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Part 5: Guidelines for Health Care Providers

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Practice Guidelines for Health Care Providers

- Have a private place to interview clients alone where conversations cannot be overheard or interrupted.
- Display culturally and linguistically appropriate educational information (addressing IPV, reproductive coercion, stalking, and sexual assault), including posters, hotline numbers, safety cards, screensavers, and resource cards, in common areas and in private locations such as bathrooms and exam rooms.
- Develop a written, formal training policy and provide staff training on IPV, sexual assault, and reproductive coercion, including the appropriate steps to inform clients about the limits of confidentiality and reporting requirements.
- Develop referral lists and create partnerships with local resources.
- Establish relationships with local community-based domestic violence and sexual assault advocacy programs so that you can make informed referrals and possibly collaborate on training activities.
- Core training on relationship and abuse issues (including specific training on IPV, sexual assault and coercion, stalking, and reproductive coercion) should be mandatory for all clinic staff who have contact with clients.
- Advanced skills-based training should be offered on an ongoing basis and should cover how to seamlessly integrate assessment and brief intervention into current practice.
- Always disclose limits of confidentiality prior to doing any assessment with clients.
- Providers should use the Futures Without Violence Safety Card for Reproductive Health to facilitate screening and educate clients about healthy relationships and the impact of IPV and reproductive and sexual coercion on health.

- Offer visit-specific harm reduction strategies.
- Offer supported referral.
- Offer clients the use of a private phone in the clinic or office so they can call community-based services without being monitored by abusive partners.
- Acquaint yourself with local mental health professionals who offer specialized treatment to abuse survivors; you may contact community-based advocacy programs for information about where to find appropriate therapy services.
- Document screening, referral, and follow-up plans regarding IPV and sexual or reproductive coercion in each client's chart, along with safety considerations for contacting the client for follow-up.

Introduction

This section of the Practice Guidelines is patterned closely on the *Reproductive Health and Partner Violence Guidelines* (Chamberlain & Levenson, 2011). Futures Without Violence gave permission to excerpt relevant portions of their work. We adapted some of their material to apply more specifically to pregnant and newly parenting women and teens and to incorporate local resources. Futures Without Violence's brief, evidence-based assessment and intervention tool, the Safety Card for Reproductive Health (reproduced at the end of this chapter), remains the centerpiece of the health care guidelines, along with strategies developed by Futures Without Violence for harm reduction. The research showing the efficacy of the Safety Card intervention was conducted under the auspices of the University of California at Davis Medical School and included 1200 participants at family planning clinics. This study, based on more than 20 years of research about similar interventions, adds to a growing body of evidence that links reproductive coercion with other forms of abuse as well as with increased risk for unintended pregnancies. The Safety Card offers a method for opening the conversation between health care providers and their clients about IPV and reproductive and sexual coercion, and allows the health care provider to introduce important information about healthy and unhealthy relationships.

A note on language:
Because this section of the Practice Guidelines is intended for a range of professionals working in health care settings, the Statewide Workgroup decided to use the term "client" rather than "patient."

Each health care setting is unique in the way services are delivered. While the guidelines in this chapter should be appropriate in a wide variety of settings, they will be implemented differently as they are customized for a particular clinic or office. Remember that these Practice Guidelines are designed for those working with women and teens who are pregnant or within the first year of parenthood, so the Guidelines will be most relevant to professionals who have direct contact with these individuals.

Prepare

Create a Safe Environment for Sharing Information

You can take several important steps to create a safe and supportive environment for asking clients about relationship issues that may affect their health.

- Have a private place to interview clients alone where conversations cannot be overheard or interrupted.
- Display culturally and linguistically appropriate educational information (addressing IPV, reproductive coercion, stalking, and sexual assault), including posters, hotline numbers, safety cards, screensavers, and resource cards, in common areas and in private locations such as bathrooms and exam rooms.
- Develop a written, formal training policy and provide staff training on IPV, sexual assault, and reproductive coercion, including the appropriate steps to inform clients about the limits of confidentiality and reporting requirements.

IN OUR INTERVIEWS WITH HEALTH CARE

Providers during the Needs Assessment, we heard that for many people, their only transportation to the clinic was with their partner, and the only cell phone in the house was his – he controlled the communication. "Frequently, only one person in the house has the phone, it's the man, he takes it to work with him. … You have to go through him when you make phone calls to them and say 'Have her call me back please.' How often do we lose patients we never hear from again?"

  - Futures Without Violence (www.futureswithoutviolence.org) has a culturally diverse selection of posters, educational brochures, and safety cards.

- Develop referral lists and create partnerships with local resources.
    - There are local, statewide, and national resources addressing issues of abuse. The Washington State Coalition Against Domestic Violence and the Washington Coalition of Sexual Assault Programs maintain current listings of local domestic violence and sexual assault programs.
- Establish relationships with local community-based domestic violence and sexual assault advocacy programs so that you can make informed referrals and possibly collaborate on training activities.
    - These programs provide an array of services, including crisis intervention, advocacy services, shelter, community education, and professional consultation. This face-to-face connection will help you to access appropriate resources for your clients in a timely fashion.
    - Seek additional or joint funding opportunities to support either co-location or increased access to advocacy support at healthcare sites.

