Healing Centered Approaches to Addressing Adolescent Relationship Abuse in School-Based **Health Centers**



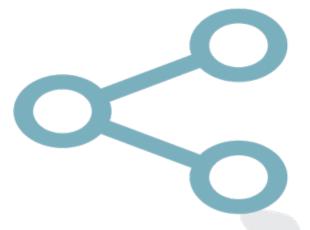




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The webinar is being recorded



Supporting materials will be shared



Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org





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Presenter Rebecca Levenson

Consultant Futures Without Violence





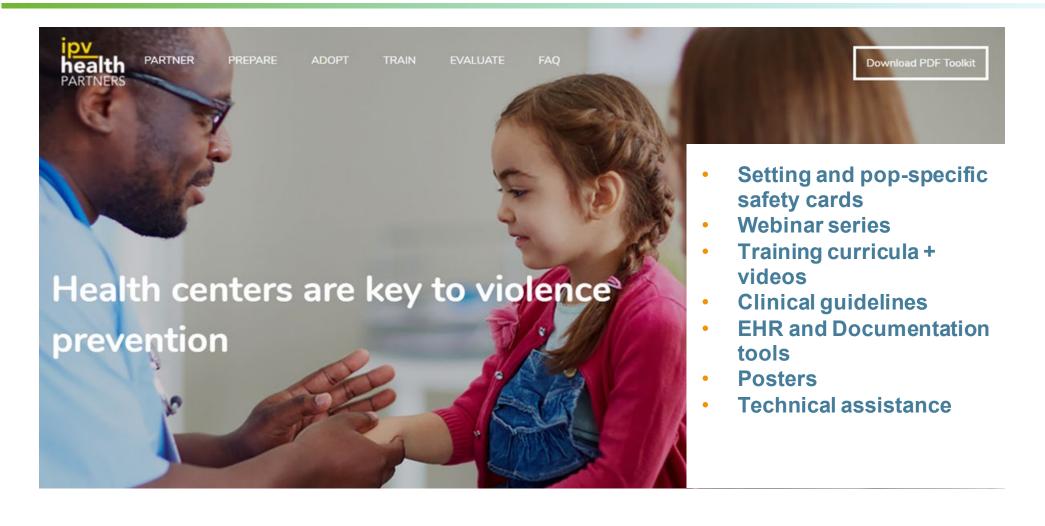


Moderator Sierra Lau

Project Director
California School-Based Health Alliance



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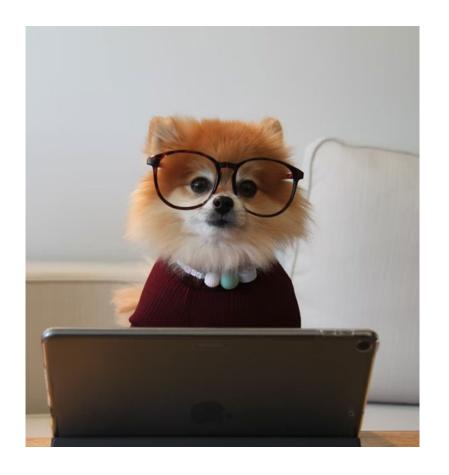


www.ipvhealthpartners.org

Email: <u>ipvhealthpartners@futureswithoutviolence.org</u>

What Teens Have told Us

Qualitative Data from Our Friends at Washington Coalition on DV



- "One person needs to be comfortable in this conversation; it would be helpful if it was the adult!"
- "It's okay to say you don't know."
- "I like to know about things even if I don't need it yet."

Unhealthy relationship behaviors and abuse

One person(s)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

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)

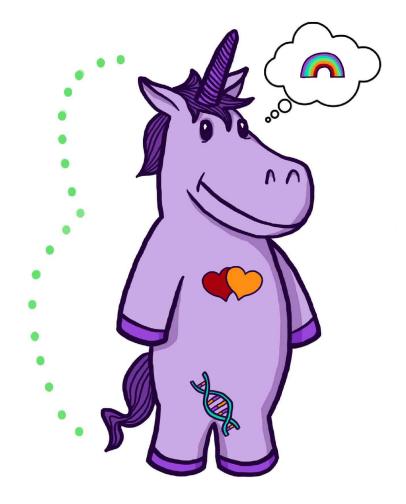
Who uses violence against dating partners?

