

Adolescent Relationship Abuse Prevention in School-Based Health Centers (July 2024)



Promoting Healthy Relationships for Adolescents Through School-Based Health Centers (SBHCs)

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CME and CE Information

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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

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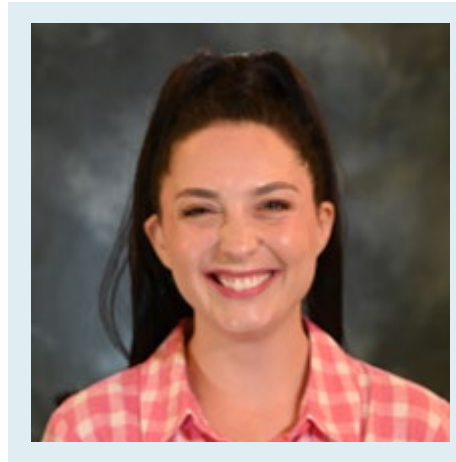
Objectives

- Create a plan to implement at least three clinical strategies to address adolescent relationship abuse and exploitation.
- Identify at least two collaborating organizations to support prevention and intervention efforts related to relationship abuse and exploitation.
- Create a plan for partnering with youth leadership to address relationship abuse and exploitation and promote healthy relationships.

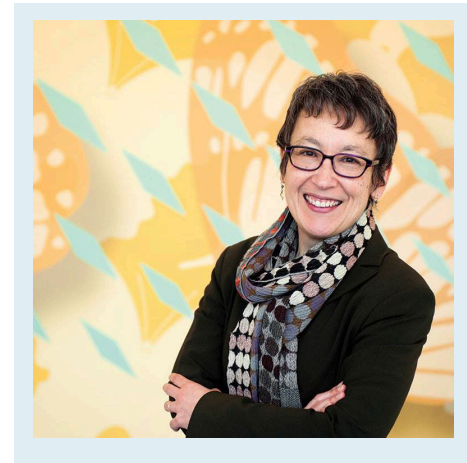
Presenting Today



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Health Partners on IPV + Exploitation

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

We offer health center staff ongoing educational programs including:

- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools

Learn more: www.healthpartnersipve.org

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 standards, 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

Getting to Know You

*We are glad you're here. We will be discussing adolescent relationship abuse, intimate partner violence, and human trafficking. We know that gender-based violence impacts all of us in unique ways. **Please take care of yourself as you see fit. If you need to step outside or take a break during any part of today's session, please feel free to do so.***

If you or someone you know is experiencing violence, please contact or refer them to:

