

1010 Vermont Ave NW, Suite 600
Washington, DC 20005
(202) 638-5872
www.sbh4all.org



Addressing Adolescent Relationship Abuse in School- Based Health Care

Lisa James, Futures Without Violence

Liz Miller, UPMC Children's Hospital of Pittsburgh

Meg Kane, Nationwide Children's Hospital



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens



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In the transformational
power of the health and
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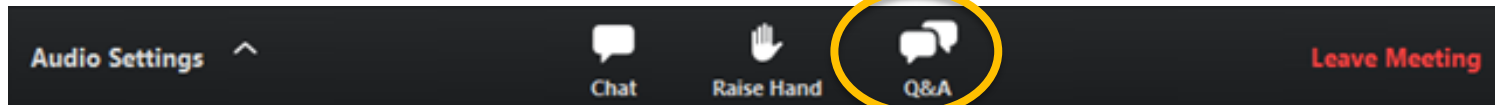


HEALTHY STUDENTS
make better learners

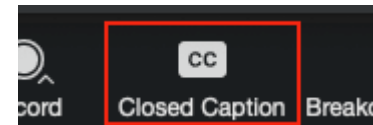
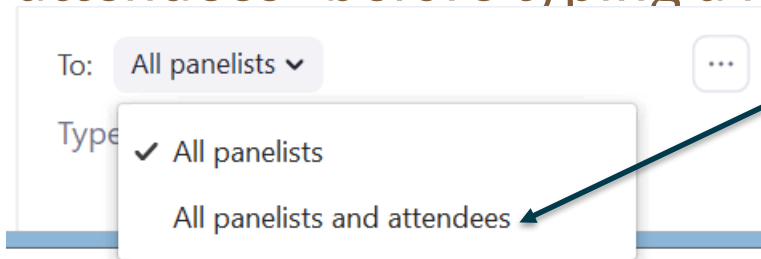
REMINDERS

 All attendees are in **listen-only mode**.

 To ask a question during the session, use the **“Q&A” icon** that appears on the bottom your Zoom control panel.



 When using the chat, please select “all panelists and attendees” before typing a message



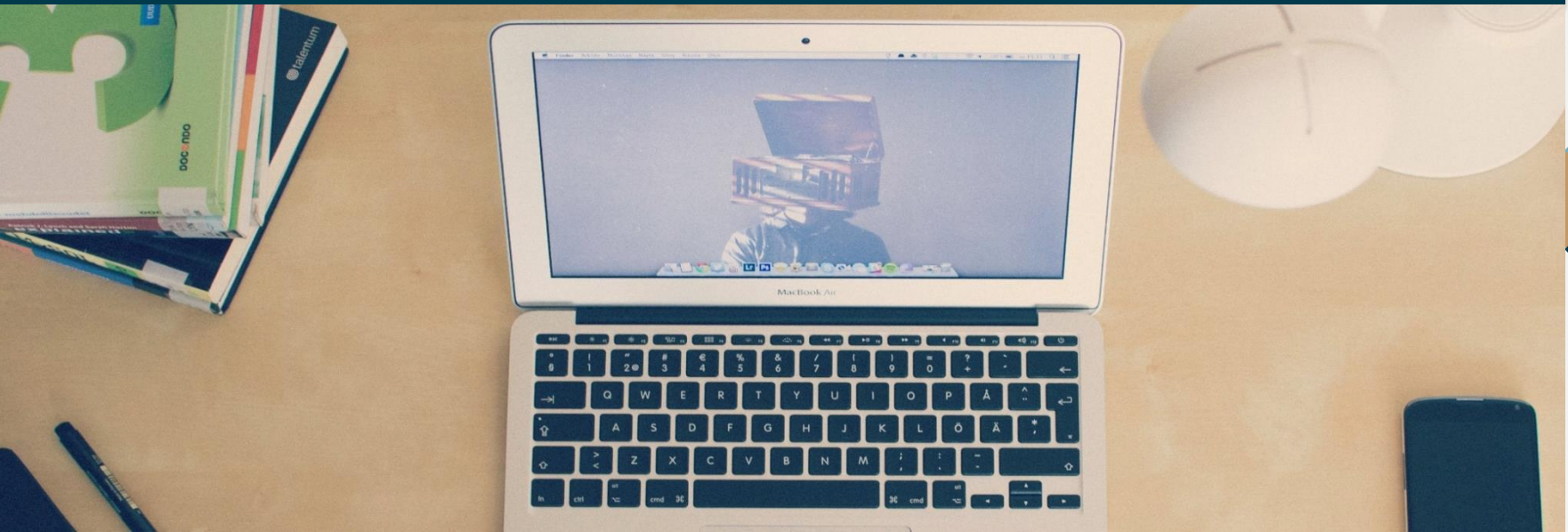
 To turn on closed captioning, click on the **“CC” button**

