it could be weight gain or it could be weight loss but noticeable weight change.

And then one common sign of an abusive relationship to consider is pregnancy. Pregnancy may actually be a result of an abusive relationship. Someone said misplaced birth control. We're going to talk about birth control as a part of an abusive relationship.

But pregnancy can also be a trigger for abuse in a previously not abusive relationship. So we're going to go into a little bit more detail about that right now. Teen dating violence and teen pregnancy are intricately linked. Research indicates that teen girls who are in abusive relationships are at a greater risk of becoming pregnant.

Also for many teens the violence and abusive behaviors begin or increase at the time they become pregnant. At least one fourth of adolescent mothers and as many as 50-80% are in abusive relationships before, during, or after their pregnancies. Understanding and responding to the unique needs of those who

are abused during and after pregnancy can greatly impact the services you provide as well as the health and safety of these teens.

Evidence suggests that teens in abusive relationships are at high risk of becoming pregnant. As mentioned earlier, high school girls experiencing teen dating violence are four to six times more likely to have ever been pregnant. This could be a result of forced sexual activity, birth control sabotage, and risky sexual behaviors as risky sexual behaviors are more likely among teens in abusive relationships.

Abuse also often starts when a woman becomes pregnant. Of those whose pregnancies are intended 5.3% report abuse at the time of pregnancy. That number increases three-fold in unplanned pregnancies to 15.3%. And as you know pregnant teen girls are at an increased risk of illness and death than their non-pregnant peers.

Experiencing physical abuse during pregnancy poses an even greater threat to both the mother and the baby especially if it takes the form of denial of prenatal care or abdominal area injury.

Teen parents in abusive relationships face unique challenges in accessing help and services. There is increased isolation among them with limited support networks. And if you're in an abusive relationship where your partner isolates you and then concurrent to that being a teen parent you feel isolated imagine how much more limited their support network may be.

There's also shame and embarrassment that may be associated with being a teen parent, financial dependence on their abusive partner, and there may be fear of losing custody of their children.

So now that you know the signs and are aware of the impact of teen dating violence on teens in general and expectant and parenting teens specifically let's discuss how we can make our teens more aware of it as well.

So using a public health model there are three levels of risk and therefore three levels of intervention for the prevention of teen dating violence. Not all the teens we serve are at the same level of risk and preventive interventions are most effective when they are appropriately matched to their target population's level of risk.

The types of prevention interventions developed by your organizations may vary depending on clients' risk levels. Universal interventions take the broadest approach, targeting the entire community. They can include posters, videos, general discussions that raise awareness.

So lots of prevented intervention - target those whose risk due to biological, psychological, or social risk factors is significantly higher than average groups in the wider population. And indicated preventative interventions target those in immediate risk and identify ways to prevent further harm.

So I'm going to give you an opportunity here and you can do this either by - it might be easier to request to speak through the queue. Does anyone have an example of a way that your program provides universal, selective, or indicated programming for the prevention of teen dating violence at your organization?

Jaclyn Ruiz: So (unintelligible) I just want to remind everyone you can either do it in the Q&A or if you did want to verbally give a response you just have to press star 1 and the operator will put you in the queue.

Nadine Finigan-Carr: Thank you (Jackie). I'm just going to repeat the question one more time.

Does anyone have an example of a way that they have used universal, selective, or indicated programming for the prevention of teen dating violence? And it's okay if you don't but if anyone has an example they would share that's fine at this time.

Thank you (Katie). So (Katie) has stated that they have done universal. They offer a Safe Dates program to middle and high school students as well as mentors in a violence prevention program for college students. Very good.

I also see (Hillary) specifically her organization provides case management services to connect survivors with groups and individual-based counseling. So that would be an example of indicated - it's specifically for survivors. Good.

Anyone else? I see - (Jennifer) you stated GreenDot. Can you explain that a little bit more? Can you type a little bit more about what you mean. Okay. All right. Well great. We're going to talk a little bit more but thank you for sharing - for those of you who did. Okay.

All right. So the theme here is when young people are learning the skills they need to form positive relationships with others. This is an ideal time to promote healthy relationships and prevent patterns of dating violence that can last way into adulthood.

Effective programs address dating violence along with other risk behaviors such as substance use or sexual risk behaviors. Consider incorporating discussions about healthy and unhealthy relationships into your existing intervention activities or counseling sessions.