National DV Hotline: 800-799-7233

National Human Trafficking Hotline: 888-373-7888

Youth Relationship Violence Hotline: 866-331-9474

Learn more: www.healthpartnersipve.org

Learning Collaborative Overview

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

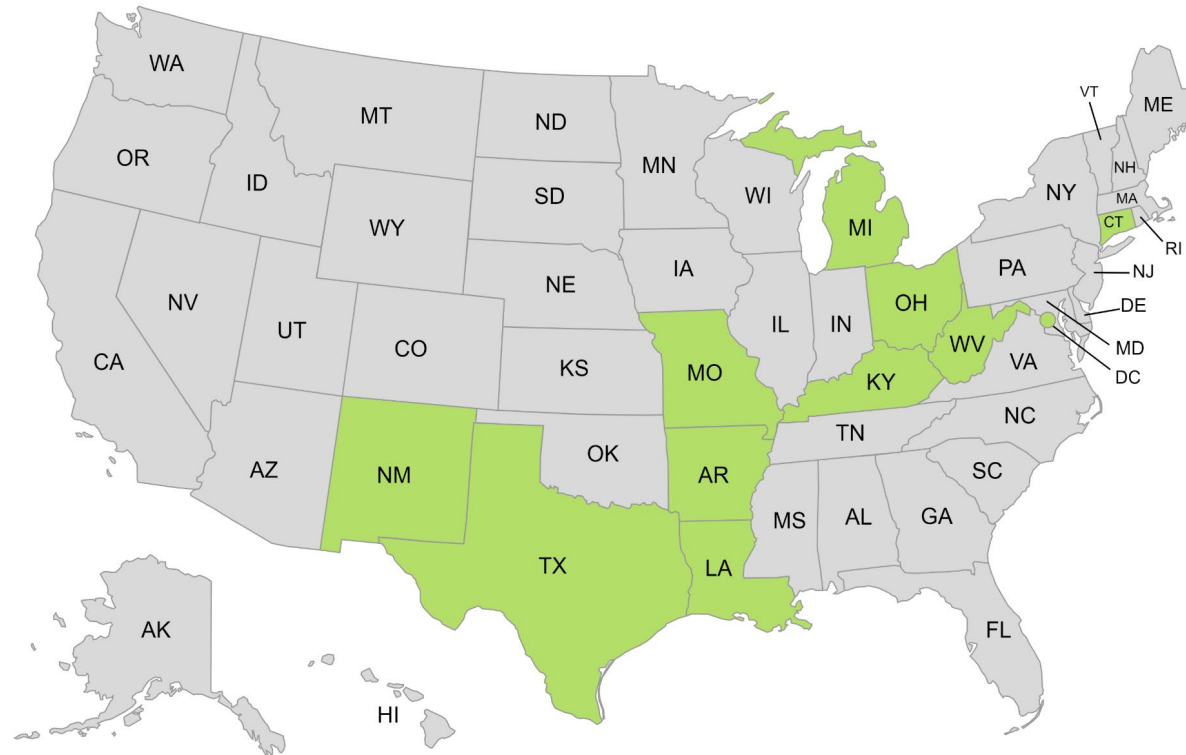


Learning Collaborative: Healing-Centered Approaches to Addressing Adolescent Relationship Abuse and Human Trafficking

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

October 2022 - February 2023

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



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 gendered, AND young people of all genders experience it and also use such violence.**
(Mulford and Giordano, NIJ Journal 2009)
- **Emerging work includes a range of gender identities**
- **In a 2020 Australian survey of 859 trans and gender diverse young people, 30.9% had experienced IPV**
- **Consider context, impact, and outcomes**

Adolescent relationship abuse (ARA)

Adolescents who have experienced abuse have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse
- Unintended pregnancy
- Sexually transmitted infections



Youth, Substance Abuse, and Cumulative Trauma

- **Traffickers often introduce victims to illicit substances or use existing drug or alcohol addictions to force them into exploitative circumstances** (Litam, 2017)
- **Drugs and alcohol were commonly used by 28.0% of individual traffickers and 62.6% of gang organized traffickers to control victims** (Roe-Sepowitz, 2017)



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)



Voices of Survivors

“ He really wanted the baby... he always said, “If I find out you have an abortion I’m gonna kill you,” and so I really was forced into having my son. I didn’t want to; I was 18. I was real scared; I didn’t wanna have a baby. I just got into [college] on a full scholarship, I just found out, I wanted to go to college and didn’t want to have a baby but I was really scared. I was scared of him. ”

Health programs are essential sites for ARA intervention

ARA is rarely identified in clinics serving adolescents, despite its prevalence among adolescents seeking clinical services.

Adolescent girls using teen clinics, school health centers, and reproductive health clinics report higher rates of IPV than adolescents in the general population.

In adolescent clinic-based samples, the lifetime prevalence of IPV is 1.5 to 2 times greater than population-based estimates, ranging from 34% to 53%.



A worksheet to support your planning

It Starts with Us: Reflective Practice and Mindfulness

Practice Consideration #1: Reflective Practice Groups for Health Care Staff Wellness

Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to wonder what the experience really means. What does it tell us?

- ✓ A cost-effective way to help staff with work-related stressors
- ✓ Safe, non-judgmental, and supports staff growth and self-awareness
- ✓ Provides positive regard and caring
- ✓ Is regular and reliable (monthly/bi-monthly)
- ✓ Improves team function
- ✓ Uses a strength-based approach
- ✓ Provides space for reflection

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)

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



Mindful Self-Regulation: Strategies

Breathing




Grounding



Mindful Self-Regulation: Strategies

Self-Talk



Breathe and
ask one more
question

Imagery





The CUES Intervention

Confidentiality, Universal Education/Empowerment, Support

Why might a young person choose not to disclose on a screening form?