- •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

A note about gender

- Research has historically used gender binary framework
- Trans/GNC "lumped in" with LGB
- Emerging work includes range of gender identities
- [Trans and Gender Diverse]
 "Almost a third of participants had experienced abuse within an intimate relationship (30.9%)." (Strauss, 2020)



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

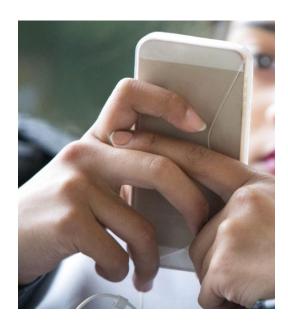
Design by Landyn Pan and Anna Moore

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
- Only 9 percent seek help, and rarely from parents or teachers

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







What is Digital Abuse?

Digital dating abuse is the use of technologies such as texting and social networking to bully, harass, stalk or intimidate a partner. Often this behavior is a form of verbal or emotional abuse perpetrated online.

In a healthy relationship, all communication is respectful whether in person, online or by phone. It is never ok for someone to do or say anything that makes you feel bad, lowers your self-esteem or manipulates you. You may be experiencing digital abuse if your partner:

- Tells you who you can or can't be friends with on Facebook and other sites.
- Sends you negative, insulting or even threatening emails, Facebook messages, tweets, DMs or other messages online.
- Uses sites like Facebook, Twitter, foursquare and others to keep constant tabs on you.
- Puts you down in their status updates.
- Sends you unwanted, explicit pictures and demands you send some in return.
- Pressures you to send explicit video.
- Steals or insists to be given your passwords.
- Constantly texts you and makes you feel like you can't be separated from your phone for fear that you will be punished.
- Looks through your phone frequently, checks up on your pictures, texts and outgoing calls.

You never deserve to be mistreated, online or off. If you're experiencing digital dating abuse, we encourage you to chat with a peer advocate at loveisrespect.org. Remember:

- Your partner should respect your relationship boundaries.
- It is ok to turn off your phone. You have the right to be alone and spend time with friends and family without your partner getting angry.
- You do not have to text any pictures or statements that you are uncomfortable sending, especially nude or partially nude photos, known as "sexting".
- You lose control of any electronic message once your partner receives it. They may forward it, so don't send anything
 you fear could be seen by others.
- You do not have to share your passwords with anyone.
- Know your privacy settings. Social networks such as Facebook allow the user to control how their information is shared
 and who has access to it. These are often customizable and are found in the privacy section of the site. Remember,
 registering for some applications (apps) require you to change your privacy settings.
- Be mindful when using check-ins like Facebook Places and foursquare. Letting
 an abusive partner know where you are could be dangerous. Also, always ask
 your friends if it's ok for you to check them in. You never know if they are trying
 to keep their location secret.



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

HIV/AIDS Migraines
Flashbacks KidneyInfectionsSuicidalBehavior
CirculatoryConditions SleepDisturbances
ChronicPainGastrointestinalDisorders UnintendedPregancy
BladderInfections IrritableBowel SexuallyTransmittedInfections
Anxiety CentralNervousSystemDisorders UnintendedPregnancy
CardiovascularDisease PelvicInflammatoryDisease
AsthmaDepressionGynecologicalDisorders
Fibromyalgia PostTraumaticStressDisorder
JointDisease SexualDysfunction
Headaches

Abuse During & After Pregnancy

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

(Roberts et al, 2005)

Pregnant adolescents are 2-3 times more likely to have experienced violence during and after pregnancy than older pregnant women.

(Parker et al,1993)



Rapid Repeat Pregnancy

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months than non-abused mothers.

(Raneri & Wiemann, 2007)



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

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)

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.



Show of Hands

- •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 might a teen do this?



Challenging the limits screening for ARA and the limits of disclosure-driven practice

Is part of the making sure all our patients/students aren't left behind—or not helped because they couldn't share their story with us.



Universal Education = Equity in Health

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





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

CUES intervention



Confidentiality

Universal Education and

Empowerment

Adolescent Safety Card

Available in English and Spanish in Hard Copy and PDF Available in Simplified Chinese, Korean, and Armenian as a PDF



Support

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

CUES: An Overview

C: Confidentiality

See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or someone who is having a hard time, so you know how to help."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where young people are made to do things they don't want to do and tips so you don't feel alone."

S: Support

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have—and you can use hypotheticals "Like my friend has this problem question or concern" and that way we can avoid any reporting."

UE: Type in the Chat Box

"I've started giving two of these cards to all of the teens who come to clinic—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or someone who is having a hard time, so you know how to help."



