

# RECOGNIZING & RESPONDING TO TEEN DATING VIOLENCE IN THE CLINICAL SETTING

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CVP works to reduce the exposure to and impact of violence among children, teens, and families. We conduct community-focused research and design innovative, evidence-based programs that are implemented, disseminated and sustained across clinical, school and neighborhood settings. Our work is trauma-informed and rooted in racial equity and social justice.

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# LEARNING OBJECTIVES

- Explain the issue of teen dating violence, how it differs from bullying and adult intimate partner violence, and the long-lasting impact on individuals
- Understand how to recognize teen dating violence, how it can be addressed in a healthcare setting, and where to find information/resources
- Identify the action steps for becoming a “Teen Dating Violence Prevention Champion” to help protect patients or caregivers experiencing TDV

# ADOLESCENCE

10-13 years	14-17 years	17-21 years	18-25 years
Early adolescence	Middle adolescence	Late adolescence	Emerging adult



20% of teens reported 1<sup>st</sup> dating relationship between  
10-12 years of age

# WHAT ARE WE TALKING ABOUT?

Dating violence

Dating abuse

Relationship violence

Relationship abuse

"Intimate" partner  
violence



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# TEEN DATING VIOLENCE (TDV)

A **pattern of behaviors** that are used to gain or maintain **power and control** over an adolescent dating partner.



# WHAT'S IN A NAME?

## Dating definitions among teens

- Dating
- Going out with
- Seeing
- Talking with
- Hooking up
- Messing

## Defining violence

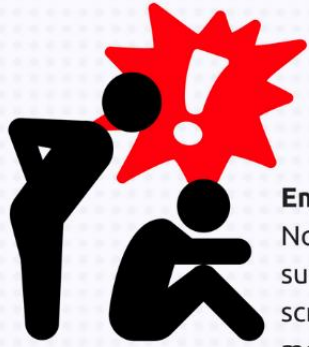
- Disrespect
- Relationship drama
- Crossing the line/boundary



**Hanging Out  
or Hooking Up?**



*Source: Futures Without Violence*



**Emotional/Verbal abuse**  
Non-physical behaviors such as threats, insults, screaming, constant monitoring, or isolation.



**Physical abuse**  
Any intentional use of physical touch to cause fear, injury, or assert control, such as hitting, shoving, & strangling.



**Digital abuse**  
Using technology to bully, stalk, threaten or intimidate a partner using texting, social media, apps, tracking, etc. .



**Sexual abuse**  
Any sexual activity that occurs without willing, active, unimpaired consent, such as unwanted sexual touch, sexual assault (rape), & tampering with contraceptives



**Financial abuse**  
Exerting power and control over a partner through their finances, such as taking or withholding money from a partner, or prohibiting a partner from earning

