Promoting Healthy Adolescent Relationships: Addressing Adolescent Relationship Abuse in School Based Health Centers

Rebecca Dick, MS
Children’s Hospital of Pittsburgh of UPMC

Virginia Duplessis, MSW
Futures Without Violence

DISCLOSURE INFORMATION

- In the past 12 months, we have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

- We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.
Learning Objectives

This workshop will teach attendees how to enhance their skills in working with youth to promote healthy relationships and prevent, assess for, and intervene in adolescent relationship abuse (ARA). The session provides research-validated training, tools, and resources to help providers (medical and mental health providers, health educators, adolescent health center managers) to address ARA.

As a result of attending this session, participants will be better able to:

- Understand best practices and resources for healthy relationship promotion and adolescent relationship abuse assessment and intervention.
- Be able to evaluate their own program using a quality assessment/quality improvement tool and a research-validated client exit survey.

Adolescent Relationship Abuse (ARA)

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 a minor.
Group Discussion

What do we know about the impact of adolescent relationship abuse on health?

ARA negatively impacts meeting adolescent health program goals such as:

- Reducing unplanned pregnancy
- Preventing sexually transmitted infections/HIV
- Reducing unprotected sex
- Promoting health and safety, including mental health
What Happens at School for These Teens?

- Victims and perpetrators are more likely to carry weapons, as well as engage in physical fighting and other high risk behaviors.
- Physical and sexual victimization is associated with an increased risk for school dropout, lower grades, and less connectedness to school.

(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008)

Young women tell us that controlling reproductive health is used as a tool for abuse

“He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn’t care. He got me pregnant on purpose, and then he wanted me to get an abortion.”
Barriers to Identifying and Addressing ARA

• Providers identified the following barriers:
  – Comfort levels with initiating conversations
  – Feelings of frustration with patients when they do not follow a plan of care
  – Not knowing what to do about positive disclosures
  – Worries about mandatory reporting
  – Lack of time

Assessment or Education?

• Few adolescents report experiences of violence to adults, and adolescents make up a small proportion of clients utilizing domestic violence services. (Black et. al, 2008; Foshee et. al, 2000)

• Goal may be education about relationship abuse and that the adolescent health program is a safe place to discuss these issues
Promoting Healthy Relationships

Every adolescent clinical encounter is an opportunity to:

• convey prevention education messages about healthy relationships
• share with youth that the clinical space is safe and confidential
• identify and support youth who may be experiencing controlling and abusive behaviors in their relationships

“I talk about this with all my patients...”

Providing Universal Education on Healthy Relationships
Adolescent Health Programs: Opportunity for Prevention AND Intervention


1) Linking education about relationship abuse and adolescent health concerns (universal anticipatory guidance and assessment)
2) Discuss harm reduction behaviors
3) Raise awareness of victim advocacy services relevant for youth

Funding: Office of Juvenile Justice and Delinquency Prevention Programs
**Intervention Elements**

- Review limits of confidentiality
- Provide universal education on healthy relationships
- Discuss youth-friendly ARA resources
- Offer support, validation, and harm reduction strategies if abuse is disclosed
- Make a warm referral to ARA advocacy services

**Guidelines For Universal Education**

- **How Often Should You Educate?**
  - At least annually and with each new partner
- **When Should You Provide Universal Education?**
  - During any health appointment including sports physicals
- **Where Should You Provide Education?**
  - When the patient is by him/herself without parents, partners, or friends present
- **Who Should Receive Education About Healthy Relationships?**
  - Every teen regardless of gender or sexual orientation should learn about healthy relationships
How to Introduce the Card:

• "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."

• (Unfold card and show it) "See, it's kind of like a magazine or online quiz."

Sam Parts 1 & 2

The following video clips demonstrate providing universal education on healthy relationships during an adolescent health visit
Video Debrief

• What worked well in this video? What would you change?

• Do you talk to your adolescent male patients about how to respect girls?

• Do you talk to your female patients about what they deserve from their male partners?

• How can you see using this card in your practice?

What About Respect?

Anyone you’re with (whether talking, hanging out, or hooking up) should:

• Make you feel safe and comfortable.

• Not pressure you or try to get you drunk or high because they want to have sex with you.

• Respect your boundaries and ask if it’s ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.
Everybody Texts

Getting a lot of texts can feel good—“Wow, this person really likes me.”
What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

Figuring out what to say can be hard, especially if you like the person.
Be honest. “You know I really like you, but I really don’t like it when you, text me about where I am all the time or pressure me for naked pics.” For more tips on what to say go to: www.thatsnecool.com.

