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Part 6: Guidelines for Community-Based and Tribal Domestic Violence and Sexual Assault Advocates

PRACTICE GUIDELINES FOR COMMUNITY-BASED AND TRIBAL DOMESTIC VIOLENCE AND SEXUAL ASSAULT ADVOCATES

- ▶ Community-based domestic violence and sexual assault programs should develop a plan to improve services for pregnant and parenting survivors, based on these guidelines.
- ▶ Tribal advocacy programs should develop a plan to build awareness, support and understanding of reproductive coercion in Tribal communities working with Tribal Health Clinics and Tribal Council.
- ▶ Community-based domestic violence, sexual assault and Tribal advocacy programs should develop a plan to seek input from survivors and other community members to enhance the ability to address reproductive health and coercion in a culturally relevant way.
- ▶ Advocacy programs should display culturally and linguistically appropriate educational information and posters addressing reproductive coercion (including birth control methods that are less detectable by a partner, free pregnancy testing, and emergency contraception).
- ▶ Advocates (and volunteers, staff, board members, interpreters, and Tribal Council members) should receive initial and ongoing training on reproductive and sexual coercion.
- ▶ Advocacy programs should participate in cross-training with professionals who work with women during pregnancy and the first year after childbirth.
- ▶ As part of an intake process or an early conversation about services, advocates should offer all program participants information about emergency contraception, pregnancy tests, and birth control methods that can be used without a partner's knowledge.
- ▶ As part of an intake process or an early conversation about services, advocates should ask pregnant survivors if they feel safe to make decisions about their pregnancy without fear of retribution (see Appendix B for additional information and sample questions).

- ▶ Advocates should provide a Futures Without Violence Safety Card to women and teens so that they are made aware of support and harm reduction options for their reproductive health.
- ▶ As part of the safety planning process, advocates should ask pregnant or parenting survivors if the abuse they have experienced is making it difficult to seek needed health care (see Appendix C for additional information and specific strategies).
- ▶ Advocacy programs should identify, build relationships with, and offer supported referrals to community resources that are relevant to pregnant and parenting survivors.
- ▶ Advocacy programs (preferably in conjunction with a community multidisciplinary group) should develop a simple referral handout about services specific to pregnant and parenting survivors and give it to clients and to community partners such as law enforcement and prosecutors.

