Reproductive and Sexual Coercion

A Toolkit for Sexual & Domestic Violence Advocates

Third Edition (2020)

Virginia Sexual and Domestic Violence
ACTIONALLIANCE

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Virginia Sexual and Domestic Violence
ACTIONALLIANCE

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Introduction

The Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) seeks to build local sexual and domestic violence agencies' capacity to identify reproductive and sexual coercion. This includes: implementing screening for reproductive and sexual coercion, implementing policies and procedures that address reproductive and sexual coercion, fostering partnerships with family planning and reproductive health providers, and doing the above-mentioned work through a reproductive justice framework or lens.

The goal of this toolkit is to help begin conversations and implement new or clarify existing policies within your agency: What is reproductive and sexual coercion? Why is a reproductive justice framework necessary? How can we best support survivors of sexual and intimate partner violence with a better understanding of reproductive and sexual coercion? What are sample policies and procedures my agency can utilize? Who in my community can I collaborate with on this work? We hope this resource provides some answers to these questions while also guiding and supporting further learning on these topics to best support the specific needs of your community.

Framework

SisterSong is a Southern based, national membership organization with the purpose to build power and improve policies and systems that impact the reproductive lives of marginalized communities. They define reproductive justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."[1]

Reproductive justice is an intersectional framework that understands reproductive health in a full and holistic way. Reproductive justice is just as much about being able to parent children without fear of police brutality, having access to mental health resources, and respectful and competent healthcare for trans people as it is about access to safe and legal abortion care. At the Action Alliance, we believe a reproductive justice framework is essential to our conversations about reproductive and sexual coercion. This framework creates space in our conversations to talk about coercion and reproductive health beyond a limited understanding of choice and shift towards conversation around access and how larger structural and cultural systems limit or impact the ways marginalized people and communities have choice or make choices.

If this framework is new to you, we recommend reviewing resources from SisterSong and other organizations leading the movement in reproductive justice.

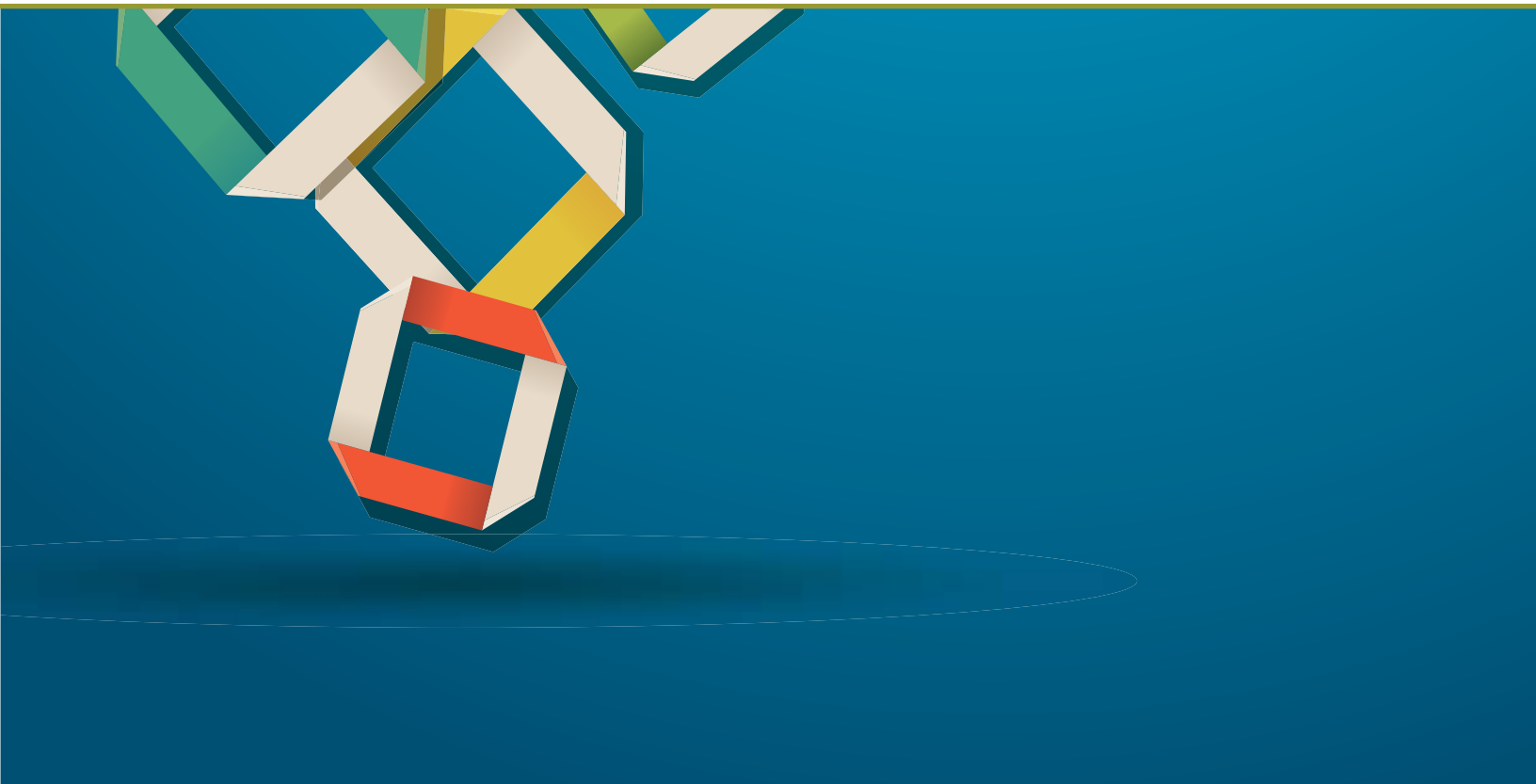
1 SisterSong. (n.d.). *Reproductive justice*. https://www.sistersong.net/reproductive-justice/

Background

Between June 2012 and May 2013, the Action Alliance and the Virginia Department of Health built on the success of Project Connect, a groundbreaking multi-state initiative of Futures Without Violence and the Office on Women's Health, by developing a pilot project to build the capacity of four local domestic violence programs for reproductive and sexual coercion screening within the context of intimate partner violence. During the pilot process, gaps in services and resources were identified leading the Action Alliance to create more training and identify a set of resources that would help increase local and sexual and domestic violence agencies ability to successful address reproductive and sexual coercion.

Project Connect seeks to develop comprehensive models of public health prevention and intervention that can lead to improved health and safety for victims of sexual and domestic violence. Virginia was one of Project Connect's first nine pilot sites nationwide. For several years, Virginia's Project Connect initiative focused on working with family planning and reproductive health providers and home visitors. The Virginia Department of Health's Division of Prevention and Health Promotion, in partnership with the Division of Child and Adolescent Health, developed assessment strategies and tools, training curriculum, education materials and policy/procedure guidance to better enable family planning clinic staff and home visitors to identify and provide support and referral to individuals and families impacted by sexual and domestic violence. The Action Alliance built on these resources developed through Virginia's Project Connect Initiative to create the first edition of this toolkit in 2014.

Section A:
Understanding Sexual and Reproductive Coercion



Sexual Coercion Information Sheet

Sexual coercion involves any behavior intended to maintain power and control in a relationship related to sexual activity and sexual health by someone who is, was, or wishes to be involved in an intimate or dating relationship with another person.[1,2] Sexual coercion includes a range of behaviors such as pressure, threats, sabotage and/or manipulation to coerce a person to engage in sexual activities without using physical force.

Some examples of ways that partners may engage in sexual coercion:[3,4]

- Pressure to engage in unwanted sexual activities
- Threats to end a relationship if the partner does not engage in sexual activities
- Pressure to not use condoms during sex
- Threatening retaliation if notified of a positive sexually transmitted infection (STI) test result
- Disregarding "safe words" during sex
- Using insults, guilt trips, past consensual sexual activities, or extreme compliments to manipulate partner into engaging in sexual activity
    - o "If you loved me, you would"
    - o "We've done it before, so you can't say 'no' now"
    - o "You're not really queer if you don't like to do this"

Screening for sexual coercion is an important part of providing access to services and options that increase safety and positive sexual health outcomes. Many coercion resources present screening in a context that assumes the victim is a cisgender (a person who is assigned a sex at birth that is congruent with their gender identity and expression) woman and the perpetrator is a cisgender man. It is important during screening that advocates do not make assumptions based on perceived sexual orientation and/or gender identity, potentially leaving out critical screening questions.

1 Futures Without Violence. (2015, March 3). *Making the connection* [Video]. https://www.youtube.com/watch?v=KRaZl66kLk4&list=PLaS4Etq3lFrWqgcKstcBwNiP_j8ZoBYK&index=5
2 American College of Obstetricians and Gynecologists. (2013). Committee opinion on reproductive and sexual coercion. *Obstetrics & Gynecology*, *554*, 1-5.
3 Futures Without Violence. (2015, March 3). *Making the connection* [Video]. https://www.youtube.com/watch?v=KRaZl66kLk4&list=PLaS4Etq3lFrWgqgcKstcBwNiP_j8ZoBYK&index=5
4 Chamberlain, L. and Levenson, R. (2013). A*ddressing intimate partner violence reproductive and sexual coercion: A guide for obstetric, gynecologic, reproductive health care settings* (3rd ed.). Futures Without Violence and American College of Obstetricians and Gynecologists. http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf

Screening for sexual coercion has implications beyond the needs of heterosexual cisgender women. Please review the examples below that illustrate how screening is applicable to a diversity of people:

> Example: *A lesbian woman's partner makes her feel guilty when she isn't in the mood to have sex.*

When someone identifies as a lesbian, advocates should still screen for sexual coercion. Do not assume that just because someone has a current cisgender woman partner that they are not experiencing coercion; or assume that just because someone identifies as a lesbian that they have not experienced sexual coercion by a cisgender male partner previously. Sexual orientation is complex and fluid and everyone's experience with sexuality is unique.

> Example: *A transgender person who does not want certain body parts to be touched while being sexually intimate, but those boundaries are violated.*

Some people who identify as transgender may identify as a woman, man, or as gender non-conforming and may need access to a variety of reproductive health services. They also may experience sexual coercion in ways that might not be congruent with assumptions about their gender identity or sexual orientation. Research has demonstrated that transgender people experience sexual violence at a greater rate than cisgender people and most often in the context of an intimate relationship.[5] If you are unfamiliar with the medical health needs of transgender people, there are various resources available to help you. Please refer to Section E.7 Healthy Sexuality Online Resources to access some of those resources.

> Example: *A bisexual man with a partner who is pressuring him to have sex without condoms.*

Cisgender men of all sexual orientations may be at risk for sexual coercion, including experiencing pressure to not use condoms during sexual encounters. The risk for sexually transmitted infections (STIs) is greater when people feel they are unable to negotiate safe condom usage in their relationships.[6]

As a result of increasing your understanding of sexual coercion, survivors will need information and services that sexual and domestic violence agencies may not currently provide or know about. Agencies must establish clear partnerships with community healthcare providers who are able to provide some of these critical services. It is strongly recommended that advocates be trained on how to implement sexual coercion screening tools and make appropriate referrals **BEFORE** screening actually occurs.

5 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., and Anafi, M. (2016). T*he Report of the 2015 U.S. Transgender Survey.* National Center for Transgender Equality. https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF

6 Teitelman, A. M., Bohinski, J. M., and Tuttle, A. M. (2010). Condom coercion, sexual relationship power, and risk for HIV and other sexually transmitted infections among young women attending urban family planning clinics. *Family Violence Prevention and Health Practice, 1*(10), 1-20.

Reproductive Coercion Information Sheet

Reproductive coercion involves behavior intended to maintain power and control in a relationship related to reproduction and sexual health by someone who is, was, or wishes to be involved in an intimate or dating relationship with another person.[1,2] Reproductive coercion includes a range of behaviors that may involve pressure, threats, sabotage, and/or manipulation. Some examples of ways that partners may engage in reproductive coercion include:[1,2,3]

Birth control sabotage:

- Hiding or destroying birth control pills
- Pulling out vaginal rings
- Manipulating partner to take hormones they do not want to take
- Restricting a partner's access to hormones they do want to take
- Breaking condoms on purpose, or taking them off during sex
- Not withdrawing (pulling out) when that was the agreed-upon method of contraception

Pregnancy pressure (physical or verbal threats when a person does not wish to be pregnant):

- "I will hurt you if you don't become pregnant"
- "I will leave you if you don't become pregnant"
- "I will 'out' you if you don't have a baby with me"

Pregnancy coercion:

- "They told me what to do with the pregnancy"
- "I didn't have a choice"
- "I was afraid of them"
- "They said this was the only way we could be a real family"

Screening for reproductive coercion is an important part of providing access to services and options that increase safety and positive sexual and reproductive health outcomes. Many coercion resources present screening in a context that assumes the victim is a cisgender (a person who is assigned a sex at birth that is congruent with their gender identity and expression) woman and the perpetrator is a cisgender man. It is important during screening that advocates do not make assumptions based on perceived sexual orientation and/or gender identity, potentially leaving out critical screening questions.

1 Chamberlain, L. and Levenson, R. (2013). *Addressing intimate partner violence reproductive and sexual coercion: A guide for obstetric, gynecologic, reproductive health care settings* (3rd ed.). Futures Without Violence and American College of Obstetricians and Gynecologists. http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf

2 American College of Obstetricians and Gynecologists. (2013). Committee opinion on reproductive and sexual coercion. *Obstetrics & Gynecology*, *554*, 1-5.

3 Futures Without Violence. (2015, March 3). *Making the connection* [Video]. https://www.youtube.com/watch?v=KRaZl66kLk4&list=PLaS4Etq3lFrWgqgcKstcBwNiP_j8ZoBYK&index=5

Screening for reproductive coercion has implications beyond the needs of heterosexual cisgender women. Please review the examples below that illustrate how screening is applicable to a diversity of people:

> Example: *A cisgender woman takes birth control pills to manage irregular periods. She identifies as pansexual and her current partner is a cisgender woman.*

Some individuals use hormonal birth control methods to manage a variety of medical issues. Advocates should not make assumptions about why someone is taking birth control and whether that matches assumptions about their gender identity and sexual orientation. In the previous example, it's still critical to screen her for reproductive health needs—she may need access to a gynecologist for continued medication while in shelter.

> Example: *A transgender man is partnered with a cisgender man who tampers with/or restricts hormones, which may create a period of fertility.*

> Example: *A transgender woman whose partner manipulates them into taking hormones they do not want to take in order to promote or prevent a pregnancy.*

Some people who identify as transgender may identify as a woman, man, or gender non-conforming and may need access to a variety of reproductive health services. They also may experience reproductive coercion in ways that might not be congruent with assumptions about their gender identity or sexual orientation. If you are unfamiliar with the medical health needs of transgender people, there are various resources available to help you. Please refer to Section E.7 Healthy Sexuality Online Resources to access some of those resources.

> Example: *A bisexual man who says that his partner is pressuring him to have sex without condoms.*

Cisgender men of all sexual orientations may be at risk for sexual coercion by being pressured to not use condoms during sexual encounters. The risk for sexually transmitted infection (STI) transmission is greater when people feel like they are unable to negotiate safe condom usage in their relationships.[4] While pregnancy is a large part of reproductive health, it is important to remember that being exposed to and contracting an STI impacts a person's reproductive health as well. This is another reason why screening everyone, regardless of perceived gender identity or sexual orientation, is imperative. Even if a person appears to be in a relationship in which they or their partner could not get pregnant, their reproductive health could still be negatively impacted if their partner refuses to use or non-consensually removes barrier birth control.

As a result of increasing your understanding of reproductive coercion, survivors will need information and services that sexual and domestic violence agencies may not currently provide or know about. Agencies must establish clear partnerships with community healthcare providers who are able to provide some of these critical services. It is strongly recommended that advocates be trained on how to implement reproductive coercion screening tools and make appropriate referrals **BEFORE** screening actually occurs.

4 Teitelman, A. M., Bohinski, J. M., and Tuttle, A. M. (2010). Condom coercion, sexual relationship power, and risk for HIV and other sexually transmitted infections among young women attending urban family planning clinics. *Family Violence Prevention and Health Practice, 1*(10), 1-20.

Facts on Sexual and Reproductive Coercion

At the Action Alliance, we know that people who do not identify as cisgender straight women experience and are survivors of both sexual and reproductive coercion. That being said, current research does not fully express the diversity of experiences of survivors. We hope this is addressed in future research.