Train

Health care providers should seek training on how healthy and unhealthy relationships affect health status.

- Core training on relationship and abuse issues (including specific training on IPV, sexual assault and coercion, stalking, and reproductive coercion) should be mandatory for all clinic staff who have contact with clients.
    - Every staff person needs to have basic knowledge about trauma-informed services and an opportunity to build basic skills for working with clients, within the scope of his or her role.
- Advanced skills-based training should be offered on an ongoing basis and should cover how to seamlessly integrate assessment and brief intervention into current practice.
    - This training will offer clinicians the opportunity to develop and practice discipline-specific competencies based on best practices and a holistic approach to the client.

Who Should Receive Training?

In addition to clinicians, we recommend that all staff who may have contact with clients participate in training. Nonclinical staff such as front desk or outreach workers are often the first people to observe indicators of abuse and they are critical in establishing a supportive, trauma-informed environment. Training may also be offered to other support staff such as security guards, parking lot attendants, and maintenance and cleaning staff, because they may observe abusive or threatening behaviors.

Training Resources

Making the Connection: Intimate Partner Violence and Public Health is a free toolkit developed by Futures Without Violence. It can be used for self-directed training and to provide training to your staff (download at www.futureswithoutviolene.org/health). The toolkit consists of a PowerPoint presentation, speaker's notes, and an extensive bibliography. It addresses the following reproductive health-related topics:

- IPV and Family Planning, Birth Control Sabotage, Pregnancy Pressure, and Unintended Pregnancy
- IPV and Sexually Transmitted Infections/HIV
- IPV and Women's Health

Free eLearning Activity: Online education opportunities on violence and reproductive and sexual coercion are also available. Go to www.futureswithoutviolence.org/health for information on new training opportunities as they become available.

Local domestic violence and sexual assault agencies may be able to provide training. The state coalitions (WSCADV and WCSAP) may also be able to provide advanced or specialized trainings in-person or online.

- Washington Coalition of Sexual Assault Programs – www.wcsap.org/events
- Washington State Coalition Against Domestic Violence – www.wscadv.org/trainingEvents.cfm

National medical provider organizations may also offer relevant training:

- American College of Obstetricians and Gynecologists – www.ACOG.org
- Migrant Clinicians Network – www.migrantclinician.org

Inform

Confidentiality Issues

While reproductive and sexual coercion described in these guidelines are not included in most legal definitions of IPV, some forms such as forced sex would typically be part of the legal definition of IPV. Issues related to dating violence involving a minor can also raise questions about mandatory child abuse reporting requirements and age of consent laws. In addition, providers need to be familiar with relevant state privacy laws and federal regulations regarding the confidentiality and protection of health information. Make sure that you have accurate, up-to-date information about mandatory reporting laws for Washington (see also Part 4: Guidelines for Working With Teens).

Mandatory reporting requirements are different in each state and territory. Consider contacting the following organizations for information and resources specific to Washington State:

- **Child Protective Services** in Washington provides information about reporting requirements for minors experiencing abuse. Mandatory reporter training information is available at www.dshs.wa.gov/ca/safety/abusereport.asp

- The **Washington Coalition of Sexual Assault Programs** (www.wcsap.org) and the **Washington State Coalition Against Domestic Violence** (www.wscadv.org) can provide information and training on reporting requirements for sexual assault and IPV. Information about local domestic violence and sexual assault agencies in your community is also available from these coalitions.

- Always disclose confidentiality limits prior to doing any assessment with clients.

Health care providers need to clearly state their obligations as mandated reporters. This preserves trust, allows clients to make an informed decision about what information they wish to share, and helps to prevent misunderstanding and miscommunication. The scripts below are examples of how to disclose confidentiality limits with a client before assessing for IPV and reproductive and sexual coercion.

Sample Script to Inform Client about Limits of Confidentiality:

Adult Client
"I'm really glad you came in today. Before we get started, I want you to know that everything here is confidential, meaning I won't talk to anyone else about what is happening unless you tell me that (list your agency's confidentiality limits)."

Teen Client
"I'm really glad you came in today. Before we get started, I want you to know that we respect your privacy. What we talk about here today is confidential. However, there may be some situations that I am required by law to report. If I learn that you are being hurt by someone or being forced to do something sexually that you don't want to do, are planning on committing suicide, or are planning on hurting someone else, I will have to make a report. Also, if you tell me that you are having sex with someone who is much older than you, that is something I have to report as well."

For information about age of consent laws in Washington State, see resources on page 48 in Part 4: *Guidelines for Working with Teens.*

If possible, bring the client to the exam room by herself initially to discuss these issues. This is less awkward than asking an accompanying person to leave the exam room. In the waiting room, you can say, "We'd like you to come back by yourself first, and I'll come to get [parent or partner] in a few minutes." If the accompanying individual (or even the patient) balks, you can say, "This is the regular way we do things, so we can get the patient settled in the exam room. I'll be back to get you very shortly."

