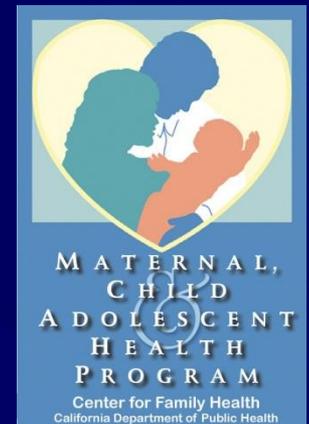


Promoting Healthy Relationships and Addressing Adolescent Relationship Abuse



Robin Kirkpatrick, LCSW, MPH
Susan Fleischer, MSc.
April 17, 2012



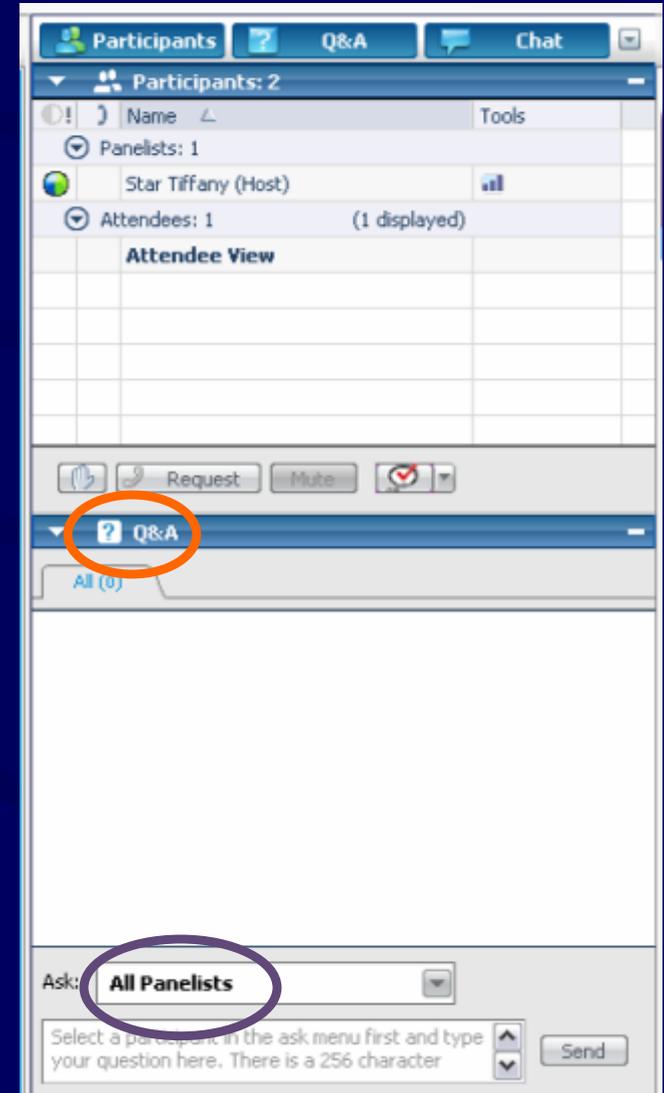
Promoting Healthy Relationships and Addressing Adolescent Relationship Abuse

- Welcome and thank you for joining our Web Forum!
- If you have technical difficulties call 1-866-229-3239 for assistance
- Use the Q&A function to submit questions or any technical issues
- Participate in the polls by selecting your answer and clicking submit
- Complete the Post-Web Forum online evaluation. We need your feedback!
- The Recording and Slides will be available at www.Dialogue4Health.org

Q & A Feature

Please submit questions
via the **Q&A** Feature

Please send your questions
to **All Panelists**



Polling Feature

Please

1. Choose your **answer**, then
2. Click **Submit**



Partic... Chat Q&A Polling

Participants: 2

Name	Tools
Star Tiffany (Host)	
Attendees: 1 (1 displayed)	

Attendee View

Request Mute

Q&A

All (0)

Ask: All Panelists

Select a participant in the ask menu first and type your question here. There is a 256 character limit. Send

