School-based health centers (SBHCs) are finding innovative ways to assess, treat and prevent any number of health problems affecting children and adolescents. More and more SBHCs are now coping with adolescent relationship abuse (ARA) and finding ways to help teens and pre-teens learn how to protect themselves and develop healthy relationships.

**A Growing Problem**
Adolescent relationship abuse is a growing problem in the U.S. and is even affecting kids in middle school. National statistics show that one in three adolescent girls has been a victim of physical, emotional or verbal abuse from a dating partner. At the high school level, one in 10 students has been hit, slapped or physically hurt on purpose by a boyfriend or girlfriend. Traditionally, abuse was defined as physical contact of some kind. But today there are many ways for a partner to be abusive using social media, such as constant texting, posting insulting comments, or sharing private pictures with others, to name a few. In addition, ARA can include controlling behaviors such as telling a partner who they can and cannot see, what they can wear, or even sabotaging birth control. An adolescent may not recognize these behaviors as abusive or controlling if they don’t know what a healthy relationship looks or feels like.

**SBHCs Part of the Solution**
Studies have shown that ARA is common among adolescents seeking clinical services, making SBHCs an ideal place to screen for it. Alameda Family Services operates three school-based health centers at Alameda, Encinal, and Island high schools where the goal is to provide students not only with good health care and health information, but also to teach the students about healthy relationships, good communication skills, and how to recognize ARA when they see it. It is imperative for health care providers, parents, teachers and others working with youth to realize they have to go beyond asking adolescents “How are you doing? How was your day?” and focus on potential problems in relationships, according to Molly Baldridge, Health Education and Youth Development Coordinator for Alameda Family Services. “We were shocked at how quickly and how responsive the youth were when we started asking questions about their dating and romantic relationships,” says Baldridge. “By incorporating ARA assessment questions into our normal visits with students, we saw a big increase in disclosure and we were able to refer students for counseling or additional services.”

**Tools and Resources**
To help health center staff at Alameda High School get started on ARA assessment and prevention, Baldridge and her colleagues underwent training as part of a pilot study on ARA prevention by the California Adolescent Health Collaborative (CAHC). They were provided with a new tool called the HEART (Healthcare Education, Assessment & Response Tool) Primer developed by Dr. Elizabeth Miller, currently chief of Adolescent Medicine at Children’s Hospital of Pittsburgh and associate professor of Pediatrics at the University of Pittsburgh School of Medicine. Miller is also a senior research consultant for Futures Without Violence (formerly the Family Violence Prevention Fund). This tool provides health care workers with the information they need to understand and evaluate ARA, and includes useful assessment tools, confidentiality guidelines, sample questions and scripts, intervention messages, as well as parent and youth resources. CSHC is working with CAHC, Futures, and Dr. Miller on a new research project assessing the impact of implementing the HEART Primer practices in four to five SBHCs in the Bay Area. The Primer is available online at www.californiateenhealth.org.

Baldridge points out that the HEART Primer is written in accessible language and is easily incorporated into a health center’s standard practices. Baldridge found she had been talking to students about sexual health issues and practices, but not asking them if they could talk to their partners about these topics. Using the HEART Primer for ideas and examples, she began asking simple questions every time she saw a patient. “We were pleasantly surprised to find that the students did not mind being asked personal questions about their relationships” says Baldridge. “There was no backlash whatsoever about us being too nosy.” If a student discloses emotional abuse in a relationship, the SBHC refers the student to counselors who are on campus every day. If physical abuse is reported, the health center follows mandated reporting laws and follows up with the student. When a student is not ready to disclose relationship abuse, or does not have a problem in their relationships, ARA prevention information is still shared. Many adolescents know about abusive relationships their friends are in and will share information and resources with them.