Ask and Educate

Asking Questions about IPV and Reproductive and Sexual Coercion

Providers in the Needs Assessment Interviews:

Providers in the Needs Assessment interviews told us that you should expect to hear "no" when you ask if clients have experienced abuse. Unless and until you have the time and opportunity to build a relationship, disclosure of any kind of abuse is rare. Just providing information, like giving out the Safety Card, is an intervention that may be effective even without a disclosure. It may be useful to your client, a family member, or a friend.

"Mostly we don't find this all out in one visit. That's why [physicians] have a hard time cracking this. They don't have enough time. We get to know them a bit, they trust us. The first time, nothing's wrong. The second time, out it comes." – Maternity Support Services Nurse

While assessment questions for IPV may be embedded in self-administered questionnaires or computerized interviews, asking questions about IPV and reproductive and sexual coercion also needs to be part of the face-to-face interaction between the provider and the client. The client's responses to these questions help to inform the provider about the best way to proceed relative to potential complications, compliance considerations, other health risks, safety concerns, and developing an appropriate treatment plan. This informed approach will ultimately save time and enhance the quality of care and health outcomes.

"SHE WAS A LITTLE BIT OLDER,
this was her third baby, she had really bad diabetes; it would have probably been better to not have another child. And she felt like she was done. So I would ask every time I saw her – and her husband came to all her appointments, which is a problem – 'so, are you thinking about having your tubes tied after this baby?' And she's like, 'Well…' and looks at the husband and he says 'Oh, no, we're not going to do that.'"

Health care provider, Needs Assessment

Educate: The Futures Without Violence Safety Cards for Reproductive Health

- Futures Without Violence has developed Safety Cards on reproductive coercion and violence for adults and teens that are available at no cost through their website (www.futureswithoutviolence.org/section/our_work/health). A sample Safety Card is provided at the end of this chapter. A teen Safety Card, entitled Hanging Out or Hooking Up? is also available. Futures Without Violence also has Safety Cards for new parents during well-baby visits. You can order these resources, available in English and Spanish, at www.futureswithoutviolence.org/health. You may also have business cards from your local domestic violence/sexual assault agency or other local resources readily available. The Safety Cards are designed for clients to answer questions about their relationships, including whether their partners are interfering with their ability to make choices about their reproductive health. Approximately the size of a business card, the Safety Cards include:

> **"IT'LL SAVE YOU TIME IN THE LONG RUN**
> if you ask the right questions."
>
> *Sandy Owen, RN Benton/Franklin Public Health, Member of Statewide Workgroup*

  - Questions about elements of healthy and unhealthy relationships
  - Questions asking whether they experience IPV, birth control sabotage, pregnancy pressure, forced sex, and other controlling behaviors
  - Suggestions for what to do if they are experiencing IPV and/or reproductive coercion
  - Hotline numbers

- Providers should use the Futures Without Violence Safety Card for Reproductive Health to facilitate screening and educate clients about healthy relationships and the impact of IPV and reproductive and sexual coercion on health.
  - This can be done by adjusting the wording (for example, changing "Does my partner…" to "Does your partner…").

Healthcare professionals should also regularly share information about birth control methods that doesn't assume that patients are free to make their own decisions about their reproductive health. It is useful to identify birth control methods that are less likely to be inferred with or felt by a partner.

Promoting Prevention

Part of client education is talking about healthy relationships. The reproductive health care provider can also play an important role in preventing abuse by offering education and anticipatory guidance about what a healthy relationship looks like, particularly for adolescent boys and girls. Examples are shown below.

Universal Messages about Healthy Relationships

"One of the things that I talk to all my patients about is how you deserve to be treated by the people you go out with. You have the right to:

- Be treated with kindness.
- Be with your friends when you want to be.
- Wear what you want to wear.
- Feel safe and have our boundaries respected.
- Go only as far as you want to go with touching, kissing, or doing anything sexual.
- Speak up about any controlling behavior including textual harassment such as receiving too many texts, phone calls, or embarrassing posts about you on Facebook or other sites."

You may wish to reinforce these concepts by displaying a poster or giving out bookmarks developed by WCSAP that read, "In ANY relationship, you have the right to say 'yes' or 'no' to every sexual act any time for any reason, without fear. It's your choice. It's the law. If making that choice scares you, help is available." You can customize these posters and bookmarks with local advocacy program information. They are available for free download in six languages at www.wcsap.org/ipsv-resources-publications.

PROVIDER TIP:
Prior to asking questions about IPV and reproductive and sexual coercion, it is helpful to find out whether a client has sex with men, women, or both, so you can focus assessment on questions that are relevant to the client. DON'T ASSUME A PREGNANT CLIENT HAS ONLY MALE PARTNERS.