- What do you think happens when the card gets framed this way?
- What do think it's like for patients?





The person you are seeing:

- X Shames you or makes you feel stupid?
- Controls where you go, reads your texts or makes you feel afraid?
- X Threatens to put something on social media to control you?
- Grabs your arm, yells at you, or pushes you?

You are not alone, and nobody deserves to be treated this way. For help and support, text/call hotlines on the back of this card.

"I share this with all my patients and it includes information about healthy and unhealthy relationships—especially if you have never had a relationship, it's hard to know what is and isn't ok. Like if a partner threatened to put something out on social media to control you, or tells you who can be your friend, what to wear, yells at you or makes you do sexual things you don't want to. I know that many students have friends in messed up situations like this-- so I want you to know how to help. The numbers on the back of this card connect you to people who get this complicated stuff - and talking to them is confidential and anonymous."

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:

NEW CLINIC POLICY:

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

Thank you for your help.

CUES is Healing-Centered Engagement

Builds Relationships Strength-Based Caring Focused

Focuses on Altruism

Improves Access to Advocacy

Empowers clients and the folks they care about

Shares power between provider and client

"...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others". (J.V. Jordan, 2006)

A Little Universal Education Goes a Long Way

What topics are you covering?

- "We have all sorts of resources available at our program like school supplies, information about community resources, emergency contraception, condoms, and pregnancy tests."
- "So many of our students are struggling with school, lack of friends, just straight up loneliness in COVID—I want to make sure you know if this is ever an issue for you -you are not alone—and that we have counseling here if you or a friend were ever to need it."

Suicide Prevention

- "I've also been talking about all my students about suicidal thoughts—which can be scary to have or hear if a friend share theirs with you. This is important please know you can call the suicide hotline number if you or a friend are having those thoughts, or you can talk to an adult (we made magnets for lockers)— I would never want you to feel responsible if someone hurt themselves."
- WHAT Else are you talking about?

Health Issues are Connected to ARA—Maybe you need to Adapt your Care Plan: Visit-specific Harm Reduction on ARA

(Normalize) "I always check in with my patients...":

- **Behavioral Health:** "You mentioned smoking/partying—when students share this-- I always check in about relationships or hook ups. Because if you are feeling afraid, uncomfortable, not in control this can lead to more substance use. Like relationships really affect your health in a lot of ways you might not guess."
- **Cyber Abuse:** "You said you have had stuff go down with your boyfriend on social media. Can you share more with me about what this looks like? I'm asking because sometimes those things can affect how you feel, and your health."
- •Reproductive: (Negative pregnancy test—no desire to be pregnant) "Is anyone preventing you from using birth control or wanting you to get pregnant when you don't want to be?"

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?







Cluster-randomized trial in 8 school health centers in California -- School Health Center Healthy Adolescent Relationships Program (SHARP)

- 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

Funding: National Institute of Justice 2011-MU-MU-0023

S: Support



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

S: What survivors say that they want providers to do and say



- Be nonjudgmental
- Listen
- Offer information and support
- Don't push for disclosure

(Chang, 2005)



Remember ARA is about power and control

- Some of it is not reportable
- "He tells me what to wear everyday."
- "She makes me feel stupid."
- "They say no one else would ever date me."
- "They threaten to put embarrassing stuff on social media if I don't do what they want."

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."

S: Positive Disclosure: Trauma Informed Reporting (Thinking Through the Teen Lens)



- "I'm so glad you shared that you were being hurt by your partner— you don't deserve to be treated that way and I'm sorry this is happening (sit with their feelings).
- "Is there anything I can do to help?" (You DO NOT need to talk about reporting immediately!)
- "Is this something that you were able to share with your parents/caregiver?... Sometimes that can be hard to do I know." "If you would like, I could help sit with you while you share with them, or I could sit with you and call them and share what you shared with me to get the conversation started?"
- Your recognition and validation are invaluable

WASHINGTON STATE COALITION

WSCADV



WASHINGTON STATE COALITION



Safety/SafeR

Safety

No violence

Intact Autonomy

Social and Emotional Well-Being

SafeR

More Autonomy

More supports

Well-Being Strengthened

Reframe What Success Is: Safer gives us...

