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Healing-Centered Approaches to Address Adolescent Relationship Abuse and Trafficking in School-Based Health Centers

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CME and CE Information

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• American Psychological Association (APA)
• Association of Social Work Boards (ASWB)
• Commission on Dietetic Registration (CDR)

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LEARNING OBJECTIVES

By the end of this session, participants will be able to:

1. Create a plan to implement at least three clinical strategies to address adolescent relationship abuse and exploitation.
2. Identify at least two collaborating organizations to support prevention and intervention efforts related to relationship abuse and exploitation.
3. Create a plan for involving youth leadership in addressing relationship abuse and exploitation within the school community.

AGENDA

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<td>Welcome and introductions</td>
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<td>2:40 – 2:45</td>
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<td>2:45 – 2:55</td>
<td>About adolescent relationship abuse and human trafficking (ARA-HT)</td>
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<td>2:55 – 3:40</td>
<td>How SBHCs can address ARA-HT</td>
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<td>3:40 – 3:45pm</td>
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Health Partners on Intimate Partner Violence and Exploitation

Health Partners on IPV and Exploitation is led by Futures Without Violence (FUTURES) to work with community health centers to support those at risk of, or surviving intimate partner violence (IPV), human trafficking (HT) and exploitation, and to bolster prevention efforts.

Key Topic Areas:
- ✔ Increasing staff capacity and healing-centered engagement
- ✔ Assessment and external education approaches and tools (see www.IPVHealthPartners.org)
- ✔ Building health center and community-based partnerships
- ✔ Health policy and systems change (including new UDS measures on IPV/HT)
- ✔ Prevention approaches and ways to promote health equity and increase health and safety outcomes for those surviving IPV, HT and exploitation

Learn more: https://healthpartnersipv.org/  
Email: ipvhealthpartners@futureswithoutviolence.org

Learning Collaborative: Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Trafficking

Learning Collaborative Overview

Learning Collaborative

Learning Collaborative: Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Trafficking
25 SBHCs across 11 states participated

Learning Collaborative Objectives

Increase the capacity of school-based health centers (SBHCs) to...

• prevent and assess for adolescent relationship abuse (ARA) and human trafficking
• provide universal education and support
• implement systems-level change

Learning Collaborative Topics

1. Welcome and Introduction to Healing-Centered Engagement
2. CUES Part I: Confidentiality & Universal Education/Empowerment
3. CUES Part II: Support & Community Partnerships
4. Implementing and Sustaining a Clinical Intervention
5. Partnering with Youth
6. Partnering with Schools

Learning Collaborative Outcomes

• Implementation of a clinical intervention (CUES)
• Building/strengthening relationships with local domestic violence organizations
• Updating school-based health center policies
• Quality improvement work to strengthen Adolescent Relationship Abuse prevention activities
• Exploring implementing Coaching Boys Into Men
• Implementing professional development on Adolescent Relationship Abuse for colleagues
• Partnering with youth to promote healthy relationships
About Adolescent Relationship Abuse

Prevalence
- 1 in 5 teen girls and 1 in 4 LGBTQ+ teens report experiencing physical/sexual violence
- 1 in 10 girls report that they have ever been forced to have sex (up 27% since 2019)

“I talk to all my patients about this because we know....”

Unhealthy relationship behaviors

One person using a pattern of methods and tactics to gain and maintain power and control over a dating partner.

- It is a cycle that can get worse over time – not a one-time ‘incident’
- Abusers use jealousy, social status, mental health, money, digital abuse, and other tactics to be controlling and abusive – not only physical violence

Who uses violence in dating relationships?