For example, for a woman who is engaging only in same-sex relationships, questions would focus on IPV and sexual coercion; it would not be necessary to ask questions about birth control sabotage.

Intervene

Ask about other control and abuse in her relationship.

Sample Script

"What you're telling me about your relationship makes me wonder if there are other things that make you uncomfortable. Has there ever been a situation where he has hurt you or pushed you to have sex when you didn't want to?"

Basic guidelines for responding to IPV in a health care setting are outlined in the National Consensus Guidelines on Responding to Domestic Violence Victimization in Health Care Settings (Family Violence Prevention Fund, 2004). Intervention strategies discussed in the Consensus Guidelines include:

- How to do a health and safety assessment
- Suggested language to provide validation to a client who discloses abuse
- How to respond to safety issues
- How to document a client's disclosure and abuse history
- Strategies for offering information and making referrals to local agencies
- Confidentiality procedures and mandated reporting

Offer Visit-Specific Harm Reduction Strategies

- Offer visit-specific harm reduction strategies.

> **"WE HAD A SITUATION WHERE WE DISTRACTED** the husband with meaningless paperwork so she could get Depo [an injectable form of birth control]. We were asked to go administer it quickly, don't say a word. She had an appointment…for something unrelated and she told the provider that's what she wanted."
>
> *Health care provider, Needs Assessment*

Making the link between violence and health can improve efficiency and effectiveness by helping providers focus on risk factors or behaviors that compromise a client's health and discuss interventions that are most likely to succeed. For example, research has shown that women who were very knowledgeable about sexually transmitted infections (STIs) but were also very fearful of abuse were less likely to use condoms consistently than women who knew less about STIs but were not afraid of abuse (Ralford, DiClemente, & Wingood, 2009). Unless the role of abuse is addressed, further STI or HIV education is unlikely to lead to safer sex practices.

An approach that integrates abuse issues with reproductive health care would inform clients about the increased risk of contracting STIs/HIV in abusive relationships, teach condom negotiation skills within the context of abusive relationships, and offer less detectable, female-controlled protective strategies, thus leading to improved health outcomes and enhanced quality of care. A health care provider working with a pregnant woman could integrate knowledge of abuse history with prenatal care by specifically asking the client what would make her more comfortable during a prenatal exam. For example, the survivor may wish to have a very complete explanation of all procedures and for the provider to warn her before touching her. This is in keeping with the principles of trauma-informed services.

> **" A LOT OF WOMEN…STRUGGLE TO FIND** out which method would be best, and which one he would be okay with. They base their decision on what he says. They are genuinely worried about the relationship. 'What would happen if I stray from [what he wants]? He would get really mad.'"
>
> *Health care provider, Needs Assessment*

We show some examples of scripts that demonstrate harm reduction counseling when a client discloses IPV and/or reproductive and sexual coercion below.

We have also developed a one-page handout that clearly and effectively explains birth control methods that are less likely to be detected by an abusive partner. See *Birth Control Methods That Can Used Without a Partner's Knowledge* in Appendix H.

What to Do if You Get a "Yes" to Pregnancy Pressure or Birth Control Sabotage

"I'm really glad you told me about what is going on. It happens to a lot of women and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk with you about some methods of birth control your partner doesn't have to know about such as the IUD [with the strings cut short to avoid detection], Nexplanon [a birth control method implanted under the skin on the arm], and emergency contraception."

What to Do if You Get a "Yes" to Difficulty Negotiating Condoms

"Many girls have talked to me about condoms breaking or coming off during sex. It's awful when you have to worry about getting pregnant when you don't want to be."

"Even though condoms can prevent sexually transmitted infections, the safest and most reliable birth control method for you may be one that the person you are sleeping with can't mess with. Have you ever thought about using the IUD or Nexplanon?"

"I want to make sure you know about the morning-after pill—emergency contraception—so that you have back-up if the other methods don't work. You may also want to have a plan for where to keep it—such as an empty pill bottle— so he won't find the packaging."

What to Do Regarding Partner Notification of a Positive STI

"I know it can be hard to talk about this – especially if you are worried your partner will blame you for the STI. What do you think will happen when he hears that he needs to get treated? Are you worried that he might hurt you?"

"As you may know, we have to tell the people that you have slept with about the infection. There are a couple of ways we can do this to help you be safer:"

- "We can talk to him about it in clinic and explain about transmission in case he gets angry or blames you."
- "We can have someone call him anonymously from the health department saying that someone he has slept with in the past year has (name of STI) and he needs to come and be treated."
- "If you decide you want to tell him yourself, you may want to tell him in a public place with lots of people around where you can leave easily if you need to."

Offer Supported Referral

- Offer supported referral.

Supported referral is the other key strategy for addressing IPV and reproductive and sexual coercion as an integral part of health care. Supported referral is different from simply handing a client a card or suggesting that she make a call. Some elements of supported referral are:

- The health care provider has taken the time to get to know the agencies and individuals to whom he or she refers clients.

- The health care provider can clearly explain what other service providers can and cannot do for the client, thus lessening a client's frustration at reaching out for services that may not actually be available.