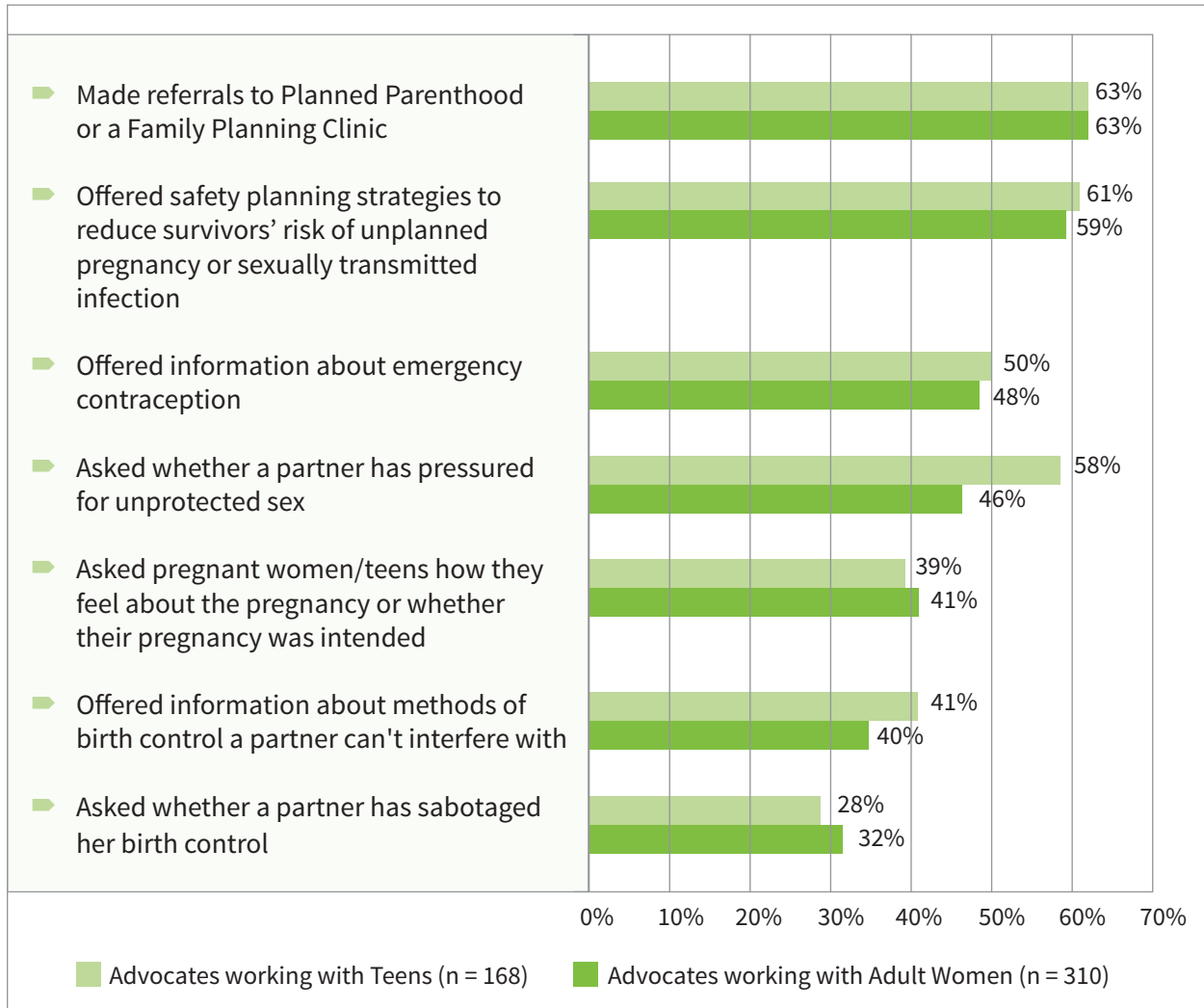
Introduction

These Practice Guidelines build on the existing knowledge of domestic violence and sexual assault programs. The guidelines seek to strengthen advocates' skills in identifying barriers to autonomy and safety for survivors experiencing reproductive and sexual coercion. When a woman or teen who is pregnant or has just given birth comes to an advocacy program, she has a range of unique issues and needs that advocates can address. For example, her trauma experiences may affect what happens during childbirth, nursing, and parenting an infant. A woman in an abusive relationship may have difficulty negotiating birth control with her partner and may become pregnant again sooner than she wants to be. When advocates ask the right questions, they have the opportunity to work with survivors and figure out the best strategies to support their reproductive health choices and, for some survivors, the experience of pregnancy, childbirth, and parenting.

Many women and teens who seek advocacy services have experienced reproductive and sexual coercion in their ongoing relationships. New developments in research and practice show that survivors benefit from specific attention to these issues (Miller, 2009). Therefore, expanding advocacy practices to address these all-too-common aspects of women's lives in a proactive manner allows for better understanding of the totality of survivors' experiences.

In our Needs Assessment survey, most advocates reported using at least one strategy to address reproductive coercion with survivors. Advocates used similar strategies to address reproductive coercion, regardless of whether the survivor was an adult or a teen. Only 17% of advocates working with adults (n = 310) and 19% of advocates working with teens (n = 168) said they had not used any of the strategies listed.

How have you addressed reproductive coercion with survivors?



The most common barrier advocates identified to addressing reproductive coercion with adult women and teen survivors was “Survivors/Teens don’t want to talk about it.” Fifty percent of advocates who work with adult women and 49% of advocates who work with teens cited this as a barrier. To support advocates in pursuing this specific focus, this section of the Practice Guidelines offers additional intake questions, safety planning strategies, and the simple intervention of providing the Safety Card developed by Futures Without Violence. Advocates can easily integrate these measures into their existing practices and forms.

“WORKING WITH ALL ADVOCACY

programs is essential for building partnerships and offering meaningful services for survivors in mainstream, underserved and marginalized communities. You don’t have to work alone or do it all, it is important that everyone is at the table and all voices are heard when planning and offering services in culturally specific communities.”

