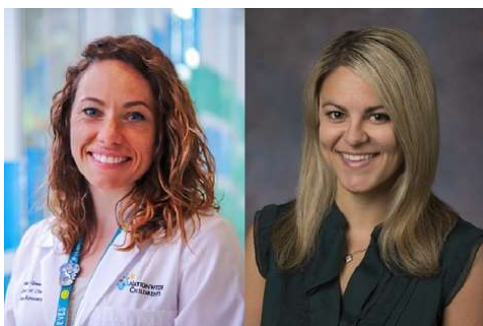


## Nationwide Children's Hospital Behavioral Health Webinar Series for Primary Care

### Teen Dating Violence: A Multidisciplinary Approach



Michelle Greene, DO, FAAP & Julie Griffith, BA

Wednesday, October 7, 2020  
12:00 – 1:00 PM

Join by Phone: 1-415-655-0001 Conference ID: 171 687 6878

Join by WebEx: <https://bit.ly/NCH-BHWebinar-7October2020>

*This session is eligible for 1.0 Category 1 CME credit upon completion of the CME Evaluation Survey.*

Visit our website!

<https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/webinar-series>

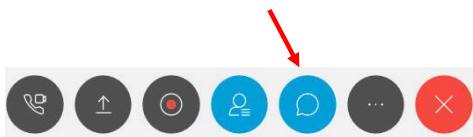


1

1

## A Few Reminders

- ✓ This webinar is being recorded.
- ✓ We have **muted** all participants.
- ✓ **Chat with us during the webinar!** To type a question or comment for the speaker or facilitator, enter it directly into the WebEx chat box.



Thanks for joining us today!



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# Teen Dating Violence



Michelle Greene, DO  
Julie Griffith, BA



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# Overview

- Overview of TDV screening in clinical settings
- Reporting and managing TDV
- Discuss local and national resources for TDV



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# Case 1

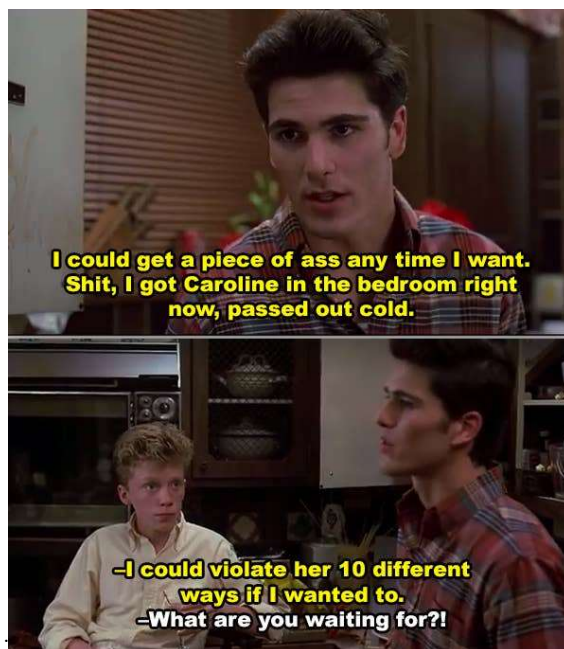
- 15 year old female presents to clinic. During your screening questions, she reports her boyfriend pushes her sometimes, and has hit her once when drinking, but he has never left marks. She asks that you do not tell her mother, who is in the waiting room.
- She has a completely normal exam and no other medical complaints.
- She denies any sexual activity or sexual abuse/assault



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# Name that movie

Sixteen Candles



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In one word, describe where youth are getting information about relationships.

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## Prevalence of TDV

- Estimates of TDV range from 17-60%
  - Most common report is 1 in 3 girls in the US experiences TDV
- An estimated 58% of middle schoolers are “dating”
- 1 in 5 females and 1 in 7 males who experienced rape, physical TDV, or stalking reported their first time was between ages 11-17
  - Over half reported that it was before age 24 years