How to Help a Friend

Do you have a friend who you think is in an unhealthy relationship?

Try these steps to help them:

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don’t tell other friends what was said.
- Show them www.loveisrespect.org and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help. Suicide Hotline: 1-800-273-8255
Supported Referral

- Adolescent health providers are key to help youth contact resources
  - Annotated referral list for violence related community resources that serve adolescents
  - Providers should know names of staff, languages spoken, how to get there on public transportation, etc.
- Educate patients that the clinic is a safe place for them to connect to such resources
- Normalize the use of referral resources

Outcome: Increased awareness and utilization of DV/SA victim services

Olivia: Pregnancy Test

The following video clip demonstrates an approach to integrated reproductive coercion during a pregnancy test visit.
Video Debrief

• What worked well?

• What would you change?

• Were there some other questions that should have been asked?

Experiences in the field

• School Health Center Healthy Adolescent Relationship Program (SHARP) study
SHARP Study

Cluster-randomized trial in 8 school health centers (SHCs) in California

**Intervention components:**
- clinicians/staff received 3-hour training on intervention and introduced to local victim service advocates
- healthy relationships card distributed with every clinic visit
- direct assessments for sexual health related visits
- student outreach teams lead ARA awareness

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

Sample characteristics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n=1008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>15.5 (156)</td>
</tr>
<tr>
<td>African American or Black</td>
<td>27.1 (273)</td>
</tr>
<tr>
<td>Hispanic or Latina/Latino</td>
<td>36.5 (368)</td>
</tr>
<tr>
<td>Native American/Pacific Islander</td>
<td>5.1 (51)</td>
</tr>
<tr>
<td>White</td>
<td>5.2 (52)</td>
</tr>
<tr>
<td>Other/Multi-racial</td>
<td>10.7 (108)</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>17.3 (175)</td>
</tr>
<tr>
<td>10</td>
<td>22.7 (229)</td>
</tr>
<tr>
<td>11</td>
<td>26.3 (266)</td>
</tr>
<tr>
<td>12</td>
<td>32.3 (326)</td>
</tr>
<tr>
<td>Other</td>
<td>1.5 (15)</td>
</tr>
<tr>
<td><strong>Nativity</strong></td>
<td></td>
</tr>
<tr>
<td>Born in the U.S.</td>
<td>86.1 (888)</td>
</tr>
<tr>
<td>Born outside the U.S.</td>
<td>13.9 (140)</td>
</tr>
</tbody>
</table>
Cyber Dating Abuse

• **Data:** Baseline data from this School Health Center Healthy Adolescent Relationships Program (SHARP) RCT

• **Sample:** Youth ages 14-19 seeking care in 8 school-based health centers in California (n=1008)

• **Measure:** Assessed using 7 items that asked about abusive behaviors occurring within a dating relationship using technology

• 41% report recent (past 3 month) cyber dating abuse experiences
  – 45% females
  – 31% males

• Associations with physical or sexual ARA
  – low frequency AOR 2.8 (95% CI 1.8, 4.4)
  – high frequency AOR 5.4 (95% CI 4.0, 7.5)

Cyber Dating Abuse

<table>
<thead>
<tr>
<th>Cyber Dating Abuse Perpetrated by a Partner</th>
<th>Total (n=1008)</th>
<th>Male (n=239)</th>
<th>Female (n=769)</th>
<th>P value ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>tried to get you to talk about sex when you did not want to</td>
<td>8.0 (80)</td>
<td>5.5 (13)</td>
<td>8.8 (67)</td>
<td>0.15</td>
</tr>
<tr>
<td>asked you to do something sexual that you that you did not want to do</td>
<td>8.0 (80)</td>
<td>4.2 (10)</td>
<td>9.1 (70)</td>
<td>0.07</td>
</tr>
<tr>
<td>posted or publicly shared a nude or semi-nude picture of you</td>
<td>1.5 (15)</td>
<td>2.1 (5)</td>
<td>1.3 (10)</td>
<td>0.43</td>
</tr>
<tr>
<td>repeatedly contacted you to see where you were/who with</td>
<td>28.4 (286)</td>
<td>20.5 (49)</td>
<td>30.9 (237)</td>
<td>0.01</td>
</tr>
<tr>
<td>made mean or hurtful comments</td>
<td>14.7 (148)</td>
<td>11.0 (26)</td>
<td>15.9 (122)</td>
<td>0.09</td>
</tr>
<tr>
<td>spread rumors about you</td>
<td>7.0 (70)</td>
<td>6.7 (16)</td>
<td>7.0 (54)</td>
<td>0.74</td>
</tr>
<tr>
<td>made a threatening or aggressive comment to you</td>
<td>7.8 (78)</td>
<td>7.6 (18)</td>
<td>7.8 (60)</td>
<td>0.92</td>
</tr>
<tr>
<td>Partner a Requested Sexual Images (not Cyber Dating Abuse)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>asked you to send nude or semi-nude pictures of yourself</td>
<td>29.0 (291)</td>
<td>17.6 (42)</td>
<td>32.6 (249)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