Debbie Medeiros-Hassler, Pathways to Healing, Program Manager, Cowlitz Indian Tribe, Member of Statewide Workgroup

Offering information about emergency contraception to a woman who has just been raped is routine for most programs, but survivors who may have had coerced unprotected sex may not be offered the same resources. Complicating matters further, advocates, volunteer staff, and board members may not believe programs should offer access to emergency contraception, or even have an accurate understanding about how such emergency contraception works. For those programs that choose to provide information about emergency contraception, we strongly recommend that advocates receive training on this issue from their local health department, family planning clinic, or Planned Parenthood. We provide additional information and possible questions about emergency contraception in Appendix D.

Prepare

Develop a Plan for Your Program

- ▶ Community-based domestic violence and sexual assault programs should develop a plan to improve services for pregnant and parenting survivors, based on these guidelines.
- ▶ Tribal advocacy programs should develop a plan to build awareness, support and understanding of reproductive coercion in Tribal communities working with Tribal Health Clinics and Tribal Council.
- ▶ Community-based domestic violence, sexual assault and Tribal advocacy programs should develop a plan to seek input from survivors and other community members to enhance the ability to address reproductive health and coercion in a culturally relevant way.

“A LOT OF MY [LATINA] CLIENTS SAY

‘He failed to respect me as a code for ‘There was an assault,’ or ‘I didn’t want to and I had to anyway.’ It’s like they say it and they want to know if I catch on, do I get it? [If I say] ‘Oh, did that happen?’ They say, ‘Yeah, that happened,’ and explain it. But maybe if I didn’t catch on, if I didn’t know what that phrase meant, they wouldn’t go into it. They don’t want to say, ‘I was raped; I was sexually assaulted’ but if they can say it in a way that sounds less harsh, they’re more comfortable opening that door and talking about it.”

Advocate, Needs Assessment focus group

A simple, brief plan that includes specific procedures for incorporating action steps based on these Practice Guidelines will be helpful in training and orienting staff as well as sharing your approach to pregnant and parenting clients with others such as your Board of Directors and community partners.

Create a Supportive Environment

- ▶ Advocacy programs should display culturally and linguistically appropriate educational information and posters addressing reproductive coercion (including birth control methods that are less detectable by a partner, free pregnancy testing, and emergency contraception).

Having these materials on display will help clients feel comfortable to discuss their concerns.

Train

Training on Reproductive and Sexual Coercion

Training introduces advances in the field and offers opportunities for staff to discuss progress, challenges, and opportunities.

- ▶ Advocates (and volunteers, staff, board members, interpreters, and Tribal Council members) should receive initial and ongoing training on reproductive and sexual coercion.
- ▶ Advocacy programs should participate in cross-training with professionals who work with women during pregnancy and the first year after childbirth.

In the statewide Needs Assessment survey of domestic violence and sexual assault advocates, 38% of respondents working with adults and 33% working with teens identified the need for more training as a barrier to talking about reproductive coercion with survivors (Washington State Coalition Against Domestic Violence & Washington Coalition of Sexual Assault Programs, 2012).

For advocacy programs that are part of multi-service agencies, training on intimate partner violence, sexual assault, sexual harassment, and stalking could be offered to staff in different departments, such as receptionists, front office staff, security guards, and parking lot attendants who may observe abusive and/or threatening behaviors and have safety concerns for clients.

Training Resources for Reproductive Coercion

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

- ▶ 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

Inform

Working with Interpreters

Even though interpreters are legally required to maintain confidentiality, some programs ask interpreters to sign a confidentiality agreement before working with the survivor to emphasize the importance of the survivor's safety and control of their information. When interpretation is needed through the language line, or friend or family member, or hiring an interpreter, the advocates should ask the survivor if she has a preferred interpreter, or check to see if she is comfortable with the interpreter; and, if needed, offer to hire an interpreter from another community. This also applies to translating written documents.

Listening to Survivors Tell Their Stories

One theme of the Needs Assessment was the ability of advocates to identify survivors' needs by listening to survivors tell their stories. A survivor rarely shows up with a checklist of what she needs; rather her needs emerge from her telling the story of her abuse. The advocate has the training and knowledge of resources to help the survivor determine what advocacy she may need.

Advocates shared stories of survivors' experiences of sexual and reproductive coercion that revealed a range of advocacy needs including:

- ▶ information about options for preventing pregnancy and sexually transmitted infections
- ▶ strategies for deescalating sexual violence
- ▶ strategies for talking to their children about sexual coercion
- ▶ strategies for talking to teens about sexual coercion
- ▶ options for legal advocacy in the context of parenting plans and custody, and information about legal rights in the Good Cause exception process when establishing paternity

Don't Ask, Just Tell! Offering Information at Intake about Reproductive Health

In the Needs Assessment interviews, domestic violence advocates reflected that survivors often did not talk about experiences of sexual coercion right away. Advocates described the importance of being ready to hear about all the complex and conflicted feelings that survivors express, such as shame, guilt, and confusion.