- Violence is gendered, AND young people of all genders experience and use violence.
  - Girls more likely to be victims of physical abuse
  - Boys more likely to be victims of psychological abuse
  - Mutual aggression is common

(Steffen and Goodwin, MD Journal 2009)

- Important to consider context, impact, and outcomes

Consider intersectionality
Elevated exposure to violence and Exploitation among LGBTQIA+ youth
Health impact

Intimate Partner Violence:

- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

(Black/CDC, 2011)

Health Programs are Essential Sites for ARA Intervention

Adolescent relationship abuse is rarely identified in clinics serving adolescents, AND is common among adolescents seeking clinical services.

(Miller et al., 2010; Asheley & Foshee, 2005; Schoen et al., 1991)

CDC report recommends:

- Promoting school connectedness
- Increasing access to needed health services
- Implementing quality health education


A worksheet to support your planning

It Starts with Us: Reflective Practice and Mindfulness
Practice Consideration #2: Mindfulness Based Intervention (MBI) to Increase Resiliency and Work Engagement

- Awareness
  - Become aware of your own reactions: thoughts, feelings, body tensions
  - And Accept them

- Balance
  - Use your strategies to come back to balance

- Connection
  - Connect with new awareness


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Reading Our Own Cues

What am I like when I am feeling balanced and regulated?
- Body
- Feelings
- Thoughts
- Behavior

What am I like when I am feeling unbalanced and not in balance?
- Body
- Feelings
- Thoughts
- Behavior

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Mindful Self-Regulation: Strategies

- Breathe
- Grounding

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Mindful Self-Regulation: Strategies

- Self-Talk
  - Breathe and ask one more question
- Imagery
Stories from the field...

“No one is hurting you at home, right?” (Partner seated next to client as this is asked — consider how that felt to the patient?)

“Within the last year has your partner ever hurt you or hit you?” (Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand -- What was the staff communicating to the patient?)

Type in the Chat Box

How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?

Why is this the case?
What if disclosure/identification is no longer the goal?

Rethinking screening

- Low disclosure rates
- Not survivor centered
- Resources offered only based on a patient’s disclosure
- Missed opportunity for prevention education

Challenging the limits of disclosure-driven practice...

...is part of healing centered engagement and equity

Health Equity Means Social Justice in Health

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

(Province, R; Aikin, E; Orleans, T; Proctor, D; and Pugh, A. What is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017)

CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support

Adolescent Safety Card
Available in English and Spanish
Universal Education

Provides an opportunity for patients to make the connection between violence, health problems, and risk behaviors.

* If you currently have ARA/HT screening as part of your health center requirements: we strongly recommend first doing universal education.

CUES: An Evidence-based Intervention

C: Confidentiality
See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment
Normalize activity
Make the connection—open the card and do a quick review

S: Support
Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines

Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/

Adolescent Safety Card
Available in English and Spanish

UE: Universal Education + Empowerment

1. Give each patient **two safety cards** to start the conversation about relationships and how they affect health.
2. Open the card and encourage them to take a look. Make sure patients know that you’re a safe person for them to talk to.

"I've started giving two of these cards to all of my patients—in case you are ever struggling in a relationship or if you feel like someone is taking advantage of you—and also so you have the info to help a friend or family member."

S: Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
S: Support = showing gratitude

Promoting the health of students who are survivors

- Use of phone to make confidential call
- Safer partner notification for STI
- IUD or implant for reproductive coercion
- Sleep, eating, exercise
- Other ideas?

“I am so grateful that you shared that with me. Thank you for trusting me with your story.”

“I hear you saying that things are complicated. Would you like me to offer some thoughts on what other young people have found helpful? I’m also ok with just listening as well.”