¹ Wald Log-Linear Chi-Squared test, adjusted for clinic-level clustering


Reproductive Coercion

- 13% reported a recent (past 3 month) experience of reproductive coercion by a partner
- Most common experiences:
  - told not to use any birth control (8%)
  - partner tried to force or pressure to become pregnant (4%)
  - partner took off condom so that would get pregnant (4%)
Overlap between Reproductive Coercion and Physical/Sexual ARA

- Both RC and physical/sexual ARA: 4%
- RC only: 9%
- Physical/sexual ARA only: 13%
- Neither RC nor physical/sexual ARA: 74%

RCT Results

A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT

Elizabeth Miller MD, PhD2, Sandi Goldstein, MPH2, Heather L. McCauley, ScD2, Kelvey A. Jones, MPH2, Rebecca N. Dick, MS2, Joanne Jettson, BS1, Jay G. Silverman, PhD1, Samantha Blackburn, RN, MSN, PNP2, Erica Monasterio, RN, MN, PNP-BS2, Lisa James, MS2, Daniel J. Tancredi, PhD2

PEDIATRICS Volume 135, number 1, January 2015
Results

- Increased recognition of what constitutes sexual coercion
- Increased awareness of ARA resources
- Among youth with recent ARA victimization, less ARA victimization reported at three month follow up
- Increased likelihood of disclosing any ARA to the provider during clinic visit

### TABLE 2: Intervention Effects Among Entire Sample

<table>
<thead>
<tr>
<th>Study Outcome</th>
<th>Baseline Mean (SD)</th>
<th>Baseline Mean (SD)</th>
<th>P-value</th>
<th>Follow-up Mean (SD)</th>
<th>Follow-up Mean (SD)</th>
<th>P-value</th>
<th>Primary Analysis</th>
<th>Posthoc Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention to intervene</td>
<td>4.00 (0.94)</td>
<td>4.08 (0.90)</td>
<td>&lt;.001</td>
<td>4.32 (0.90)</td>
<td>4.07 (0.81)</td>
<td>&lt;.001</td>
<td>0.05 (0.03 to 0.17)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Knowledge of ARA resources</td>
<td>1.76 (0.94)</td>
<td>1.74 (0.90)</td>
<td>&lt;.001</td>
<td>2.20 (1.90)</td>
<td>2.00 (1.00)</td>
<td>&lt;.001</td>
<td>0.18 (0.06 to 0.42)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Use of ARA resources</td>
<td>0.47 (0.57)</td>
<td>0.25 (0.53)</td>
<td>.09</td>
<td>0.57 (0.90)</td>
<td>0.31 (0.50)</td>
<td>&lt;.001</td>
<td>0.07 (0.00 to 0.21)</td>
<td>.00</td>
</tr>
<tr>
<td>Self-efficacy to use harm reduction behaviors</td>
<td>NA</td>
<td>4.33 (0.94)</td>
<td>&lt;.001</td>
<td>4.17 (0.90)</td>
<td>0.38 (0.42 to 0.61)</td>
<td>.00</td>
<td>0.33 (0.00 to 0.60)</td>
<td>.00</td>
</tr>
</tbody>
</table>
### Results