- The health care provider may be able to identify a specific person at another agency who is likely to be able to help the client. When appropriate, the health care provider may make a call on the client's behalf or help the client to make the call—for example, by calling the service provider, getting the right person on the phone, briefly explaining the situation, and then handing the phone to the client who can then ask a question or request an appointment. This may be particularly important with clients who are very young, who have limited English proficiency, or who are especially anxious. Of course, the client should sign a release of information form prior to any contact between the health care provider and another professional.

> **"I REFER A LOT OF PEOPLE TO**
> [the advocacy program] but I think a really small percentage actually hook up with them. It would be nice to see those resources come to us. There's that huge fear factor, 'What is this? I have to make an effort to go out and see it? Do I know if it's going to help me?'… I can bring [the behavioral health counselor] and say here is the person, she can help you with domestic violence, and that's who they are going to go to. If I say, 'Here is this phone number, this place is down there, take the bus,' they are like 'What? No.' and that's a big disconnect in those services."
>
> *Health care provider, Needs Assessment*

- The health care provider may ask the client whether there are any obstacles to following through with a referral, and brainstorm solutions with the client. Something as simple as providing a bus route map may make the difference in whether or not a client feels able to seek important services elsewhere.

- It may be helpful to remember how difficult it is for any of us to seek services for a sensitive or highly personal issue with an unknown professional. The more you know about the service provider to whom you are referring a client, the more you can convey your own confidence that this referral will be helpful.

The first step in developing supported referral is to connect health providers with existing support services for IPV and sexual assault in the community. Making this connection is mutually beneficial:

- Domestic violence and sexual assault advocates from shelters/advocacy programs are an excellent resource for training and advocacy.

- Domestic violence and sexual assault advocates will become more aware of what health services are available for women experiencing IPV and/or sexual assault.

- Health care providers will become more familiar with what services for IPV and/or sexual assault are available locally and will have a specific person to contact when referring clients.

When making a supported referral, the provider may call the shelter or IPV/sexual assault program for a client or have the client call from the clinic. Helping clients link directly with domestic violence and sexual assault advocates while the clients are still in the health care setting can offer a safer option for individuals experiencing abuse. This approach can also increase the client's comfort level when reaching out for assistance and increase the likelihood of following through with referrals. Some clinics may wish to work with community-based advocacy agencies to create opportunities for advocates to meet clients at the health care facility, thus overcoming transportation and safety barriers. One of the advocacy programs in our pilot project was able to arrange for an advocate to be present when a survivor had a follow-up medical appointment, after the health care provider obtained permission from the patient at the previous appointment. In this particular case, the invited advocates were bicultural and bilingual, and their presence to support Latina survivors also helped transcend language and cultural obstacles to obtaining advocacy services.

When working with pregnant or parenting women or teens, other community referrals may also be appropriate. For example, you may wish to refer a woman to a doula or midwife who is experienced in working with survivors, or to refer a teen to a support group for teen moms. The same principles of supported referral would apply.

Sample Script for Supported Referral
Using the Futures Without Violence Safety Card

"I just want you to know that on the back of this safety card there are national hotline numbers with folks who are available 24/7 if you want to talk. They can connect you to local shelter services if you need more urgent help. Also, I know (insert name of local advocate), and I can put you on the phone with her right now if you would just like to talk to her."

- Offer clients the use of a private phone in the clinic or office so they can call community-based services without being monitored by abusive partners.

Respect Her Answer

If She Says "Yes" to Relationship Problems but Doesn't Disclose a Clear Description of Abuse or Coercion:

"You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble, you can come here for help. I am also going to give you a card with a hotline number on it. You can call the number anytime. They really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. The hotline staff has contact with lots of women who have experienced this or know about it in a personal way."

"MOSTLY WE DON'T FIND THIS ALL OUT
[the advocacy program] but I think a really out in one visit. That's why [physicians] have a hard time cracking this. They don't have enough time. We get to know them a bit, they trust us. The first time, nothing's wrong. The second time, out it comes."

Registered Nurse, Maternity Support Services, Needs Assessment

What to Say When She Says: "No, this isn't happening to me."
"I'm really glad to hear nothing like this is going on for you. We are giving this card to all of our clients so that they will know how to help a friend or a family member having difficulties in their relationship."

Safety Considerations for Clients Applying for Medicaid

Clients who apply for Medicaid coverage and other benefits are normally required to help the state pursue the collection of child support from the child's father. However, there is a procedure called "Good Cause" that allows for exceptions in situations where pursuing child support might endanger the mother and/or child. If your office or clinic encourages clients to apply for Medicaid, you can offer a real service by informing them of the Good Cause option. For more information, see page 95 in Part 8: Guidelines for Prosecutors and System-Based Advocates and Appendix F.