There are many reputable Web sites which have information that you can share. In addition to the screen shot on this slide I have a wealth of OAH resources.

The following slide provides a brief listing of a view of these sites. Among them are specifically the OAH Dating Violence page, but this is a combination of both federal resources as well as non-profit organizations that have a wealth of resources on teen dating violence awareness.

In order for you to move forward and best serve teen dating violent survivors at your organizations your staff should be trained. Your staff should feel confident in their ability to recognize the signs of teen dating violence among clients or participants and believe they have the skills to intervene or refer them for services.

So make sure to share the statistics about teen dating violence with them. Teach them the signs and discuss what they should do if they suspect client involvement in an abusive dating relationship within the infrastructure of what's available at your agency.

Many times in our organizations staff are focused on putting out the immediate fire in front of them and adhering to the overall mission. As a result they may miss the signs of teen dating violence. So they need to understand that it is important to identify and intervene as appropriate.

Effective teen dating violence prevention engages the whole community -- youth, parents, staff -- in promoting healthy relationships. There are two effective strategies in doing this - building awareness of teen dating violence in the community as a whole and building community partnerships to continue

to raise awareness and to develop linkages for serving youth at risk for teen dating violence.

The teams should include informal social networks and individual such as family and friends, parents, and other youth, as well as formal social networks including associations in groups and faith-based organizations.

You also should include service providers like rape crisis centers and domestic violence agencies as well as institutions and government agencies which include the schools, criminal justice organizations, and local media.

So we're - this brings us to our third objective. What are the best practices for teen dating violence response and for referral? When abuse is suspected, a risk assessment should be conducted. If confirmed, a safety plan should be established.

RADAR was developed in Massachusetts to assess the safety and well-being of expectant adolescents. However all but the first R are steps in assessing risk and safety for all who are survivors of teen dating violence.

So the first R is to Routinely screen all of our expectant and/or parenting teens.

A is for Ask. It is important that as you ask specific and direct questions and communicate that you don't alienate or isolate the teen further.

D - Document. Remember as you document this information to adhere to mandated reporting requirements for your jurisdiction. Inform clients that if they are at risk you may have to breach confidentiality for their safety.

A - Assess. Are they in danger or more at risk now that they have divulged to you their situation? Do you need to get them into a safe space immediately?

And R - Review and Refer. Determine how this works best for your agency or organization. Is this an in-house referral or will they need to get services from elsewhere? Does a staff member need to accompany them? Can they call and make an appointment for services on their own? And these are all things to consider as you conduct a risk assessment with your pregnant, expectant, or parenting teen.

So what do you do when teen dating violence occurs? If you are providing services in-house within your organization you would follow these steps. If not, you would work with your local intimate partner violence prevention coalition to determine how best to assist your clients in these activities.

But in all cases document everything because you may be the person who they divulge to or your organization may be where they divulge this information and you would have the information in case something further happens.

So what do you do? You conduct your risk assessment and safety plan. You might discuss with them how to break-up safely. You help them to understand to avoid being alone with their abuser and to be clear that the relationship is over.

You help them to be cautious, and report stalking or threats, and to develop a support system because they may have been isolated from their previous support system. Gather evidence, get written statements -- if necessary and part of the protocol -- from witnesses.

You may -- although this might be a part where your intimate partner violence coalition is more helpful -- assist with filing charges or protective orders and initiate program or organization intervention.

So if there's a stay-away agreement or things of that nature then you make sure that that's adhered to when they are at your program or organization. You also help them get into counseling or a support group.

So now we have time for a few questions. And so I'm going to pitch it back to you all if you have any questions for me now and also pitch it to (Jackie) to manage this part.

Coordinator: Thank you. We will now begin the question-and-answer session over the phone. If you would like to ask a question please press star 1, unmute your phone, and record your name clearly.

If you need to withdraw your question press star 2. Again to ask a question please press star 1. And stand by. It looks like we have a few questions coming in. Our first question is from (Katriana Reynolds). Go ahead. Your line is open.

(Katriana Reynolds): We are unfamiliar with stay-away. I wonder if you could just speak a little about that.

Nadine Finigan-Carr: Yes. So a stay-away agreement is...

Woman: (Unintelligible)

Nadine Finigan-Carr: I'm sorry, can you mute your phone now so that we don't have feedback (Katriana)? Thank you.