Sexual Coercion:

- Both men and women can be both perpetrators and victims of sexual coercion.[1]
- 13 percent of women and 6 percent of men report experiencing sexual coercion at some time in their lives.[2]
- Perpetrators of sexual coercion most commonly reported utilizing the tactics of alcohol and drugs, emotional manipulation, or lying to control their victim.[3]
- In a nationally representative sample, 1 in 4 women reported lifetime coerced sex. Of these women, more than one-third were 15 years or younger at the time of the experience.[4]
- Studies show that lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are more at risk of sexual coercion and violence than heterosexual individuals.[5]
- 41 percent of LGBTQ survey respondents reported that at least one of their experiences with sexual violence was in the context of an intimate relationship.[6]
- 75 percent of bisexual women and 46 percent of lesbian women report lifetime prevalence of sexual violence other than rape, including sexual coercion.[7]

1 Kalof, L. (2000). Vulnerability to sexual coercion among college women: A longitudinal study. *Gender Issues,18*(4), 47-58.
2 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The national intimate partner and sexual violence survey: 2010-2012 state report.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
3 Kalof, L. (2000). Vulnerability to sexual coercion among college women: A longitudinal study. *Gender Issues, 18*(4), 47-58.
4 Chamberlain, L. and Levenson, R. (2013). *Addressing intimate partner violence reproductive and sexual coercion: A guide for obstetric, gynecologic, reproductive health care settings* (3rd ed.). Futures Without Violence and American College of Obstetricians and Gynecologists. http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf
5 Equality Virginia Education Fund and Virginia Anti-Violence Project. (2008). The state of violence in lesbian, gay, bisexual, transgender, and queer communities of Virginia. http://www.communitysolutionsva.org/files/State_of_Violence-LGBTQ_Community.pdf
6 Equality Virginia Education Fund and Virginia Anti-Violence Project. (2008). The state of violence in lesbian, gay, bisexual, transgender, and queer communities of Virginia. http://www.communitysolutionsva.org/files/State_of_Violence-LGBTQ_Community.pdf
7 Walters, M.L., Chen J., & Breiding, M.J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

- 30 percent of bisexual women report sexual experiencing sexual coercion with predominantly male perpetrators.[8]

- 40 percent of gay men and 47 percent of bisexual men report lifetime prevalence of sexual violence other than rape, including sexual coercion. [9]

Reproductive Coercion:

- Approximately 1 in 5 women have experienced pregnancy coercion and 1 in 7 have experienced active interference with contraception.[10]

- Women disclosing physical violence are nearly three times more likely to experience a sexually transmitted infection than women who don't disclose physical abuse.[11]

- Adolescent girls in physically abusive relationships were 3.5 times for likely to become pregnant than non-abused girls.[12]

- As many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives.[13]

- Women with a history of intimate partner violence have significantly higher rates of unintended pregnancies.[14]

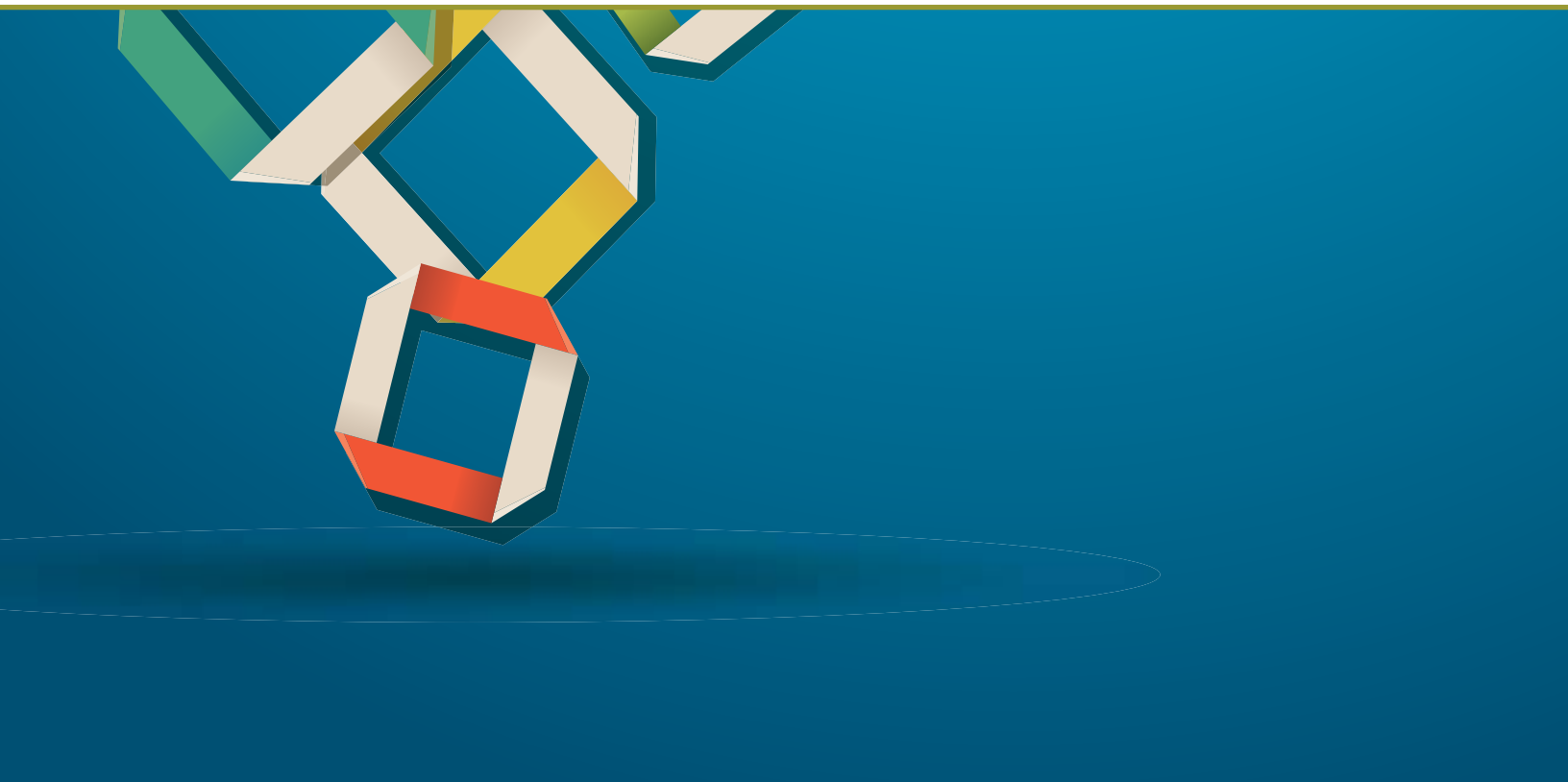
- 1 in 7 bisexual women reports having a partner who tried to get them pregnant when they did not want to.[15]

- Non-Hispanic Black (52.9%) and multiracial women (42.9%) are disproportionately affected by reproductive coercion compared to White women (20.6%).[16]

8 Walters, M.L., Chen J., & Breiding, M.J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
9 Walters, M.L., Chen J., & Breiding, M.J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
10 Futures Without Violence. (n.d.) *The facts on reproductive health and partner abuse.* http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Reproductive.pdf.
11 Coker, A., Smith, P., Bethea, L., King, M., and McKeown, R. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9,*(5), 451-457.
12 Roberts T. A., Auinger, M. S., and Klein, J.D. (2005). Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health*, *36*, 380-385.
13 Leiderman, S. and Almo, C. (2001). *Interpersonal violence and adolescent pregnancy: Prevalence and implications for practice and policy.* Healthy Teen Network and Center for Assessment and Policy Development. https://www.healthyteennetwork.org/wp-content/uploads/2014/10/Interpersonal-Violence-and-Teen-Pregnancy.pdf
14 Pallitto, C. C., Garcia-Moreno, C., Jansen, H., Heise, L., Ellsberg, M., and Watts, C. (2012). Intimate partner violence, abortion, and unintended pregnancy: Results from the WHO multi-country study on women's health and domestic violence. *Gynecology & Obstetrics, 120*(1), 3-9. https://doi-org.proxy.library.vcu.edu/10.1016/j.ijgo.2012.07.003.
15 Walters, M.L., Chen J., & Breiding, M.J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
16 Grace, K.T. (2016). Caring for women experiencing reproductive coercion. *Journal of Midwifery & Women's Health, 61*(1), 112-115. https://doi-org.proxy.library.vcu.edu/10.1111/jmwh.12369

Section B:

Reproductive and Sexual Health Resources



Contraception Fact Sheets

We encourage advocates to have broad knowledge of the various forms of contraception available to survivors. Advocates may need to consider the cost, accessibility, and ability to be hidden from an abusive partner when safety planning with survivors. It's important to talk to survivors about safety planning around doctor's office reminder calls, scheduling visits, and insurance notifications if making appointments for birth control may put them at risk with an abusive partner.

BIRTH CONTROL IMPLANT:[1]

- A birth control implant is a tiny, thin hormonal rod placed into the arm by a nurse or doctor. Birth control implants provide up to 5 years of pregnancy protection. The hormones in the birth control implant thicken cervical mucus, which prevents sperm from accessing the egg, and can stop ovulation; when an egg is not released, it cannot be fertilized.
- 99% effective
- Must be placed and removed by a nurse or doctor, lasts up to 5 years
- Does not protect from sexually transmitted infections (STIs)

BIRTH CONTROL PATCH:[2]

- The birth control patch is another form of hormonal contraception that works to thicken the cervical mucus and stop ovulation. The birth control patch is worn on the stomach, upper arm, buttocks, or back and must be changed once a week.
- 91% effective
- Prescription required
- Must be changed weekly
- Does not protect from STIs

BIRTH CONTROL PILL:[3]

- Birth control pills are another form of hormonal contraception that works to thicken the cervical mucus and stop ovulation. There are many different forms of birth control pills.
- 91% effective (if used perfectly, 99% effective)
- Prescription required
- Must be taken once per day
- Does not protect from STIs

1 Planned Parenthood. (n.d.). *Birth control implant.* https://www.plannedparenthood.org/learn/birth-control/birth-control-implant-nexplanon
2 Planned Parenthood. (n.d.). *Birth control patch*. https://www.plannedparenthood.org/learn/birth-control/birth-control-patch
3 Planned Parenthood. (n.d.). *Birth control pill*. https://www.plannedparenthood.org/learn/birth-control/birth-control-pill

Contraception Fact Sheets

BIRTH CONTROL SHOT:[4]

- The birth control shot, sometimes called Depo-Provera, is another form of hormonal contraception that works to thicken the cervical mucus and stop ovulation. The birth control shot is injected into the arm every 12-13 weeks.
- 94% effective (if used perfectly, 99% effective)
- Prescription required
- Must be injected by a nurse or doctor, or yourself at home, every 3 months
- Does not protect from sexually transmitted infections (STIs)

CERVICAL CAP:[5]

- The cervical cap is a barrier method of contraception, used with spermicide (a cream or gel that kills sperm). Barrier methods of contraception prevent sperm from joining an egg. The cervical cap is placed deep inside the vagina to cover the cervix. Cervical caps are portable, reusable, and hormone-free. Cervical caps are smaller than diaphragms and can be left in for up to 2 days.
- 71-86% effective (more effective for those who have never given birth)
- Prescription required
- Must be inserted before sex and used every time
- Does not protect from STIs

DIAPHRAGM:[6]

- A diaphragm is a shallow, bendable cup placed inside the vagina to cover the cervix during sex. Diaphragms are another barrier method of contraception. Diaphragms are most effective when used with spermicide (a cream or gel that kills sperm). Diaphragms are portable, reusable, and hormone-free.
- 88% effective (if used perfectly, 94% effective)
- Prescription required
- Must be inserted before sex and used every time
- Does not protect from STIs

4 Planned Parenthood. (n.d). *Birth control shot.* https://www.plannedparenthood.org/learn/birth-control/birth-control-shot
5 Planned Parenthood. (n.d). *Cervical cap.* https://www.plannedparenthood.org/learn/birth-control/cervical-cap
6 Planned Parenthood. (n.d). *Diaphragm.* https://www.plannedparenthood.org/learn/birth-control/diaphragm

Contraception Fact Sheets

EMERGENCY CONTRACEPTION:[7]

- Emergency contraception (EC) is a safe way to prevent pregnancy after having unprotected sex. There are a few types of emergency contraception, and some work better than others. There are two ways to prevent pregnancy after unprotected sex:
    - Option 1: Get a Paragard intrauterine device (IUD) within 120 hours after having unprotected sex. IUDs must be placed and removed by a nurse or a doctor.
    - Option 2: Take an emergency contraceptive pill, which is sometimes called the morning-after pill, within 120 hours after having unprotected sex.
        - A pill with ulipristal acetate (brand name ella) requires a prescription from a nurse or doctor. ella is the most effective morning-after pill. ella may be less effective for people who weigh more than 195 pounds.
        - A pill with levonorgestrel (brand names include Plan B One Step, Take Action, My Way, AfterPill, and others) can be purchased over the counter without a prescription in most drugstores and pharmacies. These types of pills work best when taken within 72 hours after unprotected sex. They can be taken up to 72 hours after, but they are most effective the sooner they are taken. These types of morning-after pills may be less effective for people who weigh more than 155 pounds.
- Effectiveness varies depending on type of EC; IUDs are most effective
- Access varies depending on type of EC
- Does not protect from sexually transmitted infections (STIs)

Concerned about the Cost of Emergency Contraception?

A prescription discount card is a free, downloadable card that can be presented at participating pharmacies in order to receive discounts on certain medications. GoodRx is one of several prescription discount cards that can be used for EC. You can also search for the lowest price for EC using the GoodRx website or app.

7 Planned Parenthood. (n.d). *What kind of emergency contraception should I use?* https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception/which-kind-emergency-contraception-should-i-use

Contraception Fact Sheets

EXTERNAL/MALE CONDOM:[8]

- External condoms are thin, stretchy pouches worn on the penis during sex. External condoms are a barrier method of contraception. Synthetic condoms (latex, polyurethane, polyisoprene, etc.) prevent sexually transmitted infections (STIs) as well, unlike lambskin condoms or condoms made using other animal membranes.
- 85% effective (if used perfectly, 98% effective)
- Widely available over the counter at pharmacies, drugstores, grocery stores, online, and in many convenience stores
- Must be used every time
- Reduces the risk of STIs

FERTILITY AWARENESS METHODS:[9]

- Fertility awareness methods (FAMs) are ways to track ovulation in order to prevent pregnancy. FAMs are also called "natural family planning" and "the rhythm method." FAMs help a person track their menstrual cycle so that they can estimate when ovulation will occur. People use FAMs to prevent pregnancy by avoiding sex or using another method of contraception during times of the month that are more likely to be fertile.
- 76-88% effective
- Requires dedication and ability to track fertility signs (temperature, cervical mucus, and menstrual cycle)
- Does not protect from STIs

INTERNAL/FEMALE CONDOM:[10]

- Internal condoms are soft, nitrile pouches inserted into the vagina. Internal condoms are another barrier method of contraception. Internal condoms prevent pregnancy and STIs.
- 79% effective (if used perfectly, 95% effective)
- Available online and at many family planning clinics; a prescription may be needed in a drugstore
- Must be inserted before sex and used every time
- Reduces the risk of STIs

8 Planned Parenthood. (n.d). *Condom*. https://www.plannedparenthood.org/learn/birth-control/condom
9 Planned Parenthood. (n.d). *Fertility awareness*. https://www.plannedparenthood.org/learn/birth-control/fertility-awareness
10 Planned Parenthood. (n.d). *Internal condom*. https://www.plannedparenthood.org/learn/birth-control/internal-condom

Contraception Fact Sheets

INTRAUTERINE DEVICE (IUD):[11]

- An intrauterine device (IUD) is a small device placed in the uterus to prevent pregnancy. It's long-term and reversible. There are two different types of IUDs:
    - Copper IUDs (Paragard) are non-hormonal. The Paragard is wrapped in a tiny bit of copper. This IUD can protect from pregnancy for up to 12 years.
    - Hormonal IUDs (Mirena Kyleena, Liletta, and Skyla) use the hormone progestin to prevent pregnancy by thickening the cervical mucus and sometimes preventing ovulation. Hormonal IUDs range from 3 to 7 years of pregnancy prevention.
- 99% effective
- Must be placed and removed by a nurse or a doctor
- Does not protect from STIs

SPERMICIDE:[12]

- Spermicide is a chemical (cream, gel, film, foam, or suppository) placed deep into the vagina before sex. Spermicide acts to block the entrance to the cervix and slows sperm movement. Spermicide can be used by itself or combined with other birth contol methods.
- 71% effective
- Available over the counter
- Must be inserted before sex and used every time
- Does not protect from STIs

SPONGE:[13]

- The birth control sponge is a small, round sponge made from soft, squishy plastic. The sponge is inserted deep in the vagina before sex. The sponge covers the cervix and contains spermicide to help prevent pregnancy. The sponge acts to block the entrance to the cervix and spermicide slows sperm movement.
- 76-88% effective (more effective for those who have never given birth)
- Available over the counter at pharmacies and drugstores and online
- Must be inserted before sex and used every time
- Does not protect from STIs

11 Planned Parenthood. (n.d). *IUD.* . https://www.plannedparenthood.org/learn/birth-control/iud
12 Planned Parenthood. (n.d). *Spermicide*. https://www.plannedparenthood.org/learn/birth-control/spermicide
13 Planned Parenthood. (n.d). *Birth control sponge*.https://www.plannedparenthood.org/learn/birth-control/birth-control-sponge/

Contraception Fact Sheets

TUBAL LIGATION (STERILIZATION):[14]

- Tubal ligation is a safe and effective surgical procedure that permanently prevents pregnancy. The procedure permanently closes or blocks the fallopian tubes, which prevents egg and sperm from coming into contact. Tubal ligation is for those who do not want to become pregnant in the future.
- 99% effective
- Must be performed surgically by a doctor
- Does not protect from sexually transmitted infections (STIs)

VAGINAL RING:[15]

- The vaginal ring is a small, flexible, hormonal ring placed in the vagina. The vaginal ring, often called by its brand name NuvaRing, releases hormones to prevent ovulation and thicken cervical mucus. The vaginal ring should be changed monthly.
- 91% effective (if used perfectly, 99% effective)
- Prescription required
- Must be inserted monthly
- Does not protect from STIs

VASECTOMY (STERILIZATION):[16]

- A vasectomy is a simple surgery performed by a doctor that is intended to protect against pregnancy permanently. The vas deferens, the small tubes in the scrotum that carry sperm, are cut or blocked off so that sperm cannot leave the body and cause pregnancy. The procedure is outpatient. There are two types of vasectomies: the incision method and the no-cut method. A vasectomy is for those who do not want to get someone pregnant in the future.
- 99% effective, but it takes about 3 months for semen to become sperm-free
- Must be performed surgically by a doctor
- Does not protect from STIs

14 Planned Parenthood. (n.d). *Sterilization.* https://www.plannedparenthood.org/learn/birth-control/sterilization
15 Planned Parenthood. (n.d). *Birth control ring.* https://www.plannedparenthood.org/learn/birth-control/birth-control-vaginal-ring-nuvaring
16 Planned Parenthood. (n.d). *Vasectomy.* https://www.plannedparenthood.org/learn/birth-control/vasectomy

Birth Control Methods that can be Used Without a Partners' Knowledge

All of these methods (except progestin-only Emergency Contraception) must be prescribed by a doctor or nurse practitioner. Progestin-only emergency contraception (EC) is available over-the-counter for people of all ages. Clients can call 1-800-230-PLAN (Planned Parenthood) to find a health care provider near them who can prescribe birth control. Talk to survivors about safety planning around doctor's office reminder calls, scheduling visits, and insurance notifications if making appointments for birth control may put them at risk with an abusive partner.