**A Success Story**
When “Miguel” came into the health center for a sports physical, the nurse practitioner asked him about his relationships. One of the questions on ARA dealt with excessive texting. Miguel mentioned he wasn’t comfortable getting so many texts from his girlfriend but hadn’t realized that texting 5-10 times an hour was not healthy. He’d been
afraid to say anything about it for fear of starting a fight or hurting his girlfriend’s feelings. The nurse gave him some advice on what he could say and handed him a wallet card on ARA with tips and other resources. Miguel said he’d try it out. A few months later Miguel was back in the health center and happily reported that he and his girlfriend had resolved the texting issue. To his surprise, she didn’t get upset with him and had agreed to stop texting so much. They were still a couple and planning to attend the prom together. Miguel’s story is a simple example of an adolescent receiving good information and taking a small step in learning how to develop healthy relationships. In this instance a problem was nipped in the bud, but excessive texting can be one of the warning signs of ARA and could lead to more controlling behaviors.

Peer Educators Lend a Hand
Island High’s health center also spreads the word on ARA through its peer education team. The team of 10 students meets weekly, decides which health issues they want to tackle during the school year, then receives training on those topics. The students develop a campaign on the health topic which may include: lunch time events, tabling activities, making a video, creating fliers, or doing classrooms presentations. Peer-to-peer education has been effective in communicating important health information among adolescents. To sustain the peer education team, the health center advertises and promotes participation in this group. Interested students fill out an application and go through a one-on-one interview with a health educator and two peer educators. Peer educators get experience in planning, organizing, public speaking, teaching, and interviewing. Most of the peer educators continue to work on the team throughout their high school years, returning year after year until they graduate. Another sign the program is successful – the high number of applications the health center receives each year to join the team.

Making a Case for ARA Assessments
Setting up a strong ARA prevention program also involves getting the backing of school administrators and teachers, and helping them to see ARA as a health priority. “You may be asked why ARA is more of a priority than mental health services or access to birth control,” says Baldridge. Making the case for ARA prevention and awareness programs is not usually a tough sell, especially when considering the many negative consequences for students in abusive relationships. These students miss more days of school and have lower grades, are more likely to smoke, use drugs, engage in unhealthy diet behaviors, engage in risky sexual behaviors, and attempt or consider suicide. They are also more likely than non-abused peers to get a sexually transmitted disease, become pregnant, or suffer from depression.

At Island High School, the SBHC has developed good relationships and strong ties with the school district. The SBHC program director meets with the principal and vice principal on a monthly basis, and with teachers twice a year in staff meetings, to report on what is happening in the health center. “We’re lucky the health center is centrally located on campus and we have teachers coming in regularly and referring students to us already,” says Baldridge. “So it was a natural thing for us to let them know about ARA assessments and how we could help.” Unless you can get grant funds earmarked for ARA prevention, an SBHC will have to use general funds to pay for such a program.

While ARA assessment and prevention is still in the early stages at Island High School, the SBHC staff look to the example set by Tiburcio Vasquez Health Center in Union City. Peer educators there pushed for a school policy on separating students who had been in an abusive relationship so they wouldn’t be in the same classrooms. There was a major climate shift on campus as students realized what an important and serious issue ARA can be. Baldridge would like to continue networking with other SBHCs and find out what they are doing about ARA and what’s been successful on other campuses. Like Miguel, she’d like all of the students who come to the SBHC to go away a little better informed and armed with good information on establishing healthy relationships. “ARA assessment is easy to integrate and is so important when you look at the health outcomes for those experiencing abuse,” says Baldridge. “If SBHC staff can access the HEART Primer and use it, they can start providing much better service to their students.”

By Aileen Olson
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Sponsor: Alameda Family Services
SBHC Sites: Alameda High School, Encinal High School, Island High School
Location: Alameda, California
Medical Services Provider: Native American Health Center
Services: Medical, mental health, health education, youth development services
SBHC Hours: Monday to Thursday, 8 am to 4 pm
Medical Clinic Hours: Thursday, 9 am to 3 pm
HEART Primer: Funded by California Adolescent Health Collaborative and Futures Without Violence