So a stay-away agreement is literally just that. Within your organization let's suppose that the partner of the abused adolescent used to come in with them in sessions or wait around or be in your organization.

A stay-away agreement would be an understanding and an actual agreement that you set up in your organization whereas that would no longer occur for the safety of your client or your participant so that they feel free to express themselves within your organization without them being there.

And so that could be something that's set up specifically within your organization and it could run parallel to any legal measures that are being set up that you might be getting them services to deal with. Thank you for your question.

Coordinator: Your next question comes from (Jenny Baker). Go ahead. Your line is open.

(Jenny Baker): Hi. Can you address the intersection of the lack of sexual health education and interpersonal violence? It seems as though although pregnant and parenting teens suffer from interpersonal violence and domestic violence that this is the, you know, hit, slap, punch, and stuff that happens prior to actually being pregnant.

So I'm not sure if the data is shown in different states but I'm just wanting to know if there is a better way for us to address interpersonal violence and communication skills in sexual health education prior - as a primary prevention tactic.

Nadine Finigan-Carr: Thank you for your question. Just clarifying - when you're talking about communication skills or sexual health education you're talking about skills

such as negotiation of condom use or contraception - things of that nature. And so one of the things - at least that's where I understood your question to be.

So one of the things that I have seen that works well is when you are having - providing sexual health education and speaking to teens about negotiation regarding their sexual health with their partner is actually discussing with them things like what is the difference between aggressive and assertive?

And having them to understand when they're being assertive and when they are sharing the reasons for why they would prefer their partner to use a condom or why they would prefer their partner to be on contraceptive -- for the males to their females -- and having discussions of how to have conversations that are assertive as opposed to aggressive.

And also having them think more in terms of future orientation and less in terms of the immediate. So in terms of future-orientation, having discussions in terms of, "You know that you and I want to go to college and if we had a child now it would make it harder for us to go to college and that might be why we should use a condom now so that we don't get pregnant."

Those types of conversations that focus on future-orientation and there are articles that speak about future-orientation as one of the promoters or motivators for young people in negotiating contraception use as well as for wanting to use contraception and condoms.

Jaclyn Ruiz

And Nadine just in the interest of time I'm going to introduce Sarah and anybody that has questions please just write them down or keep them in your mind because we'll have some more time hopefully at the end of the presentation for questions.

So I'm going to go ahead and introduce our next speaker who is Sarah Keefe. Sarah Keefe is the Health Systems Coordinator at the Oregon Coalition Against Domestic and Sexual Violence.

She came to the Oregon Coalition Against Domestic Violence after seven years of building community engagement and a variety of Oregon-based social justice non-profit organizations including work in the reproductive health field at Planned Parenthood Columbia-Willamette, and the Child Welfare System through the National Indian Child Welfare Association and over the years she's worked for and served on the Board of Directors of TransActive center, an organization that works with transgender and gender-nonconforming children, youth, and their supportive families. And in her free time you can find her river-paddling with a local dragon boat team or on the trail hiking in the great Pacific Northwest.

So I'm going to go ahead and hand it over to Sarah because I know she always has a lot of information to share with you so thank you Sarah.

Sarah Keefe: Thank you for that lovely introduction. Good afternoon everyone. My name is Sarah Keefe and as introduced I'm the Health Systems Coordinator at the Oregon Coalition Against Domestic and Sexual Violence.

I'm delighted to share with you some of the work we are doing here in Oregon with teams at the intersection of health and domestic violence. In particular a cross-disciplinary project called Safer Future. In the Safer Future - pardon me. Our vision is, "Safety and well-being for all pregnant and newly parenting women in Oregon" and our mission is to reach pregnant and newly parenting women and teens who are victims of intimate partner violence through partnerships with child welfare, public health, and local health care systems.

The Oregon Department of Justice annually receives \$1 million in federal pregnancy assistance funds from the US Department of Health and Human Services Office of Adolescent Health. Oregon's multi-year grant supports advocacy interventions on-site in a variety of settings for pregnant and newly parenting women and teens who are victims of intimate partner violence.

In the Safer Future project model, the grant funds support seven projects located across the State of Oregon which include an on-site co-located advocate and for four of the project sites a Training and Partnership Development Coordinator. In the four healthcare cohort sites in four locations across Oregon the Training and Partnership Development Coordinator helps to create partnerships and collaborations, a critical role in our state, under health care reform efforts.

