Guidance for Certified School Nurses on Integrating Adolescent Relationship Abuse Prevention and Intervention Into Nursing Practice in the School Setting

Fern Gilkerson, MA,1 Cheryl Mattern, BSN2 Kini Tinkham, RN,3 Melinda Barrett, RN,4 Rebecca Dick, MS,5 Claire Raible, BS,5 Elizabeth Miller, MD, PhD5

1. Pennsylvania Coalition Against Domestic Violence, Health Education Specialist and Project Connect 2.0 Manager
2. Pennsylvania Association of School Nurses and Practitioners
3. Certified School Nurse, Maine / Health Care Consultant
4. Selinsgrove High School, Certified School Nurse
5. Adolescent and Young Adult Medicine, Children’s Hospital of Pittsburgh of UPMC, University of Pittsburgh School of Medicine

Background and Rationale

Adolescent relationship abuse (ARA) is defined as, physical, sexual, and emotional abuse in adolescent relationships. It is prevalent, with one in five (20%) U.S. teen girls reporting ever experiencing physical and/or sexual violence from someone they were dating and one in four (25%) teens in a relationship reporting being called names, harassed, or put down by their partner via cell phone/texting.1-3 ARA is associated with multiple poor health outcomes for youth, including depression,4,5 anxiety, suicidality,4-6 poor academic performance and attendance,7 sexually transmitted infections,8 and unintended pregnancy.9,10 Adolescents and young adults seeking care in health care settings report higher rates of relationship abuse victimization. School nurses1 may, in fact, be among the first professionals able to recognize youth exposed to ARA.11 Because of their multi-faceted role in both health promotion and management of chronic medical conditions, school nurses are particularly well-positioned to implement prevention of and interventions for ARA and its sequelae. School nurses can help prevent adolescent relationship abuse by discussing the importance of healthy relationships with all students, identifying relationship abuse, and intervening with a safe, student-centered approach including making “warm referrals” to local domestic violence and family planning/adolescent health partners.12 As health professionals on the front lines seeing youth at risk for ARA every day in junior and senior high schools, school nurses have a unique responsibility and opportunity to intervene.

1 The term “School Nurse” used throughout this document refers to Certified School Nurses.
Pennsylvania Coalition Against Domestic Violence / Project Connect:
Promoting Adolescent Health Through School Connectedness

Pennsylvania Adolescent Health Promotion Model

The purpose of this guidance for school nurses is to facilitate the promotion of healthy relationships with all adolescent students via universal education and awareness raising efforts and to encourage routine inquiry and support for students exposed to ARA. School nurses are able to promote healthy relationship messages, share educational materials about ARA, establish clear processes for making ‘warm referrals’ to support services for youth, work with administrators to develop or enhance policy and protocol, and maintain school and community teams focused on ARA prevention.

Definitions

Adolescent Relationship Abuse (ARA) is a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is an adolescent. Repeated controlling and abusive behaviors distinguishes relationship abuse from isolated events. The defining characteristic of ARA is a repetitive pattern of behaviors aimed at maintaining power and control in a relationship and includes behaviors such as monitoring cell phone usage, telling a partner what he or she can wear, controlling whether the partner goes to school that day, coercive sex or sexual acts, and interference with contraception.

Reproductive Coercion (RC) involves behaviors aimed at maintaining power and control in a relationship related to reproductive health. This includes birth control sabotage, condom manipulation, pressure exerted by a male partner to become pregnant when she doesn’t want to be, and controlling the outcomes of a pregnancy.
**Pennsylvania Coalition Against Domestic Violence / Project Connect:**

