

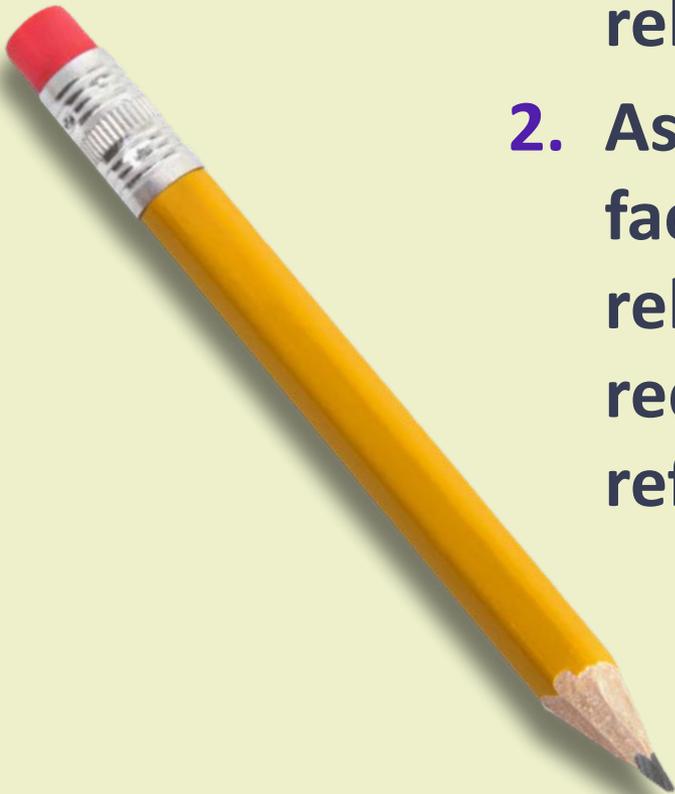
Addressing Intimate Partner Violence in Clinical Settings: *Provider and Client Perspectives*

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Research Objectives

- 1. Evaluate the integration of conversations about healthy relationships into clinical practice**
- 2. Assess whether a safety card can facilitate discussion of unhealthy relationships, encourage harm reduction strategies, and increase warm referrals to advocacy services**



Can talking about abuse make a difference?

Even if a patient/client is not ready to leave a relationship, recognition and validation of their situation appears to be important.

Health professionals can help:

- Reduce survivor's sense of isolation and shame
- Encourage them to believe a better future is possible



**Women
Who Talked
to Their
Health Care
Provider
About the
Abuse Were**

4 times more likely
to use an intervention

(McClosky et al. 2006)

Providers can make a difference

Survivors request ...

What do survivors say that they want providers to do and say?

- Be nonjudgmental
- Listen
- Offer information and support
- Don't push for disclosure

(Chang et al. 2006)

Defining Success

“ Success is measured by our efforts to reduce isolation and to improve options for safety. ”

Futures Without Violence



**“I talk about this with
all my patients...”**

**Providing Universal
Education on
Healthy Relationships**

- Few adolescents report experiences of violence to adults, and adolescents make up a small proportion of clients utilizing domestic violence services. (Foshee et. al, 2000)
- Goal may be education about relationship abuse and that the adolescent health program is a safe place to discuss these issues

Every adolescent clinical encounter is an opportunity to:

- convey prevention education messages about healthy relationships
- share with youth that the clinical space is safe and confidential
- identify and support youth who may be experiencing controlling and abusive behaviors in their relationships

**Adolescent
Health
Programs:
Opportunity
for
Prevention
AND
Intervention**

**Healthcare Education, Assessment &
Response Tool for Teen
Relationships (H.E.A.R.T.):**

- 1) Linking education about relationship abuse and adolescent health concerns (universal anticipatory guidance and assessment)
- 2) Discuss harm reduction behaviors
- 3) Raise awareness of victim advocacy services relevant for youth

Funding: Office of Juvenile Justice and Delinquency
Prevention Programs

Cluster-randomized trial in 8 school health centers in California

Intervention components:

- healthy relationships card distributed with every clinic visit
- direct assessments for sexual health related visits
- school-wide youth advisory-led relationship abuse awareness

Funding: National Institute of Justice

2011-MU-MU-0023

Preliminary findings from the NIJ randomized controlled trial in school based health centers

- Increased recognition of what constitutes abusive behavior and sexual coercion
- Increased awareness of ARA resources
- Among youth with recent ARA victimization, less ARA victimization reported at three month follow up
- Increased likelihood of disclosing any ARA to the provider during clinic visit

Futures Without Violence Safety Card for Adolescent Relationship Abuse

(Funding: DOJ and
HHS, ACF and OWH)



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.



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.

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.