Appropriate Mental Health Referrals

Many teens and women who have been victimized can benefit from psychotherapy, but professionals outside of the mental health field sometimes feel awkward about making a referral for mental health (sometimes called behavioral health) treatment. Remember that trauma-informed services approache survivors with the understanding that their difficulties are mostly the result of what has happened to them, rather than what is "wrong" with them. Helping survivors understand that therapy is a way to enhance their coping skills rather than a way of "fixing" mental illness is critical.

Helping survivors understand that therapy is a way to enhance their coping skills rather than a way of "fixing" mental illness is critical.

In order to make a useful, appropriate referral, you need to know the mental health professionals and services in your community. Domestic violence and sexual assault programs often maintain resource lists of clinicians who have expertise in working with survivors.

The Maternity Health Support Services providers in our focus groups talked about the importance of linking with Behavioral Mental Health services for their patients. A behavioral mental health specialist reported, "It may not be in your face 'I'm going through domestic violence.' But it doesn't take long to assess and find out where the depression is coming from. … My experience with domestic violence is that if you probe and assess, it's there."

The Washington Coalition of Sexual Assault Programs (WCSAP) has created a guide called *What Advocates Need to Know About Therapy: Working with Children, Adolescents, and Families.* It is available for free download at www.wcsap.org/sites/www.wcsap.org/files/uploads/documents/WhatAdvocatesNeedtoKnowaboutTherapy2010.pdf. This guide explains the roles of different mental health professionals, discusses confidentiality and cultural competency, explains how to make a sensitive referral, and describes ways to promote positive relationships with mental health professionals in the community. While the guide is designed for advocates, any professional who works with pregnant or parenting women or teens and wishes to link them to mental health services will find it useful.

- Acquaint yourself with local mental health professionals who offer specialized treatment to abuse survivors; you may contact community-based advocacy programs for information about where to find appropriate therapy services.

Document

When a client discloses victimization or abuse is suspected, discuss and document follow-up to ensure continuity of care. In addition to offering appropriate referrals and assistance with contacting local resources such as a domestic violence or sexual assault advocate, ask the client if you can schedule a follow-up appointment at this time. It is also helpful to ask the client for contact information such as a phone number where it is safe to contact her at so that any future contact will minimize risk to the client.

- Document screening, referral, and follow-up plans regarding IPV and sexual or reproductive coercion in each client's chart, along with safety considerations for contacting the client for follow-up.

Make sure all staff who may follow up with the client understand how to contact her safely. Whether your records are electronic or printed, develop a system for "flagging" records for clients who have safety concerns (similar to the way records are flagged for medication allergies). Be sure to clarify which, if any, phone numbers may be used for safe contact, and whether or not the client gives permission to leave a message. Train all staff to check for safety flags before attempting to contact a client for any reason.

Who controls PREGNANCY decisions?

Ask yourself. Has my partner ever:

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

If I've ever been pregnant:

- ✔ Has my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction—continuing 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.

Getting Help

- ✔ If your partner checks your cell phone or texts, talk to your health care provider about using their phone to call domestic violence services—so your partner can't see it on your call log.
- ✔ If you have an STD and are afraid your partner will hurt you if you tell him, talk with your health care provider about how to be safer and how they might tell your partner about the infection without using your name.
- ✔ Studies show educating friends and family about abuse can help them take steps to be safer—giving them this card can make a difference in their lives.

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FUTURES WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

FuturesWithoutViolence.org

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

All these national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:

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

National Dating Abuse Helpline
1-866-331-9474
www.loveisrespect.org

National Sexual Assault Hotline
1-800-656-HOPE (1-800-656-4673)
www.rainn.org

Are you in a HEALTHY relationship?

Ask yourself:

- ✔ Is my partner kind to me and respectful of my choices?
- ✔ Does my partner support my using birth control?
- ✔ Does my partner support my decisions about if or when I want to have more 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, longer life, and helps your children.*

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✔ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✔ Does my partner refuse to use condoms when I ask?
- ✔ Does my partner make me have sex when I don't want to?
- ✔ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your health and safety may be in danger.

Is your BODY being affected?

Ask yourself:

- ✔ Am I afraid to ask my partner to use condoms?
- ✔ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
- ✔ Have I hidden birth control from my partner so he wouldn't get me pregnant?
- ✔ Has my partner made me afraid or physically hurt me?

If you answered *YES* to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.

Taking Control:

Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.

If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:

- ✔ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
- ✔ The IUD is a safe device that is put into the uterus and prevents pregnancy up to 10 years. The strings can be cut off so your partner can't feel them. The IUD can be removed at anytime when you want to become pregnant.
- ✔ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.

¿Quién controla las decisiones de EMBARAZO?

Pregúntese. Mi pareja alguna vez:

- ✔ ¿Ha intentado presionarme o forzame para que me embarace?
- ✔ ¿Me ha lastimado o amenazado porque no estoy de acuerdo en embarazarme?

Si alguna vez he estado embarazada:

- ✔ ¿Mi pareja me ha dicho que me lastimaría si no hacía lo que él quería con el embarazo (en cualquier dirección, continuar con el embarazo o aborto)?

