Using Brief Interventions to Prevent Teen Dating Violence

National Institute of Justice

February 26, 2018
Real Talk:
An RCT test of a Brief Intervention to Prevent Adolescent Dating Aggression Perpetration

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National Institute of Alcohol Abuse and Alcoholism
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Causal factors we might address with intervention

- Anger or hostility
- Entitlement attitude
- Social information processing deficits
- Self-regulation problems
- Conflict resolution strategies
- Coping
SBIRT

Why perpetration is bad for you

- Injure self (or partner)
- Police involvement
- Increase stress
- Decrease relationship quality
- Less fun
Target population

• 15-19 years old
• Patients in emergency or adolescent outpatient setting (but healthy)
• English-speaking
• Not enrolled in a batterer intervention program
• Didn’t score above threshold on Campbell’s dangerousness assessment
• Screen positive for an act of physical or sexual DA in past 3 months (perpetration)

Interventionist: Gabby Velasquez
http://doi.org/10.1001/jama.2010.1066

http://chcr.umich.edu/project.php?id=1110
Any dating abuse perpetration

-62 percentage points vs. -51 percentage points
aOR for No Dating Abuse Perpetration

0.52 (95% CI 0.26, 1.06), p=0.073*
Psychological dating abuse perpetration

-23 percentage points vs. -12 percentage points
aOR For No Psychological Dating Abuse Peretration

0.21 (95% CI 0.04, 1.13), p=0.069*
Cyber dating abuse perpetration

-41 percentage points vs. -14 percentage points
aOR for No Cyber DA Perpetration

0.23 (95% CI 0.09, 0.62), p=0.004***
Cyber dating abuse perpetration

-35 percentage points vs. -20 percentage points
aOR for No Cyber DA Perpetration

0.47 (95% CI 0.18, 0.22), p=0.112
<table>
<thead>
<tr>
<th>Table 2. Prevalence of DA perpetration at baseline and 3 months, with odds of no DA perpetration at 3 months, by randomization group and gender (N=172)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></td>
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<tr>
<td>Baseline</td>
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<tr>
<td>n (%)</td>
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<tr>
<td><strong>All participants</strong></td>
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<td>Any abuse</td>
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<td>Physical</td>
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<td>Sexual</td>
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<td>Cyber</td>
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<td><strong>Female</strong></td>
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<tr>
<td>Any abuse</td>
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<td>Cyber</td>
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<td><strong>Male</strong></td>
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<tr>
<td>Physical</td>
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</tbody>
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* p<0.10, **p<0.05, ***p<0.01
^a Results are from longitudinal generalized estimating equations (GEEs) that modeled the odds of DA perpetration at follow-up, controlling for baseline perpetration. For any DA perpetration and physical DA perpetration models did not control for baseline perpetration because 99-100% of respondents reported these behaviors at baseline.
^b Adjusted for baseline readiness to change; ^c Cell sizes too small to conduct GEE analysis
Table 3. Prevalence of DA perpetration at baseline and 6 months, with odds of no DA perpetration at 6 months, by randomization group and gender (N=172)

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Odds of no DA perpetration</th>
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<tr>
<td></td>
<td>Baseline n (%)</td>
<td>6 mos. n (%)</td>
<td>Δ B to 6 mos., (95% CI)</td>
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<tr>
<td><strong>All participants</strong></td>
<td>n=75</td>
<td>n=75</td>
<td>percentage point change</td>
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<tr>
<td>Any abuse</td>
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<td>Physical</td>
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<td>Psychological</td>
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<tr>
<td>Cyber</td>
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<tr>
<td><strong>Female</strong></td>
<td>n=64</td>
<td>n=64</td>
<td>percentage point change</td>
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<tr>
<td>Any abuse</td>
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<td>Cyber</td>
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<tr>
<td><strong>Male</strong></td>
<td>n=11</td>
<td>n=11</td>
<td>percentage point change</td>
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<td>Any abuse</td>
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2 Adjusted for baseline readiness to change; 3 Cell sizes too small to conduct GEE analysis
Summary of results

• Real Talk had some effect
• Strongest effects were in psychological and cyber DA perpetration
• The effect persisted to 6 months for males for “any abuse” and “physical abuse”, did not persist for females past 3 months
Interventionists & RAs

Christina Bauder, BUSPH student
Katelin Blackburn, BUMS fellowship student
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Jasmine Mack, BUSPH fellowship student
Yesha Maniar, BUMS fellowship student
Gabby Velasquez, BUSPH student
Bob Woods
Real Talk Interventionist

Ms. Sarah DeCosta
Trauma-informed personalized scripts for relationship abuse prevention:

Rethinking the health sector response to violence

Elizabeth Miller, MD PhD
Division of Adolescent and Young Adult Medicine
Children’s Hospital of Pittsburgh of UPMC
ARA and Health

• Unintended pregnancy
• STIs/HIV
• Depression and anxiety
• Disordered eating
• Suicidality
• Substance abuse
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
Rethinking screening

What shifts if disclosure is no longer the goal?