WHAT IS IT?	HOW DOES IT WORK?	HOW LONG IS IT EFFECTIVE?	HELPFUL HINTS	RISKS OF DETECTION
Implant: Nexplanon	A matchstick-sized tube of hormones (the same ones that are in birth control pills) is inserted into the inner arm by a nurse or doctor. The hormones prevent ovulation and thicken cervical mucus, which blocks and traps sperm, to prevent pregnancy.	3 years	The implant is generally invisible to the naked eye and scarring is rare.	The implant might be detected if palpated (examined by touch). Periods may stop completely. This may be a less safe option if an abusive partner closely monitors menstrual cycles.
Non-Hormonal Intrauterine Device (IUD): ParaGard	The ParaGard IUD uses copper to prevent pregnancy. Sperm doesn't like copper, so the ParaGard IUD makes it almost impossible for sperm to get to an egg for fertilization.	12 years	The ParaGard can also be used as a form of emergency contraception if inserted within 7 days of unprotected sex.	IUDs have a string that hangs out of the cervical opening. If a person is worried that their partner will discover their IUD, they can ask a provider to cut the strings off at the cervix so that an abusive partner couldn't feel the strings or attempt to pull the IUD out. With hormonal IUDs, periods may stop completely. This may be a less safe option if a partner closely monitors menstrual cycles.
Hormonal Intrauterine Device (IUD): Skyla, Liletta, Kyleena, and Mirena	Hormonal IUDs use hormones to prevent ovulation and thicken cervical mucus to prevent pregnancy.	Skyla: 3 years Liletta: 7 years Kyleena: 5 years Mirena: 7 years	Hormonal IUDs may lessen cramping around the time of your period and make the bleeding less heavy.	
Birth Control Shot: Depo-Provera	The birth control shot is an injection of hormones (the same ones that are in birth control pills) that will prevent ovulation and thicken cervical mucus to prevent pregnancy.	3 months	Once administered, there is no way to stop the effects of the shot.	Periods may fluctuate (more or less bleeding). This may be a less safe option if a partner closely monitors menstrual cycles.
Progestin-Only Emergency Contraception (EC) Pills: Plan B One-Step, Next Choice, My Way, etc.	Either a single dose or series of hormones is taken in pill-form within 5 days of unprotected sex to prevent ovulation.	Only in the 3-5 day window after unprotected sex occurs	EC can be purchased and kept on hand as a backup method of contraception.	If a person is worried that an abusive partner will tamper with their EC, they could remove pills from the packaging and store the medication in a hidden location.

Adapted from Futures Without Violence

Frequently Asked Questions: Over-the-Counter Medications in Domestic Violence Programs and Sexual Assault Crisis Centers

QUESTION: Can our domestic violence program/sexual assault crisis center make over-the-counter (OTC) medications, pregnancy tests, and emergency contraception available to survivors using our program services?

ANSWER: Yes! We can remove barriers for survivors and provide access to non-prescription, OTC medications in our programs. Progestin-only emergency contraception (e.g., Plan B One-Step, Next Choice, Take Action, etc.) is available OTC without age restrictions, which means that it can be made available to survivors of all ages in your program.

THINGS TO CONSIDER:

- **Offering is different from directing:** When you offer a bandage to someone who has cut themselves, the individual chooses whether or not to use what you are offering. By letting folks know that you have Tylenol, Aspirin, children's cough syrup, pregnancy tests, or emergency contraception available, you are providing information, not directing someone to use these items.
- **Dispensing is different from informing:** The term "dispensing" has legal implications in reference to prescription medications and controlled substances, not OTC medication. Informing someone that you have OTC medication available if they feel the need for it is not the same as dispensing medication. The individual is choosing to take Tylenol or give their child cough syrup; it is their choice. Domestic violence programs and sexual assault crisis centers are neither prohibited from nor directed to make OTC medications available to program participants. See Virginia Code § 54.1-2519 for "dispensing" and other related definitions.
- **Offering survivors medication enhances empowerment:** Survivor-centered, empowerment-oriented programs want to avoid controlling survivors' medications. Survivors should be in control of and have immediate and timely access to their own, and their children's, medication. If we make it difficult for survivors to access the medication that they may need, we are controlling their choices, and failing to offer a full range of options for responding to abuse. Making OTC medications available – just as you would make available a bandage or ice for a wound – is a way to expand a survivor's control and choices about health and the health of their children.

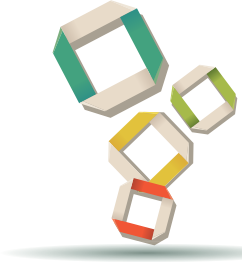
Increasing the ease with which a survivor can make choices about OTC medications can impact their life beyond the interaction with the program. In particular, making emergency contraception available in a timely manner can give a survivor a chance to prevent an unplanned pregnancy.

QUESTION: How do other domestic violence program/sexual assault crisis centers respond to these needs?

ANSWER: Individual programs have implemented a variety of creative approaches to meeting the medication and contraceptive needs of survivors. Some examples include:

- Provide sample sizes of Tylenol, ibuprofen, aspirin or cough medicine.
- Offer the larger-size items and ask for people to take what they need and return it immediately.
- Let all program participants know that pregnancy tests and emergency contraception are available on site, rather than waiting for someone to specifically ask.
- Give everyone an individual lock box for storage of OTC medication and prescription medication.

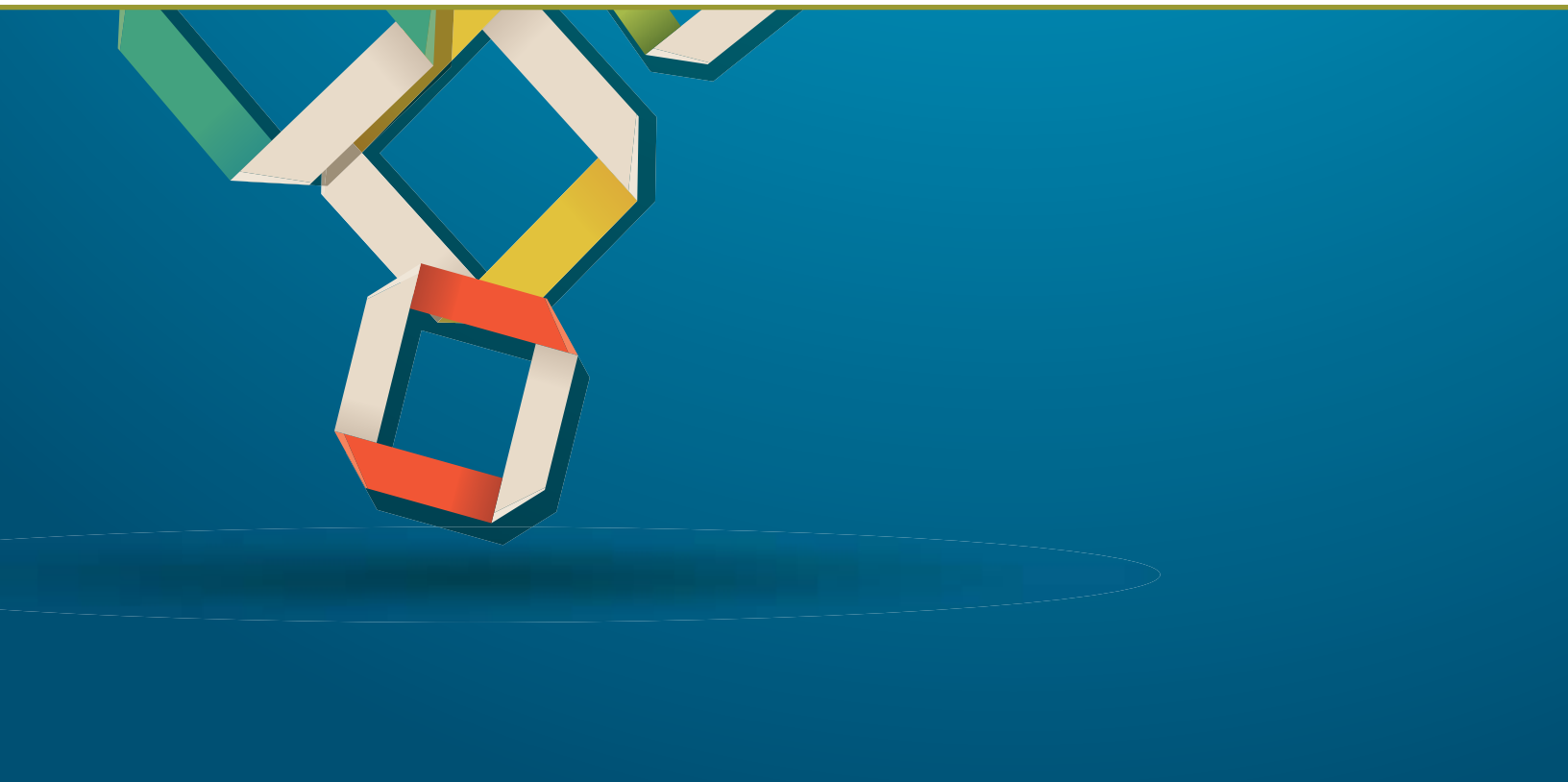
For more information and sample medication policies for shelters and/or other sexual and domestic violence programs, please see the National Center on Domestic Violence, Trauma, and Mental Health: Model Medication Policy for DV Shelters



Adapted with permission from the Washington State Coalition Against Domestic Violence

Section C:

Implementing Reproductive Coercion Assessment



Virginia's Project Connect Coercion Screening Pilot: Lessons Learned and Recommendations

Between June 2012 and May 2013 the Virginia Sexual and Domestic Violence Action Alliance, building on the success of Project Connect and in collaboration with the Virginia Department of Health, began a pilot project to develop the capacity of four local domestic violence programs. The pilot focused on increasing screening for sexual and reproductive coercion, specifically within the context of intimate partner violence, and increasing partnerships with local healthcare providers to respond to the related healthcare needs of survivors. The four local shelter-based domestic violence programs that participated in the pilot were: Women's Resource Center of the New River Valley, Empowerhouse in Fredericksburg, The Laurel Center in Winchester, and Transitions Family Violence Services in Hampton.

Overall, the implementation of the pilot was a success. Each of the pilot sites reported they benefited from participating in the pilot. The pilot allowed them to incorporate screening for sexual and reproductive coercion into their standard intake procedures, make overall improvements to their intake process, establish community partnerships with healthcare providers, and increase access to reproductive health resources that they did not have prior to the pilot.

Lessons Learned from Virginia's Coercion Pilot:

- Prior to the pilot, domestic violence program pilot sites had limited or no relationships with reproductive healthcare providers.
- Pilot programs that had baseline knowledge of sexual coercion, reproductive coercion, and reproductive health were able to modify policies and procedures and increase healthcare partnerships in a shorter amount of time, compared to those who did not have baseline knowledge. In addition, programs that were adequately staffed contributed to higher success.
- Pilot programs were more prepared when ALL domestic violence program staff (not just staff responsible for intake) participated in sexual and reproductive coercion screening training.
- During the orientation and training phase of the pilot, it was apparent that domestic violence program staff was uneasy asking questions about sexual health and experiences of coercion. In addition, overall staff knowledge of accurate sexual health information and comprehensive healthy sexuality was limited.

- When domestic violence program staff experienced positive outcomes as a result of asking survivors about reproductive health, they were more confident in implementing the screening.
- Providing regular opportunity for the pilot sites to discuss the challenges and successes experienced during the implementation increased comfort level with topic and confidence in implementation.
- After the pilot, domestic violence program sites anticipated long term changes with local health care providers and family planning providers – relationships with healthcare workers was key!
- After the pilot, Domestic Violence Program staff are talking more about a variety of health related issues that correlate to intimate partner violence.

Recommendations Based on Virginia's Coercion Pilot:

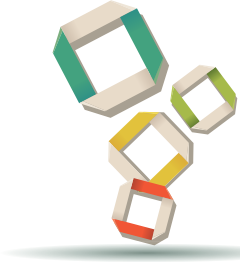
1. Assess program capacity prior to implementing screening for sexual and reproductive coercion. Comprehensive and ongoing training on reproductive health, reproductive and sexual coercion, and appropriate screening that is trauma-informed is essential.

2. Domestic Violence Program/Sexual Assault Crisis Center staff should practice/role play reproductive and sexual coercion screening to increase individual comfort level with the topic.

3. Domestic Violence Program/Sexual Assault Crisis Center staff should be competent in the following topics: safety planning related to sexual and reproductive coercion, birth control/contraception (including the ability to dispel myths and misinformation regarding available options and specifically related to methods that are easily hidden from an abusive partner), sexually transmitted infections (including prevention and strategies to deal with exposure), and comprehensive healthy sexuality.

4. Domestic Violence Program/Sexual Assault Crisis Center staff should understand the health care system and have relationships with community health partners, such as family planning clinics, reproductive health care providers and community family planning/home visitation providers.

5. Domestic Violence Programs/Sexual Assault Crisis Centers should establish referral protocols with community health partners that increase the ability to quickly provide the health related service the survivor of sexual and/or intimate partner violence identifies.



Quotes from Domestic Violence Program Pilot Sites:

"Like others, women seem to respond better to health care providers providing information about health issues than an advocate."

"I learned not to worry too much about 'No' answers to the screening questions - even when we're sharing safety card information and they indicate they haven't experienced sexual coercion, we're providing education – and they may use it in the future."

"Having a nurse around (at the shelter) has opened up so many positive things and more access to health services in the community."

"I have found asking screening questions is very valuable. We want to incorporate this in counseling services as well, beyond residential shelter."

"The project has opened our eyes about what we can do to help clients access the health care system, beyond reproductive health."

Case Studies from Virginia's Coercion Pilot:

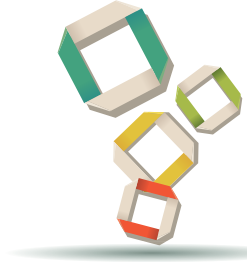
"Survivor is a 19 year old woman who was referred to The Laurel Center by local law enforcement. She was staying in a hotel with her partner when he became angry one night and began "torturing" her and threw her belongings out of the window. He also threatened to throw her down the stairs if she did not leave. She called the police and then was brought in to our shelter for a safe place to stay. During her intake, she did disclose that her previous partner "refused to wear condoms" and also threatened that "he would force her to have his child." She did share that at one point she was fearful of becoming pregnant when she did not want to be."

"Survivor is a 43 year old woman who found out about The Laurel Center's services online. She had left her abusive partner a few months earlier and had been living with unsupportive friends. They kicked her out of the house and she needed a place to stay. During her intake, she disclosed that she was a childhood survivor of incest. She also had been in 3 prior abusive intimate relationships. She shared that her previous partner had destroyed or tampered with her birth control and that he tried to force her to become pregnant while they were in a relationship."