DayOneNY.org  
 LovelsRespect.org

Breiding et al 2010 CDC Report  
 Niolon et al 2015 *J Adolesc Health*



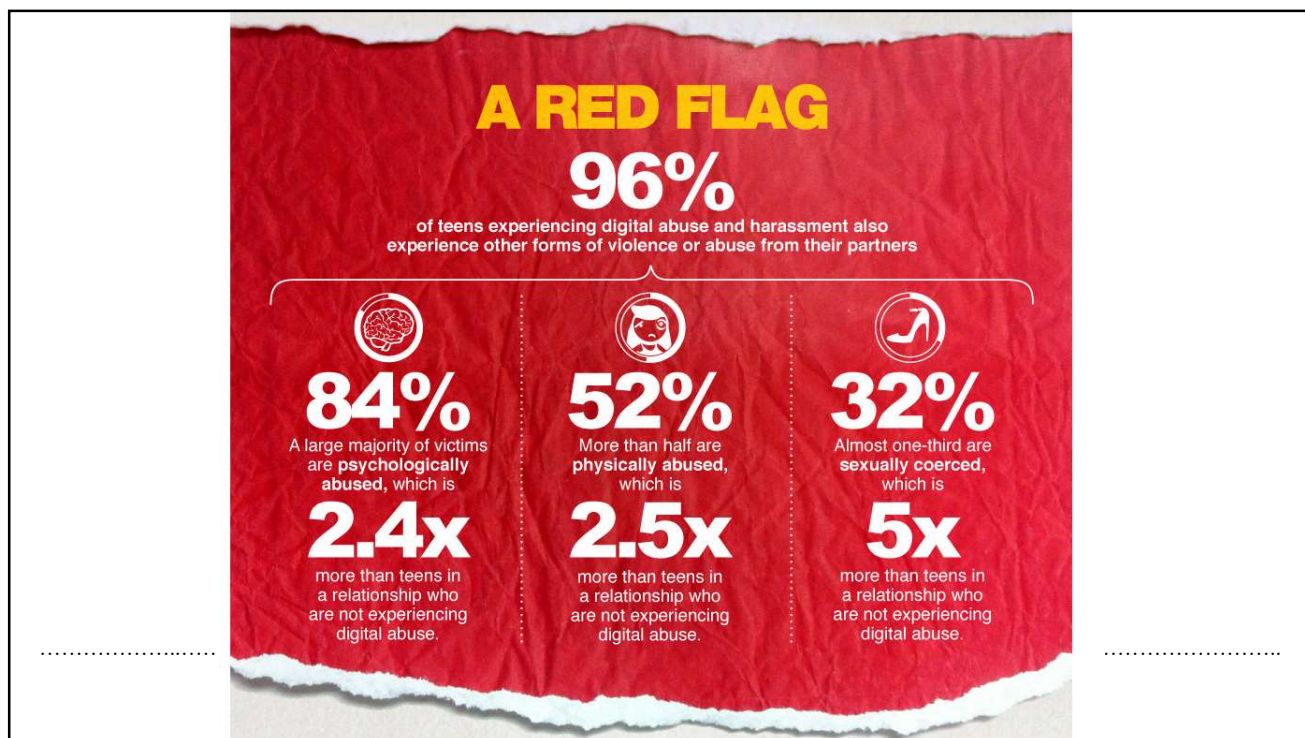
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## Types of TDV

- May start as isolating/obsession/controlling behavior
- Physical abuse
- Sexual abuse
- Emotional/psychological abuse
- Digital abuse
- Financial abuse
- Stalking
- Threats



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## Long Term Effects

- Teen girls who have been physically and sexually abused are **2.6x more likely to contract an STI**
- Adolescent girls in physically abusive relationships
  - **2-6x more likely** to become pregnant
  - **2x more likely** to have repeat pregnancies in 24 months
- Higher rates of alcoholism, eating disorders, high risk sexual behavior, depression, suicidal ideation
- Chronic health problems as adults

Decker et al 2005 *Pediatrics*  
ODVN TDV Resource Guide  
Jay et al 2001 *JAMA*

Campbell et al 2002 *Arch Intern Med*  
LovelsRespect.org  
ODH DV Protocol for Health Care Providers, 2003  
Baiden et al 2019 *J Interpers Violence*



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## Lack of Awareness

- Only 1/3 teens in an abusive relationship told someone
- Over 80% teens would be more likely to tell a friend than an adult
- 82% of parents feel they could recognize symptoms, but the majority (58%) could not correctly identify all the warning signs
- 70% of college students who were in abusive relationships report not knowing at the time that they were being abused