• Low disclosure rates
• Not survivor centered
• Resources offered only based on a patient’s disclosure
• Missed opportunity for prevention education
Relationship abuse in clinical settings

Youth seeking care at school health centers:

- 41% report recent cyber dating abuse victimization experiences
- 13% report recent physical or sexual ARA
- Overall prevalence of ARA victimization in past 3 months -> 45%

National Institute of Justice
2011-MU-MU-0023
“I talk about this with all my patients…”

Providing Universal Education on Healthy Relationships
Futures Without Violence
Safety Card for Adolescent Relationship Abuse

(Funding: DOJ and HHS, ACF and OWH)
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
Cluster-randomized trial in 8 school health centers in California -- School Health Center Healthy Adolescent Relationships Program (SHARP)

**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
Adolescent Medicine

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
“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)
Futures Without Violence Reproductive Health Safety Card

(Funding: NICHD and HHS, ACF and OWH)
Findings from NIH randomized controlled trial

• Increases in knowledge of resources
• Increases in self-efficacy to use harm reduction strategies
• Reductions in reproductive coercion among women experiencing higher levels of reproductive coercion at baseline

NICHD R01HD064407
Client perspectives

“[Getting the card] makes me actually feel like I have a lot of power to help somebody...”
TIPS - Trauma Informed Personalized Scripts

- Clients complete brief questionnaire on tablet about IPV and reproductive coercion
- Random assignment to provider scripts only or to patient messages and provider scripts
- **Outcome** – increased provider discussion about IPV and reproductive coercion, provision of resources
Implementation improvements

- Discussion of healthy relationships 68% -> 78%
- Received card 73% → 79%
- Reproductive coercion 10% → 61%

And while disclosure is not the goal:
- Disclosures 12% → 22%
Recognition that trauma is prevalent

Offering support and harm reduction (regardless of disclosure) to help youth increase safety and build resilience

Emphasize their role in helping others – strengthen connectedness
Acknowledgments

• SHARP team: Heather McCauley, Rebecca Dick, Kelley Jones, Daniel Tancredi, Jay Silverman, Johanna Jetton, Lisa James, Samantha Blackburn, Sandi Goldstein

• Futures Without Violence

• Center for Victims; Pittsburgh Action Against Rape; Women’s Center and Shelter

• Rebecca Dick, Catrina Jaime, Heather Anderson, Kelley Jones, Sarah Zelazny, Claire Raible, Sam Ciaravino, Alex Demand, Irving Torres, Lisa Ripper, Nayck Feliz, Theresa Gmelin, Janice Korn, Melanie Grafals, Katie Bogen, Adwoa Boateng, Zabi Mulwa, Paul Mulbah, Justin Macak, Michael Massof, India Loar, Ben Cirba, Janine Talis, Robert Coulter, Jocelyn Anderson, Carla Chugani, Patricia Bamwine, Greg Valdisera, Courtney Van Dusen, Courtney Bee, Jason Sokol

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Thank you!
CUES: An Evidenced Based, Trauma Informed Approach to Adolescent Relationship Abuse
Free technical assistance and tools including:

- Patient and provider resources
- Training curricula
- Clinical guidelines
- State reporting law information
- Documentation tools
- Model policy and protocols
- Model programs in multiple states

For more information, please visit the National Health Resource Center on Domestic Violence website.
CUES Intervention:

**C:** Confidentiality: Disclose limits of confidentiality & see patient alone

**U:** Universal Education

**E:** Empowerment

**S:** Support
  - Harm reduction
  - Warm referral
  - Follow up at next appointment
“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself”
“Because I know a lot of patients aren’t ready or may be afraid to share certain things about their health or relationships, I want you to know you can use these resources for yourself or for a friend, regardless of what you chose to share to me today.”
Universal Education Script:

“We have started giving two cards to all our clients for two reasons—in case it might ever be useful for you and so you know how to help a friend or family member if it is an issue for them.”

“It talks about safe and healthy relationships and what to do for ones that aren’t.

“It makes connections between how relationships can really affect your health and well being.”

“It has hotlines on the back and gives simple steps to take to be safer.” (Go over panels generally)
Empowerment

Why is the step of giving two card to help someone else essential to the CUES intervention?

It’s a choice for the provider to share power with the patient. And it’s an opportunity to have the patient feel respected by the provider because the provider feels like they can make a difference in the world.
Disclosure is not the goal
AND
Disclosures do happen!
Support: Make the Connection

Help your patient make the connection between their situation and health outcomes.

- Do you feel depressed or anxious?
- Are you overeating, gaining weight (or losing weight?)
- Have you been diagnosed w/STD?

“These problems may be related to the chronic stress from an abusive relationship – let’s work together to make a plan to keep you as healthy and safe as possible”
Visit Specific Harm Reduction

- **Primary Care:** trauma informed care plan: (follow up visits, medication adherence, exercise plan, etc.)
- **Adolescent Health:** Anticipatory guidance on healthy relationships vs. coercive relationships
- **Mental Health:** ask if someone is trying to undermine their sobriety or sanity and make a plan to lessen interference
- **Reproductive health:** alternate birth control, EC and safer partner notification
- **Urgent Care:** safety planning/lethality assessment
Warm referral as a key component

- Increases likelihood of successful referral
- Opportunity for immediate in-person or phone safety planning
- Coordinated care

“If you are comfortable with this idea I would like to call my colleague (fill in person's name), she has helped many others who have been in similar situations.”
How receptive are adolescents to the intervention?
What will it take to implement the intervention in my community?
Free resources through the National Health Resource Center on Domestic Violence
IPV Online toolkit for health professionals

Relationships can affect your health.

www.ipvhealth.org
www.ipvhealthpartners.org
What is next for the *Real Talk*, *SHARP*, and *CUES* interventions?
How could these interventions be used in other settings?
Implementation opportunities

- School based health settings
- School nurses
- Reproductive health settings
- Primary care
- Youth organizations
- Campus Health Settings
- Pregnant and Parenting teens

Combined with student activism & awareness raising
How do brief intervention strategies fit into a broader effort to reduce TDV?
For questions about the *Real Talk* intervention, please contact:

Dr. Emily Rothman (erothman@bu.edu)

For questions about the *SHARP* and *CUES* interventions, please contact:

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Lisa James (Ljames@futureswithoutviolence.org)