**TABLE 3** Intervention Effects Among Participants Experiencing Recent ARA at Baseline

<table>
<thead>
<tr>
<th>Study Outcomes</th>
<th>Baseline, Mean (SD)</th>
<th>Follow-up, Mean (SD)</th>
<th>Primary Analyses</th>
<th>Posthoc Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention, Mean (SD)</td>
<td>Control, Mean (SD)</td>
<td>Intervention, Mean (SD)</td>
<td>Control, Mean (SD)</td>
</tr>
<tr>
<td>Recognition of ARA</td>
<td>3.31 (0.61)</td>
<td>3.39 (0.61)</td>
<td>3.64 (0.59)</td>
<td>3.3 (0.52)</td>
</tr>
<tr>
<td>Recognition of sexual coercion</td>
<td>4.27 (0.64)</td>
<td>4.27 (0.64)</td>
<td>&gt; 0.05</td>
<td>4.38 (0.73)</td>
</tr>
<tr>
<td>Intentions to intervene</td>
<td>3.59 (0.65)</td>
<td>4.10 (0.81)</td>
<td>3.58 (0.75)</td>
<td>4.10 (0.31)</td>
</tr>
<tr>
<td>Knowledge of ARA resources</td>
<td>1.85 (0.92)</td>
<td>1.76 (0.92)</td>
<td>1.80 (0.91)</td>
<td>1.90 (0.97)</td>
</tr>
<tr>
<td>Use of ARA resources</td>
<td>0.56 (0.59)</td>
<td>0.52 (0.54)</td>
<td>—</td>
<td>0.30 (0.59)</td>
</tr>
<tr>
<td>Self-efficacy to use harm reduction behaviors</td>
<td>—</td>
<td>—</td>
<td>NA</td>
<td>4.35 (0.63)</td>
</tr>
</tbody>
</table>

**TABLE 4** Adjusted Intervention Effects on Recent Abuse Victimization Among Those Who Had and Had Not Experienced Victimization at Baseline

<table>
<thead>
<tr>
<th>Abuse at baseline</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>Primary Analyses</th>
<th>Posthoc Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention (n = 217)</td>
<td>Control (n = 217)</td>
<td>Intervention (n = 217)</td>
<td>Control (n = 217)</td>
</tr>
<tr>
<td>ARA</td>
<td>172 (100)</td>
<td>225 (100)</td>
<td>111 (64.5)</td>
<td>178 (76.9)</td>
</tr>
<tr>
<td>Cyber dating abuse</td>
<td>155 (99.7)</td>
<td>207 (99.0)</td>
<td>106 (61.6)</td>
<td>171 (75.3)</td>
</tr>
<tr>
<td>Physical or sexual abuse</td>
<td>41 (35.6)</td>
<td>101 (53.2)</td>
<td>37 (17.5)</td>
<td>53 (25.6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not abused at baseline</th>
<th>Intervention (n = 200)</th>
<th>Control (n = 200)</th>
<th>Intervention (n = 200)</th>
<th>Control (n = 200)</th>
<th>Adjusted Intervention Effect, MDR (95% CI)</th>
<th>P</th>
<th>Intensity Score Adjusted MDR (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARA</td>
<td>0 (0)</td>
<td>80 (40.0)</td>
<td>83 (41.5)</td>
<td>83 (41.5)</td>
<td>0.01 (−0.06 to 0.06) .73</td>
<td>0.05 (−0.06 to 0.10) .50</td>
<td>0.02 (−0.06 to 0.02) .60</td>
<td>−0.02 (−0.06 to 0.02) .49</td>
</tr>
<tr>
<td>Cyber dating abuse</td>
<td>0 (0)</td>
<td>72 (36.1)</td>
<td>81 (40.5)</td>
<td>81 (40.5)</td>
<td>0.01 (−0.06 to 0.06) .73</td>
<td>0.05 (−0.06 to 0.10) .50</td>
<td>0.02 (−0.06 to 0.02) .60</td>
<td>−0.02 (−0.06 to 0.02) .49</td>
</tr>
<tr>
<td>Physical or sexual abuse</td>
<td>0 (0)</td>
<td>15 (7.5)</td>
<td>16 (7.6)</td>
<td>16 (7.6)</td>
<td>−0.02 (−0.04 to −0.001) .04</td>
<td>−0.02 (−0.04 to −0.002) .03</td>
<td>−0.02 (−0.04 to −0.002) .03</td>
<td>−0.02 (−0.04 to −0.002) .03</td>
</tr>
</tbody>
</table>
Discussion

• When implemented as intended the SHARP intervention was associated with increases in knowledge of ARA, use of ARA resources and self-efficacy to use harm reduction strategies

• We also found, among youth reporting recent ARA at baseline, significant improvements in recognition of ARA and knowledge of ARA resources

• The SHARP intervention had significant protective effects for youth who already ARA victims at baseline

SHARP exit survey

• Contains 16 questions
  – 2 questions about presence/absence of discussions
  – 2 questions about the Hanging Out or Hooking Up card
  – 2 questions about ARA and ARA disclosure
  – 5 questions about presence/absence of specific conversations
  – 5 questions assessing their attitudes towards the SHC & intervention

• Took SHC patients, on average, 4 minutes to complete
• very positive about ARA education in the clinic visit:
  – 93% of students ‘strongly agreed’ or ‘agreed’ that it is helpful for health care providers to talk about healthy and unhealthy relationships