 Please complete evaluation poll questions at the end of the presentation.

WEBINAR ARCHIVE

- The State of the Science: Teen Brain Development and the Impact of Marijuana
- Youth-Led 2-Part Webinar Series
- Hallways to Health 4-Part Webinar Series
- Quality Counts: How to Download and Use Your 2016-17 NQI Reports and Prepare for 2017-18 Reporting

<http://www.sbh4all.org/webinars>



Save the Date!




SCHOOL-BASED
HEALTH ALLIANCE

Webinar:
Pics, Texts, and Tracking:
Understanding & Addressing Digital Dating Abuse

Featuring: Kaleigh Corneilson, Adolescent Health Initiative

Wednesday, April 14
2:00PM - 3:00PM Eastern

OBJECTIVES

Participants will be able to...

- Explain the dynamics of adolescent relationship abuse (ARA).
- Identify three reasons why SBHC providers might consider discussing ARA with their patients.
- Describe the CUES approach to discussing ARA with patients.

TODAY'S PRESENTERS



Lisa James (she/her)
MA

Director of Health
Futures Without Violence



Liz Miller (she/her)
MD, PhD, FSAHM

Director, Adolescent and Young Adult Medicine
UPMC Children's Hospital of Pittsburgh



Meg Kane (she/her)
MSN, RN, CPNP-PC, SANE-P

Clinical Quality Coordinator for School
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Nationwide Children's Hospital

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Brief Overview of Adolescent Relationship Abuse

Lisa James, MA

Liz Miller, MD, PhD



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Redefining Health for Kids and Teens



FUTURES
WITHOUT VIOLENCE®

Promoting Healthy Relationships and Responding to Adolescent Relationship Abuse in Adolescent Health Programs

National Health Network on Intimate Partner Violence, Human Trafficking, and Exploitation

The **National Health Network on Intimate Partner Violence and Human Trafficking** 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 universal education approaches and tools (see www.IPVHealthPartners.org)
- ✓ Building health center and community-based partnerships
- ✓ Health policy and systems change (including on 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: www.futureswithoutviolence.org/health/nationalhealthnetwork

Email: ipvhealthpartners@futureswithoutviolence.org

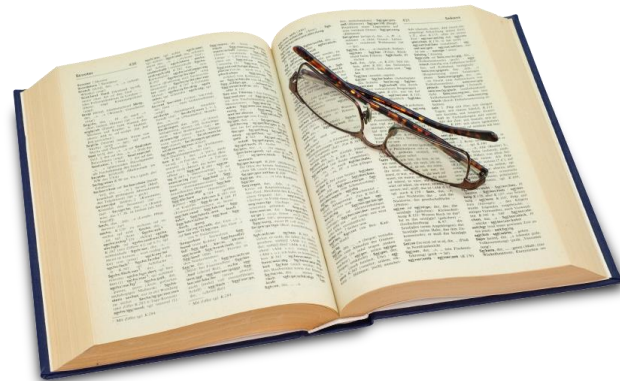
Terminology

Domestic and sexual
violence

Teen dating and
violence

Unhealthy/Unsafe
relationships

**Adolescent
relationship abuse**



Unhealthy relationship behaviors and abuse

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 gets worse over time – not a one time ‘incident’

Abusers use jealousy, social status, mental health, money and other tactics to be controlling and abusive – not just physical violence



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

1 in 5 (20%) U.S. teen girls report ever experiencing physical and/or sexual violence in an intimate relationship.



