School Based Clinic Program
Policy and Procedures to Address Adolescent Relationship Abuse (ARA)

The SBC program is committed to supporting all victims of adolescent relationship abuse (ARA) by implementing Project Connect practices in our clinics as a collaborative model of care. The purpose of this procedure is to define the overall SBC program response to ARA and improve the quality of care given by SBC providers in the clinic setting.

Definitions

Adolescent Relationship Abuse (ARA) refers to a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person with whom they are dating or in a relationship, where of the same or opposite sex, in which one or both partners is a minor. The emphasis is on the repeated controlling and abusive behaviors.

Reproductive Coercion (RC) involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is or was or wishes to be involved in an intimate or dating relationship. RC includes birth control sabotage, pregnancy pressure and pregnancy coercion.

Guiding Principles

- Regard the safety of adolescent victims as PRIORITY.
- Treat clients with dignity, respect and compassion including sensitivity to age, culture, ethnicity and sexual orientation.
- Honor victim's right to self-determination by recognizing that the process of leaving an abusive relationship can be complex.
- Adapt a model of care to best support clients.

Training requirements for all SBC staff members

All SBC staff members will receive training on Project Connect (PC) practices regardless of their position. Staff will be trained to utilize the Project Connect curriculum at levels that are appropriate to their position and role in the SBC. All staff will receive training in emotional and safety response, mandated reporting and limits of confidentiality.

- Medical assistants, office support specialists, nutritionists, CDC interns, and VISTAs will complete a basic training as their interactions with students do not involve any assessment that could uncover reports of ARA/RC. They will be trained how to respond when a student discloses abuse as part of a routine interaction or if a student discloses abuse when a nurse (RN), nurse practitioner (NP) or mental health counselor are not present.

- SSI health educators, RNs, and NPs will complete an intermediate level of training to be able to assess ARA with a student and make an appropriate referral which could include referral to a community-based domestic violence agency, SBC mental health counselor or an appropriate school staff member.

- Mental health counselors will receive an intermediate level of training as well as training in crisis response which could include ongoing therapy for identified abuse and/or trauma.

Confidentiality and Mandatory Reporting

Client confidentiality is paramount. Clients must be told during every appointment that all information is kept private and confidential, unless the client tells the provider they are being hurt by someone or planning on hurting themself or someone else (mandatory reporting requirements), as detailed in SBC Procedures for Mandatory Abuse & Neglect Reporting and SBC Crisis Response Protocol. All SBC staff members are mandatory reporters and follow Mandatory Abuse and Neglect Reporting Guidelines.

SBC staff members will follow SBC HIPAA guidelines for disclosing client protected health information with school personnel. If ARA situation could directly impact the safety of the school or involves the safety of other students, SBC staff members would notify the school administrator and building security.

SBC Procedure to Address ARA

1. **ARA/RC Screening Assessment Procedure**
   - Follow Project Connect Hanging Out or Hooking Up & IPV Reproductive & Sexual Coercion Guidelines.
   - At each appointment, review EHR client alert for previous ARA screenings or MH involvement.
   - Always screen for ARA/RC in a private space with client.
   - Discuss the limits of confidentiality and mandatory reporting requirements prior to any assessment.
   - Introduce ARA screening using Project Connect cards to discuss healthy relationships.
   - Use screening questions that are direct, specific and easy to understand.
   - Respect the client if she/he denies abuse.
   - Let the client know you are available in the future to discuss the topic and reinforce that the clinic is a safe place to discuss ARA.
   - Convey the message that all people deserve respect and no one deserves to be abused.
   - Provide information on healthy relationships, ARA and RC as applicable.
   - Let the client know that help is available, including SBC mental health services.
   - Offer Project Connect card and/or DV crisis cards and tell them that even if they don't need it that they can give to a friend who might use it.

2. **Intervention/Harm Reduction Counseling**
   a. If a student discloses abuse, use validating messages to provide support. See examples below:

      Empathy:
      - I believe you and I am sorry this happened to you.
      - No one deserves to be treated like that and it is not your fault.

      Generalization:
      - This happens to many people, and we often feel alone with it.
      - Abuse happens more frequently than we know and in all types of relationships.

      Empowerment :
      - I believe you know what is best for you.
      - If you are interested, I can help you connect with…."

Autonomy:

- What would be helpful for you right now?
- Is there one person you can tell in case you need help one day?

3. Safety Assessment

b. Assess the client's immediate safety.

- Assessment questions: Are you in danger when you leave school? Has the violence increased recently? Has your partner threatened to harm you? Does your partner have access to a deadly weapon?
- If client safety is in danger, connect client with SBC mental health counselor for safety planning when available.
- Connect client with Day One Crisis Line when SBC mental health counselor is not available.
- Consider if client wants to make a report and/or if you are mandated to report.
- Remember to address the presenting problem that initiated the client visit.

4. Supportive referrals to domestic violence partners and follow-up

- Encourage client who is currently experiencing ARA to speak with DV advocate to develop plan.
- Encourage client who has experience sexual assault to seek Sexual Violence Center services.
- Offer to make phone referral with client to Day One crisis line/SVC to arrange advocate meeting and/or other services.
- Schedule a follow-up visit with NP and or MH within a week.

5. Documentation

- Document in EHR that ARA screening was completed.
- Include in your documentation that ARA is or has been present, has never occurred, or is suspected even though client may deny it.
- All ARA screening, interventions and referrals will be recorded in Next Gen EHR per SBC charting protocol. See HOW To Guide: XXX. Prior to each visit, provider will review alerts to see any previous Project Connect client interactions.

6. Quality Assurance Monitoring

- SBC administrative staff will run monthly reports to capture the incidence of ARA universal screening and referrals.

Roles and Responsibilities of SBC Staff with ARA Screening & Response

Medical Assistants/Office Support Specialists - do not universally screen for ARA. Privately and immediately report suspicion of ARA to NP or MH counselor.

Health Educators & Registered Nurses - screen routinely for ARA as outlined in protocol. Encourage clients with known or suspected ARA to accept referral to SBC MH and/or ARA community resources.

Nurse Practitioners - screen routinely for ARA as outlined in protocol. Encourage clients with known or suspected ARA to accept referral to SBC MH and/or ARA community resources. Alert school administration if concerned about immediate client safety or school safety.

MH Counselors- screen routinely for ARA. Encourage all clients with known or suspected ARA to accept referral to SBC NP and ARA community resources as needed. Provide initial counseling and safety planning as needed.

Project Connect SBC Team Leads – A team of SBC staff members across the disciplines will assist in Project Connect implementation across the SBCs. Team leads will be trained as SBC Project Connect trainers to train new SBC staff and to conduct booster trainings to team as needed.

Additional Resources

Project Connect (PC) curricula – Hanging out or Hooking up and Addressing Intimate Partner Violence
Reproductive and Sexual Coercion Guide
Project Connect Posters
Project Connect Cards
Day One MN Domestic Violence Crisis Line card
SBC Resource & Referral Cards
Harriet Tubman for individual advocacy resources and prevention presentations
Sexual Violence Center

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