DayOneNY.org  
 LovelsRespect.org  
 USPSTF IPV Screening Guidelines



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## Name that movie

Twilight



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The Notebook



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## Possible Signs of Abuse/TDV

- Make changes in daily rituals
- Retreat from school/activities, or withdraw from friends
- Clothing inappropriate for the weather to hide marks
- Have visible marks or bruises
- Spend excessive amounts of time with the person they're dating
- Exhibit anxiety, withdrawal, depression, or substance abuse
- Frequent healthcare visits
- Mental health concerns (suicidality, etc)
- History of multiple injuries, repeat pregnancies, substance use, chronic pain

ODVN Teen Relationship Resource Guide



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**True or false: a victim of TDV will be safe once they leave the relationship.**

True

False

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## Red Flags

Victim is ending the relationship, or starting to plan to do so

Abuser is depressed or has suicidal ideation/attempts

Abuser has history of threats to seriously harm or kill

Stalking

Access to weapons, especially guns

History of serious injury, strangulation/choking, prior use of weapons

Mental impairment of abuser due to alcohol, drugs, or mental illness

History of failed community controls on abuser

ODVN Teen Relationship Resource Guide



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## Barriers to Leaving

- Risk of increased violence or death
- Fear of losing popularity/status
- Fear of legal retribution
- Financial dependence on partner/parents
- Hope for change
- Fear of losing children/custody
- Cultural implications (LGBT, immigrant)
- Quarantine/ "stay in place" order

ODVN Teen Relationship Resource Guide



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## Name that movie

The Devil Wears Prada



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# Name that show



Pretty Little Liars



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## How do you screen for Teen Dating Violence?

- We don't currently screen for TDV
- We use a written / electronic screening tool
- We screen verbally
- Other - please share in the chat
- None of the above

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## Screening for TDV

- US Preventive Services Taskforce – IPV Screening
  - Grade B evidence in women of reproductive age
  - No specific intervals for screening
- Make adolescents aware of confidentiality limitations prior to screening
  - Breach of confidentiality may reduce trust
  - Patient may not be ready to engage in interventions, they may resist CPS/LE/legal action, or they may return to an abusive partner
- Screen patients ALONE

US Prev Services Task Force on IPV 2018



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## Trauma-Informed Screening

- Routine visits – HEADSS screen
  - Especially asking about abuse, suicidal/homicidal ideation, self harm, and substance abuse
- Behavior changes
  - Trauma can trick you—can look like ADHD, depression, PTSD, borderline personality disorder, eating disorders, chronic pain
  - Memory can be impaired due to trauma symptoms
- How you screen matters:
  - Be aware of using pet names (“girl”, “sweetie”, “honey”, etc)
  - Be aware of your emotions, stay as calm and clinical as you can
  - Emphasize that you believe the patient if they disclose something



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## Tips for Talking with Victims/Survivors

- Do you feel safe in your relationship?
  - Do you feel comfortable disagreeing with him/her?
  - Do you feel you can spend as much time as you want with friends?
- I might have to tell the following people or organizations if you share details about abuse.
- I believe you.
- People care about you. It's not your fault. Telling someone you have experienced abuse and need help doesn't make you weak.



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## Tips for Talking with Victims / Survivors cont'd

- Being the target of someone else's behavior is nothing to feel ashamed, judged or embarrassed about.
- I am concerned for your safety.
- You may be afraid the abuse will get worse if you tell someone. But it is actually likely to get worse over time on its own; being alone in this increases danger for you.



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## Screening for IPV

- There are a LOT of screening tools
  - <https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>
  - Most are self report or clinician/nurse administered
  - Not pediatric specific
- Rabin et al 2010 *Am J Prev Med*
  - Of 210 potentially eligible studies, 33 met inclusion criteria.
  - HITS, sensitivity 30%–100%, specificity 86%–99%)
  - WAST, sensitivity 47%, specificity 96%
  - PVS, sensitivity 35%–71%, specificity 80%–94%
  - AAS, sensitivity 93%–94%, specificity 55%–99%



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# Screening for IPV

## H HUMILIATION

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

## A AFRAID

Within the last year, have you been afraid of your partner or ex-partner?

## R RAPE

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

## K KICK

Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

- HARK screen score of >1 is 81% sensitive and 95% specific for IPV compared to a 30 item CAS questionnaire

Sohal et al 2007 *BMC Fam Pract*



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## Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic Violence Screening Tool

Please read each of the following activities and place a check mark in the box that best indicates the frequency with which your partner acts in the way depicted.