Si respondió *SÍ* a cualquiera de estas preguntas, no está sola y merece tomar sus propias decisiones sin tener miedo.

Obteniendo Ayuda

- ✔ Si su pareja revisa su teléfono celular o textos, hable con su proveedor de atención médica acerca de cómo usar su teléfono para llamar a los servicios de violencia doméstica, para que su pareja no pueda verlo en su registro de llamadas.
- ✔ Si tiene una enfermedad de transmisión sexual (ETS) y teme que su pareja la lastime si le dice, hable con su proveedor de atención médica acerca de cómo estar más segura y como ellos le pueden decir a su pareja de la infección sin usar su nombre.
- ✔ Estudios muestran que educar a sus amigos y familiares sobre el abuso puede ayudarles a tomar pasos para estar más seguros—dándoles esta tarjeta puede hacer una diferencia en sus vidas.

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Todas estas líneas nacionales pueden conectarla a recursos locales y brindarle apoyo. Para obtener ayuda 24 horas al día, llame al:

Línea Nacional Sobre la Violencia Doméstica
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224
www.thehotline.org

Línea Nacional de Maltrato entre Novios Jóvenes
1-866-331-9474
www.loveisrespect.org

Línea de Crisis Nacional de Abuso Sexual
1-800-656-4673
www.rainn.org

¿Está en una relación SANA?

Pregúntese:

- ✔ ¿Es mi pareja bueno conmigo y respetuoso de mis preferencias?
- ✔ ¿Apoya mi pareja mi uso de anticonceptivos?
- ✔ ¿Apoya mi pareja mis decisiones sobre si quiero y cuando quiero tener más hijos?

Si respondió *SÍ* a estas preguntas, es probable que está en una relación sana. *Estudios muestran que este tipo de relación conduce a una mejor salud, una vida más larga, y ayuda a sus hijos.*

¿Está en una relación que NO ES SANA?

Pregúntese:

- ✔ ¿Mi pareja se entremete con mi anticonceptivo o trata de que quede embarazada cuando no yo quiero estar?
- ✔ ¿Mi pareja se niega a usar condones cuando se lo pido?
- ✔ ¿Mi pareja me hace tener relaciones sexuales cuando no quiero?
- ✔ ¿Mi pareja me dice con quién puedo hablar o dónde puedo ir?

Si respondió *SÍ* a cualquiera de estas preguntas, su salud y seguridad pueden estar en peligro.

¿Está siendo afectado su CUERPO?

Pregúntese:

- ✔ ¿Tengo miedo pedirle a mi pareja que use condones?
- ✔ ¿Tengo miedo que mi pareja me lastime si le digo que tengo una infección de transmisión sexual (ITS) y él necesita tratamiento?
- ✔ ¿He escondido los anticonceptivos de mi pareja para que no me embarace?
- ✔ ¿Mi pareja me ha lastimado físicamente o le he tenido miedo?

Si respondió *SÍ* a cualquiera de estas preguntas, puede estar en riesgo de ITS/VIH, embarazos no deseados, y lesiones graves.

Tomando Control:

Su pareja puede ver el embarazo como una forma de mantenerse en su vida y mantenerse conectado a través de un niño, aun cuando eso no es lo que usted desea.

Si su pareja le hace tener sexo, se entremete o altera su anticonceptivo, o se niega a usar condones:

- ✔ Hable con su proveedor de atención médica sobre anticonceptivos que usted pueda controlar (como el dispostivo intrauterino (DIU), implante anticonceptivo o inyección anticonceptiva).
- ✔ El DIU es un dispositivo seguro que se pone en el útero y evita un embarazo hasta por 10 años. Los hilos se pueden cortar para que su pareja no los sienta.
- ✔ Anticonceptivos de emergencia (unos le llaman la píldora de la mañana siguiente) se puede tomar hasta cinco días después de tener relaciones sexuales sin protección para evitar un embarazo. Se pueden sacar de su paquete y ponerlos en un sobre o botella de píldoras vacía para que su pareja no sepa.

What About Respect?

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

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

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

How to Help a Friend

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

Try these steps to help them:

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

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If you or someone you know ever just wants to talk, you can call these numbers. All of these hotlines are free, confidential, and you can talk to someone without giving your name.

National Teen Dating Abuse Helpline
1-866-331-9474 or online chat
www.loveisrespect.org

Suicide Prevention Hotline
1-800-273-8255

Teen Runaway Hotline
1-800-621-4000

Rape, Abuse, Incest, National Network (RAINN)
1-800-656-HOPE (1-800-656-4673)

Hanging out or Hooking up?

How is it Going?

Does the person you are seeing (like a boyfriend or a girlfriend):

- ✔ Treat you well?
- ✔ Respect you (including what you feel comfortable doing sexually)?
- ✔ Give you space to hang out with your friends?
- ✔ Let you wear what you want to wear?

If you answered YES—it sounds like they care about you.

And on a Bad Day?