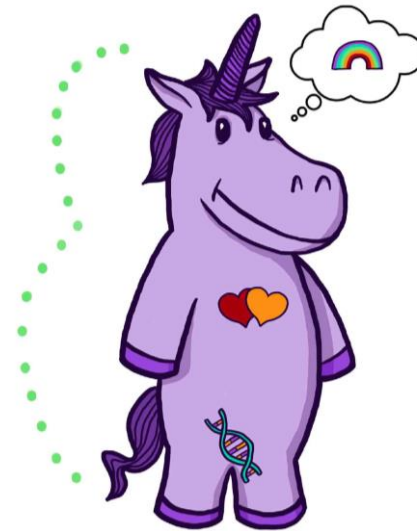
*CDC Morbidity and Mortality Weekly Report.
February 2008. ;Silverman et al, 2001*

A note about gender

Research has historically used gender binary framework

Trans/GNC “lumped in” with LGB

Emerging work includes range of gender identities



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Prevalence



Each year in the U.S. at least **400,000 adolescents** experience serious physical and/or sexual violence in a dating relationship. (Miller, 2009; Wolitzky-Taylor et al, 2008)

48% of high school and middle school students experience sexual harassment at school. (American Association of University Women, 2011)

Who uses violence against dating partners?

Violence is still gendered, but young people of all genders experience it and also perpetrate it.

- Girls more likely to be victims of physical abuse
- Boys more likely to be victims of psychological abuse
- Mutual aggression is common

(Mulford and Giordano, NIJ Journal 2009)

Important to consider context, impact, and outcomes

Technology as a Tool For Exerting Power and Control— and rarely happens in isolation

One in four teens in a relationship report having been called names, harassed, or put down by their partner via cell phone/texting

Technology-based harassment is a red flag for other abuse

- **84%** who report cyber abuse said they were also psychologically abused by their partners
- **52%** say they were also physically abused
- **33%** say they were also sexually coerced



Health impact



(Black/CDC, 2011)

(Ottisova, 2016; Oram 2016)

Unintended Teen Pregnancy

Adolescent girls in physically abusive relationships were **nearly twice as likely** to become pregnant than non abused girls.

(Roberts et al, 2005)



Health Programs are Essential Sites for ARA Intervention

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

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



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Teen Dating Abuse: Culture Change through Quality Improvement

Meg Kane, MSN, RN
CPNP-PC, P-SANE

Disclosures

Pfizer/BioNTech

(My son was in the vaccine trial and now I
have to disclose this)

(I have no big pharma money but hey, if
you're offering...)

Who are we?

Nationwide Children's Hospital Care Connections

- School Based Health Centers initiated in 2015 – 2 schools in one urban district
- 2021- 14 schools in 2 districts & 2 mobile units
- Pediatric primary care including well care, sick care, asthma, sports physicals, reproductive health care, vaccines, mental/behavioral health, onsite lab, onsite medication, telepsychiatry services, school-based asthma therapy program
- Exist to improve outcomes by removing non-academic barriers to learning



The Approach- Three prongs to improve care

Understand the problem- are we doing preventable harm?

Change our behaviors

Change the culture of our setting



Zero Hero™

Create a safe day. Every day.



NATIONWIDE CHILDREN'S

"When your child needs a hospital, everything matters."

Current practices

- Intimate Partner Violence (IPV) assessment and counseling is recommended by CDC, ACOG, American Medical Women’s Association, AMA, and the National Academy of Medicine.
- Per the Ohio Domestic Violence Protocol for Health Care Providers, “All adolescent...patients should be screened (for IPV)”
- Universal assessment is considered the gold standard¹
- Nationwide Children’s Hospital was not proactively assessing for IPV outside of Teen and Pregnant clinic

1. Cutter-Wilson E, et al. Curr Opin Pediatr 2011

A brief intro to Quality Improvement (QI)