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Indian \_\_\_\_\_

| How often does your partner?  | Never | Rarely | Sometimes | Fairly Often | Frequently |
|-------------------------------|-------|--------|-----------|--------------|------------|
| 1. Physically hurt you        |       |        |           |              |            |
| 2. Insult or talk down to you |       |        |           |              |            |
| 3. Threaten you with harm     |       |        |           |              |            |
| 4. Scream or curse at you     |       |        |           |              |            |
|                               | 1     | 2      | 3         | 4            | 5          |
| Total Score:                  |       |        |           |              |            |

Each item is scored from 1-5. Range between 4-20. A score greater than 10 signify that you are at risk of domestic violence abuse, and should seek counseling or help from a domestic violence resource center

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**WOMAN ABUSE SCREENING TOOL<sup>1</sup> (WAST)**

1. In general, how would you describe your relationship?
  - ☐ a lot of tension
  - ☐ some tension
  - ☐ no tension
2. Do you and your partner work out arguments with:
  - ☐ great difficulty
  - ☐ some difficulty
  - ☐ no difficulty
3. Do arguments ever result in you feeling down or bad about yourself?
  - ☐ often
  - ☐ sometimes
  - ☐ never
4. Do arguments ever result in hitting, kicking or pushing?
  - ☐ often
  - ☐ sometimes
  - ☐ never
5. Do you ever feel frightened by what your partner says or does?
  - ☐ often
  - ☐ sometimes
  - ☐ never
6. Has your partner ever abused you physically?
  - ☐ often
  - ☐ sometimes
  - ☐ never
7. Has your partner ever abused you emotionally?
  - ☐ often
  - ☐ sometimes
  - ☐ never
8. Has your partner ever abused you sexually?
  - ☐ often
  - ☐ sometimes
  - ☐ never

Source: Brown, J., Lent, B., Schmidt, G., & Sas, S. (2000). Application of the Woman Abuse Screening Tool (WAST) and WAST-short in the family practice setting. *Journal of Family Practice*, 49, 896-903.

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- **Partner Violence Screen**

1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
2. Do you feel safe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?

*Davis JW, Parks SN, Kaups KL, Bennink LD, Bilello JF.(2003). Victims of domestic violence on the trauma service: Unrecognized and underreported. Journal of Trauma, 54, 352-55.*

33



# Name that couple



Rihanna and Chris Brown – photo taken hours before assault



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## Case 1

- 15 year old female presents to clinic. She reports boyfriend pushes her sometimes, and has hit her once when drinking, but he has never left marks. She asks that you do not tell her mother, who is in the waiting room.
- She has a completely normal exam and no other medical complaints
- She denies any sexual activity or sexual abuse/assault



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## What do you do?

Any other questions you need to ask?

- [Assess for safety](#)
- Has your partner made threats against you or themselves?
- Suicidal/homicidal thoughts in patient
- Sexual history\*
- Any acute injuries—bleeding, pain, etc.

**TELL SOMEONE.**

Start with social work.

What are you allowed to tell the parent?

- If a child is in danger, confidentiality does not apply



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## Do you have access to a social worker in your setting?

Yes

No

Other - feel free to  
share more in the chat

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## Physical TDV

### When to report to CPS/LE (not exhaustive)

- If a parent is not protective
- GSW, stab, 2<sup>nd</sup>/3<sup>rd</sup> degree burn
- "serious physical harm"—hospitalization, risk of death, incapacity, disfigurement, any degree of prolonged or intractable pain
- Other concern for child abuse

### When to send a patient to the ED (*you* should still report in case they don't go!)

- Severe injuries or medical complaints
- Acute sexual assault
- Suicidality/homicidal ideation
- Safety concerns\* (Call ED SW first)

ORC 2921.22, 2901.01



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## Tips for Documenting

- Document concern for IPV/TDV even if it is not reportable
- Include direct statements where possible
- Avoid negative or judgmental phrases
  - “patient states” or “patient reports” rather than “says” or “alleges”
- Be objective
  - “patient reports she was raped” rather than “patient was raped”
  - GSW “wound”—avoid “entry” or “exit”
  - Describe a wound or marks as they appear, not how you imagine they happened  
“thumbprint bruises” or “grab marks”
- Document that a patient is “declining” services rather than “refusing” if applicable
- Document safety plan, follow up plan, referrals and REPORTING