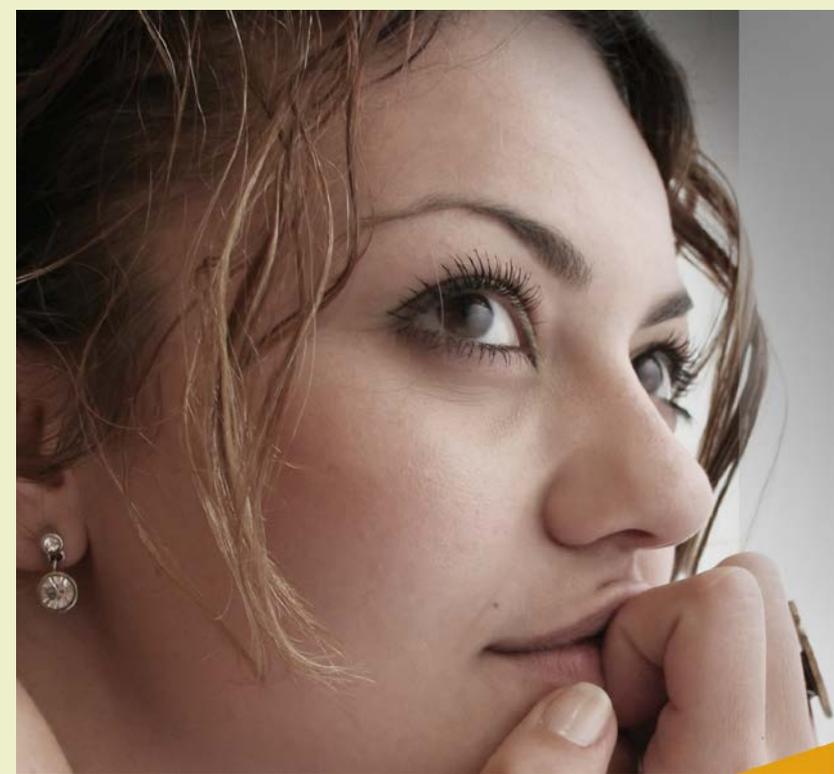
Suicide Hotline: 1-800-273-8255

Safety cards as a simple, brief assessment and counseling intervention

- Opportunity to talk about healthy relationships
- Provide primary prevention by identifying signs of an unhealthy relationship.
- Educate clients about what they can do if they have a friend or family member who may be struggling with abuse
- Plant seeds for adolescents experiencing abuse but not yet ready to disclose.
- Help victims learn about safety planning, harm reduction strategies and support services.

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

**Direct Assessment for
Reproductive Coercion
With Sexually Active
Young Women**





Intimate partner
violence increases
young women's risk for

Unintended
Pregnancies

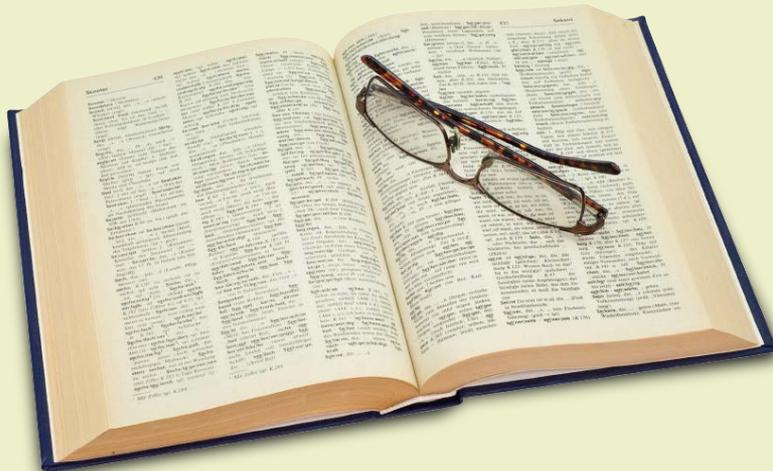
(Sarkar, 2008)

Women tell us that controlling reproductive health is used as a tool for abuse

“ He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.”

Definition: Reproductive and Sexual Coercion

Behaviors to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.



- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods

Research Supports Direct Assessment for Reproductive Coercion and IPV (NICHD R21 HD057814):

A Community-Based Family Planning Intervention to Reduce Partner Violence

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What We Know



- Among a random sample of 1278 women ages 16-29 in 5 Family Planning clinics
- **53% experienced DV/SA**
- Mirrors findings from studies nationwide – family planning clients have high rates of violence

Miller, et al 2010

Intervention Results

Among women in the intervention who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Futures
Without
Violence
Reproductive
Health Safety
Card

(Funding: NICHD and
HHS, ACF and OWH)



Intervention Elements: 4C's



- Review limits of Confidentiality
- Conversation (normalize and provide integrated assessment)
- Card (offer safety card)
- Connect (warm referral)

Harm Reduction Counseling

Specific to sexual and reproductive health:

- Birth control that your partner doesn't have to know about (IUD, Nexplanon)
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home
- Opting NOT to engage in partner notification



Health providers help client contact relevant resources:

- Annotated referral list for violence related community resources
 - Staff should know names of staff, languages spoken, how to get there etc.
-
- Educate clients that the clinic is safe place for them to connect to such resources
 - Normalize use of referral resources
 - Encourage clients to share information with other friends, loved ones

**Supported
Referral to DV/SA
support and
advocacy services**

Cluster- randomized controlled trial

24 family planning clinics in Western PA (women ages 16-29)

- 4 month and 12 month follow up after clinic visit
 - *Primary outcomes:* partner violence victimization and reproductive coercion
 - *Secondary outcomes:* unintended pregnancy; knowledge and self-efficacy related to harm reduction strategies and victim services

Funding: NICHD (R01HD064407)

Provider perspectives

“I think all of us had that epiphany. We didn’t make the connection between women that were perpetually late for their Depo, or women who kept calling and saying they lost a pack of pills or coming in 3 months late to refill their pills... Reframing our thinking on various obstacles in women’s lives and how they are affecting their reproductive choices.”

Provider perspectives

“(The safety card) made me feel empowered because... you can really help somebody,... somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel... more relaxed about talking about it.”

Client perspectives

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before. ... It was awesome. She would touch on having, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.”

Client perspectives

“I went in for a pregnancy test... And it was the nurse practitioner [who gave me the card]. Me and her were talking and I was able to tell that she genuinely cared, that’s what I felt from her. They just let me know that there was the help out there.”

Client perspectives

“[Getting the card] makes me actually feel like I have a lot of power to help somebody...”

Client perspectives

“So there’ll be times where I’ll just read the card and remind myself not to go back. I’ll use it so I don’t step back. I’ll pick up on subtle stuff, cause they’ll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I’m not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It’s with me every day.”

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