Why might a young person choose not to disclose on a screening form?

- 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

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?)



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



Universal Education



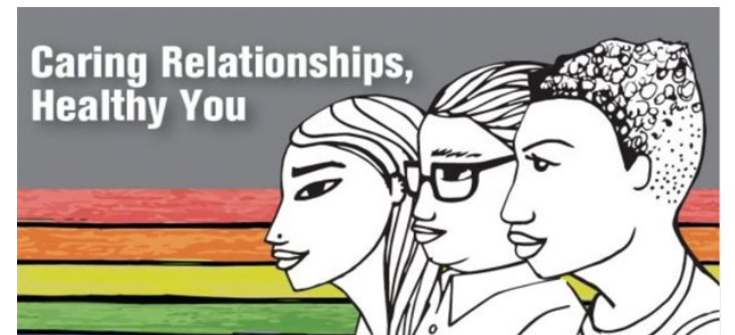
Provides an opportunity for patients to make the connection between violence, health problems, and risk behaviors.



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

Universal Education

Universal education acknowledges some communities can't tell their stories because of institutional racism, discrimination saying "yes" to a screening question has different implications based on your identity.



CUES: An Evidence-based Intervention

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

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental • Listen • Offer information and support • Not push for disclosure

C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with your patients.
- ▶ Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- ! Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."

UE: Universal Education + Empowerment

- ▶ Give each patient **two** safety cards to start the conversation about relationships and how they affect health.
- ▶ 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.
- ! Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.



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

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

S: Support

- ▶ Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- ▶ Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- ▶ Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- ! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me. I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you.

For more information or to order materials contact the National Health Resource Center on Domestic Violence: M-F 9am-5pm PST | 415-678-5500 | TTY: 866-678-8901
health@futureswithoutviolence.org
ipvhealth.org | for community health centers: ipvhealthpartners.org

FUTURES
without violence

- place this poster in your health staff break room -

CUES: Who/When?

Who does it? Every health center is different. You may be the sole practitioner at your site. In larger sites it could be medical assistants, community health workers, health educators, behavioral health, providers (MD, NP, PA), or nurses.

Who gets it? All adolescents including LGBTQ-identified patients

When? At least annually; with disclosures at next follow-up apt; new relationships; or onset of new health issues possibly connected to ARA/HT

C: “We always see patients alone”

“We know students like to bring in their friends for support sometimes—and we are glad to come back to get you as soon as we have had a chance to check in privately.”

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:

**Safety
First**

NEW CLINIC POLICY:

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.

C: Confidentiality Reframe: Thoughts From Trafficked Adolescents

“Because I know a lot of patients aren’t ready or may be afraid to share certain things about their health or relationships, I want you to know you can use these resources for yourself or for a friend, regardless of what you choose to share with me today.”

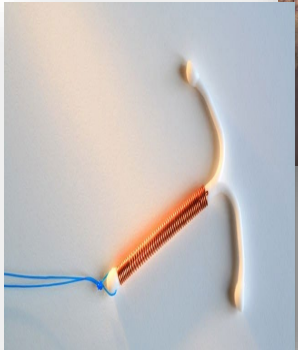
“So many of the young people I take care of have been placed in situations where they don’t feel safe in their relationship or where adults have taken advantage of them. If this is part of your experience, I want to make sure you have support should you ever need it.”

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."



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

How to Help a Friend

Do you have a friend that is being hurt?

Try these steps to help them:

- ✓ Tell them what worries you and that you care.
- ✓ Talk in a private place, and don't tell other friends what was said.
- ✓ Give them a copy of this card and tell them about the hotlines on it.
- ✓ If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.

Suicide Hotline: 1-800-273-8255

Universal Education:

Means we make sure
every single young
person knows how to
help themselves and
others.



Funded in part by the U.S. Department
of Health and Human Services and
Administration on Children, Youth and
Families (Grant #90EV0529).