In terms of building capacity, professional development is critical. Safer Futures invest in a high level of training for each cohort both separately and together. This includes monthly webinars, annual retreats, and recently an entire delegation of all of our Safer Future staff to the National Conference on the Health and Domestic Violence in March in Washington DC.

Our healthcare cohort co-locates advocates from domestic violence and sexual assault programs in public health departments including reproductive health programs, Women, Infants, and Children or WIC programs, maternal and health home visiting programs, and local health clinics including federally qualified health centers, community-based health centers, and tribal health and wellness centers.

Our advocates co-locate where programs have relationships and where we can find pregnant and newly parenting women and teens, the population that Safer Futures was designed to reach and serve.

Our co-locate advocates provide true wrap-around survivor-centered services. They are listed here with services in the purple font being the most commonly provided by our advocates. Intervention services accounted for the largest percentage of services offered at 46% of which safety planning was most frequently provided.

Each site provided services unique to its own project design and the partnerships that that program has built. An example of these unique services include one of our health care cohort sites Tillamook County Women's Resource Center on the Oregon coast - and I see a few of our Tillamook County team signed onto the webinar.

Hello. They formed a partnership with their local clinic. The attending nurse asks every woman receiving a pregnancy test if she'd be willing to meet with a co-located advocate to learn more about how relationships impact health. For those women who ascent, our co-located advocate then assess if intimate partner violence is a risk factor for the woman.

Safer Futures truly seeks to create connection, create partnerships, and support a community-wide system of care for survivors - to go where they are. Strong partnerships are essential. Health care and social service providers and domestic violence advocacy programs play unique but equally important roles in helping achieve positive health outcomes and promoting healthy relationships.

There is a system-wide movement to consider and respond to social determinants of health but as domestic violence and sexual assault advocates we are trying to build on in health care. Especially in Oregon we are blessed that health systems are looking to increase community partnerships.

We're learning here that advocates are an important compliment to physical, mental, and behavioral health services - and that increased collaboration, training, and cross-referrals between providers and advocates benefits women and teens who are experiencing intimate partner violence.

Through Safer Futures, our partnerships have helped providers make the connection between intimate partnership violence and health, establish the process for direct assessment, and universal education about intimate partner violence for providers, implemented a simple safety card intervention, promoted universal education as a harm-reduction strategy, improved understanding of trauma-informed care, and offered referrals and support.

Partnerships must be client-centered. So what do we know about survivors? Research tells us that survivors want providers to talk with them about intimate partner violence. Clients need to know the limits of confidentiality before they talk about intimate partner violence with a provider.

Survivors are often concerned about what a provider will do with the information if she does disclose intimate partner violence or where the information will end up. It is critical to disclose limits of confidentiality before any chosen screening, assessment, or intervention is implemented.

Providers must understand that the perfect screening questions will not necessarily increase disclosure rates. We know that health care is data-driven. That's why many intimate partner violence screens are about disclosure which

is not what we recommend for our settings. We get that measurement of outcomes matters but we know that screening on its own is ineffective and we must broaden our lens beyond just screening. This is about connecting survivors to resources, not disclosure rates.

This is particularly important to consider when working with teens. It is best practice to empower clients with information regardless of screening questions or outcomes. These interventions improve the health and safety of women. Evidence shows we can make a difference together.

Lastly, this universal education about healthy relationships is a form of prevention. One of our questions is about this. People trust their doctors and listen to them. When a health care provider can talk about the importance of healthy relationships, people listen.

In establishing partnerships it's important to acknowledge and address providers' concerns about their clients. This can include provider concerns such as fear of contributing to a client's stress as well as discomfort discussing abuse or concern around what to do if she says that she needs help.

One of the most powerful tools to create partnerships is to educate providers about how to recognize and respond when she needs help for intimate partner violence. To do this you will also need to find champions within your community who can help you with their connections and relationships that they have. Also create a leadership team comprised of these invested partners who will help you implement your project.

Another important strategy is to establish a memorandum of understanding with the local domestic violence and sexual assault program in your area. To

find your local program contact your state coalition - and it looks like the URL didn't make the slide but nnev.org.

That's N as in Nancy - N as in Nancy - E as in Edward - D as in Dog - and V as in Victor - dot org. Your state coalition will have the most up-to-date resources of your local domestic violence and sexual assault agencies.