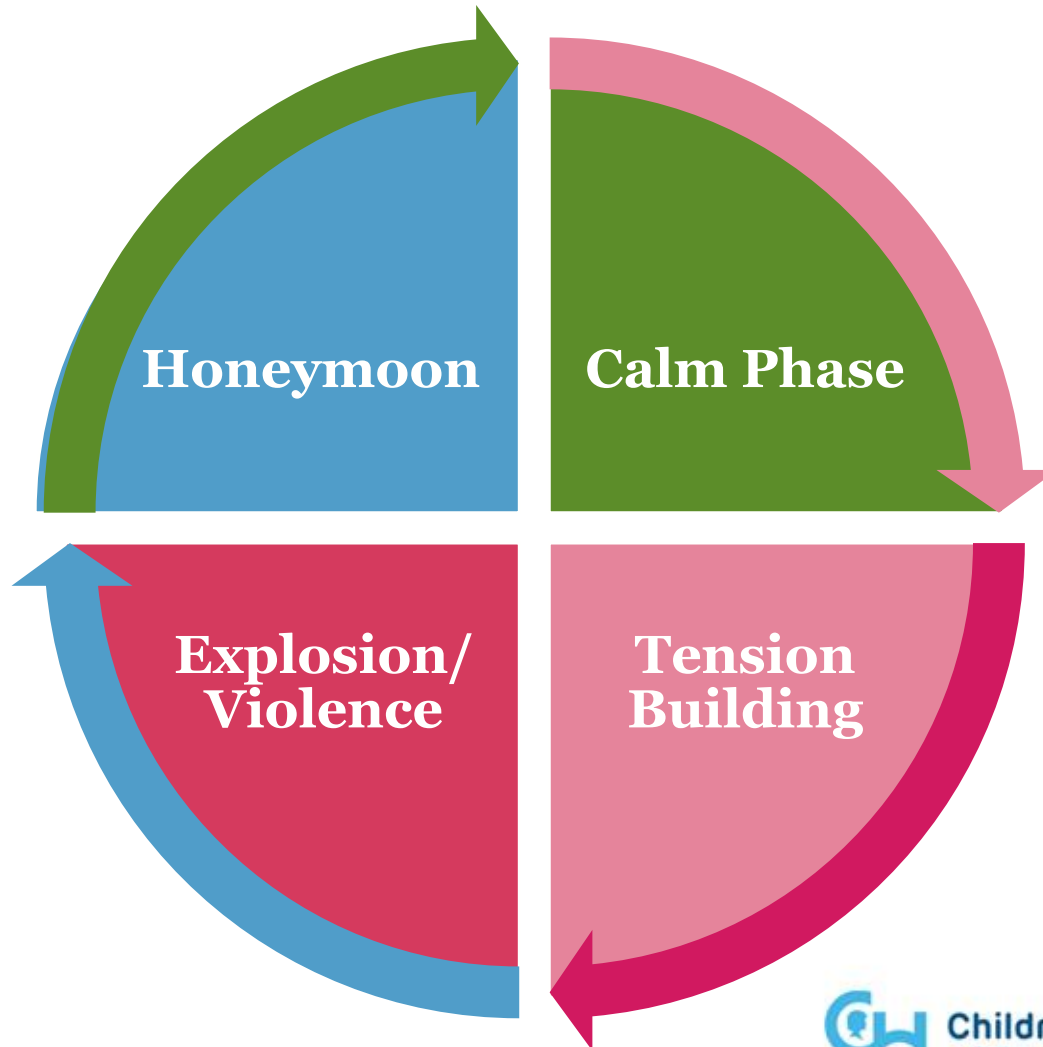


**Stalking**  
Being repeatedly watched, followed, monitored or harassed. Occurs online or in person, & can include giving unwanted gifts.



**Reproductive Coercion**  
Includes pregnancy pressures, birth control sabotage, controlling pregnancy outcomes

# CYCLE OF VIOLENCE



# ADULT VS. TEEN IPV

Stage of  
development

Peer influences

Cyberabuse

Bidirectional

Financial  
coercion

Cohabitation

Protection  
from abuse  
orders

Confidentiality

Reporting  
requirements

# TDV VS. BULLYING



Harm

## Different Goals & Emotional Connection

- **Bullying**—A pattern of aggressive behaviors among school-aged children that involves a real or perceived power imbalance
- **TDV**— A pattern of behaviors used to gain or maintain **power and control** over a dating partner.

Power & Control

## CORRELATION

Middle School Youth who engaged in high rates of *self-reported* bully perpetration

**7X** more likely to *self-report* engaging in physical TDV perpetration in high school

## MYTHS

- Teens less likely to experience violence than adults
- TDV does not occur until later adolescence
- Only a problem experienced by girls and young women
- Exclusively occurs in heterosexual relationships
- Most violence is physical or sexual
- Violence is perpetrated by one partner towards another

## FACTS

- LGBTQ+ youth are often at a higher risk for TDV
- TDV can occur in any dating relationship
- 23% of women and 14% of men report first victimization between the ages of 11-17 (NISVS, 2011)
- Survivors can engage in abusive behaviors in self-defense, attempt to get power back

# PREVALENCE

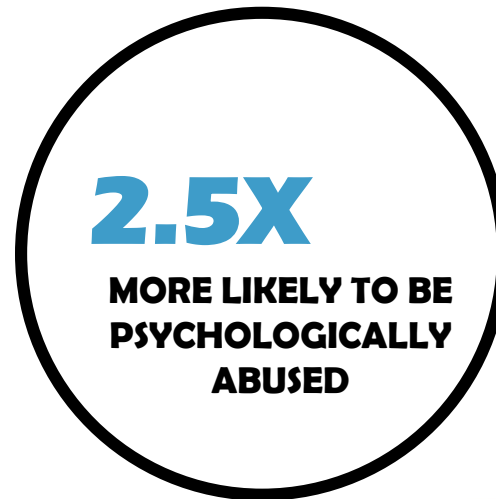


**1 out of 3**



# IPV CO-OCCURRENCE

- Common to experience multiple forms of IPV
- May occur in one or across multiple relationships
- Digital abuse particularly likely to co-occur