Time elapsed: 0:20 Time limit: 1:30

Poll Questions:

1. I am attending this Web Forum:

- a. Individually
- b. In a group of 2-5
- c. In a group of 6-10
- d. In a group of more than 10 people

Submit

Your answer may be recorded. Submit

Poll #1

Are you attending this Web Forum:

- a. Individually
- b. In a group of 2-5 people
- c. In a group of 6-10 people
- d. In a group of more than 10 people

Robin Kirkpatrick, LCSW, MPH

Robin has worked in the field of adolescent health for the past fourteen years. She received both her Masters of Public Health and Social Welfare from UC-Berkeley. Since 2006, she has been the Associate Director for the California Adolescent Health Collaborative (CAHC). In this position, she is involved in direct research and training as well as policy and advocacy efforts to improve health services and environments for teens throughout California.

Susan Fleischer, MSc.

Program Consultant; MCAH

Susan Fleischer is the AFLP PYD Program Consultant at the California Department of Public Health. She has an inter-disciplinary background and studied at the London School of Economics and Political Science where she earned an MSc in Gender Studies.

Guidelines

Because sexual violence and reproductive control is so prevalent, assume that there are survivors among us.

Be aware of your reactions and take care of yourself first.



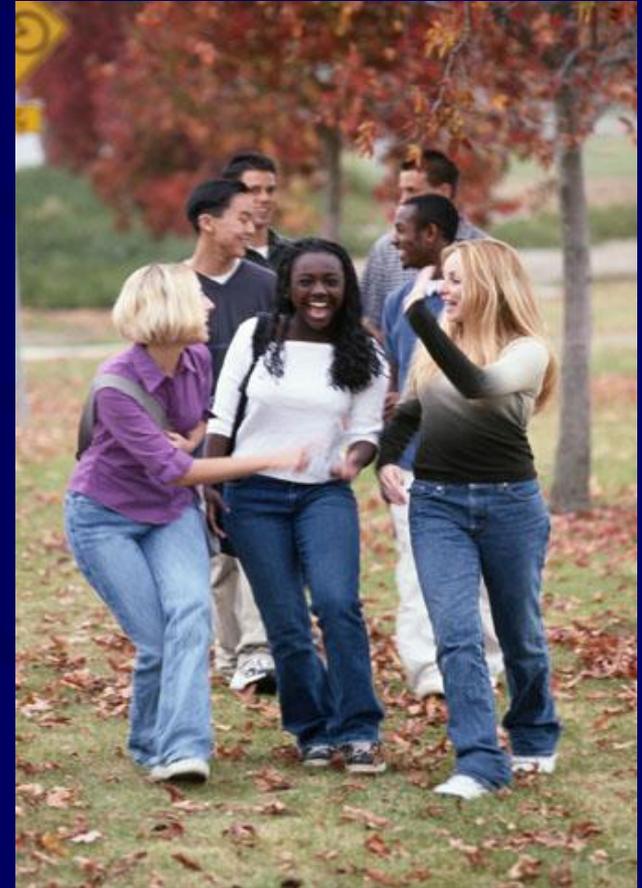
Objectives

At the end of this webinar Case Managers will be better able to:

- Describe the health impact of adolescent relationship abuse
- Describe dynamics of reproductive coercion (Including Birth Control Sabotage)
- Identify opportunities to increase identification and provide resources, strategies, and referrals
- Increase understanding of AFLP reporting requirements for reproductive coercion

What does a healthy relationship look like?

- Based on shared values
- Consensual
- Non-exploitative
- Honest
- Pleasurable
- Protection against unintended pregnancies/STI's



From “Teen Dating Violence” to “Adolescent Relationship Abuse”

- Adolescence spans a LONG time (ages 10 – 24) – i.e., not just teenagers
- Interventions need to be developmentally appropriate
- Inclusive of range of abusive behaviors (not only violence)
- How can we take the opportunity for youth and young adults to define diverse “relationships”?

What is adolescent relationship abuse?