Case Studies from Virginia's Coercion Pilot:

"A young mother in her 30's came into shelter. She is the mother of a school age child and an infant. The sexual coercion assessment allowed her to open up that she had recently had a miscarriage while living with the abuser. She had not gone to the doctor to receive medical services and was very concerned about her reproductive health from the miscarriage. She was immediately linked to the nurse at shelter who referred her to the hospital for emergency care due to the seriousness of her health condition. It is the belief of our shelter coordinator that had the assessment not been performed the client would have suffered in silence. She was able to disclose her miscarriage and the sexual coercion she was experiencing and ultimately obtain medical attention."

"Survivor came to our shelter after a violent incident that ended with her being physically assaulted. She had been in a relationship for three years, and this was the first time her abuser had physically hurt her. She stated that he was controlling in all the typical ways – isolating her, insisting that he know where she is and whom she is with, not giving her access to money, choosing her friends, etc.
At some point, he started saying things like, "you should have my baby" and "you should have my kid." She saw these behaviors and dismissed them for a couple of years."



In Their Own Words: Creating a Culture of Wellness

The Haven Shelter and Services in Warsaw, a Northern Neck of Virginia, has undergone a transformative process to better address the health care needs of service participants, including addressing the issue of reproductive coercion.

As part of a pilot program funded by the Office on Women's Health, The Haven was awarded a small grant that enabled us to better address the health care needs of persons who had experienced sexual and/or domestic violence. We approached the task by focusing on eating, fitness and smoking cessation. We contracted with a nurse to assist us in a whole shelter program review to assess where and how we needed to address our program and activities to be more health conscious. In assessing how we could promote good health amongst residents we quickly realized that our vision had to include promoting health and well being amongst the staff and volunteers as well – so we endeavored to make a whole culture shift to the shelter setting. Since we were working with a nurse who happened to be a nurse mid-wife, we also expanded our concept to include a focus on reproductive health.

Simultaneously we were addressing the issue of ensuring that our services were trauma-informed. This process involved a review of our policies and procedures and updating them, a review of the shelter environment, making the appropriate environmental changes, and training the staff and volunteers on trauma issues, ensuring that they maintained a consistent understanding of how trauma impacts the individuals we serve. It also included training and support in recognizing the impact of trauma on us as advocates. It was in this context that we began addressing reproductive coercion with receiving our services.

Our work involved several aspects before we began to ask women questions about reproductive coercion. First, was understanding the term. Most of the staff were familiar with the behaviors that are involved in reproductive coercion but putting a name to it helped to frame the issue. It involves forced pregnancy, pressure to become pregnant, pressure to terminate or forcing termination of a pregnancy, tampering with birth control or refusing to use birth control. Essentially reproductive coercion is attempting to control a partner through attempts to control their reproductive health. Talking about reproductive coercion also means we open up conversations about other sexual abuse and sexual coercion that program participants have experienced. Staff needed to be able to have these conversations in a trauma-informed manner and to be knowledgeable about safety planning options.

Safety planning options for reproductive coercion typically include health care providers. Staff had to be knowledgeable about what family planning health care providers were available in the community and build relationships with those providers. Staff had to be knowledgeable regarding birth control options and how to dispel myths and misinformation regarding available options. Sexual and reproductive coercion also involves a higher risk for exposure to sexually transmitted infections (STIs).

A big part of the response to these issues is connecting women with appropriate health care providers and supporting education on techniques and strategies to deal with exposure to STIs as well as prevention to exposure.

Training staff and building relationships with Family Planning Providers was a huge part of integrating information about reproductive coercion into our day to day work. Just as being able to provide program participants with accurate information and advocacy in the legal realm, we have to understand how the health care system works and forge relationships with those players in that system. Educating ourselves and building those relationships helps us to advocate on behalf of people who have experienced violence and helps them to access what they need to increase their options for safety. We find that the responses to the discussion of reproductive and sexual coercion vary greatly from those who find it difficult to engage in the conversation at all to those who are so relieved that someone is asking questions that they are able to talk and talk.

We were fortunate to be able to purchase brochures and information about birth control options, STIs, Emergency Contraception and other overall health care information in English and in Spanish to have them available for resident s and staff. Much of this information is available and downloadable on line. The Office on Women's Health and Futures Without Violence both have a wealth of information on their websites to help educate both residents and staff when you are ready to begin discussions on reproductive coercion. Your local health department is also a valuable source of information on family planning information. As part of Project Connect in Virginia, all of the family planning providers in local Health Departments are required to receive training in addressing reproductive coercion and intimate partner violence. A good starting place is reaching out to your local Health Department and having a conversation on what your program has to offer and gaining understanding on what the local Health Department has to offer. If you have a Planned Parenthood Clinic in your service area, that can be another supportive organization to collaborate with.

The importance of addressing the overall health care needs in a trauma-informed manner can't be overstated. A shelter environment that supports the overall health and well being of folks provides a much more supportive context to engage in these discussions. Providing the support and opportunity for women to open up about reproductive and sexual coercion gives us a greater understanding of the complex barriers so many individuals face in escaping abusive and violent relationships. It helps break down the isolation and shame that so many women carry, having experienced behaviors that they had no name for. Building alliances and relationships with healthcare and family planning providers also helps us reach provide more effective services to individuals who may be experiencing this form of control.

When we care about women's overall health and well being, including their reproductive health, we can help women to build lives that are both healthy and safe. When we care about our own overall health and well being we can inspire others to do so as well.

For more information, contact: The Haven P.O. Box 1267 Warsaw, Virginia 22572
Phone: 804-333-1099 http://www.havenshelter.org

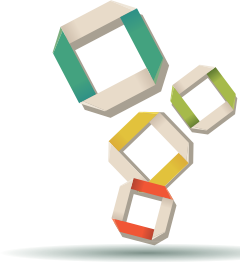
Preparing Your Program: Screening for Sexual and Reproductive Coercion at Intake

- ☐ Ensure that **all** staff, especially those responsible for intake, have received training about sexual and reproductive coercion (including best practices in screening). It is recommended that staff also receive training about healthy sexuality and contraception.[1]
- ☐ Examine your intake process to ensure that it is trauma-informed.[2]
- ☐ Develop screening questions for both sexual and reproductive coercion that will be asked during initial contact with every survivor.[3]
- ☐ If you are working with survivors who are entering shelter, conduct a brief intake with minimal questions, including coercion screening questions. Follow up brief intake with a standard intake (within 24 hours) that covers more detailed and specific legal and health information.[4]
- ☐ Develop a Healthcare Information Sheet specific to your agency and service area.[5] This should be given to every survivor upon entering shelter or at first contact with your agency.
- ☐ Develop a resource list of local family planning/reproductive health clinics and providers, including:
    - Phone number(s)
    - Location(s)
    - Transportation options (e.g. is it on the bus line? etc.)
    - Hours, services, and hours during which certain services are offered (e.g., what are the family planning clinics hours, when do they see new patients, and when do they do testing for sexually transmitted infections?)
    - Cost (e.g., are there income requirements? how much do services cost?)
    - Do they have Emergency Contraception (EC) available? If so, how much does it cost? If the facility is not a family planning clinic, will they offer access to EC?

1 For information about training opportunities provided by the Action Alliance, visit: https://www.vsdvalliance.org/
2 See Creating Trauma-Informed Services: Tipsheet Series (E.1) and Impact of Trauma on Interaction and Engagement: Information Sheet for Domestic Violence Advocates (E.2)
3 See Sample Safety Card: Is Your Relationship Affecting Your Health? (D.7), Sample Safety Card: Caring Relationships, Healthy You (D.8), and Sample Safety Card: Did You Know Your Relationship Affects Your Health? (D.9) for examples of screening questions.
4 See Sample Shelter Intake Form: Brief (D.4) and Sample Shelter Intake Form: Full (D.5)
5 See Sample Healthcare Information Sheet (D.1)

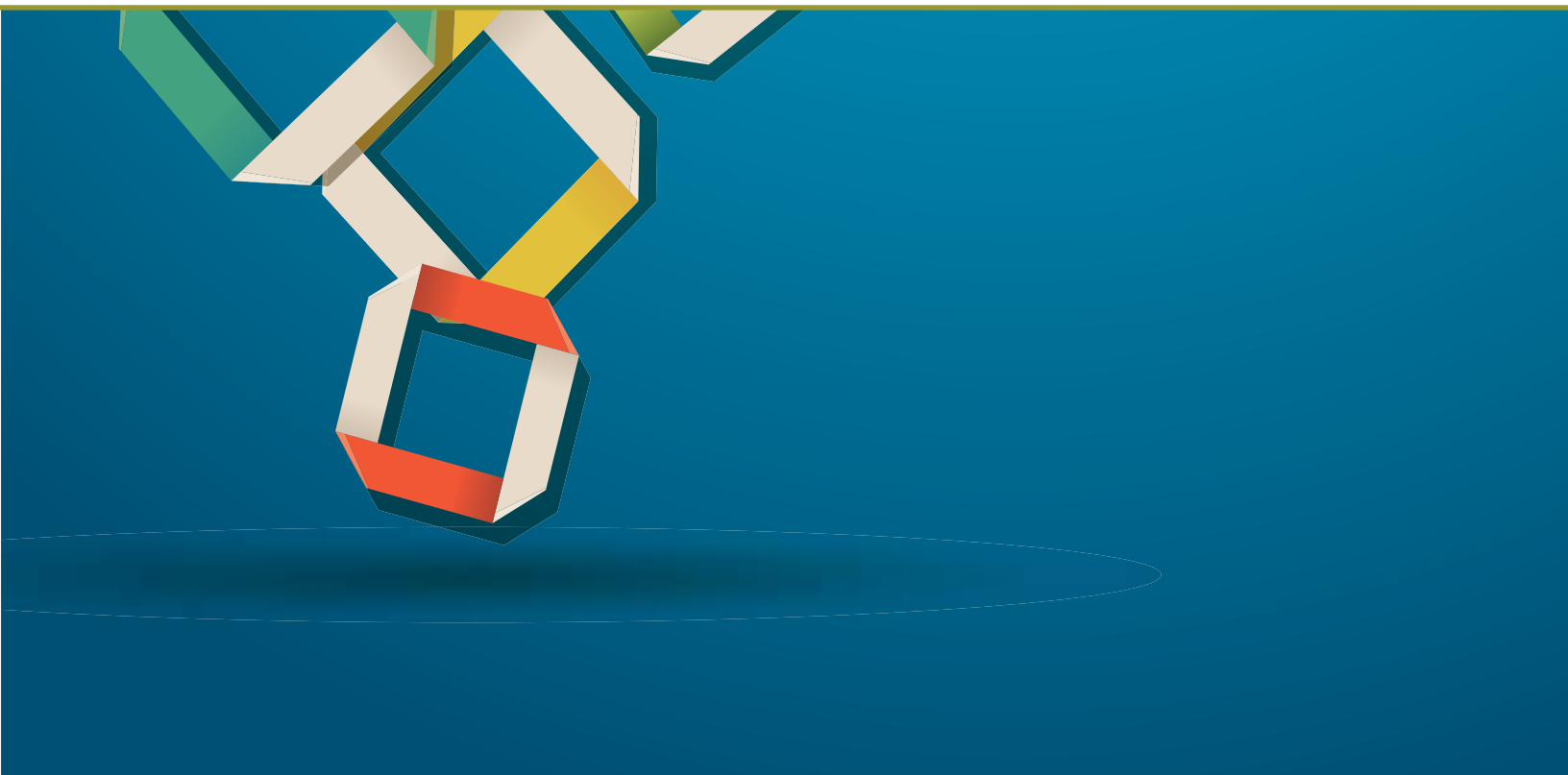
- [ ] Develop a list of local pharmacies that carry EC. Be sure to include cost.
- [ ] Establish a formal relationship with at least one family planning partner and/or reproductive health clinic. Initial contact and relationship building may include, but are not limited to, the following cross-education opportunities:
    - Attend staff meetings to share information about your agency services.
    - Invite a clinic staff person to attend one of your staff meetings to share information on family planning services, birth control, and services offered at the clinic.
    - Make a plan for routine (monthly or bimonthly) presentations to program staff and residents on reproductive/sexual health and birth control.
- [ ] Sign a Memorandum of Agreement (MOA)/ Memorandum of Understanding (MOU) with local family planning partner(s).[6] Ensure seamless care by developing a referral procedure between your agency and the local family planning partner(s).
- [ ] Ensure partnership sustainability by maintaining contact with your local family planning partner(s). Establish a process for annually re-evaluating the MOA/MOU.

6 See Sample Memorandum of Agreement Family Planning Clinics (D.6)



Section D:

Sample Forms and Policies



Health Care Information Sheet

This may not be a concern for you right now; however, we give this information sheet and this safety card to everyone who uses our services.

Many people who come to our program have experienced situations that put them at risk for unwanted or unplanned pregnancies. If you are concerned about being pregnant or if you have had unprotected sex in the past 5 days and do not wish to become pregnant, please speak with a staff member.

If you are concerned about **being pregnant** we can provide you with a pregnancy test.

If you are concerned because you have had **unprotected sex in the past 5 days,** there is a safe, over-the-counter medication that you can take called emergency contraception (or the morning-after pill). Emergency contraception is available at the Health Department at a reduced fee or at a local pharmacy without a prescription.

Please talk to your case manager about any concerns you have about pregnancy and/or contraception.

Below are some resources offering reproductive health services:

[INSERT DETAILS FOR LOCAL FAMILY PLANNING CLINICS, PHARMACIES, ETC.

BE SURE TO INCLUDE OPERATING HOURS, SERVICES OFFERED, FEES, AND ANY OTHER IMPORTANT INFORMATION.]

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Health Care Referral Form

Client Name: Pronouns:

Date of Birth:

Insurance:

Chief Complaint:

Referred To:

Provider Address:

Provider Phone:

Appointment Date and Time:

After staff makes appointment, please give referral form to client to take to their provider.

Any Follow-Up Needed?

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Health Care Screening Tool

Client Name: _____ Pronouns: _____

Date of Birth: _____ Age: _____ Last Menstrual Cycle: _____

Blood Pressure: _____ Height: _____ Weight: _____

Medications:

Allergies:

Chief Complaint Today:

Medical History:

1. Do you have any known health conditions?

2. Do any of the following conditions run in your family?
   - ☐ Diabetes (blood sugar problems)
   - ☐ High blood pressure
   - ☐ Cancer

3. Have you had any issues or problems with:
   - ☐ Bowel movements (constipation or diarrhea)
   - ☐ Headaches
   - ☐ Hearing
   - ☐ Menstruation (periods)
   - ☐ Stomach (heartburn, nausea, vomiting)
   - ☐ Urination (peeing)
   - ☐ Vision

4. Have you ever been pregnant? Yes No

   How many times have you been pregnant? How many births?

   How many miscarriages or abortions? C-section or vaginal births?

5. Do you use birth control? Yes No

   If yes, what kind?

6. Last Pap smear:_____

7. Last mammogram? (if over 40): _____

8. Have you ever been treated for depression? Yes No

9. Have you ever had seizures? Yes No

10. Have you had a flu shot this year? Yes No

11. Do you smoke cigarettes? Yes No

Comments:

Are there any health topics you would like more information about?

Referral? _____

Interviewer:_____ Date:_____

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Shelter Intake Form: Brief

_____ _____ _____

Name Pronouns Cell Phone Number

_____ _____

Intake Date/Time Staff/Interviewer

Accommodations Needed? Yes No If so, please describe: _____

Perpetrator Information of Presenting Experience:

Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Race:

- ☐ African American/Black
- ☐ Asian
- ☐ Latino(a)/Hispanic
- ☐ Native American/Native Alaskan
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other/Unknown
- ☐ White/Caucasian

Age: _____

Relationship:

- ☐ Acquaintance
- ☐ Caretaker (non-family)
- ☐ Cohabitating Partner/Spouse (includes ex's)
- ☐ Dating partner
- ☐ Extended Family
- ☐ Other Household Member
- ☐ Parent
- ☐ Stepparent/Parent's Dating Partner
- ☐ Stranger
- ☐ Unknown/Other

Is there a Protective Order in effect? ☐Yes ☐ No *If yes, attach a copy.*

Emergency Contact Person:

Name: _____ Relationship: _____

Phone Number: _____

Accompanying Child(ren) Information:

Full Name:	Age:	Gender and Pronouns:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immediate Needs:

Are you or your children in need of:			
	☐ food	Need Addressed? ☐ Yes ☐ No	Notes:
	☐ clothing/ shoes	Need Addressed? ☐ Yes ☐ No	
	☐ other	Need Addressed? ☐ Yes ☐ No	
Do you or your children have any current medical or health-related needs?	Yes ☐ No	☐ H*ealthcare information provided.*	

By signing below, my signature grants permission for staff to call the above emergency contact person in the case of an emergency.