**Promoting Adolescent Health Through School Connectedness**

<table>
<thead>
<tr>
<th>Types of Abuse</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional/Psychological</td>
<td>Name calling via instant messaging or verbally; telling partner what to wear; threatening to spread rumors; threatening to commit suicide if partner tries to leave relationship; smashing things; breaking partner’s things; criticizing partner’s family and friends.</td>
</tr>
<tr>
<td>Social</td>
<td>Monitoring partner’s cell phone use; preventing partner from going to school or doing things with friends; calling or text messaging multiple times a day to monitor partner’s whereabouts; getting angry if partner is talking to someone else.</td>
</tr>
<tr>
<td>Financial</td>
<td>Controlling what partner can or can’t buy; refusing to help pay for condoms, birth control, reproductive health care; refusing to pay for things that the abuser insisted the partner purchase.</td>
</tr>
<tr>
<td>Sexual</td>
<td>Insisting on sexual acts; manipulating contraceptive use; videotaping (including by cell phone) sexual acts, then threatening to put them on the Internet; preventing partner from using condoms/birth control; forcing partner to get pregnant; forcing partner to use drugs before sexual activity; forced sex/rape, forced viewing of pornography</td>
</tr>
<tr>
<td>Physical</td>
<td>Threatening to hit; threatening with a weapon; hurting the partner’s pet; hitting, slapping, kicking, choking, or shoving.</td>
</tr>
</tbody>
</table>
Guiding Principles

1. Balance the safety of students with their rights to privacy and confidentiality.
2. Treat students with dignity, respect, and compassion including sensitivity to age, culture, ethnicity, sexual orientation, and gender identity.
3. Honor students’ rights to self-determination by recognizing that the process of leaving an abusive relationship can be complex, long, and gradual, or may not happen at all.

Training Requirements

School nurses (as well as guidance counselors and other school staff) should participate in ARA training every 5 years, as required, and yearly if possible, for updated information and best-practice booster trainings (provided by local domestic violence and sexual assault agencies or through resource centers such as the Pennsylvania Coalition Against Domestic Violence [www.pcadv.org] and Futures Without Violence [www.futureswithoutviolence.org]), either in person or online, with attention to the following:

- Dynamics of adolescent relationship abuse and sexual violence;
- Effects of violence on health;
- Promotion of healthy relationships;
- Assessment and intervention;
- Updates about available resources;
- Referral organizations and processes;
- Maintaining and building the school team and community team.

Confidentiality

The Family Educational Rights and Privacy Act (FERPA) “is a federal law that protects the privacy of student education records” applicable for the school nurse’s office in place of the Health Insurance Portability and Accountability Act (HIPAA) as it applies to a student health clinic or center where HIPAA would otherwise apply. The Family Educational Rights and Privacy Act applies to all schools that receive funds under an applicable program of the U.S. Department of Education” (ed.gov); private and religious schools are exempt. With written consent, parents and adolescents 18 years old and beyond high school have certain rights to review student educational records. Others who have the right to review the records without consent are:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
Because of a need to protect students’ rights to confidentiality, the documentation of student interactions concerning dating violence conversations and referrals should be made in generalized statements to guard student privacy while following the law. That said, legal guidelines supersede these protocol guidelines when indicated by law. Examples of generalized statements may be:

- Discussed unhealthy relationship;
- Discussed healthy relationships;
- Referral options discussed;
- Safety card offered.

Furthermore, practice surrounding the use and disclosure of health information regarding victims of ARA and sexual violence respects student autonomy and confidentiality, serving to improve the health and safety of victims. Students should be told that all information is kept private and confidential, unless the student tells the health care provider or school staff member he or she is being hurt by someone, plans on suicide or self-infliction of injury, or plans on hurting someone else. It is essential to inform patients about mandated reporting requirements.

Under no circumstances is this guidance intended to abrogate the requirements related to mandatory child abuse reporting. As described above, abuse, as defined in the Child Protective Services Law, must be reported to CHILDLINE by calling 1-800-932-0313. In cases where imminent danger is identified, referrals will be made to appropriate agencies such as law enforcement, psychological services, Children and Youth caseworkers, parent/guardian, and school administrators.