[Urban Institute, 2013](#)



# MUTUAL VIOLENCE

- Individuals reporting both victimization and perpetration
- Occurring in up to 50% of violent adolescent relationships
- Physical violence versus other types of abuse



Zweig, J.M., Dank, M., Yahner, J. *et al.* The Rate of Cyber Dating Abuse Among Teens and How It Relates to Other Forms of Teen Dating Violence. *J Youth Adolescence* **42**, 1063–1077 (2013).  
<https://doi.org/10.1007/s10964-013-9922-8>

# OUTCOMES OF TDV

- Poor grades
- Substance use
- Suicidality
- Unhealthy diet behaviors
- Adverse mental health symptoms
- Low self-esteem
- Risky sexual behaviors, STDs, and pregnancy
- Continued violence in future relationships



# THE HEALTHCARE VISIT

**<30%**

of youth report  
being asked  
about TDV by  
their healthcare  
provider



Miller E, Decker MR, Raj A, et al. Intimate partner violence and health care-seeking patterns among female users of urban adolescent clinics. *Matern Child Health J* 2010;14:910-7.

# CONSENSUS GUIDELINES

- Universal screening for all teens  $\geq 13$
- Numerous settings regardless of CC
- Endorsed by American Academy of Pediatrics (AAP), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), United States Preventive Services Task Force (USPSTF)

Murray A, Azzinaro I. Teen Dating Violence: Old Disease in a New World. Clin Pediatr Emerg Med, 2019, 20(1):25-37.

# UNIVERSAL EDUCATION

- Fostering and sharing messages about healthy relationship behaviors, consensual sex, and consensual contraception
- Delivered in multiple settings (schools, health care, sports, etc.)
- Early and routine messaging to all youth
- Non-judgmental approach



# RADAR

**R:** Routine, universal screening

**A:** Ask direct questions

**D:** Document

**A:** Assess readiness and safety

**R:** Review, respond, and refer

# **RADAR:** **ROUTINE, UNIVERSAL SCREEN**



# SCREENING PROCESS



- ✓ Be transparent about limits of confidentiality
- ✓ Normalize the question
- ✓ Ask everyone (universal)
- ✓ Ask privately
- ✓ Mirror patient's language
- ✓ Be prepared to respond with empathy and resources
- ✓ Keep asking (future visits)

# WHEN TO SCREEN

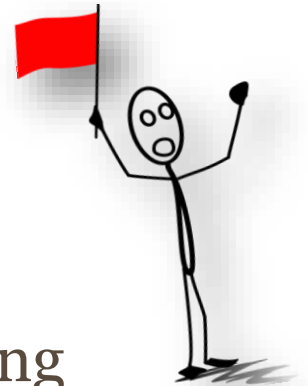
- Well visits
- Reproductive health visits
  - STI treatment
  - Emergency contraception
  - Walk in pregnancy
- Acute visits with red flags
- Consider privacy with telemedicine visits



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# RED FLAGS FOR TDV

- History of violent relationship
- Teen parents
- Lack of social support
- Injuries incongruent with explanation
- Changing grades
- Drastic social changes
- New relationships
- Early onset sexual activity
- Rapid repeat pregnancy
- Frequent STIs
- Behavior changes
- Substance use/abuse
- Depression
- Suicidality
- Anxiety
- Aggression
- Weapon carrying
- Somatic complaints
- Partner unwilling to leave exam room



# DO NOT SCREEN...

- Unless patient has your undivided attention
  - ✓ **LOOK and LISTEN!**
- With friends / family present
- With partner present / waiting
- Verbally with a child >2-year-old present
- **If it will jeopardize patient safety!!**



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# GETTING THE PATIENT ALONE



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- Set the stage
  - Patient autonomy
  - Confidentiality
- Be creative
- Make a realistic excuse
  - Recheck weight, height, blood pressure
  - Need form completed
  - Need urine collection
- Ask colleagues to run interference

# ESTABLISH SAFE ZONE

- What we discuss is private except...
- We ask all of our patients...
- Don't assume:
  - Patient doesn't want to talk about it
  - Patient isn't affected if they don't talk about it
- Ask again next time!

