

HEALTH PARTNERS
ON IPV + EXPLOITATION


SCHOOL-BASED
HEALTH ALLIANCE
Weitzman Health System

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

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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.

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AGENDA

Time	Content
2:30pm – 2:40	Welcome and introductions
2:40 – 2:45	About our learning collaborative
2:45 – 2:55	About adolescent relationship abuse and human trafficking (ARA/HT)
2:55 – 3:40	How SBHCs can address ARA/HT
3:40 – 3:45pm	Reflections and closing

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Introductions

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School-Based Health Alliance Transforming Health Care for Students

Our Focus
The School-Based Health Alliance Works to Support & Grow SBHCs



Policy

Establishes and advocates for national policy priorities



Standards

Promotes high-quality clinical practices and reporting, including for telehealth



Data

Supports data collection and reporting, evaluation, and research



Training

Provides training, technical assistance, and consultation

We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships
www.sbh4all.org

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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 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: <https://healthpartnersipve.org/>
 Email: ipvhealthpartners@futureswithoutviolence.org

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Learning Collaborative Overview

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Learning Collaboratives

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

October 2021 - February 2022

Info and application: bit.ly/SBHC_ARA_LC



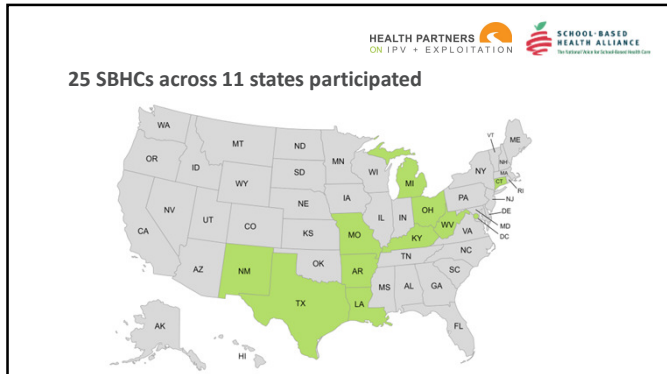
Learning Collaborative: Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Human Trafficking

October 2022 - February 2023

Please join us for a six-session learning collaborative to learn how SBHC providers can promote healthy relationships and support youth experiencing abuse. Information and application at bit.ly/SBHC_ARA_LC




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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

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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

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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

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About Adolescent Relationship Abuse

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

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)



<https://www.cdc.gov/nchs/to/newsroom/factsheets/health/youth/sadness-and-violence-among-teen-girls-and-LGBTQ-youth-factsheet.html>

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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



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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(Mullford and Giordano, NJ Journal 2009)
- Important to consider context, impact, and outcomes



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

To learn more, go to www.transstudent.org/gender
Design by Lindsay Pan and Anna Moore


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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)

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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

<https://www.cdc.gov/nchstp/newsroom/fact-sheets/healthy-youth/sadness-and-violence-among-teen-girls-and-LGBQ-youth-factsheet.html>

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A worksheet to support your planning





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It Starts with Us: Reflective Practice and Mindfulness



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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

Adapted from Saakvitne, K. & Pearlman, L. (1996)

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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 dysregulated and not in balance?

Body
Feelings
Thoughts
Behavior

Source: erikson institute

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Mindful Self-Regulation: Strategies

Breathing



Grounding



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Mindful Self-Regulation: Strategies

Self-Talk

Breathe and ask one more question

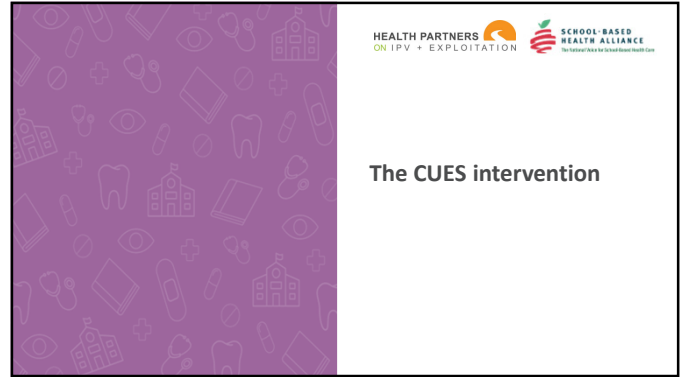
Imagery



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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?)





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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?

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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

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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.



(Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017)

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Challenging the limits of disclosure-driven practice...