The following two guides from the PA ACLU provide more detail about adolescents’ rights to privacy and confidential care.

a. Minors’ Access to Confidential Health Care:  
http://www.aclupa.org/our-work/duvall-reproductive-freedom-project/minorsaccesstoconfidential/

b. Students’ Rights Handbook:  
http://www.aclupa.org/education/studentsrightshandbook/

Implementing ARA Prevention Education with Students

The following should be followed during interactions with students regardless of their gender or sexual identity in an effort to provide information about healthy relationships to all students. When addressing this topic, the student should be seen alone, maintaining confidentiality while providing a safe environment.
Promoting Adolescent Health Through School Connectedness

Universal education and assessment – brief, consistent messages to students who enter the Nurse’s office regardless of perceived gender, sexual orientation, or relationship status --- is a best practice for preventing and responding to ARA. Such interactions work to remove stigma and assumptions that may be believed by nurses or other staff, other students in the health office, and the student receiving the information, about who may or may not need support or services for ARA. An extra educational card offered for a friend encourages active bystander interactions (helping a friend) and is considered to also be a model practice.

1. Provide the student with a “Hanging Out or Hooking Up” educational card. “We want all of the students in our school to know that we care a lot about them being in healthy relationships. We are giving this informational card to all of our students. Please look this over while you’re waiting.”

2. The school nurse should follow up with the student during the visit. Always inform students about the limits of confidentiality. “Before we get started, I want you to know that everything here is confidential which means that I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone, planning on hurting yourself (suicidal), or are planning on hurting someone else. Those things I would have to report to the proper authorities or to other organizations that would be able to help you. Do you understand? Your safety is my primary concern.”

3. Within the course of educating and counseling, introduce the topic. You might say, “Because violence is so common in young people’s lives, we have begun to talk with all of our students about healthy relationships. We are giving this informational card (“Hanging Out or Hooking Up?”) to all of our students and it talks about the difference between healthy and unhealthy relationships.” Go over the first few panels with the student.

4. Then say, “Based on the information in this card, would you say you are in a healthy or unhealthy relationship?”

   a. The student answers, “Healthy.” - You might say, “I’m really glad to hear that. Just in case you might know someone in that situation, we’d like to offer you this card. Please keep it in your wallet and pass it along to anyone who might need it.”

   b. The student answers, “Unhealthy” or “I don’t know.”

      i. Probe further: “Tell me a little bit about what you’re experiencing.”

      ii. Validate the experience. For example, “I’m sorry that is happening to you- it happens way too often, but I’m glad you told me. I want you to know that you do not deserve to be hurt, and it is not your fault.”
iii. Ask, “Are you in immediate danger?” If the student answers yes, find out who poses a threat. If there is a report of abuse or ideation of self-harm, safety planning and referrals to child protective services or other appropriate agencies are indicated. If a mandated report must be filed, the call should be made together so that the student can provide accurate information as well as help to focus on the young person’s safety.

iv. Refer: Show hotline numbers on back of card. Offer privacy for the student to make a call to an advocate. Offer to make the call with the student if they so desire.

v. Abuse as defined in the Child Protective Services Law must be reported to PA Childline by calling 1-800-932-0313.

vi. NOTE: Many instances of ARA are not reportable as child abuse; victim service advocates from local domestic violence and sexual assault agencies can provide guidance on what needs to be reported. Reporting events to Child Protective Services that do not need to be reported can be harmful and a breach of privacy.

5. Sharing of Student Information
   a. Any information a student shares with the school nurse may be revealed to the student’s parent/guardian, the building principal or other appropriate authority if the health, welfare or safety of the student or other person is clearly in jeopardy, except as otherwise provided by state or federal law.
   b. School nurse will support and encourage a student to tell her/his parent or guardian about issues affecting the student’s health, welfare or safety.