Resident Signature: _____ Date: _____

Staff/Interviewer Signature: _____ Date: _____

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Shelter Intake Form: Full

_____ _____ _____

Participant Code Gender Pronouns

_____ _____ _____

Race/Ethnicity Age Locality of Residency

Do you identify as a person with a disability?	☐ Yes	☐ No
If yes, is it a result of domestic and/or sexual violence?	☐ Yes	☐ No
Are you an immigrant/refugee/asylum seeker?	☐ Yes	☐ No
Are you a person with limited English proficiency?	☐ Yes	☐ No
Are you a veteran (either active duty or retired/discharged)?	☐ Yes	☐ No
Are you eligible for Temporary Assistance to Needy Family (TANF) benefits?	☐ Yes	☐ No
	☐ Don't Know	
Are there concerns for your children who have been exposed to violence?	☐ Yes	☐ No
Are you currently enrolled in college?	☐ Yes	☐ No
Do you identify as Lesbian, Gay, Bisexual, or Queer?	☐ Yes	☐ No
Do you identify as deaf or hard of hearing?	☐ Yes	☐ No
Do you identify as homeless?	☐ Yes	☐ No
Have you used our services before?	☐ Yes	☐ No

How did you hear about our services? _____

_____

Reason Shelter Requested ☐DV ☐SV ☐FV ☐Homelessness ☐Other

Presenting Incident of Violence

Was there a recent incident of violence that brought you to shelter? ☐Yes ☐No

Where did the presenting violence take place?

☐Campus/University
☐Home
☐Other household
☐School (pre-school – grade 12)
☐Unknown/Other
☐Workplace

Was the presenting incident reported to law enforcement? ☐Yes ☐No
Have charges been filed against perpetrator? ☐Yes ☐No

If yes, ☐Misdemeanor ☐ Felony ☐Both

Do you have concerns about custody of your children or child support? ☐Yes ☐No

If you do not have a protective order, are you interested in more information on how to obtain one? ☐Yes ☐No

Impact of Presenting Experience

What are your primary concerns right now that are a result of your most recent experience? Check all that apply.

- ☐ Ability to meet basic financial needs
- ☐ Access to affordable and safe housing
- ☐ Awareness and access to community resources (how to get more help)
- ☐ Family stability
- ☐ Impact of the violence on children
- ☐ Impact of the violence on a non-offending partner
- ☐ Impact of the violence on a non-offending parent/guardian
- ☐ Mental/emotional health and well being
- ☐ Immigration issues
- ☐ Legal issues
- ☐ Physical well-being
- ☐ Safety (fear of the abuser, feeling unsafe)
- ☐ Sexual and reproductive health and well- being
- ☐ Spiritual well-being
- ☐ Support systems/relationships (trust, relationships within communities, family and friends)

Of the concerns you have identified above, what are your three most immediate concerns?

1. _____
2. _____
3. _____

What have you done to help keep yourself safe in the past, in response to the violence, that has been helpful?

_____

_____

What have you done in the past that has not been helpful?

_____

_____

_____

Asking any questions about history of violence experienced should be prefaced with an explanation and a request to continue. "I would like to ask you a couple of questions about your history with violence and whether you have had past experiences with violence, is it alright for me to proceed or would you rather not. It is up to you." Allow the person a few moments to think about what they would like to do.

History of Violence Experienced

Have you experienced sexual or domestic violence in any other relationship as an adult? ☐ Yes ☐ No
More info:

Have you experienced sexual or domestic violence as a child? ☐ Yes ☐ No
More info:

Is there anything you would like to share about any experience of violence you have experienced in the past? ☐ Yes ☐ No
More info:

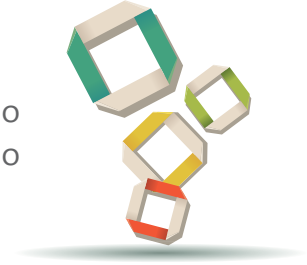
I would like to move on to talk about what brought you to us. The next set of questions is about your most recent experiences with violence. Please take your time and feel free to stop if you need to take a break.

Risk Assessment and Safety Planning

If perpetrator is a former partner/spouse, is the separation recent? ☐ Yes ☐ No

Has the perpetrator ever:

Stalked you or another family member? ☐ Yes ☐ No
Used a weapon, or an object as a weapon against you or another? ☐ Yes ☐ No



Threatened to or used a firearm against you or another?	☐ Yes ☐ No
Made threats of suicide or homicide?	☐ Yes ☐ No
Blocked or obstructed your breathing?	☐ Yes ☐ No
Hurt or threatened to hurt your children?	☐ Yes ☐ No
Hurt or threatened to harm a pet or other animal you or your children care for?	☐ Yes ☐ No
Destroyed or threatened to destroy your property?	☐ Yes ☐ No
If you are dependent on the perpetrator, has the perpetrator kept you from getting help with a personal need, such as eating, bathing, toileting, or access to medications?	☐ Yes ☐ No
Are you currently pregnant or concerned about being pregnant?	☐ Yes ☐ No
Destroyed or tampered with (messed with) your birth control, refused to use birth control or prevented you from using birth control?	☐ Yes ☐ No
Forced you to become pregnant when you didn't want to or to terminate a pregnancy that you didn't want to?	☐ Yes ☐ No
Pressured or forced you to do things sexually you are not comfortable with?	☐ Yes ☐ No

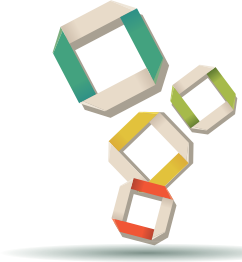
As a result of the violence, have you or your children:

Sustained physical injuries requiring emergency medical attention?	☐ Yes ☐ No
Missed time from school, work or missed scheduled appointments?	☐ Yes ☐ No
Experienced a loss of income and or financial security?	☐ Yes ☐ No
Become homeless?	☐ Yes ☐ No
Had to relocate?	☐ Yes ☐ No
Considered suicide?	☐ Yes ☐ No
Become pregnant or were worried about being pregnant when you did not want to be?	☐ Yes ☐ No

Medical and Health Information

Do you or your children have any health concerns or medical issues that we should know about? ☐ Yes ☐ No

If yes, please explain.



Are you or your children on any medication that the staff should be aware of? ☐ Yes ☐ No

If yes, please explain.

Do you or your children have any concerns about any health or medical related issues that you would like to address? ☐ Yes ☐ No

If yes, please explain.

Do you have health insurance? ☐ Yes ☐ No

Do your children have health insurance? ☐ Yes ☐ No

Would you feel comfortable providing your health insurance information to the staff? *If yes, copy health insurance card/information and attach.* ☐ Yes ☐ No

If you do not have health insurance, would you like help with trying to get it? ☐ Yes ☐ No

Do you have a primary care doctor?

Name: _____ ☐ Yes ☐ No

Would you be interested in speaking with a healthcare professional while you are at the shelter? ☐ Yes ☐ No ☐ Maybe

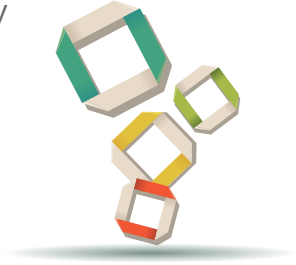
The following questions are for individuals who express a need in obtaining housing or employment.

Housing and Employment

Are you currently employed? ☐ Yes ☐ No

If not, when and where were you last employed? _____

What is the source of your income? ☐ Child Support ☐ Disability/SSI Benefits ☐ Other ☐ Salary



What is your current income per month? _____

Do you have a prior felony conviction? ☐ Yes ☐ No

Have you ever been evicted from housing? ☐ Yes ☐ No

Do you know your credit score? ☐ Yes ☐ No

If yes, what is it? _____

Would you like help in finding out your credit score? ☐ Yes ☐ No

Do you have a car or access to transportation? ☐ Yes ☐ No

Education

Did you complete high school ☐ Yes ☐ No

If no, what grade did you complete? _____

If no, do you have a GED? ☐ Yes ☐ No

If no, are you interested in pursuing a GED at this time? ☐ Yes ☐ No

Did you complete college? ☐ Yes ☐ No

If yes, what was your degree in? _____

Are you a registered voter? ☐ Yes ☐ No

Would you like to become a registered voter? ☐ Yes ☐ No

Is there anything else you would like to tell us about your situation or what you might need from the staff?

_____

_____

_____

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Memorandum of Agreement Sample

This agreement is by and between [domestic violence program/sexual assault crisis center] and [family planning program] to enhance the response to individuals and families experiencing sexual and intimate partner violence in the [locality/region] area.

The parties listed above and whose designated agents have signed this document agree that:

1. The [domestic violence program/sexual assault crisis center] and [the family planning program] agree to work collaboratively on increasing reproductive and sexual coercion screening and health related referrals to enhance our response to those experiencing intimate partner violence.

2. The [domestic violence program/sexual assault crisis center] will provide training and ongoing technical assistance on identifying and responding to intimate partner violence for all staff of [the family planning program].

3. The [family planning program] will provide training and ongoing technical assistance on reproductive health and family planning to all staff of [domestic violence program/ sexual assault crisis center].

4. The [family planning program] agrees to use model interventions identified for screening for intimate partner violence and participate in training and evaluation activities.

5. When intimate partner violence is identified by [the family planning program], staff will review advocacy services available in the community and provide referral to the [domestic violence program/sexual assault crisis center] or other appropriate sexual or domestic violence services.

6. The [domestic violence program/sexual assault crisis center] agrees to provide each individual seeking services as a result of a referral from the [family planning program] with appropriate safety planning and support services to address sexual or intimate partner violence.

7. The [domestic violence program/sexual assault crisis center] agrees to provide materials to the [family planning program] in support of ongoing training and consultation efforts, as well as awareness materials to distribute to the [family planning program's] clients.

8. The [domestic violence program/sexual assault crisis center] agrees to develop and maintain up-to-date referral and resource materials and to make those materials available to the [family planning program].

9. Representatives of the [domestic violence program/sexual assault crisis center] and the [family planning program] will meet at least once annually to ensure an understanding
of the scope of services provided by their respective programs, review referral policies between agencies, and revisit the terms of this agreement.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Agreement.

_____	_____
Executive Director (SDVA)	Family Planning Program Representative
_____	_____
Date	Date

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance

Your Past Can Affect Your Health

Some parents/caregivers hurt their kids—it happens more than we think. Maybe they:

- ✔ Called you names, didn't feed you enough, couldn't love or care for you
- ✔ Injured you when they punished you or did sexual things to you or made you do things to them

Where you live and what you saw when you were a kid can affect you too. Like if you:

- ✔ Had a caregiver who was hurt by their partner, they argued a lot, or they had mental health or addiction problems
- ✔ Faced racism, lived in unsafe places, or were bullied

Even if some of this or a lot of this happened to you—it isn't the end of the story.

Simple Steps For Healing

Science tells us when you are hurt as a kid or as an adult you are at risk for having a hard time taking care of yourself. Let's change that.

1. The best way to make it better is to reduce the stress on your body.
   - Exercise—it calms the brain and body and helps you feel better.
2. It sounds silly, but when you get hurt, your body learns how to hold on to that stress and worry. There's a way to turn down anxiety when it's safe.
   - Deep breathing is the key to this. Check out "Tactical Breather," a free cell phone app to help you feel calm and reminds you how to slow your breathing to help you think.

Safety Planning

If you are being hurt by a partner, it is not your fault. You deserve to be safe and treated with respect.

If your safety is at risk:

- Call 911 if you are in immediate danger.
- Prepare an emergency kit in case you have to leave fast with: money, phone charger, keys, medicines, birth certificates and shot records.
- Talk to your health care provider for help using their phone to call the local or national hotlines on this card so the number you called can't be traced.

Call 911 if you are in immediate danger.

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FuturesWithoutViolence.org

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0414).

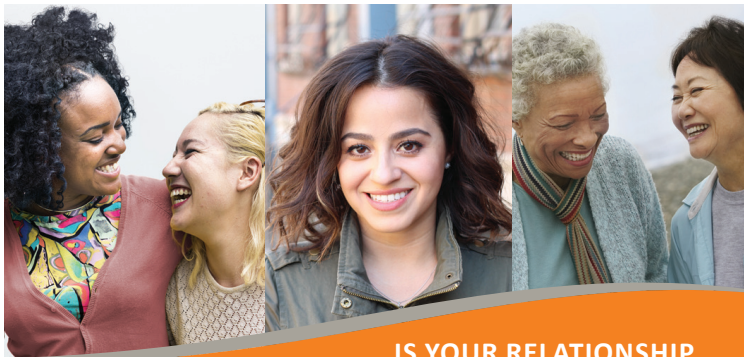
The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 www.thehotline.org

Text trained counselors about anything that's on your mind:

Crisis Text Line
www.crisistextline.org
Text "START" to 741741

myPlan
A tool to help with safety decisions if you, or someone you care about, is experiencing abuse in their relationship.
Download at myPlanApp.org



IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✔ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✔ Is my partner willing to talk openly when there are problems?
- ✔ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Are There Times...

My partner or the person I'm seeing:

- ✘ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✘ Ever hurts or scares me with their words or actions?
- ✘ Makes me have sex when I don't want to?
- ✘ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

You can help by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

Partners Can Affect Health

A lot of people don't realize that having a partner hurt you with their words, injure/hurt you or make you do sexual things you don't want to can affect your health:

- ✔ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✔ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✔ Trouble sleeping, depression, anxiety, inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.

Stronger You

What does it mean to be strong, resilient or come back from bad experiences?

- ✔ Knowing you aren't at fault for what was done to you.
- ✔ Figuring out how to manage stress and find healthy ways to cope.
- ✔ Finding people who are safe can help you heal.

Maybe you have a good friend to talk with. Maybe you don't yet. For some, talking to the helpful people from the hotlines listed on this card might be a great first step.

Tu pasado puede afectar tu salud

Algunos padres/cuidadores lastiman a sus hijos/hijas, ocurre más de lo que piensas. Tal vez ellos/ellas:

- ✔ Te pusieron apodos o sobrenombres, no te alimentaron lo suficiente, no te querían o no te cuidaban.
- ✔ Te hicieron daño cuando te castigaban o te hicieron participar en actividades sexuales, o que tú les hicieras cosas a ellos/ellas.

Dónde viviste y lo que viste cuando eras niña te puede afectar

Por ejemplo, si:

- ✔ Tenías una persona que te cuidaba que sufría maltrato de su pareja, o que discutía mucho con ella o que tenía problemas de salud mental o adicción.
- ✔ Enfrentaste el racismo, viviste en lugares inseguros o sufriste acoso.

No importa si esto te ocurrió sólo un poco o mucho – no es el final de la historia.

Pasos simples para sanar

La ciencia nos dice que cuando te hacen daño de niña o aún de adulta esto crea el riesgo de no saber cómo cuidarte tú misma. Vamos a cambiar eso.

1. La mejor manera de que esto mejore es reducir el estrés en tu cuerpo.
   - El ejercicio calma la mente y el cuerpo y te ayuda a sentirte mejor.
2. Suena tonto, pero cuando te lastimas, tu cuerpo aprende a mantener esa tensión y preocupación. Hay una manera de bajar esa ansiedad cuando es seguro.
   - La respiración profunda es la clave de esto. Práctica la respiración profunda. También puedes usar aplicaciones celulares gratuitas en los teléfonos celulares que te pueden ayudar a sentirte tranquila y calmar tu respiración para ayudarte a pensar.

Plan de Seguridad

Si estás siendo lastimada por tu pareja, no es tu culpa. Mereces ser tratada con respeto y sentirte a salvo.

Si tu seguridad está en riesgo:

- *Llama al 911 si te encuentras en peligro inmediato. En caso de que tengas que salir rápido, prepara un maletín de emergencia con:*
- *Dinero, teléfono, cargador, llaves, medicamentos, certificados de nacimiento y registros de inmunizaciones.*
- *Habla con tu proveedor de atención médica para que te ayude y puedas usar su teléfono para llamar a las líneas de emergencia locales o nacionales en esta tarjeta. De esta manera no podrán rastrear el número que llamaste. Para consejos para planear tu seguridad visita esta página: http://espanol.thehotline.org/solicite-ayuda/el-camino-hacia-la-seguridad*

Llama al 911 si estás en peligro inmediato

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Línea Nacional contra la Violencia Doméstica (National Domestic Violence Hotline) es confidencial, disponibles 24 horas al día, y con personal amable que te puede ayudar con un plan para estar más segura y referir a recursos en tu comunidad. También te puedes comunicar por medio de chat en su página de web.

Línea de Ayuda
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224
http://espanol.thehotline.org

Información sobre leyes y lista de recursos nacionales:
www.womenslaw.org

FuturesWithoutViolence.org

Financiado en parte por el Departamento de Salud y Servicios Humanos y la Administración para Niños, Jóvenes y Familias (concesión #90 EV 0414).

¿TU RELACIÓN AFECTA A TU SALUD?

¿Cómo van las cosas?