• Among students who reported receiving the Hanging Out or Hooking Up safety card:
  – 90% said receiving [the card] helped them know how to help someone in an unhealthy relationship

### SHARP findings on ARA assessment:
1 question vs multiple

<table>
<thead>
<tr>
<th></th>
<th>Multi-question ARA measurement</th>
<th>1 question ARA measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No ARA</td>
<td>Yes ARA</td>
</tr>
<tr>
<td>No unhealthy relationships</td>
<td>49.6% (471)</td>
<td>31.9% (303)</td>
</tr>
<tr>
<td>Yes unhealthy relationships</td>
<td>4.8% (46)</td>
<td>13.7% (130)</td>
</tr>
</tbody>
</table>
Discussion

• Exit survey tool may not be able to capture multifaceted measures of abuse, but it is very good for assessing performance and client opinions

• How could you utilize these evaluation tools?
Exit Survey

CLIENT EXIT SURVEY

Thank you for taking our survey today. Your answers are anonymous, names are not collected to your answers. In order for your answers to be most helpful to us, please place the survey as you would complete it based on the scenarios.

1. Today, did your health care provider talk with you about healthy and unhealthy relationships?
   - Yes
   - No
   - Don’t know

2. Today, did your health care provider review what they mean by the term “confidential” and the reasons they have to keep that confidentiality?
   - Yes
   - No
   - Don’t know

3. Today, did your health care provider give you a wallet-sized card (pictured below) about adolescent relationship abuse and sexual assault and where to get help?
   - Yes
   - No
   - Don’t know

4. Did receiving this card or other violence information increase your understanding about how to help someone being hurt by a sexual partner?
   - Yes
   - No
   - Don’t know
   - Not applicable, did not receive the card

5. Have you ever experienced an unhealthy relationship or been hurt by a sexual partner?
   - Yes
   - No
   - No applicable, I have never experienced an unhealthy relationship or been hurt by a sexual partner

6. Today, did you tell your health care provider this?
   - Yes
   - No
   - Not applicable, I have never experienced an unhealthy relationship or been hurt by a sexual partner

Example procedure

Example Procedure for Administering the SHARP Client Exit Survey

In a hospital:
- The survey will run from the 2 weeks from June 9 through June 20.
- The CHWs will give out the survey.
- The Reception Station or the Check Out Assistant will collect them.
- The Check Out Assistant will give the survey to the client to fill out and return in a sealed envelope.

Here’s the procedure:
1. The CHW will hand the client the survey and indicate the time of day of the survey. The client can fill out the survey and place it into the envelope. If applicable:
   - A client contact for the CHW is also given to the client.

   Here’s a useful script for the CHW: those points must be made to the client:
   - We would like to know what you think of the services we offer.
   - The survey is voluntary, and whether you participate or not will not change your future care.
   - The survey is anonymous and will not be individually linked to your care.
   - If you do not want to participate, you may not complete the survey.

2. The client will place the envelope in the survey. The client will then put it in the envelope.

3. The staff will then take a survey and put it in the envelope.

4. The client will then sign the survey on the bottom.

Thank the client for taking the survey whether they do the survey or not.
Data entry and analysis

Adolescent Medicine QA/QI tool

APPENDIX A - UPDATED 2014

Adolescent Health Programs

program relationship, least and sexual and reproductive health

Quality Assessment/Quality Improvement Tool

The following quality assessment tool is intended to promote adolescent health programs

with the goal of improving the quality of care related to prevention of unhealthy behaviors.

These tools are intended to be used as a benchmark for each program to evaluate and improve outcomes.

We hope that this tool will help providers enhance and improve their programs to ensure that adolescents have access to comprehensive reproductive and sexual health services.

Program:

Date:

Complete by site only

<table>
<thead>
<tr>
<th>Evaluations</th>
<th>Prevention</th>
<th>Comprehensive</th>
<th>Adolescents</th>
<th>Adult Counseling</th>
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</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Reproductive and Sexual Health</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Pregnancy care</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Adolescent</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Adult Counseling</td>
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<tr>
<td>Prevention</td>
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<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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Safety Cards, Pregnancy Wheels, Posters and Clinical Guidelines

For questions about how to introduce and facilitate training vignettes and for other free technical assistance and tools including:

- Posters
- Safety cards
- Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse

Visit: www.FuturesWithoutViolence.org/health
Call: 415 678-5500
Email: health@FuturesWithoutViolence.org
References