Strategies for Protecting Student Privacy

In the school health office, a student is a patient with rights to privacy and confidentiality; however, in a public school space, it may be difficult to identify ways to offer students a place to have open or sensitive conversations. Here are some considerations for achieving or enhancing privacy:

- When student traffic is heavy, the universal talking points may be abbreviated.
  - As part of this interaction, students may be invited to return for a private discussion by making an appointment with the nurse or planning to return at a possibly more convenient time such as when student traffic may be anticipated to slow down in the nurse’s office.

- When a student is a regular or semi-regular visitor to the nurse’s office with somatic or physical complaints, a more intentional conversation may be had about what else may be going on in a student’s life.

- Routine health screenings are an ideal time to deliver universal messages about healthy relationships; in particular, the hearing screening may be an ideal quiet time to share an
Pennsylvania Coalition Against Domestic Violence / Project Connect:
Promoting Adolescent Health Through School Connectedness

- educational card and deliver talking points.
- Certified School Nurses may have or be able to create a private space to conduct the intervention and offer students private time and a school-owned telephone to make a call that is non-traceable by an abusing or controlling person to the domestic violence agency or family planning clinic. Nurses may have a private space for students in crisis that may also serve as a space to conduct the intervention and offer students private time.
- The use of three-panel folding screens and two white noise machines in the general nurse’s office area may provide enough of a barrier for private or semi-private conversations.

➤ Remember: All students who enter the nurse’s office should ideally experience the same private assessment to uphold and systematize students’ rights to privacy and confidentiality.

Disclosure

The goal of this universal education and brief counseling intervention is NOT to push students for disclosure. Rather, the goal is to reduce and end ARA through the promotion of consistent messages about the critical importance of healthy relationships. The creation of a safe space within the school nurse’s office to make appropriate referrals to domestic violence and family planning/adolescent health partners is essential.

Model guidance for Certified School Nurses is to facilitate the promotion of the Pennsylvania Adolescent Health Promotion Model. A school nurse becomes a trusted person who understands that health issues and ARA are often interconnected and is able to establish clear processes for making 'warm referrals' to domestic violence and family planning support services for youth through direct partnerships, and work with school administrators. In turn, students experiencing abuse learn that the nurse is able to validate their experiences and connect them to someone who can help, even if there appears to be no problem on the surface.

- School nurses should refer to state law and school protocol to determine if a disclosure is reportable to authorities and how to proceed.
- Even if there is no disclosure, but a need for a student to connect with a domestic violence counselor or family planning/adolescent health clinician, the school nurse can make sure there is a telephone or private space and appropriate phone number available for students to make a call from the nurse’s office.
  - Such a space may be small office used for storage but that could be transformed to an assessment space.
  - School nurses should have a working and personal relationship with partners in domestic violence programs and family planning/adolescent health clinics; this is known as a “supported” or “warm” referral.
Promoting Adolescent Health Through School Connectedness

➢ **Important:** The limits of confidentiality and mandatory reporting must be stated up front before a student begins a discussion. These should also be repeated in the conversation before disclosure may occur.

**Creating School-based ARA Prevention Teams through Community Partnerships**

Teamwork is an effective strategy to coalesce and leverage school and community experts who work for adolescent health, safety and positive development. Different models that can be facilitated in cooperation include:

- Creating a **core school-based team:** School nurses can personally get to know employees of the local domestic violence agency or family planning/adolescent health clinic to make a “supported” or “warm” referral. These three core partners work closely together, make regular site visits to each agency office, and meet monthly or bimonthly to stay informed, updated and work together on projects.
  - Additional community members working with adolescents may also be invited to join with the goal of building an adolescent health network of providers to generate a community of practice focused on adolescent health and wellness.
  - Team members may cross-train each other to better understand the services each other’s organization provides and how to more effectively work together in collaboration.
**Pennsylvania Coalition Against Domestic Violence / Project Connect:**

Promoting Adolescent Health Through School Connectedness

Additional community team members may consist of one or more partners from the following list:

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community Clinic Nurse                                                   • Counseling Service Provider</td>
<td></td>
</tr>
<tr>
<td>• Department of Health Representative                                     • YWCA or YMCA Leadership</td>
<td></td>
</tr>
<tr>
<td>• Hospital Nurse                                                           • Teen Task Force Representative</td>
<td></td>
</tr>
<tr>
<td>• Nurse Family Partnership Representative                                  • Drug and Alcohol Commission Representative</td>
<td></td>
</tr>
<tr>
<td>• Home Visitation Nurse or Advocate                                        • Children and Youth Services Representative</td>
<td></td>
</tr>
<tr>
<td>• Adolescent Health Physician                                              • Juvenile Probation Officer</td>
<td></td>
</tr>
<tr>
<td>• Family Planning Clinician or Reproductive/Sexual Health Educator         • Law Enforcement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School Nurse                                                            • Local Organizational Board or Advisory group member</td>
<td></td>
</tr>
<tr>
<td>• Health Class Teacher                                                     • Cultural Community Center Representative</td>
<td></td>
</tr>
<tr>
<td>• Coach                                                                    • Youth Center Representative</td>
<td></td>
</tr>
<tr>
<td>• High School Student                                                      • Faith-based Organization Representative</td>
<td></td>
</tr>
<tr>
<td>• School District Superintendent</td>
<td></td>
</tr>
<tr>
<td>• School Principal</td>
<td></td>
</tr>
<tr>
<td>• Public School Counselor</td>
<td></td>
</tr>
<tr>
<td>• School Counselor</td>
<td></td>
</tr>
<tr>
<td>• Additional School District Nurse</td>
<td></td>
</tr>
<tr>
<td>• School District Social Worker</td>
<td></td>
</tr>
<tr>
<td>• School Resource Officer</td>
<td></td>
</tr>
<tr>
<td>• School Board or Advisory group members</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College/University</th>
<th>Local Officials/Legal Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• College Counselor                                                       • County District Attorney</td>
<td></td>
</tr>
<tr>
<td>• College Student                                                         • Legislative Assistant for Regional Senator</td>
<td></td>
</tr>
<tr>
<td>• Medical and Nursing School Resident or Student                          • Mayor</td>
<td></td>
</tr>
<tr>
<td>• University Health Center Provider, Director, Educator or Trainer         • Borough Council Member</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Media</th>
<th>Youth Enrichment Organizations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Newspaper Reporter                                                      • Boy Scouts Leader</td>
<td></td>
</tr>
<tr>
<td>• Magazine Writer                                                          • Girl Scouts Leader</td>
<td></td>
</tr>
<tr>
<td>• Mainstream Local Radio Host                                              • Camp Counselors</td>
<td></td>
</tr>
<tr>
<td>• College Radio Station Host                                               • Boys and Girls Club Leadership</td>
<td></td>
</tr>
<tr>
<td>• Public Radio Station Host                                                • After School or Church Programs for Youth</td>
<td></td>
</tr>
</tbody>
</table>
Pennsylvania Coalition Against Domestic Violence / Project Connect:
Promoting Adolescent Health Through School Connectedness

Social norms that promote respectful and healthy relationships will only happen when there are many people embracing the same mission through the same framework. In age and experience-appropriate ways, learning about healthy relationships and strategies to promote adolescent health and well-being is work for adults and students alike in the school or community. School nurses and other school personnel may directly benefit the school environment and student health outcomes by:

- Creating a school or district-based task force of teachers, staff and other champions and influencers willing to meet regularly to work on developing or enhancing policy and protocol to promote adolescent health projects and saturate the school or district with adolescent health and relationship programming, projects, information, materials and expertise.
  - Nurses with high numbers of student visitors can explore with a team or administration why student traffic in the nurse’s office is high and consider whether schools are able to reduce numbers through this upfront intervention using universal education strategies. The result may be more quality time to conduct thorough screening and response for ARA and other health issues present to the school nurse by students.
  - The more teachers and staff are trained in the topic of ARA and intervention strategies, awareness about visible and invisible consequences of ARA is likely to result in more referrals to the Certified School Nurse.