Todo el mundo merece tener una pareja que escucha lo que quieres y necesitas. Pregúntate:

- ✔ ¿Mi pareja o la persona con quien estoy saliendo, respeta mis decisiones?
- ✔ ¿Mi pareja está dispuesta a hablar abiertamente cuando hay problemas?
- ✔ ¿Mi pareja me da el espacio para pasar tiempo con otras personas?

Si respondiste "Sí" a estas preguntas, parece que tienes una pareja solidaria y cariñosa. Los estudios demuestran que tener esa atención de la persona con quien estás, conduce a una vida más saludable, más larga y con mejores resultados para tus niños/niñas.

Hay veces que...

Mi pareja o la persona que estoy viendo:

- ✘ ¿Me avergüenza o me humilla, me hace sentir mal sobre mí misma o controla a dónde voy y cómo gasto mi dinero?
- ✘ ¿A veces me hace daño o me atemoriza, o me amenaza con sus palabras o acciones?
- ✘ ¿Me obliga a tener sexo cuando yo no quiero?
- ✘ ¿Me impide ver a mi médico o tomar mi medicina?

Estas experiencias son comunes, 1 de cada 4 mujeres son agredidas por su pareja durante su vida. Si algo así te está sucediendo a ti o a una amiga/o, llama o manda un texto a las líneas de emergencia en esta tarjeta.

Ayudando a una amiga

Todas nos sentimos impotentes algunas veces—como si todo lo que hacemos sale mal.

¿Suena familiar? Esto puede ser un gran problema si alguien tiene una pareja que es nociva o perjudicial. El mantenerse en contacto con amigas/amigos o familiares que tienen dificultades en sus relaciones es muy importante.

Tú puedes crear la diferencia al dejarles saber que no están solas. "Oye, yo he estado ahí también. Alguien me dio esta tarjeta y me ha ayudado con ideas de lugares a donde puedo ir para obtener ayuda y sentirme más segura y saludable. "

¿Y para ti? Los estudios demuestran que cuando ayudamos a otras personas nos sentimos bien con nosotras mismas también.

Tu pareja puede afectar tu salud

Mucha gente no se da cuenta que el tener una pareja que te lastima o te hiere con sus palabras, o te obliga hacer cosas sexuales que tú no deseas puede afectar tu salud:

- ✔ Asma, diabetes, dolor crónico, hipertensión arterial, cáncer
- ✔ Fumar, consumo de drogas y alcohol, embarazos no deseados y enfermedades de transmisión sexual
- ✔ Problemas para dormir, depresión, ansiedad, no poder pensar o controlar las emociones

El hablar con tu proveedor de salud acerca de estas conexiones, puede ayudarles a cuidarte mejor.

Ser más fuerte

¿Qué significa ser fuerte, resistente o recuperarse de las malas experiencias?

- ✔ Saber que no tienes la culpa de lo que te ha pasado.
- ✔ **Consiste en saber cómo manejar el estrés y encontrar formas saludables para enfrentar la situación.**
- ✔ Encontrar a personas que son sanas y que te pueden ayudar a sanar.

Tal vez tienes una buena amiga con quien puedes hablar. A lo mejor todavía no. Para algunas personas el poder hablar con alguien en las líneas de emergencia **listadas en esta tarjeta puede ser un buen primer paso.**

You are not alone

Abuse and/or domestic violence occurs in all kinds of relationships.

The fact that it happens often does not make it okay. You deserve to be in a relationship that is supportive and feels good. **Help is available.**

A plan that works for you

If you feel that there is something not right about your relationship it could be helpful to talk with a trusted friend or advocate about what you have been experiencing.

Together, you could formulate a plan about:

- ✔ **How to get support for things you may be doing to help you cope, such as: binge drinking, using drugs, eating too much or too little.**
- ✔ **How to connect with your health provider about what to do if your partner is restricting your access to medications or health visits, and other ways that your relationship could be affecting your health.**
- ✔ **How to reduce harm within your relationship and/or develop a safety plan.**
- ✔ **How to connect with resources on the back of this card and in your community to learn about your options.**

National, confidential hotlines can connect you to local resources and provide support 24/7 via phone, text, or online chat:

National Domestic Violence Hotline
1-800-799-7233 | 1-800-787-3224 (TTY)
thehotline.org

The Trevor Project
Crisis line for LGBTQ Youth
866-488-7386 | thetrevorproject.org

Other helpful resources:

The Northwest Network
nwnetwork.org

National Coalition of Anti-Violence Programs avp.org/ncavp

FORGE for trans people and allies
forge-forward.org

The Northwest Network of bi, trans, lesbian & gay survivors of abuse

GLMA GAY & LESBIAN MEDICAL ASSOCIATION

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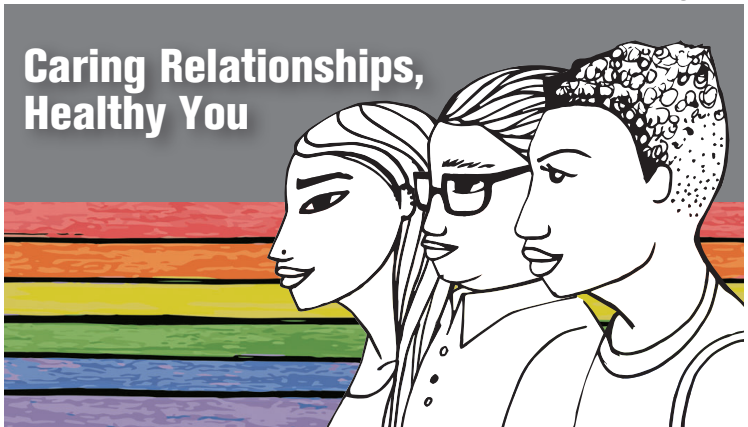
Developed in collaboration with the Los Angeles LGBT Center, API Institute on IPV, Casa de Esperanza, National Coalition of Anti-Violence Programs, FORGE, Kaiser Permanente of Northern California, The Network/La Red and the University of Pittsburgh

Funded by the U.S. Department of Health and Human Services' Administration on Children, Youth and Families (Grant #90EV0414). Illustration by Vero D. Orozco

Caring Relationships, Healthy You



How are things feeling?

Do my partner(s):

- ✔ Support me and respect my choices?
- ✔ Support me in spending time with friends or family?

Do I:

- ✔ Feel comfortable talking about my feelings, sex, and other impotant things with my partner(s)?
- ✔ Support my partner(s), their independence, and their identities?

These are some elements of healthy relationships, which can contribute to good physical and mental health.

Everyone deserves to have partners who respect them and listen to what they want and need. Ask yourself:

Do I have concerns about the way

- ✔ I am being treated?
- ✔ I am treating my partner(s)?

Unhealthy relationships can have negative effects on your health.

Unhealthy: Do you or your partner…

- ✘ **Use guilt or jealously to influence what the other person does or who they see?**
- ✘ **Put the other person down or make them feel bad about themselves?**
- ✘ **Threaten to out the other's gender identity, sexual orientation, HIV status or immigration status to friends, family, or at work?**
- ✘ **Refuse to recognize the other person's name, pronoun, identity or preferred language?**
- ✘ **Control the other's money or spending freedom?**
- ✘ **Restrict the other's access to medicine (hormones, anti-anxiety/depression, PrEP/PEP, ART, substance replacement therapy, birth control)?**
- ✘ **Use the other's children to control or hurt them?**
- ✘ **Pressure the other person to do something sexual they don't want to do? Or fetishize or exoticize the other person's identity and/or body without consent?**

Actions like these can be harmful for your emotional and physical health. Help is available.

Is your relationship affecting your health?

- ✔ Do you often feel depressed, anxious or stressed? Is your relationship making it worse?
- ✔ Are you drinking, smoking, or using drugs in order to cope with what is going on in your relationship(s)?
- ✔ Have you noticed a change in your appetite, weight, or sleeping habits?
- ✔ Do you have health issues that can be worsened by chronic stress?

The resources on the back of this card can help you make a plan to talk to your provider about how your relationship could be affecting your health.

certified WBENC

No estás solx

El abuso y/o la violencia ocurren en todo tipo de relaciones.

El hecho de que ocurran con frecuencia no significa que estén justificadas. Tú te mereces una relación que te brinde apoyo y se sienta bien. **Hay ayuda disponible.**

Un plan que funcione para ti

Si sientes que algo no anda bien con tu relación, podría ser útil que hablaras con una amistad de confianza o una persona de apoyo profesional o defensora sobre lo que has estado experimentando.

Juntxs, ustedes pueden formular un plan sobre:

- ✔ **Cómo conseguir apoyo en cosas que quizás hayas estado haciendo para ayudarte a enfrentar las dificultades, como: beber en exceso, usar drogas, comer demasiado o muy poco.**
- ✔ **Cómo conectarte con tu proveedor de salud sobre qué hacer si tu pareja restringe tu acceso a medicamentos o tus visitas al médico y otras formas en que tu relación podría estar afectando tu salud.**
- ✔ **Cómo reducir el daño en tu relación y/o desarrollar un plan de seguridad.**
- ✔ **Cómo conectarte con los recursos al otro lado de esta tarjeta y en tu comunidad para aprender sobre tus opciones.**

Las líneas de ayuda nacionales y confidenciales pueden conectarte con recursos locales y proveer apoyo 24/7 por teléfono, texto o chats en internet:

Línea Nacional de Violencia Doméstica (National Domestic Violence Hotline)
1-800-799-7233 | 1-800-787-3224 (TTY)
thehotline.org

El Proyecto Trevor (The Trevor Project)
Línea de crisis para jóvenes LGBTQ
866-488-7386 | thetrevorproject.org

Otros recursos útiles:

La Red del Noroeste (The Northwest Network) nwnetwork.org

Coalición Nacional de Programas contra la Violencia (National Coalition of Anti-Violence Programs) avp.org/ncavp

FORGE para personas trans y aliadxs
forge-forward.org

Desarrollado en colaboración con Los Angeles LGBT Center, API Institute on IPV, Casa de Esperanza, National Coalition of Anti-Violence Programs, FORGE, Kaiser Permanente of Northern California, The Network/La Red y la Universidad de Pittsburgh. Departamento de Salud y Servicios Humanos de los Estados Unidos Administración para los Niños y las Familias (Concesión #90 EV 0414). Ilustración de Vero D. Orozco.

The Northwest Network of bi, trans, lesbian & gay survivors of abuse

GLMA Health Professionals Advancing LGBT Equality

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¿Cómo están las cosas?

¿Mi(s) pareja(s):

- ✔ Me apoya(n) y respeta(n) mis decisiones?
- ✔ Me apoya(n) en pasar tiempo con mis amistades o mi familia?

¿Yo:

- ✔ Me siento en comodidad de hablar con mi(s) pareja(s) sobre mis sentimientos, el sexo y otras cosas importantes?
- ✔ Apoyo a mi(s) pareja(s), su independencia y sus identidades?

Estos son algunos de los elementos de las relaciones saludables, las cuales pueden contribuir a una buena salud física y mental. Todas las personas merecen tener parejas que las respeten y que presten atención a lo que quieren y necesitan. Pregúntate:

¿Me preocupa la forma en que

- ✔ Me tratan?
- ✔ Yo trato a mi(s) pareja(s)?

Las relaciones no saludables pueden tener un efecto negativo en tu salud.

No saludable: ¿Tú o tu pareja…

- ✘ **Usan la culpa o los celos para influenciar lo que hace la otra persona o con quién comparte?**
- ✘ **Humillan a la otra persona o la hacen sentir mal sobre sí misma?**
- ✘ **Amenazan con revelar la identidad de género, la orientación sexual, el estatus de VIH o de inmigración de la otra persona ante amistades, ante familiares o en el trabajo?**
- ✘ **Se rehúsan a reconocer el nombre, el pronombre, la identidad o el idioma de preferencia de la otra persona?**
- ✘ **Controlan el dinero o la libertad económica de la otra persona?**
- ✘ **Restringen el acceso de la otra persona a medicamentos (hormonas, calmantes/antidepresivos, PrEP/ PEP, antiretrovirales, terapias de sustitución, anticonceptivos)?**
- ✘ **Usan a lxs hijxs de la otra persona para controlarla o herirla?**
- ✘ **Presionan a la otra persona para que haga algo sexual que no quiere hacer? ¿O hacen de la identidad y/o el cuerpo de la otra persona un fetiche o algo exótico sin su consentimiento?**

Acciones como estas pueden ser dañinas para tu salud emocional y física. Hay ayuda disponible.

¿Tu relación está afectando tu salud?

- ✔ ¿Sientes depresión, ansiedad o estrés a menudo? ¿Tú relación empeora esto?
- ✔ ¿Estás bebiendo, fumando o usando drogas para poder enfrentar lo que está sucediendo en tu(s) relación(es)?
- ✔ ¿Has notado un cambio en tu apetito, tu peso o tus hábitos de sueño?
- ✔ ¿Tienes problemas de salud que pueden agravarse con el estrés crónico?

Los recursos al otro lado de esta tarjeta pueden ayudarte a hacer un plan para hablar con tu proveedor sobre cómo tu relación puede estar afectando tu salud.

Are you in a HEALTHY relationship?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✔ Is my partner or the person I am dating kind to me and respectful of my choices?
- ✔ Does my partner support my using birth control that's best for me?
- ✔ Does my partner support my decisions about if or when I want to have children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, a longer life, and helps your children.

Are you in an UNHEALTHY relationship?

1 in 4 women are hurt by a partner in their lifetime. Ask yourself:

- ✘ Does my partner shame or humiliate me?
- ✘ Does my relationship make me feel worse about myself?
- ✘ Does my partner ever hurt, scare or threaten me with their words or actions?
- ✘ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✘ Does my partner make me have sex when I don't want to?

If you answered YES to any of these questions, *your health and safety may be in danger*. For help, talk with your health care provider, and call or text the hotlines on this card.

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can happen in relationships—especially ones that are unhealthy or unsafe. Connecting with friends or family who struggle in their relationships is so important.

You can make a difference by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas about places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

Who controls pregnancy decisions?

Ask yourself. Has my partner ever:

- ✔ Tried to pressure me to get pregnant?
- ✔ Hurt or threatened me because I didn't agree to get pregnant?

If I've ever been pregnant:

- ✔ Has my partner threatened to hurt me if I didn't do what they wanted with the pregnancy (in either direction – continuing with the pregnancy or abortion)?

If you answered *YES* to any of these questions, *you are not alone* and you deserve to make your own decisions without being afraid.

Taking Control

A partner may see pregnancy as a way to keep you in their life and stay connected to you through a child – even if that is not what you want. Your health care provider can offer birth control that your partner won't know about.

- ✔ The copper IUD is a small, safe, hormone-free device placed into the uterus to prevent pregnancy for up to 12 years. The IUD has strings that can be cut off so your partner can't feel them and you will still get a regular period.
- ✔ Emergency contraception (EC – some call it the morning after pill) is taken up to five days after unprotected sex to prevent pregnancy. The sooner you take it, the better it works. Hide EC by taking it out of its packaging and putting it in an envelope or empty pill bottle so your partner won't know what it's for. To find a provider near you: www.bedsider.org

Getting Help

- ✔ If your partner or the person you are seeing checks your cell phone or texts, talk to your health care provider about using their phone to call the hotlines on this card – so your partner can't see it on your call log.
- ✔ The folks on the hotline can help you with a plan to be safer. You can find out more online: www.joinonelove.org/my_plan_app

If you have an STD and are afraid your partner will hurt you if you tell them:

- ✔ Request partner notification from the public health department anonymously, without using your name.
- ✔ Use online partner notification services without using your name at www.inspot.org. For other STDs: www.sotheycanknow.org

Funded by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (Grant #90EV0414)

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Everyone deserves a healthy and respectful relationship. We know that doesn't always happen. If you are being hurt by your partner, it is NOT your fault.

The National Domestic Violence Hotline has staff who are trained to help people in unsafe relationships. They answer the phone 24/7, can help you plan for safety and provide support – and everything you tell them is private and confidential.

The Hotline

1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 www.thehotline.org

Develop a safety plan using this app:

http://www.joinonelove.org/my_plan_app

DID YOU KNOW YOUR RELATIONSHIP AFFECTS YOUR HEALTH?

¿Estás en una relación SALUDABLE?

Toda persona merece tener una pareja que escuche lo que quiere y necesita. Pregúntate:

- ✔ ¿Mi pareja o la persona que estoy viendo es amable y respeta mis decisiones?
- ✔ ¿Mi pareja apoya el control de natalidad que es mejor para mí?
- ✔ ¿Mi pareja apoya mi decisión acerca de si quiero o cuándo quiero tener hijos/hijas?

Si contestaste "SÍ" a cualquiera de estas preguntas, es probable que estés en una relación saludable. Los estudios demuestran que estas clases de relaciones conducen a una vida más saludable, más larga y con mejores resultados para sus niños/niñas.

¿Estás en una relación MÁLA?