- Adolescent relationship abuse (ARA) refers to an escalating pattern of repeated acts that physically, sexually, or emotionally abuse a member of a heterosexual or homosexual couple in which one or both partners is a minor.
- Range of controlling behaviors: monitoring cell phone usage, telling a partner what s/he can wear, controlling where s/he goes, and manipulating contraceptive use (aka reproductive coercion)
- Clustering of vulnerabilities

Polling Feature

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Poll #2

Has a client discussed ARA with you?

- a) No
- b) Yes, but only once
- c) Yes, many times

Developmental Risks for Adolescent Relationship Abuse

- Sexual drive, bodies maturing faster than brains
- Intensity of need for social acceptance
- Constant connections through social media = greater vulnerability to abuse
- New independence, more reticent to disclose to adults
- Expectation for violence as norm in the context of trying out new relationships

Adolescent Relationship Abuse is Prevalent

Nationally:

- Approximately one in three adolescent girls is a victim of physical, emotional or verbal abuse from a dating partner.
- Nearly one in ten high-school students has been hit, slapped or physically hurt on purpose by a boyfriend or girlfriend.
- One in four teens in a relationship report being called names, harassed, or put down by their partner via cell phone/texting.
- One in five teen girls have electronically sent or posted nude/semi-nude photos or videos of themselves (12% of these girls say they felt 'pressured' to do so).

Health Consequences of ARA

Studies have found that victims of relationship abuse were more likely to:

- engage in substance use
- more likely to report sadness, hopelessness or suicide ideation,
- more likely to use vomiting for weight loss,
- more likely to carry weapons and engage in physical fighting; and
- more likely to initiate early sex, be sexually active and have multiple partners.

Adolescent Relationship Abuse (ARA) and Pregnancy

- Pregnant adolescents 2-3 times more likely to have experienced violence during and after pregnancy than older pregnant women
- Adolescent girls in physically abusive relationships were 3.5 times more likely to become pregnant than non-abused girls



Adolescent Rapid Repeat Pregnancy

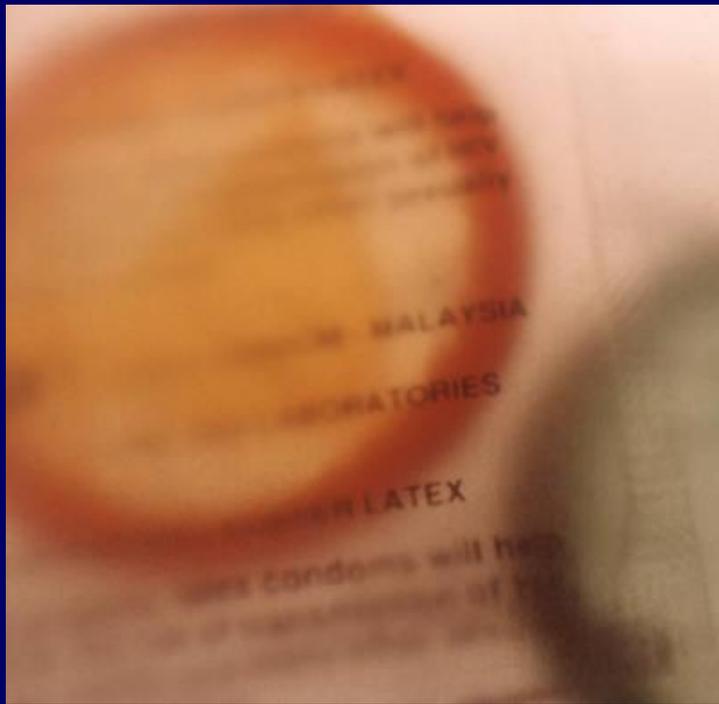


Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months.

Safety First

If a client indicates there is any immediate danger to herself or her child, contact emergency services.

Knowledge Isn't Enough



Under high levels of fear for abuse, women with high STI knowledge were **more likely to use condoms inconsistently** than non-fearful women with low STI knowledge.

Ralford et al, 2009

What is Reproductive Coercion?

Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health.

While these forms of coercion are especially common among women experiencing physical or sexual violence by an intimate partner, they may occur independent of physical or sexual violence in a relationship and expand the continuum of power and control that can occur in an unhealthy relationship.

Birth Control Sabotage

Examples:

- Destroying or disposing of contraceptives (pills, patch, ring)
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control

Threatening physical harm if she uses contraceptives



Teen Birth Control Sabotage

Among teen mothers on public assistance who experienced recent IPV:

- 66% experienced birth control sabotage by a dating partner
- 34% reported work or school-related sabotage by their boyfriend
- Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use than non-abused girls

Raphael, 2005

Pregnancy Pressure

Examples of pregnancy pressure include:

“I’ll leave you if you don’t get pregnant.”

“I’ll have a baby with someone else if you don’t become pregnant.”

“I’ll hurt you if you don’t agree to become pregnant.”

Pregnancy Coercion

Examples of pregnancy coercion include:

- Forcing a woman to carry to term against her wishes through threats or acts of violence
- Forcing a partner to terminate a pregnancy when she does not want to
- Injuring a partner in a way that she may have a miscarriage

Poll #3

How comfortable are you talking to your clients about Reproductive Coercion and Birth Control Sabotage?

- A) Not at all
- B) Somewhat
- C) Very

What Now?

How can knowledge about Healthy Relationships/ARA/Reproductive Coercion inform AFLP Case Managers Work?

“I talk to all my clients about
this...”



Hanging out or Hooking up?

Asking about Healthy Relationships and ARA

- Is your partner kind to you and respectful of your choices?
- Does your partner say or do things to make you feel stupid?
- Does your partner try to control where you go, or make you afraid?

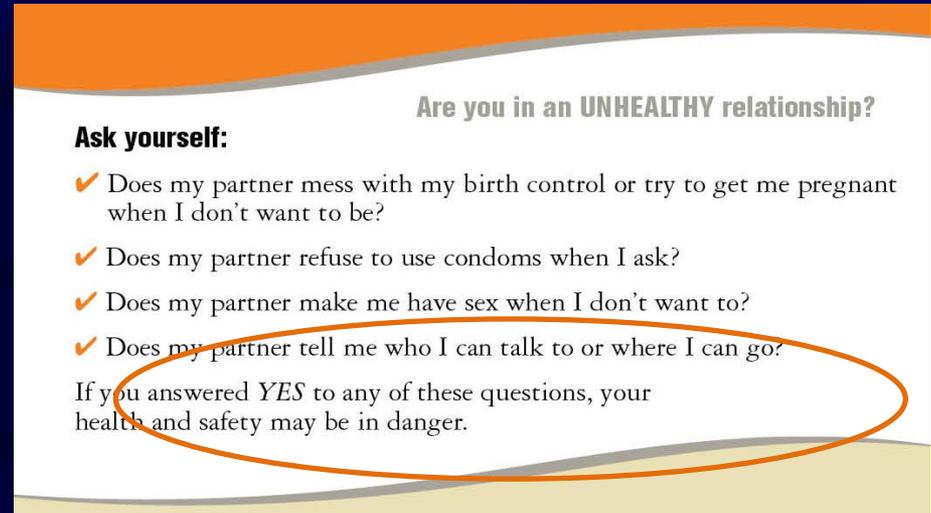
Assessing for Reproductive Coercion

“Have you ever had to hide birth control because you were afraid of what would happen if someone (parent/partner) found out you were using it?”

Reproductive Health Safety Card

- Asks key questions
- Used as a prompt for staff and a safety card for patients

• To order these cards: futureswithoutviolence.org/health



Used with permission from Futures Without Violence

Specific Questions

1. Has your partner made you afraid or physically hurt you?
2. Does your partner not let you use birth control, destroyed birth control, or refuse to wear a condom?
3. Has your partner ever tried to get you pregnant when you didn't want to be?