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*If you or someone you know is being hurt
by a partner or need support in some other
way please call/text these hotlines—they are
free, open 24/7, and they don't report what
you say to anyone:*

1-800-331-9474 | Text "loveis" to 22522

For Queer youth text

Text 'START' to 678-678

*Text trained counselors for free about
anything else that's on your mind*

Text "HELLO" to 741741

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)

Video: Universal Education and Assessing for Intimate Partner Violence in a Reproductive Health Setting



51

https://www.youtube.com/watch?v=bnhx3Hwf_hs

Survivors say they want health providers to:

*Be nonjudgmental * Listen *Offer information and support *Not push for disclosure

C: Confidentiality

- Know your [state's reporting requirements](#) and share any limits of confidentiality with your patients.
 - Ensure that you can bring up relationships, violence, or stress safely by [seeing patients alone](#) for at least part of the in person or virtual visit
- > Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."



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

UE: Universal Education + Empowerment

- Give each patient **two** safety cards or ask if you can send them a link to resources if doing a virtual visit to start the conversation about relationships and how they affect health.
 - 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.
- > Offering this information to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

"I'm offering these resources to all my patients. They talk about relationships and how they affect our health. Take a look, and please share with a friend or family member...On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

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 - Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- > What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health... A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."

CUES Role Play



S: Support



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

Disclosure is Not the Goal, but When They Happen...

When we help others it helps us too!



FuturesWithoutViolence.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

2-1-1 is a 24/7 confidential referral system to get connected to—food banks, substance use, mental health, parenting supports, childcare and help with relationships.

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0529). ©2022 Futures Without Violence. All rights reserved.

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Every parent needs support at some point.

Scan this code for more resources.



NATIONAL PARENT HELPLINE is staffed with trained advocates who offer nonjudgmental support and advice when you need it.
PHONE: 855-427-2736
<https://nationalparenthelpline.org>

NATIONAL DOMESTIC VIOLENCE HOTLINE has anonymous 24/7 help --for both people who are being hurt --and for those who cause hurt.
www.Thehotline.org 1-800-799-SAFE
Text "Start" to 88788 TTY 1-800-787-3224

The DV hotline is also there for YOU

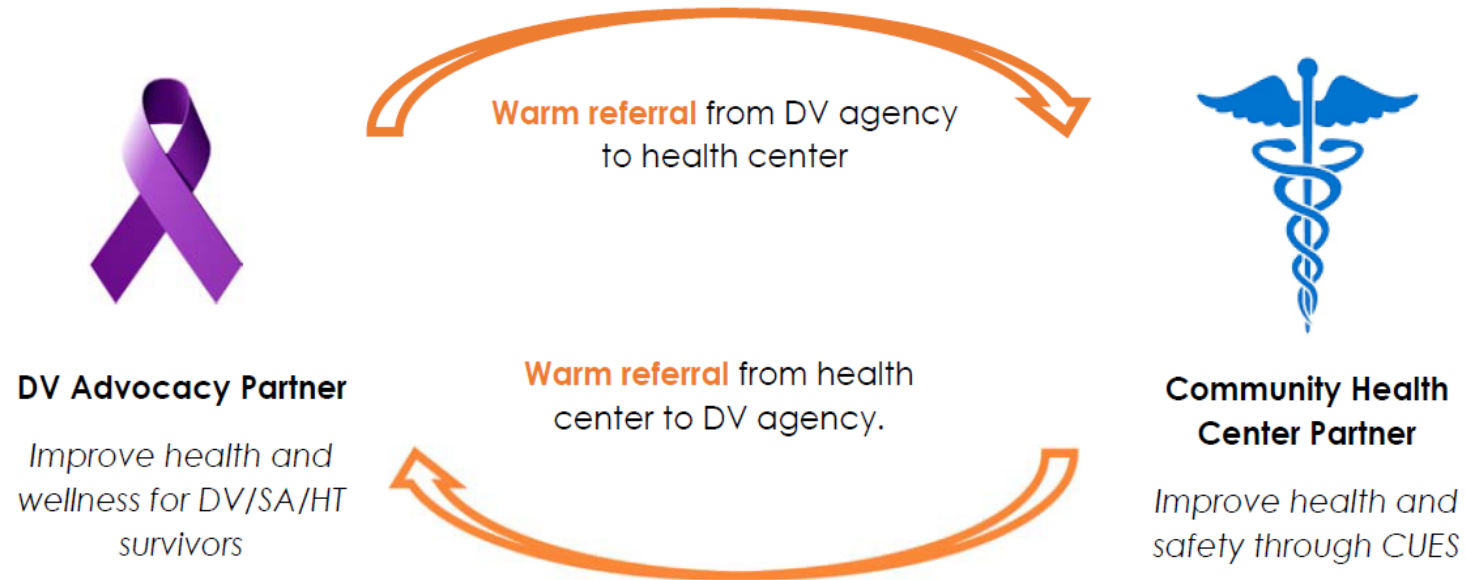
- To provide guidance, discuss cases and discuss resources and expertise
- Leaving is not the goal (More dangerous?!)
- The goal is to reduce isolation
- DV Advocates can support you and your client to navigate resources and support survivors with their identified priorities