Advocates in the Needs Assessment told us that they felt they needed to follow the survivor's lead, build trust and wait for a disclosure of abuse or unprotected or unwanted sex. Certainly it can be difficult to discuss such sensitive issues before trust has been established in the advocacy relationship. This is where the "Don't Ask, Just Tell!" approach is so valuable. Rather than waiting for clients to disclose or asking questions that may be perceived as intrusive early in the advocacy process, advocates can simply offer timely information that may have far-reaching positive consequences for survivors. When clients learn during intake or an initial advocacy conversation that the advocate can provide information and resources about emergency contraception or less detectable birth control options, they can make informed choices that could prevent an unintended pregnancy then or in the future.

"SHE THOUGHT... 'MAYBE I DESERVED it because I had sex with him and I shouldn't have been having sex with him.' ... and 'Well, I consented to the other sex so doesn't that mean that I deserved to have that happen to me as well?' As she gained trust around hearing that it wasn't her fault and... that, no, she didn't consent to it, and that I believed that, it helped her to open up further and share more of that story that she felt intense shame about."

Advocate, Needs Assessment Interview

As we have described in Part 1 of this document, offering universal information about the availability of emergency contraception, pregnancy tests, and birth control methods that are less likely to be felt or interfered with by a partner is a powerful intervention. Given the limited window of opportunity to take emergency contraception, offering this information early supports a survivor's autonomy and choices over her reproductive health. Both Coalitions have developed tools and training to enhance advocates' knowledge about hidden forms of birth control and emergency contraception (see Appendices I & J).

Questions and Safety Planning Strategies

By offering information and adding simple questions to the intake process, advocates can proactively create an environment that allows for deeper conversation with the survivor regarding safety and decision-making. This works for both women and teens.

- ▶ As part of an intake process or an early conversation about services, advocates should offer all program participants information about emergency contraception, pregnancy tests, and birth control methods that can be used without a partner's knowledge.
- ▶ As part of an intake process or an early conversation about services, advocates should ask pregnant survivors if they feel safe to make decisions about their pregnancy without fear of retribution (see Appendix B for additional information and sample questions).
- ▶ Advocates should provide a Futures Without Violence Safety Card to women and teens so that they are made aware of support and harm reduction options for their reproductive health.
- ▶ As part of the safety planning process, advocates should ask pregnant or parenting survivors if the abuse they have experienced is making it difficult to seek needed health care (see Appendix C for additional information and specific strategies).

Abusers may manipulate decisions regarding reproductive health and parenting, which can affect survivors' autonomy and safety. Trauma-informed safety planning strategies can support survivors' ability to anticipate abusers' reactions and plan for their own safety. Safety planning with teens involves a complex set of issues. Teens in abusive relationships who are also not safe at home with their parents or guardians will have fewer options and be more vulnerable to abusers' coercion. They may be more likely to get pregnant and consequently, become more dependent on a controlling boyfriend. A young teen living with an adult abuser or with her parents will have different needs from an adult survivor who can legally be on her own, and is able to seek financial resources. Teens in abusive relationships may need help to figure out which living situation—living at home, with another family member, or with a friend's parent—increases their safety, choices, and resources. These guidelines are designed to enhance survivor safety and access to critical health care services. Once advocates have asked about health concerns, they can work with survivors to provide targeted safety planning and to offer appropriate referrals. Futures Without Violence has developed safety cards on reproductive coercion and violence. The Safety

In the Needs Assessment interviews, advocates observed that teens who are unsafe at home or hiding their sexual relationships are at an increased risk for continued abuse and sexual coercion. Teens often feel they have nowhere to go and do not think of domestic violence shelter programs as an option for emergency housing. In Washington State, teens under the age of 18 can receive advocacy services but not housing at a domestic violence emergency shelter.

Card *Did You Know Your Relationship Affects Your Health?* offers a method for opening the conversation between advocates and survivors about IPV and reproductive and sexual coercion. It also allows the advocate to introduce important information about contraceptive harm reduction strategies.

