Strengthening capacity for adolescent relationship abuse response in school-based health centers
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](http://www.healthpartnersipve.org)
“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.
Vagi et al. 2015
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) (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)

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 really 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

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

(Miller et al, 2010; Ashley & Foshee, 2005; Schoen et al, 1991)
CUES: An Approach for Patients and Providers to Address Adolescent Relationship Abuse, Human Trafficking and Exploitation
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
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.
CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support

Adolescent Safety Card
Available in English and Spanish
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.”

NEW CLINIC POLICY:

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

Thank you for your help.
"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."
REMEMBER:
Disclosure is not the goal, and
Disclosures happen!
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?
Local Partnerships are Meaningful

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

Warm referral from DV agency to health center

Warm referral from health center to DV agency.

Community Health Center Partner
Improve health and safety through CUES

Download a sample MOU: https://ipvhealthpartners.org/partner/
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)
Virtual Learning Collaborative

Engaging youth, health centers, schools, and local violence prevention advocates is vital to creating a multi-sectoral support system for adolescents experiencing ARA and trafficking

- Six 90-minute sessions - October 2021 to February 2022
- Nine school health centers, 35 staff members
- Building capacity to identify, prevent, and respond to ARA and trafficking
- Provide universal education and support
- Develop youth-led strategies for healthy relationship building
- Implement trauma-informed systems-level change in partnership with youth and community-based programs.
Evaluation - Action steps

- partnership development with the school guidance counselor and social worker to provide warm referrals for patients experiencing ARA and trafficking
- adoption of the CUES approach to educate students about healthy relationships and provide resources to students regardless of a disclosure of ARA or trafficking
- development of a youth advisory council to engage adolescents in healthy relationship promotion
3 month follow up - Lessons Learned

- majority began or were going to begin in the next month key elements of the intervention (confidentiality, universal education and supports)
- need to support providers in addressing parent resistance to discussion of “sensitive topics” with students
- importance of tailoring approaches based on school culture and climate
- Test concentrated pdsa cycles w/key elements of intervention earlier
- partnership agreements not completed during the time frame
- learning collaborative stimulates ideas for implementation; implementing strategies takes more time

“The collaborative was very informative and helpful. It gave many ideas for collaboration with multi level staff and student input.”
Thank You!