1 de cada 4 mujeres son agredidas por su pareja durante su vida. Pregúntate:

- ✘ ¿Mi pareja me avergüenza o me humilla?
- ✘ ¿Mi relación me hace sentir MAL sobre mi misma?
- ✘ ¿Mi pareja a veces me hace daño, me atemoriza o me amenaza con sus palabras o acciones?
- ✘ ¿Mi pareja interfiere con mi control de natalidad o trata de hacerme quedar embarazada cuando no lo quiero estar?
- ✘ ¿Me obliga mi pareja a tener sexo cuando yo no lo quiero?

Si contestaste "SÍ" a cualquiera de estas preguntas, *tu salud y seguridad pueden estar en peligro*. Para obtener ayuda, habla con tu proveedor de atención médica, llama a las líneas de ayuda en esta tarjeta.

Cómo ayudar a una amiga

Todas nos sentimos impotentes algunas veces—como si todo lo que hacemos sale mal.

¿Suena familiar? Esto puede suceder en las relaciones, sobre todo las que son malas o perjudiciales. El mantenerse en conexión con amigas/amigos o familiares que tienen dificultades en sus relaciones es muy importante.

Tú puedes crear la diferencia al dejarles saber que no están solas. "Oye, yo he estado ahí también. Alguien me dio esta tarjeta y me ha ayudado con ideas de lugares a donde puedo ir para obtener ayuda y sentirme más segura y saludable."

¿Y para ti? Los estudios demuestran que cuando ayudamos a otras personas, también nos sentimos bien con nosotras mismas.

¿Quién controla las decisiones sobre los embarazos?

Pregúntate: Alguna vez mi pareja:

- ✔ ¿Me ha tratado de presionar a quedar embarazada?
- ✔ ¿Me ha hecho daño o me ha amenazado por no querer quedar embarazada?

Si alguna vez has estado embarazada:

- ✔ ¿Mi pareja me ha amenazado con hacerme daño si no hago lo que mi pareja desea con el embarazo (en cualquier dirección – continuar con el embarazo o tener un aborto)?

Si contestaste "*SÍ*" a cualquiera de estas preguntas, *no estás sola* y mereces poder tomar tus propias decisiones sin tener miedo.

Tomando Control

Una pareja puede ver el embarazo como una manera de mantenerte en su vida y mantenerse en contacto contigo a través de tener una hija/hijo – incluso aunque tú no lo quieras. El médico te puede ofrecer control de natalidad sin que lo sepa tu pareja.

- ✔ El DIU es un dispositivo intrauterino pequeño, seguro, libre de hormonas, que se coloca en el útero para prevenir el embarazo hasta por 12 años. El DIU tiene cordones que se pueden cortar para que tu pareja no los sienta y tú todavía podrás tener un período regular.
- ✔ La anticoncepción de emergencia (AE – algunos la llaman la píldora del día siguiente) se puede tomar hasta cinco días después del acto sexual para prevenir el embarazo. Cuanto antes se tome, mejor funciona. Para ocultar el AE sácalo del paquete y pon la pastilla en un sobre o botella vacía y tu pareja no sabrá lo que es. Para encontrar un proveedor cercano: www.bedsider.org/es

Buscar Ayuda

- ✔ Si tu pareja o la persona que estás viendo vigila tu teléfono celular o textos, habla con tu proveedor de salud para usar otro teléfono para llamar a las líneas de emergencia que están en esta tarjeta—para que tu pareja no lo vea en las llamadas que has marcado.
- ✔ La gente en la línea de ayuda listada en esta tarjeta te puede ayudar con un plan para sentirte más segura.

Si tienes una enfermedad de transmisión sexual (ETS) y temes que tu pareja te hará daño si se lo dices:

- ✔ Podrías solicitar una notificación anónima a tu pareja al departamento de salud pública, sin utilizar tu nombre.
- ✔ Podrías usar un servicio de notificación en línea sin usar tu nombre en www.inspot.org. Para otras ETS: www. sotheycanknow.org en inglés.

Financiado en parte por el Departamento de Salud y Servicios Humanos y la Administración para Niños, Jóvenes y Familias (concesión ##90EV0414).

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WOMEN'S HEALTH CARE PHYSICIANS

Toda persona merece una relación saludable y respetuosa. Sabemos que eso no siempre ocurre. Si estás siendo agredida por tu pareja, NO es tu culpa.

Línea Nacional contra la Violencia Doméstica (National Domestic Violence Hotline). Contestan el teléfono las 24 horas, pueden ayudar a crear un plan de seguridad y proporcionar apoyo – y todo lo que les digas es privado y confidencial.

Línea de Ayuda
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 http://espanol.thehotline.org

Consejos para planear tu seguridad
http://espanol.thehotline.org/solicite-ayuda/el-camino-hacia-la-seguridad

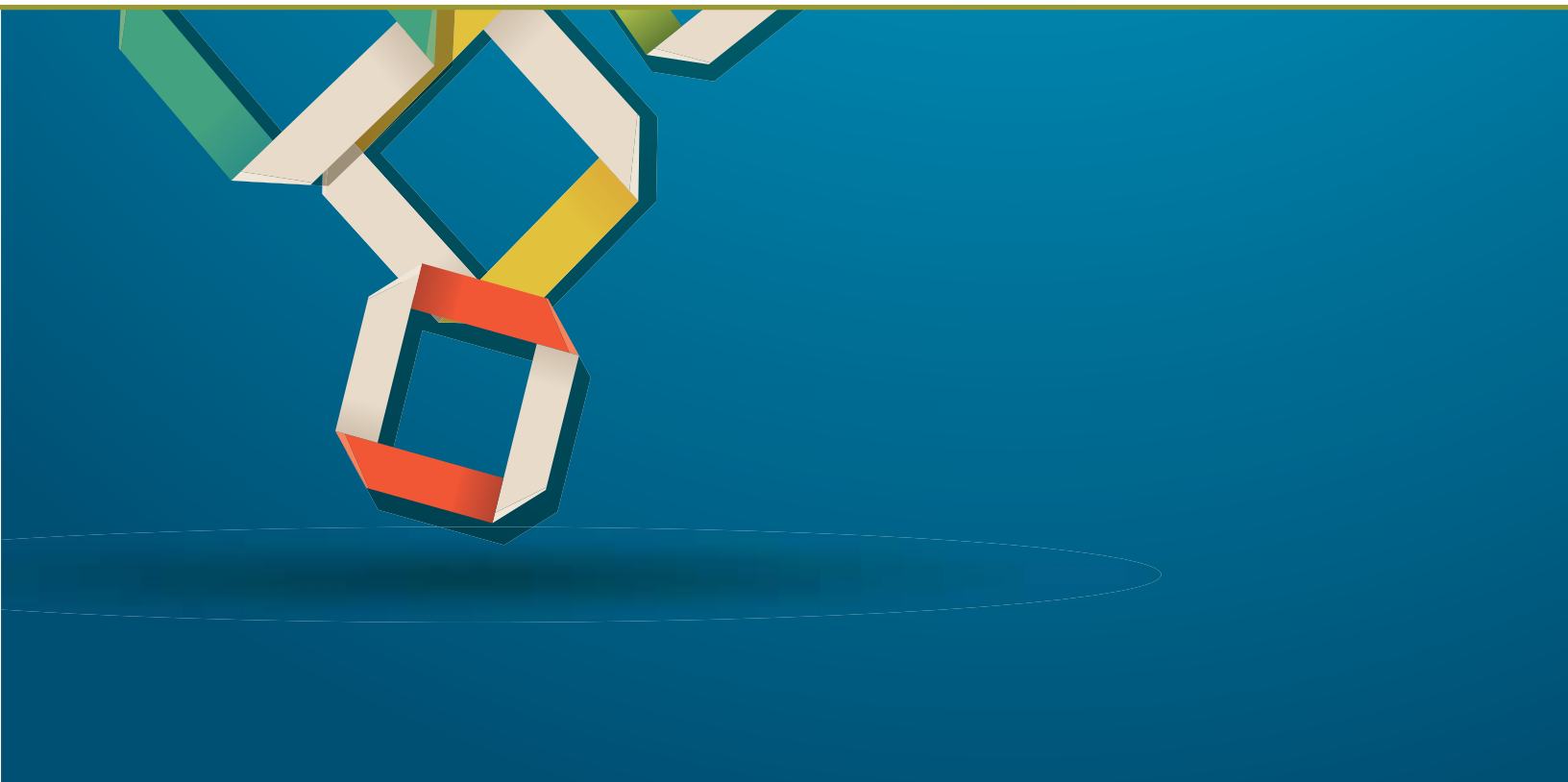
Para encontrar un centro de salud:
https://findahealthcenter.hrsa.gov

Información sobre leyes y recursos nacionales:
http://www.womenslaw.org

¿SABÍAS QUE TUS RELACIONES AFECTAN TU SALUD?

Section E:

Supplemental Information



CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

A Trauma-Informed Approach to Domestic Violence Advocacy

Adopting a trauma-informed approach* to domestic violence advocacy means attending to survivors' emotional as well as physical safety. Just as we help survivors to increase their access to economic resources, physical safety, and legal protections, using a trauma-informed approach means that we also assist survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of domestic violence and other lifetime abuse, and rebuilding their lives. It also means ensuring that all survivors of domestic violence have access to advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing.

This document will discuss **five core components** of a trauma-informed approach to domestic violence advocacy. These include (1) providing survivors with information about the traumatic effects of abuse; (2) adapting programs and services to meet survivors' trauma- and mental health-related needs; (3) creating opportunities for survivors to discuss their responses to trauma; (4) offering resources and referrals to survivors; and (5) reflecting on our own and our programs' practice.

1. Provide survivors with information about the traumatic effects of abuse.

Many survivors of domestic violence will not be familiar with the concept of trauma. Some survivors may believe that it is a sign of strength to be able to withstand extreme difficulty without complaining. Some may view silent endurance as a religious or spiritual value. Helping survivors understand that there are natural ways that the human mind and body respond to stress and pressure can help counter the belief that these reactions are signs of weakness.

How can your programs provide survivors with destigmatizing information about the traumatic effects of abuse?

- Discuss the link between lifetime trauma, domestic violence, and mental health.
- Discuss some of the common emotional or mental health effects of domestic violence and ways that these responses can interfere with accessing safety, processing information, or remembering details.

* The notion of "trauma-informed services," which comes from the work of Maxine Harris, PhD, and Roger Fallot, PhD, at Community Connections, is designed to promote recovery and minimize the chance of revictimization. Harris, M. & Fallot, R. (2001, Spring). *New directions for mental health services, Using trauma theory to design service systems*, *89*, Jossey-Bass.

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- Discuss the ways that trauma can disrupt our ability to trust and to manage feelings and can affect the ways we feel about other people, ourselves, and the world.
- Discuss the things that abusers may do to make their partners feel "crazy."
- Discuss the ways that abusers use mental health issues to control their partners.

2. Adapt programs and services to meet survivors' trauma- and mental health-related needs.

As domestic violence programs become sensitized to the effects of trauma and the need to provide inclusive services, we can work to create programs, policies, and settings that meet survivors where they are and that are careful not to retraumatize survivors.

How can your program respond to the individual needs of survivors?

- Conduct pre-intake screenings for domestic violence only and do not "screen out" for mental health "issues" or a history of psychiatric treatment.
- Create a welcoming environment with a wide range of options for survivors and make changes when practices and policies are not well suited to individual survivors' needs and capacities.
- Discuss ways that shelter living can be difficult for everyone and offer supportive strategies that would make it more comfortable for the individual survivor with whom you are working.
- Have a standard medication policy for everyone. It is not necessary to know what medications women are taking or why. Questions related to medication may be prohibited by law. Please see the Center's *Model Medication Policy* for further guidance.
- Inform survivors about your medication policies and let her know you are available to discuss any particular needs she has (e.g., she has run out and needs new supply, is having problems with side effects, is not sure they're helping, can't afford them, etc.).
- While conducting support groups or house meetings, discuss the range of responses people have to trauma, including physical and mental health symptoms.
- Reassure and support survivors who are uncomfortable with the mental symptoms of other women in the program that these are common responses to abuse.
- Collaborate (with consent) with the mental health providers, peer support specialists, and/or systems that work with each individual survivor.
- Inform or educate the mental health providers on issues related to domestic violence, including documentation of abuse in mental health records and additional needed supports.

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- Advocate with mental health providers and systems on behalf of survivors when requested and support survivors in their efforts to advocate on their own behalf.

3. Create opportunities for survivors to discuss their responses to trauma.

Once survivors are aware that most people have natural responses to extreme stress and pressure, it may be possible to help each woman to think about the specific ways that she and her children have managed, responded to, and been affected by the stress, pressure, and trauma that they have experienced.

How can your program provide opportunities for a survivor to discuss her responses to trauma?

- Ask about ways that she has changed as a result of the abuse.
- Ask if she is having any feelings or thoughts that concern her.
- Ask about the impact of domestic violence on her emotional well-being and mental health.
- Attend to the role of culture, community, and spirituality in her life.
- Talk with her about how her own emotional responses to abuse can affect how she responds to her children and offer strategies for noticing and addressing those concerns.
- Ask if her abusive partner interfered with past mental health treatment or medication.
- Ask if she has any mental health concerns she'd like to discuss, including concerns related to treatment, medications, hospitalizations, or past interactions with mental health providers or mental health systems.

4. Offer resources and referrals to survivors.

Like many of us, survivors of domestic violence may hold stereotypes about mental health treatment. Survivors may be unfamiliar with mental health services, believe they are only appropriate for people with very extreme symptoms, or think they are indulgences for weak or pampered people. You can let women know that these resources are appropriate for anyone who has been highly stressed or traumatized—that everyone deserves to feel better. Resources may include self-help tools as well as referrals to knowledgeable providers in the community or consultants who provide services at a DV program.

How can your program make resources and referrals available to a survivor?

- Discuss the process of healing from abuse and other trauma (instilling a sense of hope, that she will not feel this way forever).
- Develop culturally relevant and community-based referrals and linkages.

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- Let her know that if she is interested in accessing resources and services related to healing from abuse and other trauma, you can help her to access them.
- Provide linkages to information or resources to help her advocate for herself around mental health or medication issues (or, with permission, advocate for a survivor with her mental health care provider).
- Work with her on strengthening or developing new skills for dealing with painful or disruptive feelings such as relaxation training or exercises,[†] grounding techniques, affect regulation strategies, or developing a written plan like a Wellness Recovery Action Plan (WRAP®).[‡]

5. Reflect on our own and our programs' practice.

Being aware of our own reactions to others and to trauma helps ensure that our interactions with survivors are focused on supporting their best interests and well-being. Reflection also helps us to make thoughtful and professional decisions with knowledge of how our personal reactions and feelings are operating.

How can your program incorporate reflection into your practice and your settings?

- Create an environment with regular opportunities to reflect on your responses to each individual survivor and how those responses may be affecting her, as well as what those responses may reflect about your own experiences.
- Reflect on the impact of the work that you do on your own life (i.e., how you experience secondary trauma) either privately or with trusted others (including supervisors, peers, therapists, family, friends, etc.).
- Work with colleagues to recognize the ways in which tensions that arise within your program (among women receiving services and among program staff) may be related to staff feelings about and reactions to trauma. Develop ways to safely and respectfully address these issues when they arise.

For more information or for technical assistance, please contact the National Center on Domestic Violence, Trauma & Mental Health at info@nationalcenterdvtraumamh.org or 312-726-7020(P) or 312-726-4110(TTY).

[†] For example, see the Capacitar Emergency Response Tool Kit (available in multiple languages) at http://www.capacitar.org/emergency_kits.html
[‡] For more information about WRAP®, see http://www.mentalhealthrecovery.com/aboutwrap.php

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Impact of Trauma on Interaction and Engagement: Information Sheet for Domestic Violence Advocates*

Trauma can affect a survivor's…

- Interactions
- Stress tolerance and ability to regulate emotions
- Responses to negative feedback
- Ability to screen out distractions

It could look like…

- A survivor seeming "cool" and detached
- A survivor who is highly sensitive and whose feelings are easily hurt
- A survivor is suspicious and not trusting
- A survivor does not "read" or trust warmth and caring from staff and other survivors

When someone is experiencing a trauma response, she may…

- Not be able to talk to you about what is happening
- Not notice what is happening
- Not know what will help or think that nothing will
- Need some time alone or be comforted by having you near
- Feel too upset or overwhelmed to interact with you
- Not want to say what she needs because she does not feel safe enough, she may want to protect you, or she may believe that she should not say

Connection and Reflection Skills:

We know that any survivor may have difficulty engaging with an advocate who offers to help her. It is important to develop communication skills that acknowledge a person's trauma-related barriers to communication, while also following the survivor's lead in the conversation. We can do this by using two sets of skills—our connection skills and our reflection skills. Our connection skills include our ability to engage, be available, be present, convey empathy, avoid judgment, and be open and honest about what we are offering. We sometimes think of these as "lifelines," meaning that they may not be picked up immediately but are available when the other person is ready. Our reflection skills include our self-awareness and responsibility for understanding our own needs and reactions, both of which help to sustain our connection skills.