Things to say to people who have experienced harm:

I believe you.	I am so sorry this is happening to you.	Thank you for sharing this.
I don't even know what to say right now, but I am so glad you told me.	You don't deserve this.	Thank you for telling me.
It's not your fault.	You are not alone.	You get to choose what you do next.

Partnering with Local Domestic Violence Organizations

Local Partnerships are Meaningful



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

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.

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

Futures MOU resource

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

MEMORANDUM OF UNDERSTANDING

This agreement is made by and between [COMMUNITY HEALTH CENTER (CHC)] and [DOMESTIC VIOLENCE (DV)/SEXUAL ASSAULT (SA)/HUMAN TRAFFICKING (HT) AGENCY/COMMUNITY-BASED ORGANIZATION (CBO)] to promote health and safety outcomes for patients/clients who have experienced domestic/sexual violence and/or human trafficking/exploitation. The purpose of this work is to strengthen collaboration between staff from both entities and promote bidirectional warm referrals for clients/patients and staff. [ADD IN ADDITIONAL VALUES OR ACTIONS i.e. to exchange information, education and training; coordinate services including health center enrollment and transportation; develop health care policies to support patients experiencing DV/SA/HT and reduce barriers to health care for clients within DV/SA/HT/CBO advocacy programs; provide mutual collaboration and trainings, partner on grants/funding, etc.].

[Use this space to provide a brief description of each partner agency].

The parties above and designated agents have signed this document and agree that:

- 1) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will meet each other in-person or via video/phone at least once at the inception of this collaboration to understand the services currently provided by their respective programs and to discuss needs, goals, and next steps.
- 2) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will continue to meet between [date] and [date] *[list frequency and meeting location/format and recurring schedule, as possible]*.
- 3) [Community health center] will hold the following roles and responsibilities: *[list the responsibilities and role of the health center—i.e. training DV/SA/HT/CBO advocates on health center services and health enrollment for new patients, and supplemental/refresher trainings as needed; serving as a primary health care referral for clients referred by the DV/SA/HT/CBO program; drafting and reviewing IPV/HT policies and procedures; offering health education, enrollment support, or resources to clients in DV/SA/HT/CBO programs; etc.]*.
- 4) [DV/SA/HT/CBO Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA/HT/CBO agency—i.e. training health center providers and staff on DV/HT dynamics and community supports and supplemental/refresher trainings as needed; serving as a primary referral for health center patients or staff in need; drafting and reviewing policies; offering DV/SA/HT advocacy support onsite at health centers or virtually via telehealth etc.; tabling materials/resources at health fairs or other health events/virtual events; etc.]*.
- 5) [Community health center] will provide the following resources: *[list resources that the health center can bring*



Youth Development in Relationship Abuse Prevention and Healthy Relationship Promotion

“Healthy Relationships And Youth: How School-Based Health Providers Can Start The Conversation”

“What I hear from kids is that they’re not going to talk about anything if they’re not comfortable...so my job is to kind of make a safe space for top-notch health care and to communicate that my job is to be here for you, explain that I can make recommendations, but I can’t make you do anything. This is something we talk about consistently with everybody. Every single person who comes in here, we have this conversation... You have this conversation, and kids go back into their lives. We’re finding that they sit and they think about the conversation, and then they come back to us. They’ll maybe ask for help or make a disclosure or bring a friend. There’s a variety of ways that you’ll find that they’ve been processing this at their own speed.”