How often does the person you are seeing:

- ✔ Shame you or make you feel stupid?
- ✔ Pressure you to go to the next step when you're not ready?
- ✔ Control where you go, or make you afraid?
- ✔ Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way. If these things ever happen in your relationship, talk to someone about it. For more info, go to www.loveisrespect.org.

Everybody Texts

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

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

What About Sex?

Can you talk to the person you are seeing about:

- ✔ How far you want to go sexually?
- ✔ What you don't want to do?
- ✔ Preventing STDs by using condoms?
- ✔ Birth control?

If you answered NO to any of these questions, maybe this person is pushing you to do things you don't want to do. Or you might not feel comfortable bringing this up. Try using this card as a conversation starter. "I got this card in a clinic and wanted to talk about it with you."

¿Qué hay del respeto?

La persona con quien estás (ya sea hablando, saliendo, o conectándote) debe:

- Hacerte sentir segura(o) y cómoda(o).
- No presionarte o tratar de emborracharte o drogarte para tener sexo contigo.
- Respetar tus límites y preguntar si puede tocarte o besarte (o cualquier otra cosa).

¿Cómo te gustaría que tu mejor amiga(o), o tu hermana(o) fuera tratada(o) por la persona con quien está saliendo? Pregúntate si la persona que tú estás viendo te trata con respeto y si tú le tratas con respeto.

Cómo Ayudar a Un(a) Amiga(o)

¿Crees que alguna(o) de tus amigas(os) está en una relación que no es buena para ella (él)?

Sigue estos pasos para ayudarle:

- Dile a tu amiga(o) que lo que has visto en su relación te preocupa.
- Habla con tu amiga(o) en privado, y no le cuentes a otras(os) amigas(os) lo que platicaron.
- Muéstrale www.loveisrespect.org y dale una copia de esta tarjeta.
- Si tú o alguien que tú conoces se siente tan triste que planea hacerse daño o desea morirse—busca ayuda. Red Nacional de Prevención del Suicidio: 1-800-273-8255

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Si tú o alguien que tú conoces quisiera hablar acerca de su situación con personas que ofrecen apoyo, llama a estos números. Todas estas líneas directas son gratis y confidenciales, y puedes hablar con alguien sin tener que dar tu nombre.

Línea Nacional sobre el Abuso de Novios Adolescentes
1-866-331-9474
o platica/chatea (Chatroom) en Internet
www.loveisrespect.org

Red Nacional de Prevención del Suicidio
1-800-273-8255

Línea Directa Para Jóvenes que Huyen de Casa (National Runaway Switchboard)
1-800-621-4000

Red Nacional de Violación, Abuso, Incesto (RAINN)
1-800-656-Hope (1-800-656-4673)

¿Saliendo o Conectando?

¿Cómo te va?

La persona con quien estás saliendo (como novio o novia):

- ✔ ¿Te trata bien?
- ✔ ¿Te respeta (incluyendo tus deseos y límites sexuales)?
- ✔ ¿Te da espacio para salir con tus amigas(os)?
- ✔ ¿Te deja vestirse como tú quieres?

Si contestaste SÍ—Parece que te aprecia.

¿Y en un día malo?

La persona con la que estás saliendo, qué tan seguido:

- ✔ ¿Te humilla o te hace sentir avergonzada(o)?
- ✔ ¿Te presiona a tomar el próximo paso cuando no estás lista(o)?
- ✔ ¿Controla a dónde vas, o te da miedo?
- ✔ ¿Te agarra por el brazo, te grita, o te empuja cuando está enojado(a) o frustrado(a)?

Nadie merece ser tratado de esta manera. Si alguna vez esto pasa en tu relación, habla con alguien sobre esto. Para más información, visita el sitio en el Internet www.loveisrepect.org.

Todos enviamos textos

Recibir muchos textos puede hacernos sentir bien–"¡Vaya!, esta persona realmente me quiere."
¿Qué pasa cuando los textos te hacen sentir molesta(o), nerviosa(o), o llegan sin parar?

Decidir qué vas a decir puede ser difícil, especialmente si te gusta esta persona.
Sé honesta(o). "Sabes que tú me gustas, pero a mi no me agrada cuando me mandas textos tan seguido, preguntándome dónde estoy o presionándome para que te mande fotos desnuda(o)." Para más consejos sobre qué decir, visita: www.thatsnotcool.com

¿Qué tal el sexo?

Puedes hablar con la persona con quien estás saliendo acerca de:

- ✔ ¿Hasta dónde quieres llegar sexualmente?
- ✔ ¿Lo que tú no quieres hacer?
- ✔ ¿El uso de condones para prevenir las infecciones de transmisión sexual (ITS)?
- ✔ ¿Métodos anticonceptivos?

Si contestaste NO a cualquiera de estas preguntas, quizás esta persona te está presionando a hacer cosas que tú no quieres hacer. O quizás no te sientes cómoda(o) tocando este tema. Trata de usar esta tarjeta para comenzar la conversación. "Recogí esta tarjeta en la clínica y quiero hablar contigo acerca de ella."