* This handout is adapted from *Access to Advocacy: Serving Women with Psychiatric Disabilities in Domestic Violence Settings: A Curriculum for Domestic Violence Advocates*, National Center on Domestic Violence, Trauma & Mental Health, Chicago, IL (2007).

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What is Reproductive Justice?

SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

The Herstory of Reproductive Justice (RJ)

Indigenous women, women of color, and trans* people have always fought for Reproductive Justice, but the term was invented in 1994. After attending the International Conference on Population and Development in Cairo, where the entire world agreed that the individual right to plan your own family must be central to global development, a group of black women gathered in Chicago. They recognized that the women's rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans* people. We needed to lead our own national movement to uplift the needs of the most marginalized women, families, and communities.

These women named themselves Women of African Descent for Reproductive Justice, and RJ was born. Rooted in the internationally-accepted human rights framework created by the United Nations, Reproductive Justice combines reproductive rights and social justice. The progenitors of RJ launched the movement by publishing a historic full-page statement with 800+ signatures in The Washington Post and Roll Call. Just three years later, in 1997, SisterSong was formed to create a national, multi-ethnic RJ movement.

We believe that Reproductive Justice is…

- A human right. RJ is based on the United Nations' internationally-accepted Universal Declaration of Human Rights, a comprehensive body of law that details the rights of individuals and the responsibilities of government to protect those rights.
- About access, not choice. Mainstream movements have focused on keeping abortion legal as an individual choice. That is necessary, but not enough. Even when abortion is legal, many women of color cannot afford it, or cannot travel hundreds of miles to the nearest clinic. There is no choice where there is no access.
- Not just about abortion. Abortion access is critical, and women of color and other marginalized women also often have difficulty accessing: contraception, comprehensive sex education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, domestic violence assistance, adequate wages to support our families, safe homes, and so much more.
- To achieve Reproductive Justice, we must…
- Analyze power systems. Reproductive politics in the US is based on gendered, sexualized, and racialized acts of dominance that occur on a daily basis. RJ works to understand and eradicate these nuanced dynamics.
- Address intersecting oppressions. Audre Lorde said, "There is no such thing as a single-issue struggle because we do not live single-issue lives." Marginalized women face multiple oppressions and we can only win freedom by addressing how they impact one another.
- Center the most marginalized. Our society will not be free until the most vulnerable people are able to access the resources and full human rights to live self-determined lives without fear, discrimination, or retaliation.
- Join together across issues and identities. All oppressions impact our reproductive lives; RJ is simply human rights seen through the lens of the nuanced ways oppression impacts self-determined family creation. The intersectionality of RJ is both an opportunity and a call to come together as one movement with the power to win freedom for all oppressed people.

https://www.sistersong.net/reproductive-justice

How Oppressive Systems Connect

a few examples...

Racism/ White Supremacy

Gender-based violence has been used historically to maintain white supremacy. One example is the frequent rape of enslaved Africans by white plantation owners.

Survivors of color who experience violence may experience racism from advocates or allied professionals when they seek help, making them less likely to seek help and therefore more vulnerable to continuing abuse.
In particular, racism within the criminal justice system, such as higher conviction rates and average sentences of people of color, makes many survivors of color reluctant to call the police.

Capitalism

In media/advertising, women and feminine people are frequently objectified, their sexuality and body parts used to sell products. This dehumanization makes it easier for people to commit violent acts against cis and trans-women, and nonbinary people.

Gender-Based Violence

All oppressions are perpetuated by the belief that power must be power over, rather than shared power.

Layers of oppression make some people more vulnerable to sexual and intimate partner violence.

Heterosexism

Lesbian, gay, bisexual, queer, nonbinary, and trans people frequently experience harassment and violence from homophobic and transphobic men. Heterosexism also contributes to the violence many people experience at the hands of abusive partners (e.g., threatening to "out" their partner to family, work, etc).

Sexism/ Male Supremacy

Young people growing up in homes where intimate partner violence is happening learn that it is acceptable for men to dominate women and feminine people, reinforcing a sexist belief system.

Sexist beliefs about the role of perceived femininity influence the behavior of many perpetrators. This shows up in beliefs like women and feminine people should always be available sexually, should serve men, should be passive and agreeable, etc.

How Justice Movements Connect

a few examples...

Racial Justice

Racism creates serious barriers to safety for victims of sexual and intimate partner violence. Disparities based on race, ethnicity, and immigration status often determine access to help, resources, information, and options offered to survivors of sexual and intimate partner violence. **Racial justice ensures that people of color, including survivors of violence, achieve equitable health, safety, and security outcomes for themselves and their families. Building racial justice is an essential part of effective victim advocacy and health promotion.**

Economic Justice and Decriminalization of Poverty

Innocent people go to jail for inability to pay court-imposed costs. Cash bail—the system of requiring people to pay money to gain their freedom while awaiting their court date– means some people get to be free while they await trial and others stay in jail. **Decriminalizing poverty lowers the risk of someone being trapped in a cycle of debt and vulnerable to staying trapped in an unhealthy relationship or resorting to unsafe forms of sex work.**

Gender Justice

Sexual and domestic violence are connected to other forms of oppression.

We lift up policies and practices that reduce burdens on historically marginalized and oppressed communities and improve the health and well-being of those directly impacted by sexual and domestic violence, including violence perpetrated by institutions, systems, and the state.

Reproductive Justice

A person's sexual and reproductive health are directly impacted by experiences of sexual and intimate partner violence. **Access to medically accurate and patient-centered sexual and reproductive health and wellness education and services has many positive outcomes, including reduced rates of unintended pregnancies in teens and adults, early detection of treatable infection, and a lifetime incidence of lower sexual risk-taking and lower rates of relationship violence.**

Trans + Queer Liberation

Trans, queer, and nonbinary people often live at the complex intersections of racism, homophobia, transphobia, sexism and classism. More than 1 in 3 trans women and 1 in 2 trans men have been sexually assaulted. Trans people doing sex work are more prone to be victims of violence, and trans survivors face barriers of discrimination and stigma when seeking support and resources after sexual trauma. **Trans liberation would result in eliminating gendered violence in the lives of all people.**

Virginia Sexual & Domestic Violence Action Alliance | www.vsdvalliance.org | info@vsdvalliance.org

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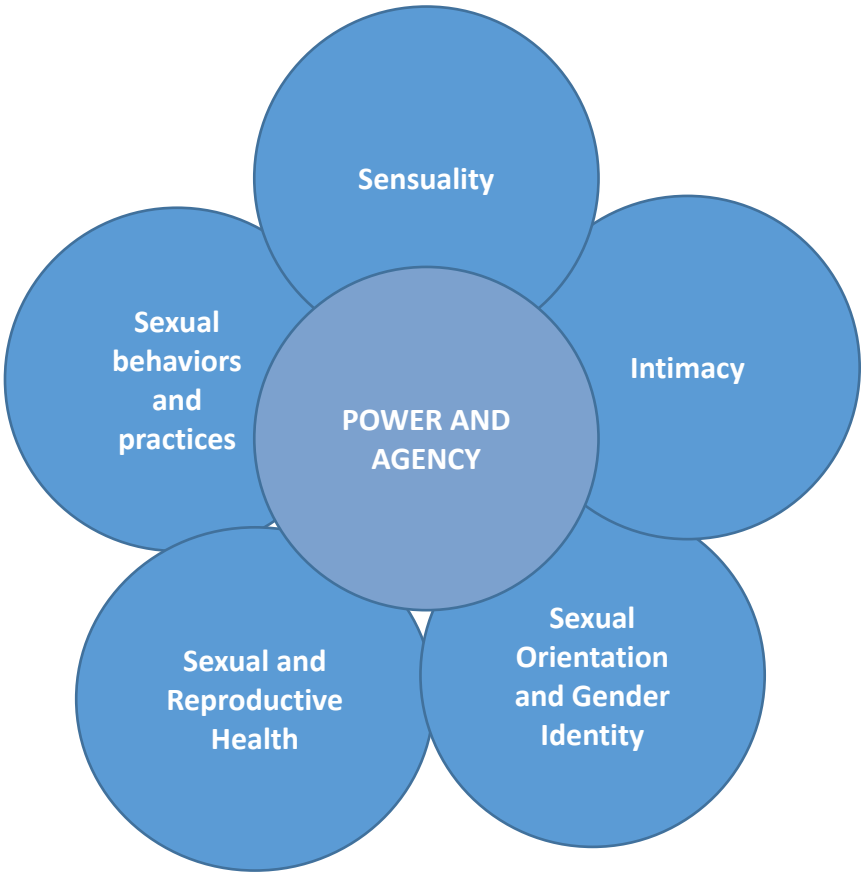
Circles of Sexuality and Definitions



Sensuality

Awareness and feeling with one's own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give ourselves and others.

Intimacy

The ability and need to be close to another human being and accept closeness in return. Aspects of intimacy can include sharing, caring, emotional risk-taking, and vulnerability.

Sexual orientation and gender identity

A person's understanding of who they are sexually, including:

- Gender identity: a person's internal sense of their gender, which may or may not correspond with the sex assigned at birth.

This training module was adapted from materials created by the Interagency Gender Working Group (IGWG) and funded by USAID. These materials may have been edited; to see the original training materials you may download this training module in its pdf format).

- Gender expression: how one's characteristics and behaviors conform to or transgress gender norms and roles of femininity and masculinity.
- Sexual orientation: whether a person's primary attraction is to the opposite sex (heterosexuality), the same sex (homosexuality), or both sexes (bisexuality).

Sexual health and reproduction

One's capacity to reproduce and the behaviors and attitudes that support sexual health and enjoyment. This includes factual information about sexual anatomy, sexual intercourse and different sex acts, reproduction, contraception, STI prevention, and self-care, among others.

Sexual behaviors and practices

Who does what with which body parts, items, and/or partners?

Sexual power and agency

Power within sexual relations. This includes:

- Power within, derived from a sense of self-worth and understanding of one's preferences and values, which enable a person to realize sexual well-being and health.
- Power to influence, consent, and/or decline.
- Power with others to negotiate and decide.
- Power over others; using sex to manipulate, control, or harm other people.

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Healthy Sexuality Online Resources

Comprehensive healthy sexuality education is a key strategy for sexual violence prevention.

Online Resources about Healthy Sexuality:[1]

The **American Social Health Association** is dedicated to improving the health of individuals, families, and communities with an emphasis on sexual health and a focus on preventing sexually transmitted infections.

Healthy sexuality for sexual violence prevention: A report on promising curriculum-based approaches, published in 2011, provides a summary of the top curriculum-based healthy sexuality programs. Included are detailed descriptions of 4 outstanding curricula with target audiences from ages 5-21, two of which are offered in Spanish.

Scarleteen is an independent, grassroots sexuality and relationships education and support organization and website. Scarleteen provides comprehensive sexuality, health and relationship articles, guides, factsheets and in-depth advice answers, extensive external resource lists for each topical section of the site and a collective blog, along with interactive services, referrals, outreach, and mentoring and leadership opportunities for teens and young adults.

SIECUS: Sex Ed for Social Change provides resources in the areas of both policy/advocacy and information/education, in addition to an assortment of data and fact sheets supporting comprehensive sexuality education.

Online Resources about Trans Healthcare:

The National LGBTQIA+ Health Education Center is a program of the Fenway Institute. This collection of webinars, publications, and trainings aims to educate health care providers and staff at health care organizations to better provide quality, inclusive, and welcoming care to transgender people.

Planned Parenthood provides introductory information on trans health care, including specific barriers trans and gender nonconforming people face when trying to access health care. Additional pages include information on trans and gender nonconforming identities, transphobia, and how to support someone who is trans.

1 For easy access to this page and all hyperlinks referenced, please visit: https://bit.ly/aasexuality

Publications:

The **2014 National Sexual Assault Awareness Month (SAAM) campaign** focused on healthy sexuality and young people. This campaign provides tools on healthy adolescent sexuality and engaging youth. Learn how you can play a role in promoting a healthy foundation for relationships, development, and sexual violence prevention. SAAM 2014 engages adults in supporting positive youth development, and encourages young people to be activists for change. Many resources also are available in **Spanish**.

Relationship Status, an online booklet by the Vermont Network Against Domestic and Sexual Violence uses comic book illustrations and activities to discuss healthy relationships and sexuality for teens.

S.E.X.: The All-You-Need-To-Know Sexuality Guide to Get You Through Your Teens and Twenties is the popular, in-depth, progressive and inclusive teen and young adult sexuality and relationships guide by Scarleteen founder Heather Corinna (2007 & 2016, DaCapo Press/Perseus Books). S.E.X. covers consent, safe sex, emotional health and more.

Sexuality & Social Change: Making the Connection, Strategies for Action and Investment covers the intersection of sexuality with major social issues, including women's and children's health; youth development; population growth; gender discrimination; gender-based violence; and women's empowerment.

WholeSome Bodies: Broadening the Conversation About Sexuality and Sexual Violence Prevention, a free curriculum by the Vermont Network Against Domestic and Sexual Violence, focuses on integrating sexuality into our wholeness as an approach to sexual violence prevention.

You can help Virginia's children
build healthy futures.

Proceeds from every license plate help fund our programs to prevent sexual and domestic violence.

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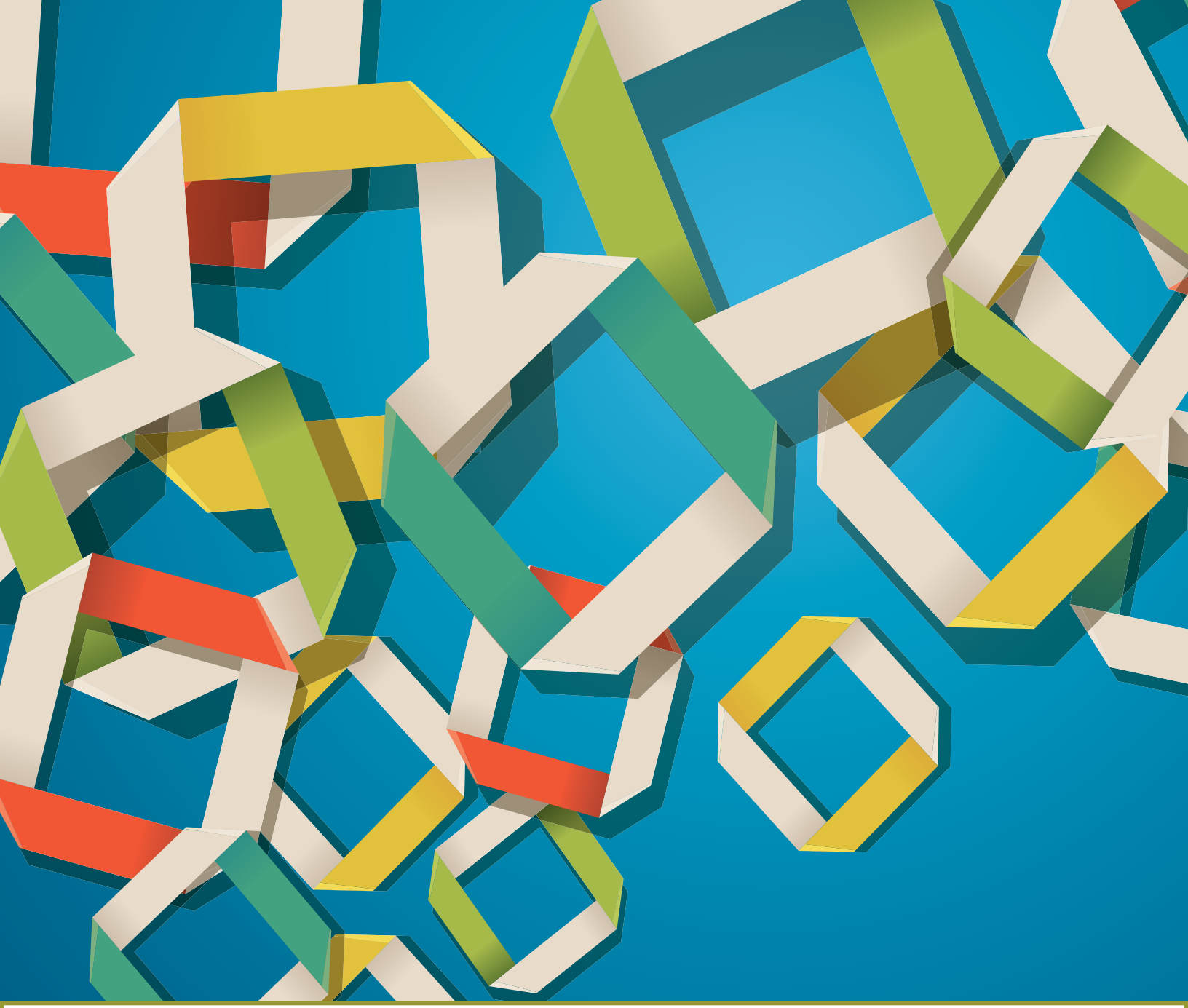

Reproductive and Sexual Coercion
A Toolkit for Sexual & Domestic Violence Advocates
Third Edition (2020)

Virginia Sexual and Domestic Violence
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