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## Name that show

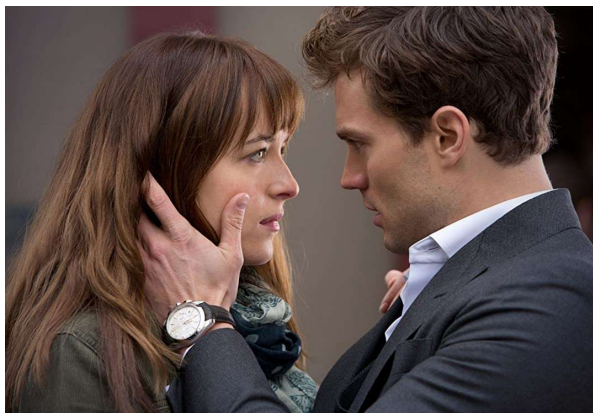


13 Reasons Why



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# Name that movie



Fifty Shades of Grey



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## Case 2

- 14 year old female reports that she has been “talking” to a guy at another school who she met on Snap Chat. He picked her up on Sunday, and they had sex in his car. She states she was ok with oral sex, but that she felt “trapped” when he wanted to go further. She endorses vaginal-penile intercourse.
- What do you do?



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## What do you do?

- CALL SOCIAL WORK
- Ask about the **age** of the partner, and **relationship** (coach, boyfriend, etc)
  - “Are they in your grade?” “How do you know them?”
  - Age of consent in Ohio is 13 years old
  - A 13 year old may have sex with 13-17 year old
  - A child 16 years old may have sex with an adult 18 or older
  - Minors cannot have sexual contact with a person in a position of power
  - Consider developmental age/ability
- Consider drug facilitated sexual assault (DFSA)
- Human trafficking / exploitation



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## Sexual TDV

- Acute sexual assault—send to the ED
  - <72 hours if ≤15 years old,
  - <96 hours if ≥16 years old
  - Consider sending the patient to the ED if they have symptoms (pain, discharge, injury) related to sexual assault



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# Sexual TDV

- When to report to CPS/LE
  - Coerced/forced sexual contact
  - Child <13 years old who reports sexual contact
  - Age <16 years old who reports sexual contact with someone ≥18 years old
  - Child/teen with sexual contact with someone in a position of power (ex. coach/teacher), regardless of age
  - Drug facilitated sexual assault (DFSA)
  - Concern for human trafficking



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# Sexual TDV

- ED visit
  - may involve a forensic interview (at NCH), evidence collection, exam, STI/pregnancy testing, HIV and pregnancy prophylaxis
  - Evidence collection (“rape kit”) = big box of Q-tips.
  - NO speculum (at pediatric facilities, may be different at adult hospitals)
  - This is done WITH CONSENT from the patient, NEVER forced
- Can refer to the Child Advocacy Center (CAC) if assault non-acute



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## Sexual TDV - Misc

- No such thing as “virginity test”
- Reproductive coercion may occur with TDV
- Confidentiality in teenagers—tricky
  - Teens have the right to seek a medical care for sexual concerns (including abortion) without parental consent
- A note about human trafficking
  - Can overlap with TDV—pimp may be a romantic partner as well



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## Name that show

Cheer



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# Digital Abuse

- Challenges with digital media—sexual content
  - Sexual images may be considered child pornography
  - Sexual messages can be normal sexual expression
  - Screening for “sexting” or sending images may be incriminating
  - Images/messages may be deleted from phone/app
  - Constantly evolving games/apps
  - Unable to tell age of the person on the internet
  - Desire to have an “Insta-worthy” relationship/status
  - Online chat rooms and gaming

Teenager Post # 15758  
 “don’t tell anyone what  
 I just told you” they say  
 “I won’t tell anyone”  
 I reply, as I copy & paste  
 the entire conversation  
 to my best friend.