Sometimes the only answer people are looking for when they ask for help is that they won't have to face the problem alone.  
-Mark Amend

[WWW.LIVELIFEHAPPY.COM](http://WWW.LIVELIFEHAPPY.COM)

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# RELATIONSHIP QUESTIONS

**Because relationships can be challenging and because stress greatly affects your health, I ask all my patients about their relationships.**

There are good and bad aspects to every relationship. What are 3 things you like most about your partner/relationship and 3 things you like least?

How would you describe your relationship with your partner?

What sorts of things do you and your partner do for fun?

All couples disagree. How do you and your partner handle disagreements or fights? When you and your partner argue, how does it usually start and end? Do your fights ever become physical?

# **RADAR:** **ASK DIRECT QUESTIONS**



# DIRECT INDIVIDUAL QUESTIONS

I know your relationship is important to you and it sounds like you are having some hard times....

Do you ever feel forced to do things you don't want to do?

Do your fights ever become physical?

Does your partner put you down or make fun of you?

Has your partner posted things to social media about you that you didn't want posted?

Has your partner ever pressured/forced you to have sex or perform sexual acts when you did not want to?

Does your partner want you to get pregnant? How do you feel about this?

Do you feel like your partner hears and respects your concerns/requests?

# **RADAR:** **DOCUMENT SCREENING**

# DOCUMENT SCREENING

01

Document that you asked, even with a negative screen

02

Document patient's exact words in quotes and avoid terms that cast doubt

03

Document any observed injuries; include photos if possible

# DOCUMENT ASSESSMENT & PLAN

- State your assessment of potential for future violence, including threats
- Describe safety and follow-up plans including your next scheduled appointment
- Document resources provided/discussed

# OPEN ACCESS NOTES

- 21st Century CURES Act
  - Signed into law December 2016
  - April 5, 2021: mandates patient access to clinician notes online, "Open Notes"
- Confidentiality concerns
  - Open Notes policies must not compromise confidential health information of minors protected by federal and state laws, e.g. regarding reproductive healthcare

# **RADAR:** **ASSESS READINESS & SAFETY**

# BARRIERS TO DISCLOSURE



- Unsure about privacy + confidentiality
- Fear of system involvement/ mandated reporting
  - Age of consent (age 13 in PA)
  - Statutory Sexual Assault: if under 16 and partner is 4+ years older
- Fear of parents/caregivers knowing
- Fear of loss
  - Companionship, social status, benefits of relationship, mutual friendships
- Fear of being forced into decisions