We also recommend -- here at the Oregon coalition -- to adopt the Futures Without Violence universal education model for your practice. And of course to establish a referral process with your local domestic violence and sexual assault program.

So the clinical assessment we use -- that takes into account a survivor-centered intervention while also wrapping in a prevention model which is so critical when working with teens -- is clinic site-specific tools by Futures Without Violence.

We use these tools at a majority of our sites to facilitate partnerships between advocates and providers. Resources include safety cards and they may be ordered at no cost - no cost other than a shipping and handling fee through Futures Without Violence.

One of the main tools at our site is the Reproductive Health Intervention, a brochure-based intervention by Futures. And you see the card right here in the corner of your slide. Futures did a study on this tool and here's what they found.

Over half of the sample reported having experienced intimate partner violence. This tells us that family planning sites are critical to reaching teens

who are at risk for unplanned pregnancy, pregnancy coercion, and birth control sabotage.

Additionally, the study shows us that this intervention is not just a cling-tool. It actually improves safety. We use this brochure-based universal education-focused assessment at many of our healthcare cohort sites because of its strong evidence and prevention focus. It is also a good fit given our concerns around confidentiality and mandatory reporting which varies by state.

It's important to move beyond just questions on a form. Screening without response is ineffective. It does not help women or teens. Further, universal education is a good fit given our concerns and it is important to recognize that there are many very good reasons that a woman or teen may choose not to disclose and this should be respected.

In terms of prevention universal education provides an opportunity for primary prevention. For clients who are not experiencing abuse universal education affirms that relationships are an important healthcare issue.

In terms of secondary prevention early education of intimate partner violence and intervention can reduce harm as the violence escalates and the entrapment increases.

For (unintelligible) prevention in relationships with escalating violence assessment provides the opportunity for disclosure, support, and referral in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have option.

Universal education is a different approach than traditional screening methods in that disclosure is not the goal and it is prevention-focused.

So why do we need prevention? Here are two excerpts from teen boys' reports of not using a condom during forced sex from a study by Futures Without Violence. One teen says, "If she's saying no she could leave while you're putting the condom on so you don't have time." Another says, "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."

The Futures model is so important for not only addressing violence for survivors but also for education and prevention. It's not just young teens in violent relationships that need help. We need to move the dial for everyone in our culture or teens will continue to perpetuate the violence that they've been taught.

So on the flip side I want to read to you a story from an evaluation done on the teen-specific intervention by Futures. This occurred with an intervention at a school-based health center. She says, "I was in a really bad relationship and talked to them. I got out of it. Like, they helped me to realize that I'm way better and 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 the safety of our participants, increased understanding of health impacts of intimate partner violence and dating violence for participants and provider partners, increased partner support as demonstrated through in-kind match, increased partner participation in project leadership teams to incorporate and disburse knowledge and plan for sustainability, and increased funding support of the

on-site advocate, and replication of the on-site advocate design in other settings.

So thank you for listening. I'd like to open things up for questions.

Coordinator: Thank you. We'll now begin the question-and-answer session once more. If you would like to ask a question please press star 1. If you'd like to withdraw that question press star 2. And it will take a few minutes for the questions to come through. Please stand by.

Jaclyn Ruiz: And operator as we wait for the questions I just want to quickly inform everyone that we'll be doing an evaluation form at the end of the webinar and it will be put up momentarily. So this evaluation form can be completed right on your computer screen in front of you.

And we really want to make sure that we hear from you about what you liked about the webinar, what can be improved - because we use this feedback into consideration when we're planning future webinars. So please before you leave the webinar after the questions have been asked - please remember just to provide your feedback.

Operator do we have any questions on the line yet?

Coordinator: I'm showing no questions on the phone line.

Nadine Finigan-Carr: Well I will go ahead and ask some questions that I have that I've been just waiting to ask. So Sarah for you - some of our grantees are located within departments of education. So if they wanted to utilize the Futures Without Violence universal education model is there a good way for them to be able to integrate this whether it's in school or after school?

Sarah Keefe: What we've been doing in Oregon is we've been very - it depends on each community and their relationships - where they are for implanting these things. We try to maintain a high-level of flexibility as we work with this intersection. And I think for those who are working in education departments a key partner would be forming relationships with school-based health centers.

We also have - some of our domestic violence and sexual assault programs have existing relationships with their local high schools and are going in and doing groups or doing educational presentations and that might be a good intersection to find maybe counselors at the school that they work with or maybe other key staff people.