...is part of healing centered engagement and equity


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CUES: An Evidence-based Intervention

- C**onfidentiality
- U**niversal Education
- E**mpowerment
- S**upport

Adolescent Safety Card Available in English and Spanish 

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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.*



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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



Adolescent Safety Card
Available in English and Spanish

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

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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."

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S: Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.

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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.”

Healing Centered Engagement – Fostering Connections Rather than Forcing Disclosures, Elizabeth Miller, 2020

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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)


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ACF, U.S. DHHS Funded Hotlines




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




800-RUNAWAY (786-2929)
Email: 1800runaway.org/crisis-online-services/
Chat at 1800runaway.org/
Forum: bulletinboards.1800runaway.org/forum



44-7NATIVE (762-8483)
Monday-Friday from 9am to 5:30pm CST
strongheartshelpline.org



877-565-8860
www.translifeline.org/



www.thetrevorproject.org
866-488-7386 LGBTQ Youth

<https://www.acf.hhs.gov/acf-hotlines-helplines>

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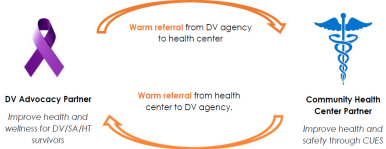
Partnering with local domestic violence organizations

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Local Partnerships are Meaningful



DV Advocacy Partner
Improve health and wellness for DV/SA/HT survivors

Warm referral from DV agency to health center

Community Health Center Partner
Improve health and safety through CUES

Warm referral from health center to DV agency

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

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S: Advocates are the Experts

Remember advocates can also help your 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.

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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 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support

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Youth Participation Models

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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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The Three "I"s of Youth Outcomes

GOALS

Intentional

Interactions

Intensity

Youth | Youth worker

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

Source: Advancing Youth Development

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S.O.S.

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Supports	Opportunities	Services
Things done with youth: interpersonal relationships grounded in expectations, guidance, and boundaries	Activities, roles, and responsibilities taken on and done by youth: chances to explore, belong, express, earn, and influence	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

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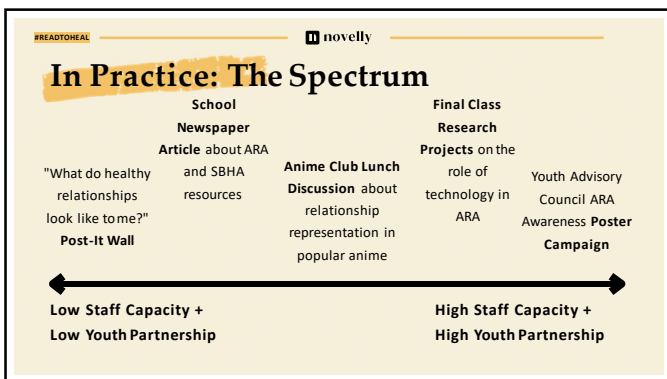
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Berkeley High School Stop Harassing

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

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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

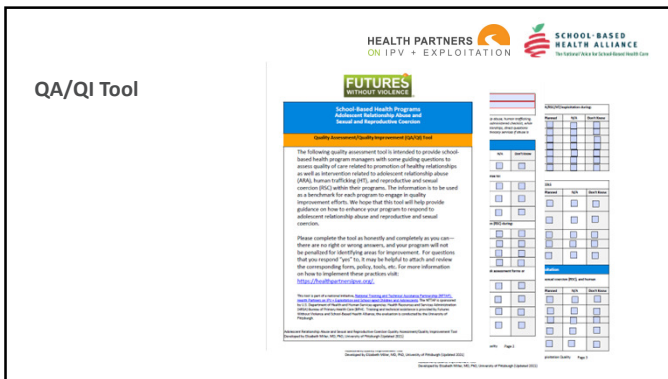
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Using Menti, please share your next step...

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

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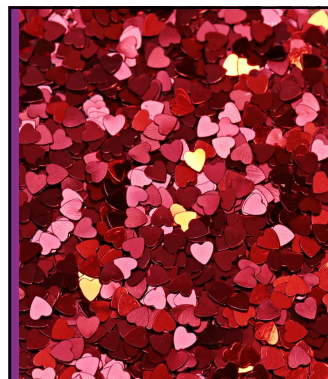




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Reflections and Questions

Photo credit: Bernhard G. Hoopfinger

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Thank you!

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