# READINESS

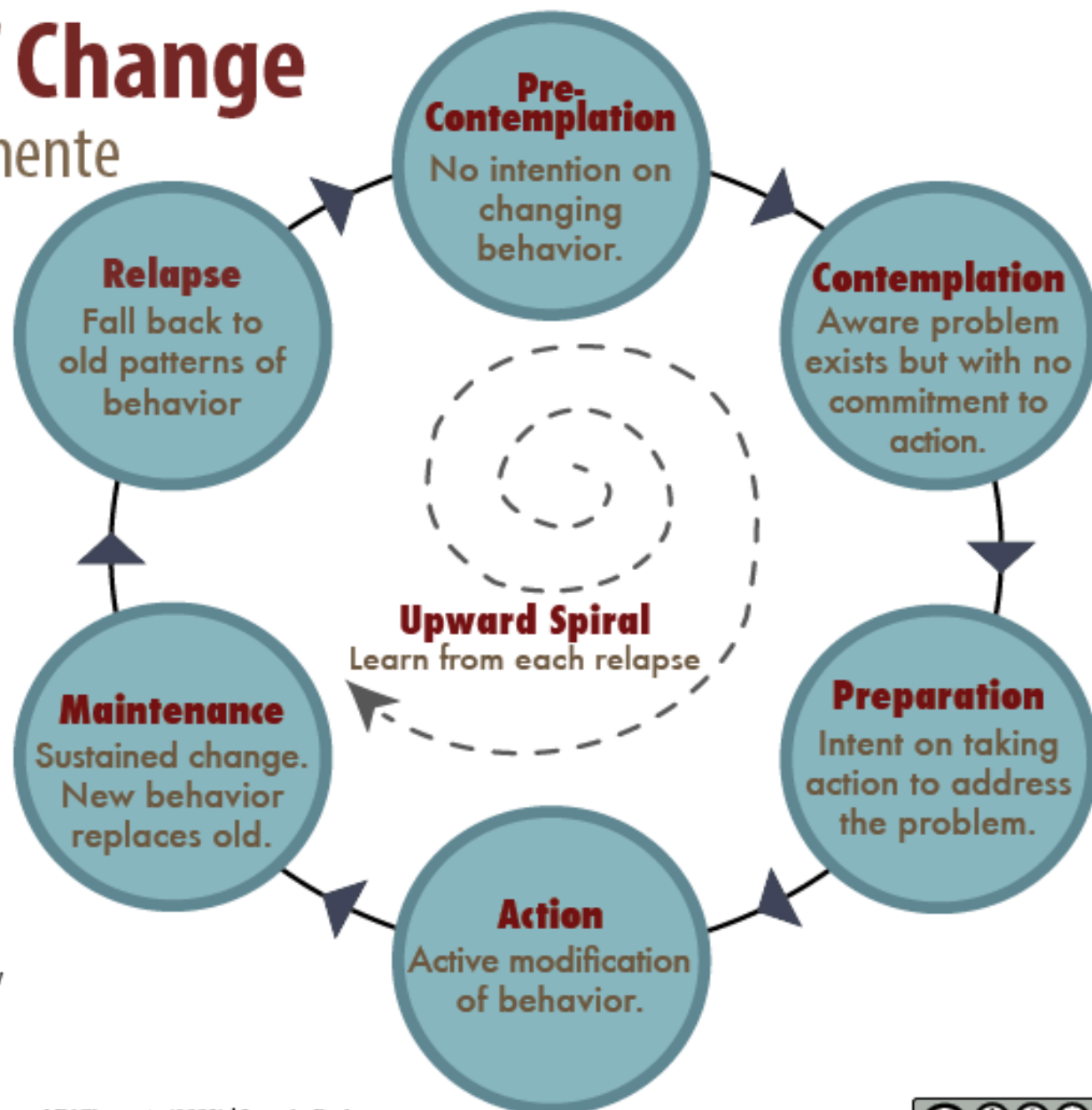
- Patient may not be ready to recognize/disclose IPV
  - Trusting the provider is key
  - May take several visits
- Use team approach
- Patient may not be ready for change
  - Handouts/ digital resources may be helpful
- Be patient
- Don't judge
- Primary goal is always safety



