



Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Human Trafficking in School-Based Health Centers Learning Collaborative October 2022 – February 2023

The School-Based Health Alliance and Health Partners on IPV + Exploitation (led by Futures Without Violence) are excited to announce the second year of our learning collaborative on Healing-Centered Approaches to Addressing Relationship Abuse and Human Trafficking. This initiative aims to increase the capacity of school-based health centers (SBHCs) to prevent and assess adolescent relationship abuse (ARA) and human trafficking (HT), provide universal education and support, and implement systems-level change.

Participants will receive support to develop and implement action plans that enhance their ARA prevention and intervention practices. **We expect that, by the end of the learning collaborative, participants will implement clinical and systems-level processes to prevent and respond to ARA.**

This learning collaborative is free and open to HRSA-funded school-based health centers (SBHCs), including those sponsored by Health Center Programs and Look-Alikes. If you work within a domestic violence (DV) program or other community-based program, see the “Eligibility” section on page 2 for information about how to partner with an eligible SBHC.

Participants MUST commit to incorporating knowledge and skills from the training into their work. Participants who successfully finish the program will receive a Certificate of Completion and continuing education credits as applicable. Continuing education credits will be available for this activity for physicians, nurses, and behavioral health professionals.

WHY FOCUS ON ADOLESCENT RELATIONSHIP ABUSE AND HUMAN TRAFFICKING IN SBHCs?

Adolescent relationship abuse is a pattern of behaviors used to gain power and control in intimate relationships. It may involve psychological, emotional, verbal, physical, or sexual abuse and/or stalking, and it can happen in-person or digitally.

- Among 12-18 year-olds in a current or past year relationship (n=667), 69% reported lifetime victimization and 63% lifetime perpetration.¹
- In 2019, 8% of high schoolers experienced physical dating abuse and 8% experienced sexual dating abuse (n=8,703; n=6,847).²
- 77% of 6th-8th graders in a dating relationship reported verbal/emotional abuse at least once in their lifetime.³
- 28% of adolescents ages 12-17 report experiencing digital forms of relationship abuse (n=2,218). Cyber or digital dating abuse is strongly correlated with in-person dating abuse.⁴

Young people who experience ARA are more likely to report depression, PTSD, and suicidal ideation.^{5,6,7}



The human trafficking of children is defined as a crime involving the exploitation of a minor through the use of force, fraud, or coercion to obtain labor or a sex act. Researchers and other professionals involved in anti-human trafficking believe that the data collected about the number of minors affected by this issue is inaccurate primarily due to underreporting and a lack of information about what constitutes human trafficking. However, we do know that:

- According to the International Labor Organization, the global number of children involved in child labor is roughly 152 million, accounting for almost one in ten children worldwide.⁸
- Oftentimes children are criminalized for acts of violence committed against them. It is estimated that children who experience sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who have not been sexually abused.⁹
- The National Human Trafficking Hotline received reports for 10,949 potential cases of human trafficking in 2018, with 4,945 of those cases involving minors.⁹
- LGBTQ youth are up to five times more likely than heterosexual youth to be victims of human trafficking, due to increased susceptibility that comes with feelings of rejection and/or alienation that are often experienced by LGBTQ youth.¹⁰
- Young people who migrate and particularly those who migrate across international borders are vulnerable to exploitation. This is especially true when their immigration status is unclear, they have no money, and they are cut off from their natural support systems.¹¹

To develop and maintain healthy relationships, adolescents need support from a range of systems, including their schools, health providers, and communities. These supports can partner to prevent, identify, and respond to ARA and trafficking. School-based health centers are an important part of the ecosystem of support for adolescents.

ELIGIBILITY

The School-Based Health Alliance welcomes applications from **school-based health centers sponsored by Health Center Programs and Look-Alikes that are committed to developing their capacity to identify and respond to adolescent relationship abuse and human trafficking. Multiple sites from a health center may apply, but each site must complete a separate application.**

Each application **must include** an Administrator/Operations staff member or designee with authority to build new partnerships, a behavioral health provider, and a primary care provider. Additional staff members can be included on the application, such as community health workers, medical assistants, or health educators. We also encourage participants to invite staff from their local domestic violence agency, or other organizations that serve youth experiencing relationship abuse and/or human trafficking to join. To identify potential partners, visit www.nnedv.org/content/state-u-s-territory-coalitions/ for State/Territory DV Coalitions or www.niwrc.org/tribal-coalitions for Tribal DV Coalitions that work with local DV advocacy programs

If you work at a domestic violence advocacy program or other community-based program and are interested in partnering with a local SBHC on this learning collaborative, [use this tool](#) to identify a local SBHC and invite them to co-apply with you. They must submit the primary application and list you as a partner.



PARTICIPANT REQUIREMENTS

Participants in the Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Human Trafficking in SBHCs learning collaborative must:

- Participate in a brief virtual meet-and-greet with SBHA/Health Partners on IPV + Exploitation;
- Participate in six 90-minute learning sessions, over three months, by engaging in learning collaborative activities and discussions;
- Participate in two 30-60-minute coaching calls with SBHA/Health Partners on IPV + Exploitation throughout the learning collaborative;
- Share learned information with colleagues;
- **Create and implement an action plan to address adolescent relationship abuse in their school-based health center;**
- Complete periodic surveys to help improve learning collaborative activities for clinicians and other partners; and
- Participate in a 30-minute 90-day follow-up call in spring 2023.

LEARNING COLLABORATIVE OUTLINE

After notification of acceptance, each team will participate in one 15-minute meet-and-greet Zoom call between September 21 and September 29, 2022.