- Engaging youth in the school or district task force to ensure that youth voices and experiences are appropriately represented. One topic of discussion may be to gain more insight into what may work to maintain student privacy and confidentiality in the school nurse health room.
  - School nurses working with youth advisers can ask about privacy concerns and preferences to help better inform school-based initiatives.

- Facilitating or encouraging a student group committed to holding events, contests, and projects dedicated to promoting healthy relationships and sending the message that all forms of ARA are unacceptable.

How to evaluate ARA prevention and intervention efforts

Anonymous student surveys are a helpful way to learn how youth are receiving the information, to make improvements, and possibly set the stage for applying for and receiving future grant funds. An example of an anonymous survey is included in the Appendices.

- Ask students to complete an anonymous survey and place it in a sealed box in the nurse’s office. The survey asks about receiving the educational card, if the information was helpful, and any thoughts the student would like to share.
- Also consider seeking feedback from teachers, staff, counselors and administrators via an anonymous survey asking about how the initiative may have changed attitudes and behaviors they see among their students and colleagues, and within themselves and their
Pennsylvania Coalition Against Domestic Violence / Project Connect:  
Promoting Adolescent Health Through School Connectedness

teaching methods and interactions with students, as well as the impact on the overall school climate.

Desired outcomes

1. School nurses, administrators and other staff adopt the Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse materials and intervention. These guidelines are available at the following link: https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Adolescent%20Health%20Guide.pdf
2. The school-based core team works within the school to saturate the school community with ARA prevention and intervention materials and activities that create shifts in both adult and student attitudes and behaviors towards promoting healthy relationships.
3. School personnel and students recognize the value of maintaining strong partnerships with local domestic violence/sexual assault agencies, family planning and adolescent health clinical services, and other youth-serving agencies in the community invested in adolescent health, well-being and empowerment.
4. The result is zero tolerance for abuse, an institutionalized process for assessment and referral based on research-informed model guidance, and a school climate of healthy relationships.

Acknowledgments

Funding support for this guidance and the pilot sites was provided by Federal Grant ASTWH110025 through the Office on Women’s Health and Futures Without Violence, Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women.

We gratefully acknowledge all participating Certified School Nurses: Melinda Barrett, RN, Selinsgrove Area High School; Dottie Rickard, RN, Honesdale High School; Judi Matelan, RN, Woodland Hills School District; Giselle Knoblauch, RN, Norristown Area High School; and Mary Maneval, RN, Lewisburg Area High School.

We also thank our domestic violence and sexual assault partner organizations: Turning Point of Lehigh Valley; Victims’ Intervention Program; Center for Victims; Transitions; and Laurel House. Additional thanks to the following family planning clinics: Planned Parenthood of Allentown; Maternal and Family Health Services, Circle of Care; Magee-Women’s Hospital of UPMC; Family Planning Plus; and Planned Parenthood of Southeast Pennsylvania.

As well, we would like to thank the following state leadership team agencies: Pennsylvania Department of Health; The Alliance of Pennsylvania Councils; Pennsylvania Association of School Nurses and Practitioners; Pennsylvania Coalition Against Rape; Temple University Harrisburg; Pittsburgh Action Against Rape; University of Pittsburgh Medical Center; and Pennsylvania Coalition Against Domestic Violence.
Pennsylvania Coalition Against Domestic Violence / Project Connect:
Promoting Adolescent Health Through School Connectedness

References


Appendices

1) Anonymous student survey and guidance on survey administration.
2) Anonymous administrator and staff survey.
3) Hanging Out or Hooking Up Clinical Guidelines and safety card link: [http://www.futureswithoutviolence.org/hanging-out-or-hooking-up-2/](http://www.futureswithoutviolence.org/hanging-out-or-hooking-up-2/)
4) Pennsylvania programming mentors’ list.