Nadine Finigan-Carr: Thanks.

Jaclyn Ruiz: And operator any questions on the line?

Coordinator: I'm still showing no questions on the phone line at this time.

Jaclyn Ruiz: Sure. Do either one of you have -- and I think Nadine you may have mentioned this in your presentation so I'm sorry if I'm sorry if I'm asking the question again but -- any recommendations for maybe some professional development for our grantees like any specific trainings that maybe they should get or resources that they can refer their staff to?

Nadine Finigan-Carr: Sure. And I didn't specifically refer to it but the page of links that is in a slide on teen dating violence awareness resources - that page of links has a specific link to the Dating Matters Web site which is Veto Violence through the CDC. And the Dating Matters Web site has an entire tool kit that can be

used for professional development on your own and in order to develop greater awareness of teen dating violence prevention as well as the list of activities that can be done at your organization to address it and to build awareness.

Sarah Keefe: This is Sarah. I'd also like to add to that. Futures Without Violence has a wealth of recorded webinars talking about some of these interventions as well as more broad and general knowledge on serving this population and dating violence and intimate partner violence and what interventions might look like on the ground. So I highly recommend them as a wonderful resource.

Jaclyn Ruiz: I concur. And I know that Sarah had their screen shot in her section. I also had a link to Futures Without Violence on the list of links. So we both used them a lot.

While we're still waiting for questions, Sarah for clinics who want to sort of replicate what you're doing what resources would be available for them to sort of be able to look into what that entails, what they need to do - where would you best refer them to?

Sarah Keefe: Yes. So the best place to start is a Web site called healthcaresaboutitv.org. And it really sort of walks through some of the issues that you may have like how do you set up the right clinic flow, what is the best practices to make sure that you're seeing patients on their own, what are some good things to know in terms of recording information in your electronic records - like, all of that information is on that Web site. And then Futures Without Violence does provide technical assistance on that.

And then for Oregon providers of course you have the Oregon Coalition. We're delighted to help with some of those conversations. And people should

feel free to reach out to me and I can also help point clinics in the right direction for that.

Jaclyn Ruiz: So another question I had -- and either one of you feel free to answer this -- is there a difference or are there different strategies that you would recommend if you were dealing with a situation where it's a young man that's showing these signs of intimate partner violence or would you just recommend that it's the same across the board when you're dealing with the topic?

Sarah Keefe: Nadine I'm going to go ahead and jump in here. Male teens absolutely can be survivors of dating violence and this is where partnerships with your local domestic violence and sexual assault program is really critical because they'll have advocates who have sort of different - can wear different hats in terms of what are the best practices and what are the best resources for a given specific population.

So I would just recommend partnering closely with your local programs so that you know what resources and what specific advocates might be best for a given survivor and their experience.

Nadine Finigan-Carr: I definitely agree with Sarah in terms of making sure you tap into what would be feasible for your local environment. I also - if you are looking for a national resource the loveisrespect.org Web site -- the information is on there -- they have information not just for male and female relationships in terms of love is respect and now owing anything, you know, for it being - the things of that nature but they also have posters and fact sheets of information for relationships that may be male-male if you have LGBT youth as well as female-female as well as in the reverse of a female who may be particularly abusive toward a male partner. So the loveisrespect.org Web site does have some of that information in terms of fact sheets.

Jaclyn Ruiz: Thank you so much for that information. Are there any other questions?

Coordinator: We are showing no questions at this time.

Jaclyn Ruiz: All right. Well I will be respectful of everybody's time because I know that these webinars - I don't want to drag them out any longer but I know that - I just want to thank you guys so much for all the information that you shared. I know for me - for everybody on the call we do sort of do a little run-through to make sure technically everything works great and even the second time hearing this presentation I was able to get even more information.

And I'm hoping that as you sort of think about the information that was shared with you today if you have any questions at all I'm sure that both Sarah and Nadine would welcome you contacting them and following up with them if you have any questions in terms of this topic, how to set up perhaps a program within your organization for dealing with this issue.

And so we just want to thank you for taking time out of your very busy day to be a part of us - part of this presentation with us. And I especially want to thank Nadine and Sarah for taking time and putting this - all of this valuable information together. So thank you so much.

Nadine Finigan-Carr: Thank you.

Sarah Keefe: Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time. Speakers please allow a moment of silence and stand by for your post-conference.

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