Between October and December 2022, teams will participate in **six 90-minute learning sessions**. Each session held on a Tuesday from 1:00 - 2:30pm Eastern time, will include presentation and discussion facilitated by expert faculty and time for participants to work with their teams on action planning. The learning collaborative curriculum includes the following topics:

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| 1. Welcome & Introduction to Healing-Centered Engagement | Tuesday, October 4, 2022 |
| 2. Confidentiality & Universal Education/Empowerment | Tuesday, October 18, 2022 |
| 3. Supporting Students & Creating Community Partnerships | Tuesday, November 1, 2022 |
| 4. Implementing and Sustaining a Clinical Intervention | Tuesday, November 15, 2022 |
| 5. Youth Partnerships | Tuesday, November 29, 2022 |
| 6. School Partnerships | Tuesday, December 13, 2022 |

Between January and February 2023, each team will participate in **two 30-60 minute coaching calls**. These calls will support teams in assessing their progress and updating their action plans.

In May 2023, each team will participate in **one 30-minute follow-up call** to share their progress and receive additional support from Health Partners on IPV + Exploitation and SBHA.

SYSTEM REQUIREMENTS FOR PARTICIPATION

Participants will need a quiet place for each 90-minute learning collaborative session. All sessions will operate through Zoom (see the [Zoom Help Center](#) for detailed system requirements) and participants are expected to have their cameras enabled during the session.

HOW TO APPLY

Complete the application and initial assessment online [here](#). To view a pdf of the application, please click here. If you would like to complete the application over multiple days, please use the ‘Save and Continue Later’ link in the upper right-hand corner to fill in your name and email address.



For any questions, contact Emily Baldi, Program Manager at the School-Based Health Alliance, at ebaldi@sbh4all.org.

APPLICATION REVIEW TIMELINE

September 12, 2022: Application deadline

September 16, 2022: Applicants notified of outcome

September 21 – September 29, 2022: Virtual meet-and-greets

October 4, 2022: Learning collaborative begins

APPLICANT RESOURCES:

- School-based health centers (SBHCs) represent shared commitments between schools and health care organizations to support the health, wellbeing, and academic success of students. For the schools' part, facilities and utilities are donated and building-level policies facilitate students' enrollment and utilization. Local health organizations bring into the partnering school expertise and linkages to an array of services—primary care, behavioral health, oral health care, vision care, and health promotion—that enable children and adolescents to thrive in the classroom and beyond. The ultimate goal of the partnership is to create a culture of health within the school and among its inhabitants. Learn more [here](#).
- Social service organizations including domestic violence programs, local domestic violence shelter programs, tribal domestic violence programs, and other culturally specific community based organizations are an integral part of any coordinated health care and social service response to domestic violence. Each State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands and American Samoa, has a FVPSA funded [Domestic Violence Coalition](#). These coalitions are connected to more than 2,000 local DV programs receiving FVPSA funding across this country. For more information about FVPSA's programs, click [here](#) and contact your [state or territory Coalition](#) to help identify local programs. For Tribal Coalitions, visit www.niwrc.org/tribal-coalitions.
- [Memorandum of understanding \(MOU\)](#) for partnering SBHCs/community health centers and local domestic violence programs/community-based organizations -- a useful tool to formalize new or expand on partnerships.
- [Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation \(E\), Human Trafficking \(HT\), Domestic Violence \(DV\) and Intimate Partner Violence \(IPV\)](#)
- Online toolkit: www.IPVHealthPartners.org with information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers; and COVID-19 resources and support.

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REFERENCES

- (1) Taylor BG, Mumford EA. A National Descriptive Portrait of ARA: Results From the National Survey on Teen Relationships and Intimate Violence. *J Interpers Violence*. 2016;31(6):963-988. doi:10.1177/0886260514564070



- (2) Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey Questionnaire. Available at: www.cdc.gov/yrbs. Accessed on 05/28/21.
- (3) Niolon PH, Vivolo-Kantor AM, Latzman NE, et al. Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *J Adolesc Health*. 2015;56(2 Suppl 2):S5-13.
- (4) Hinduja S, Patchin JW. Digital Dating Abuse Among a National Sample of U.S. Youth. *Journal of Interpersonal Violence*. January 2020. doi:10.1177/0886260519897344
- (5) Exner-Cortens D, Eckenrode J, Rothman E. Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics*. 2013;131(1):71-78. doi:10.1542/peds.2012-1029
- (6) Smith SG, Chen, J., Basile, KC, Gilbert LK, Merrick MT, Patel N, Walling M, & Jain A. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention;2017.
- (7) Coker AL, Davis KE, Arias I, Desai S, Sanderson, M., Brandt, H.M., & Smith, P.H. Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*. 2002;23(4):260-268.
- (8) International Labor Organization. Global estimates of child labor: Results and Trends, 2012-2016. Switzerland. 2017. Retrieved February 21, 2020, from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575499.pdf
- (9) Polaris. 2018 Statistics from the National Human Trafficking Hotline. 2018. Retrieved December 14, 2019, from https://humantraffickinghotline.org/sites/default/files/Polaris_National_Hotline_2018_Statistics_Fact_Sheet.pdf
- (10) Yates GL, MacKenzie RG, Pennbridge J, & Swofford, A. A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *Journal of Adolescent Health*. 1991. 12(7), 545-548.
- (11) Boak A, Boldosser A, & Biu O. Smooth Flight: A Guide to Preventing Youth Trafficking. Project for the Prevention of Adolescent Trafficking (PPAT). 2003. Retrieved December 14, 2019, from http://cedoc.inmujeres.gob.mx/documentos_download/trata_de_personas_10.pdf