

How School-Based Health Centers Can Address Teen Dating Violence

WHAT IS TEEN DATING VIOLENCE?

According to the Centers for Disease Control (CDC), teen dating violence is defined as the physical, sexual, or psychological/emotional violence within a dating relationship, as well as stalking. It can occur in person or electronically and may occur between a current or former dating partner. Teen dating violence is common and often times associated with multiple risk behaviors and poor health indicators. The 2009 CDC Youth Risk Behavior Survey revealed that 9.8% of high school students report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the 12 months prior to the survey. The 2010 National Intimate Partner and Sexual Violence Survey revealed even more alarming statistics: about 1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age.

“Teen dating violence [is] far too prevalent and prevents far too many students from being able to focus on their education.”

Kevin Jennings, Former Assistant Deputy Secretary, U.S. Department of Education

Teen dating violence is also referred to as *adolescent relationship abuse* because adolescence spans ages 10-24 and abuse includes, not only physical violence, but a range of abusive behaviors.

WHAT CAN SCHOOL-BASED HEALTH CENTERS DO TO ADDRESS TEEN DATING VIOLENCE?

Healthy relationships, particularly in the context of dating or sexual activity, play an important role in increasing the use of contraception and preventing teen pregnancy. Being located in schools, school-based health centers (SBHCs) are in close proximity to teens' social environment and have a unique ability to assess adolescents for dating violence and sexual coercion. SBHCs can provide counseling support or referrals to address these issues, in addition to promoting respectful relationships through both clinical and classroom education. The California School-Based Health Alliance (formerly the California School Health Centers Association (CSHC)) conducted a review of research and interviews with select SBHCs to gain a better understanding of strong and innovative interventions that are currently being utilized during adolescent health visits and on campus.

Here are some suggestions of practices for SBHCs to consider adopting:

- During clinic intakes, ask specific domestic violence questions. See box to right.
- Assess for teen dating violence at all visits—regular visits, follow-up, and “informal” opportunities.
- Check to see if the SBHC has a clinic protocol on teen dating violence assessment, intervention, and referral. If not, see the [HEART Primer! Healthcare Education, Assessment & Response Tool for Teen Relationships Primer](#).

Sample screening questions to ask all adolescents:

- *Tell me about your relationship.*
- *In your relationship, does your partner threaten or physically hurt you?*
- *Does your partner check up on you? If yes, how often?*
- *Has anyone forced you to have sexual activities that made you feel uncomfortable?*
- *Is there domestic violence occurring at home? What is your living situation like?*
- *Is sex enjoyable? (This is to gauge contraceptive use and TDV)*

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- Make teen [dating violence wallet cards](#) available in clinic lobbies and have providers distribute them.
- Develop a confidential referral form for youth who self identify that they are in an abusive relationship or have experienced domestic violence at home, and refer youth to support groups.
- Counsel parents on possible signs of TDV in their son/daughter, and how to help their teens set boundaries and establish healthy relationships.

EXAMPLES OF TEEN DATING VIOLENCE STRATEGIES LED BY SBHCs

- Use peer educators to promote healthy relationships and serve as advocates to change social norms that facilitate the elimination of sexual and interpersonal abuse, including teen dating violence.
- Hold school-wide assemblies by grade level & gender that focus on healthy relationships. During such forums, encourage students to explore the use of language when “hooking up” and during break-ups.
- Put up posters on teen dating violence messaging around the clinic and at various locations around school, including classrooms and bathrooms.
- Work with drop-out prevention counselors to identify students who are high risk for teen dating violence. This also includes reaching out to students who miss a lot of school. At one school, SBHC staff asked counselors to start referring girls who are at risk, such as girls who spoke of wanting to become mothers right away, pregnant girls, and girls in relationships that were highly volatile. At another high school campus, any student who missed a lot of school or was seeking permission to leave school early when he/she wasn’t feeling well was asked to see the SBHC physician for an assessment and release.

A needs assessment conducted in 2008 by Dr. Liz Miller, a researcher at UC Davis Children’s Hospital, of 61 health care providers with SBHCs in middle and high schools across California revealed that:

- *Only 33% of the providers reported screening their adolescent clients for TDV all of the time.*
- *34% reported that they are unsure how to ask questions without seeming too intrusive.*
- *Providers reported feeling uncomfortable asking questions about teen dating violence when the visit appeared not to be violence related.*

TRAINING AND SUPPORT FOR SBHC STAFF

- Address confusion around when situation falls under Child Protective Services reporting ([Refer to CA TDV confidential reporting guide](#)).
- Include “front line” staff such as medical assistants in trainings. Medical assistants and front desk staff are usually the first point of contact when students enter the SBHC. Such interactions may be considered ideal “informal opportunities” to engage in conversations around healthy relationships.
- Provide CEUs/CHs for trainings—this is a big motivator to increase interest and participation in trainings.
- Train health educators on case management with students who have experienced TDV.
- Use the [HEART Primer! Healthcare Education, Assessment & Response Tool for Teen Relationships Primer](#)