# The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change

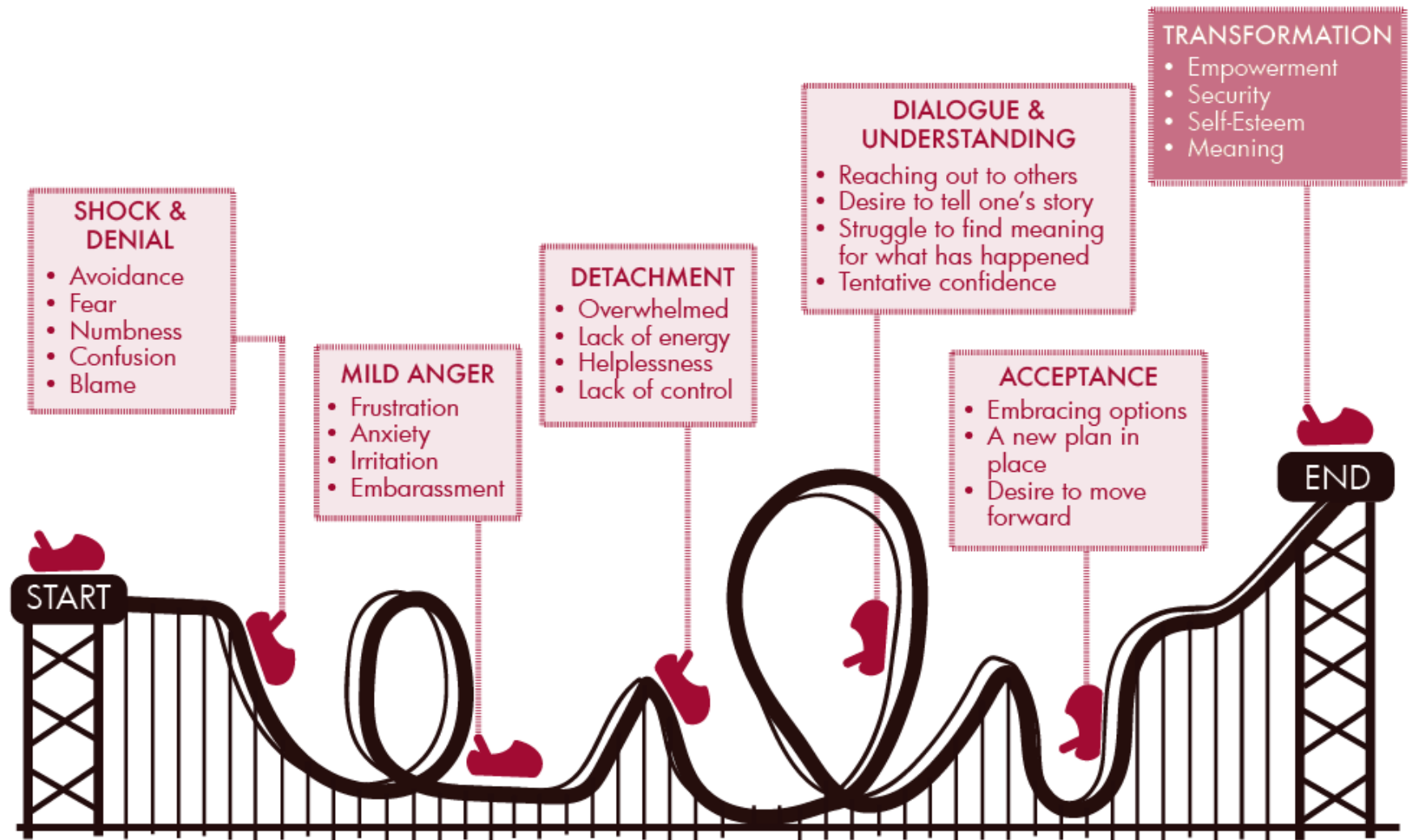
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco

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# HOW PEOPLE FEEL THROUGH THE STAGES OF CHANGE



# ASSESS FOR SAFETY

- Is it safe to leave today?
- Does patient live with partner?
- Are you fearful of getting to/from or being at school?
- What adult can we involve?
- Is patient planning to hurt themselves or partner?
- What threats have been made?
- Does patient/partner have access to weapon?
- Who does patient talk to when they feel upset or unsafe? How do they cope with stress?

# **RADAR:** **REVIEW, RESPOND, REFER**

- ✓ Thank them for their trust
- ✓ Offer options
- ✓ Co-create a follow up plan

## AFTER A DISCLOSURE

Thank you for sharing with me.

I know it can be really difficult to talk about something so personal.

We have some ways to support you here. Would you like to talk about your safety and some options? I have a hotline number you can use anytime.

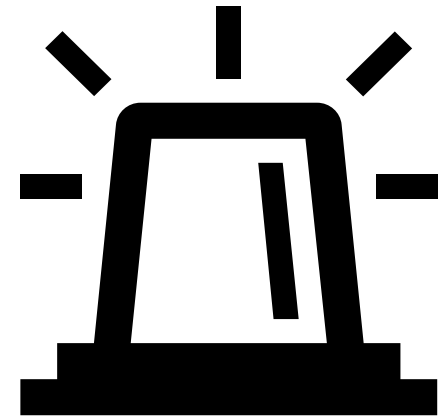
I care about you and your safety. Do you think it would be helpful for us to check in about this next time I see you?

# WHAT TO DO

- Focus on harm reduction and safety
- Know when and where to refer
- Develop safety plan with patient
  - Provide options to maintain control
  - Set code words with friends/family
  - Hang out only in open areas
- Strongly encourage family/adult involvement
- Provide local resources
- Support patient with obtaining a protection from abuse order, if desired
- Refer for trauma-focused treatment