– Meg Kane, Pediatric Nurse Practitioner and Pediatric Mental Health Specialist

<https://www.sbh4all.org/healthy-relationships-and-youth-how-school-based-health-providers-can-start-the-conversation/>

Definitions

Source: Advancing Youth Development

- **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.

Ideas for partnering with youth related to SBHCs

Stages

- Planning
- Start-up
- Expansion
- Ongoing

Strategies

- Youth Advisory Council
- Youth representation on Advisory Committee
- Provide feedback on services & experience
- Outreach and enrollment
- Peer education, mentoring, counseling, or support groups
- Community asset mapping and needs assessments
- Health career pathway/student shadowing/intern
- Advocacy activities (local, state, or national)

Youth-centered Approaches

- Youth Participatory Action Research (YPAR)
- Photovoice
- Forum Theatre
- Storytelling

Youth Development Principles in Practice



Healthy Starts, Healthy Hearts: Understanding and Addressing Adolescent Relationship Abuse

<https://sbh4all.org/wp-content/uploads/2023/07/Healthy-Starts-Healthy-Hearts-Understanding-and-Addressing-ARA.pdf>



In all conversations with adolescents about adolescent relationship abuse, consider the following tips from youth:

- Consider your relationship with the patient.
- Discuss healthy relationships too! Help young people identify “green flags.”
- Understand that youth may use a variety of terms to describe their romantic relationships.
- Validate their feelings and experiences. Recognize that relationship abuse may be cyclical: abusive behavior may be followed by affection.
- Consider using media (e.g. movies, television shows, literature, music, etc.) as a common ground to facilitate discussion.

Young People's Thoughts on Healthy and Unhealthy Relationships



   **SCHOOL-BASED HEALTH ALLIANCE**
The National Voice for School-Based Health Care

**Cut the Cameras:
Utilizing Media to Talk about
Unhealthy Relationships
with Young People**

Audrey Gabriel, Youth Advisory Council
Baila Salifou, Youth Advisory Council
Anna Casalme, Novelly



<https://www.sbh4all.org/cut-the-cameras-utilizing-media-to-talk-about-unhealthy-relationships-with-young-people/>

Youth-Adult Partnership

Healthy Relationships and Violence Prevention

Presentation made with Slidego



<https://www.sbh4all.org/healing-centered-approaches-to-addressing-adolescent-relationship-abuse-and-trafficking/>

Some ideas from our learning collaborative 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

YAC Healthy Relationship Event

Ironmen Youth Advisory Council, Mancelona, MI

“On Valentine’s Day 2024, the Ironmen Health Center Youth Advisory Council at Mancelona High School in Michigan decided to spread awareness and share resources about healthy relationships. They created signs that said, “Love is Sweet, Respect is Sweeter” and “Respect UR Love,” and handed out donuts. They also handed out stickers that promoted healthy relationships and phone wallet cards that provided “Keys to a Healthy Relationship” information with hotlines to call if they have questions or concerns about abusive relationships. There was a poster with “Healthy Relationships are...” and “Healthy Relationships are not...” and students used Post-it notes to add their definitions. Those posters are still hanging up in the cafeteria...”





Quality Assurance/Quality Improvement (QA/QI) Tool



Please share your next step...

- **Clinical strategies**
- **Partnering with domestic violence organizations**
- **Partnering with youth**
- **QA/QI Tool**



Photo credit: Eberhard Grossgasteiger

HEALTH PARTNERS 
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 **SCHOOL-BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care

Reflections and Questions

Adolescent Relationship Abuse Prevention in School-Based Health Centers (July 2024)



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WORD

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