- QI is the framework we use to systematically improve the care we deliver to patients
- Stepwise and measurable processes to help collect data and analyze change
- THINK BIG! Start small
- Pick something that you can talk about ad nauseum (*WHY do so many people order Respiratory Infection Array Panels in the outpatient setting??*)

Project Aim

Increase Intimate Partner Violence screening among adolescents age 12 and up presenting for a well check in a school-based health center population from 0% to 50% by May 2020 and sustain for at least one year

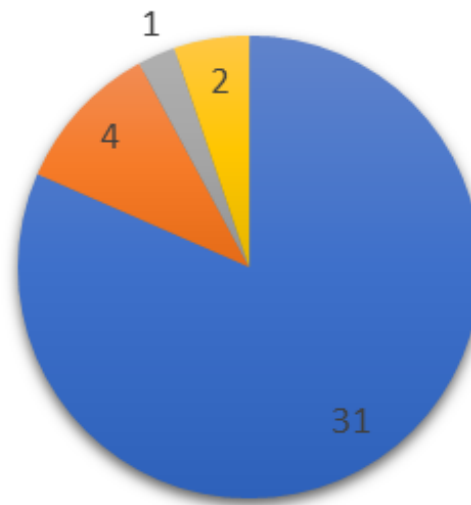
Health impact

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

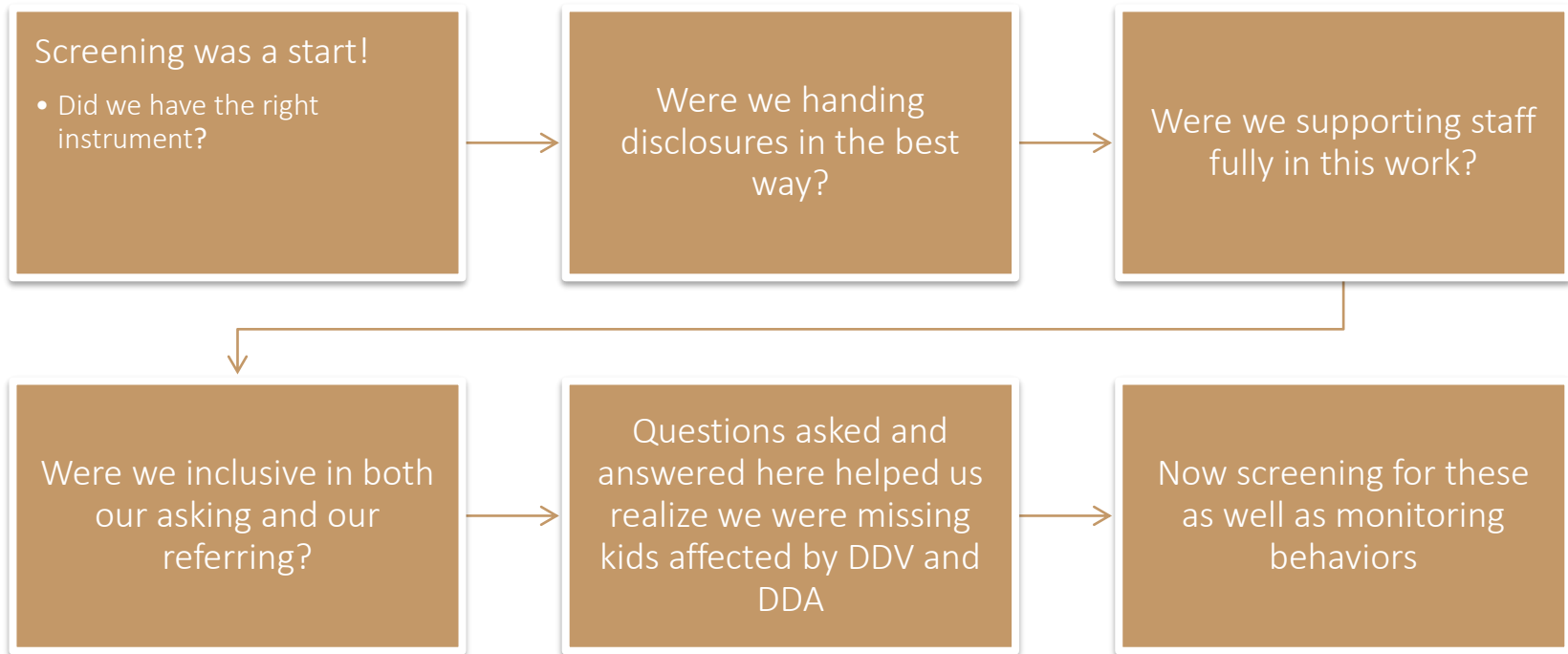
(Black/CDC, 2011)