[//teenagerposts.tumblr.com](http://teenagerposts.tumblr.com)



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# Digital Abuse

- Challenges with harassment, stalking
  - Excessive unwanted messaging/texting
  - Unwanted sexual content/solicitation of sexual content from partner
  - Keeping someone from using their phone
  - Demanding passwords to websites/phone
  - GPS location used to track a partner/victim
  - GPS may be used to come to a partner’s place of work, home, school
  - Partner may limit social interaction with friends/family



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# Digital Abuse

- CALL SOCIAL WORK—they can screen for other abuse, or can help facilitate a report to CPS/LE
- When to report (not exhaustive)
  - Safety concerns—stalking, threatening
  - In conjunction with another report to CPS/LE for TDV or abuse concerns
  - Adult soliciting images/sexual contact with a child under the age of consent
  - Child posting sexual content online\*
  - Teen distributing nude images of teens/minors\*
  - Other concerns for child abuse



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# Takeaways

- TDV is common, and requires multiple disciplines to help survivors
- Screen for TDV, but be transparent with teens about confidentiality
- Have a plan for TDV—questions to ask, resources for survivors, when to report to CPS/LE, when to send to the ED
- This talk does NOT cover all possible scenarios or reportable issues
- If in doubt, CALL Social Work or the Child Assessment Team (on call 24/7)



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## Examples of Questions

- How did you meet your boyfriend/girlfriend/partner?
  - If online—have they met in person? (and discuss digital safety with them)
- Is your partner in your same grade? (if not, what grade are they/how old are they?)
- Do you feel safe with your partner? Have they ever hurt you or threatened you?
- Has anyone ever made you do something sexual that you weren't comfortable with?
  - If yes, WHEN was this? (ie in timeframe or not for evidence collection)
- Have you ever had to trade sex for drugs/a place to stay/money?
- Has anyone asked you to send pictures without clothes on?



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## TDV Resources

- National Domestic Violence Hotline    1-800-799-SAFE (7233)
- National Sexual Assault Hotline        1-800-656-HOPE (4673)
- National Suicide Hotline                 1-800-273-8255
- LovelsRespect.org                            Text LOVEIS to 22522
- Safety planning worksheets
- Safety planning website / app: One Love MyPlan
- Red/green flags in a relationship



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Students in abusive relationships most often tell a friend...

What would **you** do to help?

Learn more and download the free app  
myPlanApp.org

**myPlan**  
Decide What's Safe

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## Extra Resources

- ODVN Teen Relationship Resource Guide
- ODH DV Protocol for Health Care Provider
- Podcasts:
  - “I’m not in an abusive relationship” episodes on Teen Dating Violence
  - Ted Talk “How porn changes the way teens think about sex” Emily Rothman
- LovelsRespect.org
- DibbleInstitute.org
- ACLU Ohio 2014, Your Health: A Guide for Teens and the Law
- **NCH Child Assessment Team, on call 24/7**

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# Questions?

Julie.Griffith@FamilySafetyandHealing.org



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## CE POSTING

### Series Name:

- Behavioral Health Webinar Series for Primary Care

### Date:

- October 7, 2020

### Presentation Title:

- Teen Dating Violence: A Multidisciplinary Approach

### Speakers' Names:

- Michelle Greene, DO, FAAP & Julie Griffith, BA

### Planning Committee:

- Jennifer White, MD; William Long, MD; Nancy Cunningham, PsyD; Alex Bishara; Amanda Oxenham; Jessica Dudley

### Disclosure Statement:

No one in a position to control content has any relationships with commercial interests.

### Series (Session) Objectives:

- Overview of Teen Dating Violence screening in clinical settings.
- Reporting and managing Teen Dating Violence.
- Discuss local and national resources for Teen Dating Violence.

### Commercial Support:

- N/A – see training document



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Nationwide Children's Hospital has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. Approval is valid for 2 years from the date of the activity. PAs should only claim credit commensurate with the extent of their participation.

As a Jointly Accredited Organization, Nationwide Children's Hospital is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Nationwide Children's Hospital maintains responsibility for this course. Social workers completing this course receive 1.0 continuing education credits.



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**Wednesday, October 14, 2020**

<https://www.surveymonkey.com/r/NCH-BHWebinar7October2020>

Please note: We are unable to provide CME credit past this deadline.

### Save the date:

**November 11<sup>th</sup>**  
12:00-1:00pm

"This Feels Like More Than Picky Eating...  
Avoidant Restrictive Food Intake Disorder"



**Visit our website for more information!**

<https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/webinar-series>

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