Case Manager Responses

Responding to Disclosure

- “That sounds really hard. Thanks for letting me know. This is more common than most people realize.”
- “Everyone deserves a safe and respectful relationship. I have some resources that can help.”
- “The stress from this can affect your health.”
- “Would you be willing to talk to a counselor? There are some who have special training in this area.”
- “Here is a card with resource numbers that you can call at any time.”

Sample Script

When a client discloses she is concerned about getting pregnant against her will:

“I'm really glad you told me about what is going on—it happens to a lot of women and it is so stressful to worry about getting pregnant when you don't want to be.”

AFLP Programs are KEY sites for ARA education, assessment and intervention

Every AFLP Case Management encounter is an opportunity to:

- Convey prevention education messages about healthy relationships.
- Share with youth that your clinical space is safe and confidential.
- Identify and support youth who may be experiencing controlling and abusive behaviors in their relationships.

AFLP Programs are KEY sites for ARA education, assessment and intervention

- Offer harm reduction strategies for Reproductive Coercion
- Direct clients to resources for discreet methods of contraception.

Tools and Resources

- California Adolescent Health Collaborative:
californiateenhealth.org
- Futures Without Violence:
futureswithoutviolence.org
- California Partnership to End Domestic Violence-
Statewide Teen Dating Violence Prevention
Project: cpedv.org
- Break the Cycle: breakthecycle.org
- www.knowmoresaymore.com

Scope of Work Objective 4.2

Process Measure:

- Have clients received information on reproductive coercion/adolescent relationship abuse?
- Was your client referred for coercion resistant birth control?

Outcome Measures:

- Report number and percent of clients who state they feel safe in their relationship with their partner/other parent.

Reproductive Coercion Intervention

The business-card-sized “safety cards”

“Hanging Out or Hooking Up”

“Did you know your Relationship Affects
Your Health?”

The Intervention “Safety Cards”

Serves as both an ongoing counseling prompt for staff and a resource for clients

- Assessment
- Guidance
- Referral
 - Family Planning resource for coercion resistant birth control (IUD, Implant, Depo, Emergency Contraception)
 - IPV resources

Know The Limits of Confidentiality

- “Everything you share with me today is private and confidential unless you were to tell me that someone hurt you or is hurting you, or if you are having thoughts of suicide. Those things I would have to report, okay?”
- Know your site protocol for IPV

Every AFLP Case Management encounter is an opportunity to:

- Convey prevention education messages about healthy relationships.
- Share with youth that you are a safe and conversations are confidential.
- Identify and support youth who may be experiencing controlling and abusive behaviors in their relationships.

Vignettes

Vignette from Futures without Violence

Data Collection and Coding

**Directions provided in AFLP Policy Alert Letter:
#2011/12-01: Communication on AFLP SOW
Measures and Data Collection are revised!**

- Branagh Information Group will provide training on data collection and coding, dates TBA.
- To code reproductive information given to client (Process Measure 4.2.a):
 - Prior Method: Free Codes Form (Free Code MCH#E)
 - Revised Method: Client Contact Log
- To code referral of client for contraceptive methods resistant to reproductive coercion (Process Measure 4.2.b):
 - Prior Method: Free Codes Form (Free Code MCH#F)
 - Revised Method: Service Matrix Form

Intervention:

New Data Collection and Coding

Has your client received information on reproductive coercion/adolescent relationship abuse (Process Measure 4.2.a)?

- LodeStar Client Contact Log
- Type Code: RAI for “Relationship Abuse Information”
- Who: All clients, female and male.
- What: Safety Cards created by Futures Without Violence: “Did you know your relationship affects your health?” and/or “Hanging out or Hooking Up?”
- When: To be given to clients at **least twice annually** or more often if needed.
- How/Where: Intervention Safety Cards are to be given by a case manager during face-to-face case management interactions.

Data Collection and Coding

Does client feel safe in their relationship?

- intake, pregnancy outcome, follow-up

Data collection and coding training to be provided by Branagh Information Group.

For More Information

California Adolescent Health Collaborative

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We appreciate your Feedback!!
Please Complete your Evaluation

THANK YOU!