- Flexibility vs.
 Perfection
 - Small steps
 - Incremental change
 - Making things better



Safer Planning

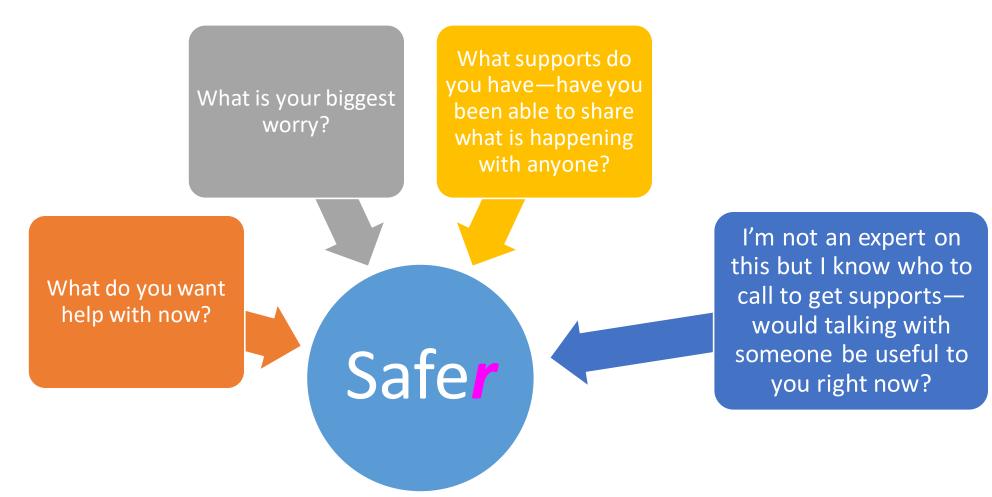
Start with the survivor's risk analysis

What does a conversation with a survivor include?

Priorities

Strategies to reduce control

Starting the conversation



Safer Planning in action. . .

Words from the field

- "Really listen; put everything else aside; listen to what she wants in the relationship."
- "The client got to the point when she could talk about anything – which could be stressful for me – but important for her."
- "Identifying what helps calm things down; what makes the situation worse?"
- "Could their parents be a help or more of hindrance?"

Resources

- Common aspects of Safer Planning
- Conversation Starter Tips
 - Validation thank you for sharing with me.
 - Ask student- what is your biggest worry?
 - Ask how you can help? what can I help you with now?
 - Ask about safer planning strategies What has worked for you in the past when things were hard?
 - Ask about support systems Are there people you can talk to about your situation? Who else offers you support?
 - Honoring the survivor as expert You get to decide what works best for you; what happens next.
- Engage your DV Advocacy partners



S: Providing a "Warm" Referral

When you connect a patient to a local DV program it makes all the difference.

(Maybe it's not safe for them to use their own phone).

"If you would like, I can put you on the phone right now with [name of local advocate], and they can help you make a plan to be safer."



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.

Advocates connect patients to additional services like:

√ Support groups/counseling

Reducing harm with 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?"



What does the word Report mean to a young person?

Language Matters!

 "Remember when we talked at the start about some things can't stay private? [pause] I need to share my concerns about your safety with other adults, we're required by law to try to help young people stay safer."
 how is this different from "I need to report what you told me."

https://www.futureswithoutviolence.org/userfiles/Mandatory Reporting of DV to Law%20Enforcement by HCP.pdf

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.

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.



ACF, U.S. DHHS Funded Hotlines

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



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



844-7NATIVE (762-8483) Monday-Friday from 9am to 5:30pm CST strongheartshelpline.org

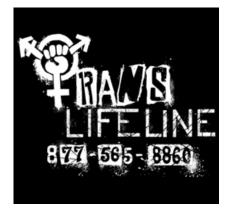


800-RUNAWAY (786-2929)

Email: 1800runaway.org/crisis-online-services/

Chat at 1800runaway.org/

Forum: bulletinboards.1800runaway.org/forum



877-565-8860 www.translifeline.org/



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

Defining Success

Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.



- √ Grow strong partnerships with DV advocacy programs
- √ CUES approach v. screening alone
- √ Offer patients supportive messages
- √ Offer patients harm reduction strategies to promote safety and health
- √ Make warm, supported referrals to DV advocacy programs
- √ Consider ARA, HT, and exploitation for differential diagnosis

Client Interview

"So there'll be times where I'll just read the card and remind myself not to go back. I'll use it so I don't step back. I'll pick up on subtle stuff, cause they'll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I'm not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It's with me every day." (Miller, 2017)







Thank You! Rebecca@Rebeccalevenson.com

STAY CONNECTED



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