Evidence in Support of CUES Intervention

School Health Center Healthy Adolescent Relationships Program (SHARP) – Cluster-randomized trial using CUES intervention in 8 school health centers in CA

- Increased recognition of what constitutes sexual coercion
- Increased awareness of relationship abuse resources
- Among youth with recent victimization, less relationship abuse victimization at three months
- Increased likelihood of disclosing any history of unhealthy relationship to the provider during clinic visit

(Miller et al. Pediatrics 2015)

ACF, U.S. DHHS Funded Hotlines

800-799-SAFE (7233)
Text LOVEIS to 22522
Chat at thehotline.org

800-787-3524 (TDD)
Email: 1800runaway.org
Online services:
Chat at 1800runaway.org/
Forum: bulletinboards.1800runaway.org

877-565-8860
www.translifeline.org/
www.thetrevorproject.org
888-488-7386 LGBTQ Youth

https://www.acf.hhs.gov/acf-hotlines-helplines
Partnering with local domestic violence organizations

Local Partnerships are Meaningful

Download a sample MOU: https://ipvhealthpartners.org/partner/

Advocates are the Experts

Remember advocates can also help you problem solving and give you additional ideas about how to support your patients.

Domestic violence and sexual assault programs have vast experiences working with survivors of violence.

Advocates assist survivors who have experienced ARA or HT to think and act in a way to increase personal safety while assessing the risks.

About Domestic/Sexual Violence Advocacy Programs

Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:
- Crisis safety planning (usually 24hr hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, immigration, labor
- Support groups/counseling
- Children’s services
- Employment support
Futures MOU resource

https://healthpartnersipve.org/futures-resources/sample-memorandum-of-understanding/

Partnering with youth

Definitions

- **Youth Development**: meets the physical and social needs of young people by defining their individual goals and preparing them to achieve their full potential.

- **Youth Engagement**: identifies young people’s right to participate in decisions that influence them and recognizes the skills they bring to the table.

- **Youth Partnerships**: considers youth as equal partners with adults in the decision-making process.
Youth Participation Models

**Youth-Led**
Youth are the main spokespersons and look to adults to provide support as needed

**Youth-Adult Partnership**
Youth and adults work together in mutual teaching, learning, and action

**Adult Led**
Adult leaders seek out youth as core constituents

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**Align outcomes youth have for their lives with the capacities you have to assist them**

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**S.O.S.**

**Supports**
Things done with youth: interpersonal relationships grounded in expectations, guidance, and boundaries

**Opportunities**
Activities, roles, and responsibilities taken on and done by youth: chances to explore, belong, express, earn, and influence

**Services**
 Provision of resources, knowledge, or goods to/for youth

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**Youth-led Strategies in Your SBHC**

- Youth Advisory Council
- Youth representation on committee and/or advisory board
- Provide feedback on services and experience
- Peer education, mentoring, counseling, or support groups
- Health career pathway/ student shadowing
- Advocacy activities (local, state or national)
- Other YD opportunity
Student-led grassroots organization (not a club) that was founded in 2014 with the following goals:
- to end tolerance of harassment and rape culture within our high school community
- improve our Title IX processes and inform students of them
- support survivors of sexual harm
- help to educate our peers on the impacts of sexual harm and the importance of consent culture

In Practice: The Spectrum

<table>
<thead>
<tr>
<th>Low Staff Capacity</th>
<th>High Staff Capacity</th>
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<tbody>
<tr>
<td>Low Youth Partnership</td>
<td>High Youth Partnership</td>
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Berkeley High School Stop Harassing

Student-led grassroots organization (not a club) that was founded in 2014 with the following goals:

- to end tolerance of harassment and rape culture within our high school community
- improve our Title IX processes and inform students of them
- support survivors of sexual harm
- help to educate our peers on the impacts of sexual harm and the importance of consent culture

Some ideas from our LC participants...

- Focus groups in health classes to learn what students know and need related to healthy relationships
- Partnering with existing clubs to promote healthy relationships
- Incorporating healthy relationships content into small group education sessions
- Development of a youth advisory council
- Working with existing youth advisory councils to incorporate healthy relationship promotion activities into their scope
- “Office hours” where teens interested in healthy relationship promotion can gather
Using Menti, please share your next step...

- Staff wellness
- CUES
- Partnering with DV organizations
- Partnering with youth
- QA/QI Tool

Reflections and Questions

Thank you!