Subsequent Action



■ No further action necessary ■ Referred to behavioral health
■ Referred to law enforcement ■ Referred to FCCS

Progress





A bulletin board in the SBHC, displaying information about healthy relationships, including resources selected and developed by students who use the SBHC



This photo shows the location of safety-related resource cards in the SBHC bathroom

Digital Rights Poster

Explains to young people their online rights, including:

- You have the right to turn off your phone and spend time with friends and family without your partner getting angry
- You have the right to say no to sexting, or sending pictures or information digitally to your partner that you are not comfortable sharing
- You have the right to keep your logins and passwords private
- You have the right to control your own privacy settings on social media apps
- You have the right to feel safe and respected in your relationship, online or off

Additional interventions

- Bolstering community agency resources and relationships
- Collaboration with other hospital departments
- School-level education and outreach
- Ongoing provider team education, monitoring of progress, and feedback

Barriers to change

- Fear
- Lack of resources
- Community + institution
- Confidentiality concerns
- Limitations of criminal justice system

Next Steps

- Projects have continued in school-based health centers and mobile units
- Partnered with community pediatricians through QI collaborative to share best practices
- Further PDSAs with alternative screening instruments/modalities
- Currently working with Center for Family Safety and Healing
- Fortify referral algorithm- establish best practices
- Strengthen relationships with community partners
- Continue CSEC initiatives and refine clinical tools

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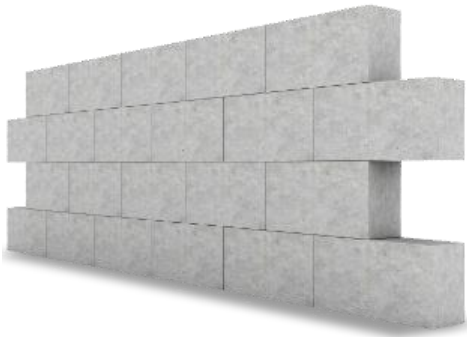


Promoting Healthy Relationships and Responding to Adolescent Relationship Abuse in Adolescent Health Programs

Lisa James, MA
Liz Miller, MD, PhD

Barriers to Addressing ARA

Providers
identified these
barriers



- Beyond scope of work
- Discomfort initiating conversations
- Not knowing what to do about disclosures
- Worry about mandatory reporting
- Frustration with patients who do not follow a plan of care
- Lack of time
- **What barriers are specific to your setting?**

Patient-centered Approach to ARA Assessment

- Patients want providers to talk to them about the relationships.
- They have concerns about how information will be used
- Empower patients with information, regardless of disclosure.

The “perfect” screening question will not necessarily increase disclosure.

There is no single “right” question.



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

In the chat:

Why might a young person choose not to talk about their experiences of being in the sex trade or experiences of violence and trauma during a health visit?

Why might a young person choose not to disclose?

- Judgement and stigma
- Fear of child welfare and/or police involvement
- Not knowing what is going to happen with the information
- If there is someone controlling/exploiting them, fear that the person could find out that they told you
- Lack of awareness of rights

Creating a Safe Space

To build trust and promote safety of students:

Private place to talk with students alone.

Display highly visible educational posters on consent, etc.

Have information including hotline numbers, safety cards, and resources on display in common and private areas.

Have intake forms acknowledge IPV/SV.



Paradigm Shift

“what is wrong with you?” →

“what happened to you?” →

“where do you want to go and how may I help you get there?”