# IMMEDIATE SAFETY CONCERNS

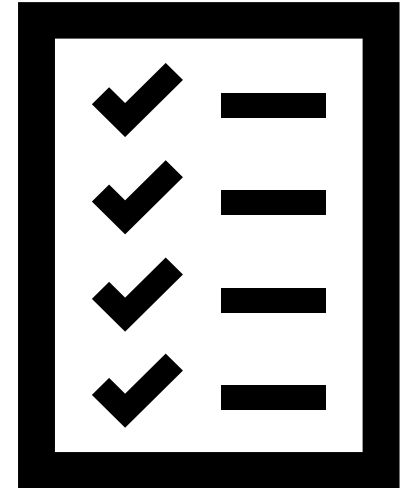
- What have you done in the past to stay safe?
- Do you have a code word to use with peers or trusted adult?
- Can you stay out of areas where you might get trapped?
- How do you think getting to and from school, or work could be safer for you?
- Is there someone you could inform whenever you're alone/spending time with your partner?
- Would you feel comfortable calling the police if you needed to?
- Do you have a cell phone? Keep it charged and with you always
- If you live with your partner, where could you go if you need to leave the house immediately? Do you have a bag with your essentials you could just grab and go?



Murray and Azzinaro, 2019

# LONGER TERM SAFETY CONCERNS

- Digital
  - Personal information being compromised
  - Avoidance of/decreased access to technology
  - Hyper-vigilance, negative communication patterns
- Emotional
  - Even after someone has left an abusive relationship, they are at risk for:
    - Future victimization
    - Increased substance use
    - Depression and anxiety
    - Suicide/suicidal feelings
- Reproductive
  - Long-acting Reversible Contraception (LARCs)
  - Emergency Contraception Pills (ECPs)
  - Abortion services
  - STI disclosure





# SAFETY PLANNING

- Primary intervention for TDV
- Individualized plan
- Victim/survivor led
- Considers all types of safety: physical, sexual, emotional, financial, digital
- Builds on what is already working/keeping them safe
- Can increase safety, but **not** guarantee it

## Interactive Safety Planning Tool:

[thehotline.org/plan-for-safety/create-a-safety-plan](https://thehotline.org/plan-for-safety/create-a-safety-plan)

## TDV & COVID-19

- Phone assessments
- Zoom/virtual counseling
- Increased acuity
- Resilience of survivors



# MANDATED REPORTING

CPS	Contact child protective services as appropriate. Understand your state/territory's mandatory reporting statutes and laws.
Police	Contact police if patient wants to file report and/or obtain PFA
CAUTION!	Contacting CPS may result in increased violence toward patient and family. Have safety plan in place first!

[Child Welfare Information Gateway: State Laws on Reporting and Responding to Child Abuse and Neglect](#)

# BECOMING A TDV CHAMPION

- Remember that you don't have to be an expert to make a difference
- Ways to help impacted patients/caregivers:
  - **CONNECT** with community providers (i.e. survivor and youth service orgs)
  - **HEIGHTEN AWARENESS** continue the dialogue and your learning
  - **ASSESS** initiatives, workflows, standards of care
  - **MODIFY YOUR PRACTICE** incorporate safe, universal education, screening, and response to TDV; talk with patients about healthy relationships
  - **PARTICIPATE** with your institution's policy creation and review process
  - **SUPPORT** change on local and national levels

# RESOURCES

## 24/7 HOTLINES:

- **National DV Hotline:** 1.800.799.7233, [thehotline.org](http://thehotline.org)
- **Philadelphia DV Hotline:** 1.866.723.3014
- **Love is Respect:** chat online, call 866.331.9474, text LOVEIS to 22522

## ONLINE RESOURCES:

- [Love is Respect](#)
- [Let's Be Real](#)
- [CDC Dating Matters](#)
- [Cyber Safety: Pixel Privacy Blog](#)
- [Futures Without Violence](#)

## PHILADELPHIA RESOURCES:

- [Lutheran Settlement House](#)
  - ✓ STAR Program, TDV Counseling
- [Congreso de Latinos Unidos](#)
  - ✓ LDVP: ages 4-17 & adults
- [The Attic Youth Center](#)
  - ✓ LGBTQ+ youth
- [Covenant House](#)
  - ✓ Youth experiencing abuse & homelessness

## LEARN MORE:

[Murray & Azzinaro \(2019\) Teen Dating Violence: Old Disease in a New World; \*Clinical Pediatric Emergency Medicine\* Volume 20, Issue 1](#)

[Miller, E., Levenson, R., & Goldstein, S. \(2013\). 65. Hanging Out or Hooking Up: Evaluating Clinical Guidelines for Adolescent Relationship Abuse. \*Journal of Adolescent Health\*, 52\(2\), S52-S53.](#)