A teen Safety Card, entitled *Hanging Out or Hooking Up?* is also available. The teen card does not go into detail about contraceptive harm reduction strategies, but it does cover issues associated with unhealthy relationships, including electronic harassment and sexual decision-making.

You can order these resources, available in English and Spanish, at www.futureswithoutviolence.org/health. Samples of these cards are included in this document on pages 71 to 74.

These 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:

- ▶ 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

“THERE WAS A TEENAGE GAL WITH a controlling boyfriend; she wanted out of that relationship. Her father was angry because she was pregnant, and beat her, trying to force an abortion. She was at the hospital, not safe to go home and didn’t want to go with the boyfriend.”

Advocate, Needs Assessment focus group

The Safety Card *Did You Know Your Relationship Affects Your Health?* offers a method for opening the conversation between advocates and survivors about IPV and reproductive and sexual coercion.

Sample Script

‘We’ve started giving this card to all our clients. This card is like a magazine quiz. It talks about healthy and safe relationships, and ways in which your relationship may affect your reproductive health. If anything on this card is a concern for you, I can tell you about some really great [people, clinics] in our area, and even help you to make an appointment if you would like to do that. These cards are also great to share with friends.’

Refer

Develop a Specialized Community Support and Referral Network

Your efforts will help support a personal connection between the survivor and relevant community service providers. Your outreach to these providers will also support collaborative activities such as cross-training and learning about each other's services. Advocates can take the lead in existing or new community service provider groups to build a shared understanding of reproductive health and coercion issues that affect survivors. This shared understanding provides an opportunity to shift attitudes among partners and see new connections in service delivery.

- ▶ Advocacy programs should identify, build relationships with, and offer supported referrals to community resources that are relevant to pregnant and parenting survivors.

These resources include health care providers, family planning and Maternity Support Services, Planned Parenthood clinics, immigrant and refugee services, and Tribal Health clinics. Survivors who are pregnant or have babies can truly benefit from supported referrals to trauma-informed childbirth educators, doulas, midwives, obstetricians, nurses, breastfeeding peer counselors, lactation specialists, and clinics.

A supported referral paves the way for a survivor to feel comfortable in obtaining needed services. Attempt to make a face-to-face connection with a local health care provider or your community clinic -- make a coffee date, or invite providers to your agency.

“WE HAVE A PUBLIC HEALTH NURSE WHO comes in weekly and can provide family planning and reproductive consultation and make arrangements for our residents at her clinic.”

Advocate, Needs Assessment Survey respondent

“Carla” is a pregnant survivor of both childhood sexual abuse and rape as an adult. She has intense fears about childbirth. Her advocate introduces her to a local midwife who helps Carla to develop a birth plan so she can look forward to her baby’s birth with considerably less worry.

Provide a Referral Handout

- ▶ Advocacy programs (preferably in conjunction with a community multidisciplinary group) should develop a simple referral handout about services specific to pregnant and parenting survivors and give it to clients and to community partners such as law enforcement and prosecutors.
- ▶ On WashingTeenHelp.org, a program of Within Reach, the advocate can create a personalized resource list with the survivor at <https://resources.parenthelp123.org/>.

“THIS LADY HAD A HUSBAND AND HAD insurance but he forbid her from using birth control. So I referred to her to Planned Parenthood...and she’s using birth control without him knowing. So there’s pressure, ‘Why aren’t you pregnant again? My brother got his wife pregnant, so I don’t want people to think I’m less than him.’”

Advocate, Needs Assessment focus group

To allow the client to follow up on the referral, it is helpful to give her a written handout with information about local resources and contact information along with the Safety Card, if it is safe to do so. While most programs already have comprehensive referral information, this list will focus on trauma-informed local services that offer additional support to pregnant and parenting women and teens, such as doulas and midwives, reproductive health clinics, lactation support, WIC, and parenting support resources.

A survivor may not be ready to follow through on a referral immediately after contact with an advocate, and having this information in writing will make it easier for her to locate resources when she is ready to use them.

Fears About Legal Status

Undocumented survivors may be reluctant to follow through on a health care referral because of concerns about their legal status. Advocates may wish to say something like:

Just so you know, health care providers and clinic staff can NOT ask you about your legal status, if you “have papers,” or if you are undocumented. You can receive many services for free or at low cost.

(NOTE: Tribal clinics do ask for documentation of Native status; individuals must have “documentation” to receive services.)