Healing-centered engagement

- Healing happens in relationships: Promotes trust and connection
- Asset driven: Focus on agency and well-being
- Explicitly political, rather than clinical: “Involving culture, spirituality, civic action and collective healing”

CUES intervention

Confidentiality

Universal **E**ducation
and **E**mpowerment

Support



Adolescent Safety Card

Available in English and Spanish in
Hard Copy and PDF

Available in Simplified Chinese,
Korean, and Armenian as a PDF



For telehealth CUES: <https://ipvhealthpartners.org/covid19/>



Confidentiality

“Your story is your own and I don’t want you to feel like you have to share anything to get support. If a young person tells me ..., then I have to get others involved to help that young person be safer.”

Universal Education

“So many of the young people I take care of have been placed in situations where they don’t feel safe in their relationship or where adults have taken advantage of them. If this is part of your experience, I want to make sure you have support should you ever need it.”

Universal Education



"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."

Tapping into Altruism

“I am sharing this information with all young people because I think it’s so important for young people to know how to help each other. This might be relevant for you at some point, and I bet there’s someone you could share this with.”

“I need your help with getting the information about these super helpful crisis lines to other young people. I want everyone to know that you don’t have to even use your name to reach out for help. Would you please do me a favor and put these numbers into your phone to have in case a friend needs this info?”

S: Support



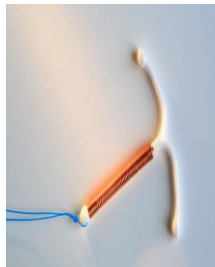
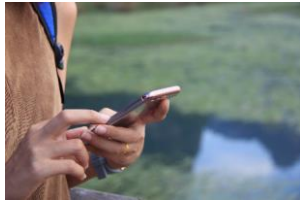
REMEMBER:
Disclosure is
not the goal,
and,
Disclosures
happen!

Support = showing gratitude

“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.”

Safety Strategies for Reproductive Health



- ✓ Birth control that your partner doesn't have to know about (Copper T/IUD)
- ✓ Emergency contraception (EC) and give extra doses
- ✓ STI partner notification
 - ✓ <https://tellyourpartner.org>
- ✓ Opting NOT to engage in partner notification

S: 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?



Reducing harm with child abuse reporting requirements

“Remember how we talked about situations where a young person is being harmed, this is one of those situations. I need to involve folks to help keep you safe. Would you be willing to make the call with me?”

S: Supporting a Patient When You Need to Make a Report



- Include patient in every step of reporting process.
- Do not force the patient to provide any information or details they do not feel safe sharing beyond what they already shared.
- Assess for immediate danger and any safety concerns that could be caused by making the report.
- Provide a *Hanging Out or Hooking Up* safety card.
- Offer to let them use your office phone, computer, or meet with an IPV/SV advocate in your clinic for support and safety planning.
- Follow up at your next visit.

National Support Lines

Crisis Text Line

Text **HOME to 741741** for free, 24/7 crisis counseling (only English)

Trans LifeLine

peer support for trans folks 9am-3am CT: **877-565-8860**

The Trevor Project

24/7 support for LGBTQ Youth
Text **START to 678-678**

loveisrespect.org

24/7 support for young people experiencing dating violence
Text **START to 678-678**

National Trafficking Hotline

24/7 support for people who are being trafficked Text **HELP or INFO to 233733** or call **1 (888) 373-7888**

Deaf Hotline

24/7 through video phone (**855-812-1001**), email and chat for Deaf, DeafBlind, DeafDisabled survivors

Evaluating Universal Education

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

Results

- 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

The adolescent health program's role is important and doable!

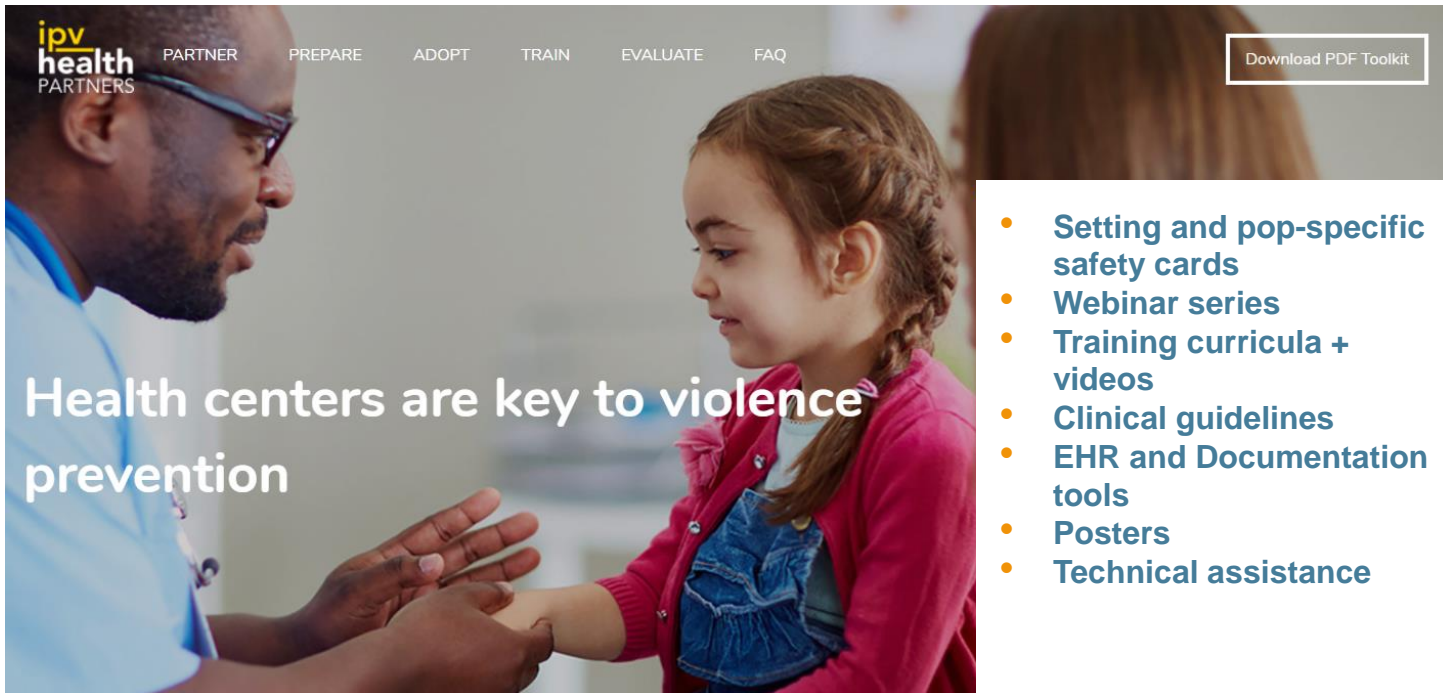
- Capitalize on the unique opportunity for prevention, education, and intervention.
- Providers do not have to be ARA experts to recognize and help patients experiencing violence.
- Creating partnerships with related service providers is key.



Defining Success

“ Success is measured by our efforts to reduce isolation and to improve options for safety. ”

Futures Without
Violence



ipv
health
PARTNERS

PARTNER PREPARE ADOPT TRAIN EVALUATE FAQ

Download PDF Toolkit

Health centers are key to violence prevention

- **Setting and pop-specific safety cards**
- **Webinar series**
- **Training curricula + videos**
- **Clinical guidelines**
- **EHR and Documentation tools**
- **Posters**
- **Technical assistance**



www.ipvhealthpartners.org

Email: ipvhealthpartners@futureswithoutviolence.org

National Health Network on IPV & Human Trafficking: Upcoming Learning Collaboratives

- Supporting Providers and Centering Survivors: Rethinking Success Through Partnerships and Innovations To Support People Experiencing Homelessness apply by May 21, 2021
- Aging with Respect: A Framework for Addressing Intimate Partner Violence in Older Adults Learning Collaborative apply by April 16, 2021



To learn more visit:

www.futureswithoutviolence.org/health/nationalhealthnetwork

QUESTIONS?

Please enter your questions into the “Q&A” box of the Zoom control window.



THANK YOU!

Additional Questions? Contact us at: info@sbh4all.org

