A Resource Manual for Healthcare Professionals on Intimate Partner Violence

Ohio Domestic Violence Network

The comprehensive resource on domestic violence

4807 Evanswood Drive, Suite 201
Columbus, OH 43229
1-800-934-9840
www.odvn.org
# Table of Contents

Acknowledgements ................................................................................................. 4

Introduction ............................................................................................................. 5

Domestic Violence Fundamentals ........................................................................... 6

- Definition of Domestic Violence .......................................................................... 6
- Types of Abuse ...................................................................................................... 7
- Indicators of Abuse: What You May See ........................................................... 8
- Dynamics of Intimate Partner Violence ............................................................ 9
- Sexual Assault/Violence ...................................................................................... 10

Universal Screening/Assessment & Education ....................................................... 12

- Screening and Assessment Questions ............................................................... 14
- Key Elements for Responding to Positive Screens for Domestic Violence .... 17
- Universal Education Messages .......................................................................... 19
- Key Messages for Survivors ............................................................................... 20

Patient Safety Tips .................................................................................................. 21

- Safety Planning Guide for Survivors of Abuse .................................................. 21
- Physical Safety - General .................................................................................. 21
- Keeping Children Safe ....................................................................................... 22
- Work .................................................................................................................... 22
- Financial Safety .................................................................................................. 22
- Technology .......................................................................................................... 23

Dynamics of Teen Relationship Violence ............................................................. 25

- Possible signs a Teen is Being Abused in a Relationship .................................. 25
- Signs a Teen is Being Abusive in a Relationship ............................................... 25
- Unique Abuse Dynamics with Teens ................................................................ 26
- Guiding Principles ............................................................................................. 28
- Creating Abuser Accountability ......................................................................... 30
- Unintended Consequences ................................................................................ 31
- Juvenile Civil Protection Orders ........................................................................ 32

Cultural Issues ........................................................................................................ 34

- Building One’s Cultural Competency ................................................................ 34
- Immigrant Survivors ......................................................................................... 36
- Legal Options for Undocumented Victims of Domestic Violence .................... 36
- Immigrant and Deaf/Hard of Hearing Survivors ............................................. 37

Pregnancy, Reproduction, STI/HIV and Health Consequences ......................... 43

- Definitions .......................................................................................................... 43
- Screening ............................................................................................................. 45
  - Example Scripts ............................................................................................... 45
- Responding to a Positive Screening ................................................................ 48
- Education ........................................................................................................... 50
  - Healthy Relationships ...................................................................................... 50
  - Birth Control Options ...................................................................................... 51
Health Consequences.................................................................................................................. 51

Resources and Referrals........................................................................................................... 53

Appendix A............................................................................................................................... 54

Power and Control Wheel.......................................................................................................... 55
Teen Power and Control Wheel................................................................................................ 57
Teen Equality Wheel.................................................................................................................. 58

Appendix B............................................................................................................................... 59

Sexual Conduct or Contact with a Minor .................................................................................. 60

Appendix C............................................................................................................................... 62

Domestic Violence Statistics..................................................................................................... 63
Domestic Violence Definitions................................................................................................... 68

Appendix D............................................................................................................................... 72

Safety Planning Worksheet-Planning for Physical Safety ......................................................... 73
Safety Planning Worksheet-Planning for Emotional Safety ..................................................... 76
Teen Safety Planning Worksheet-Planning for Physical Safety .............................................. 78
Teen Safety Planning Worksheet-Planning for Emotional Safety ........................................... 86

Appendix E............................................................................................................................... 88

Information For Immigrant Survivors Of Abuse...................................................................... 89
Using Language Line.................................................................................................................. 91

Appendix F............................................................................................................................... 94

World Association on Sexual Health Declaration of Sexual Rights ......................................... 95

Appendix G.............................................................................................................................. 97

Birth Control Chart................................................................................................................. 98

Appendix H.............................................................................................................................. 100

Resources for Survivors of Sexual and Intimate Partner Violence ........................................ 101
Resources for Teens.................................................................................................................. 102
About the Ohio Domestic Violence Network

The Ohio Domestic Violence Network (ODVN) is a statewide coalition of domestic violence programs, supportive agencies and concerned individuals whose mission is to eliminate domestic violence by providing technical assistance, resources, information and training to all who address or are affected by domestic violence; and to promote social and systems change through public policy, public awareness, primary prevention, and education initiatives.

Acknowledgements

The Ohio Domestic Violence Network would like to acknowledge the following individual for their generous contributions of time and talent toward creation of this guide and the accompanying pocket guide for nursing professionals in family planning and adolescent health settings. Both works are the result of a number of committee meetings, camaraderie, humor, and hard work. We thank the following individuals and organizations for their help:

Rachel Adkins, Huckleberry House, Columbus, Ohio
Samantha Black, Mount Carmel Health System, Columbus, Ohio
Amy Bonomi, Ohio State University, Columbus, Ohio
Michelle Clark, Ohio Department of Health, Columbus, Ohio
Rebecca Cline, Ohio Domestic Violence Network, Columbus, Ohio
Lisa Fry, Ohio Department of Health, Columbus, Ohio
Diego Espino, Planned Parenthood of Central Ohio, Columbus, Ohio
Nancy Grigsby, Ohio Domestic Violence Network, Columbus, Ohio
Gary Heath, Buckeye Region Anti-Violence Organization, Columbus, Ohio
Sandy Huntzinger, Attorney General’s Office, Columbus, Ohio
Alexander Leslie, Cleveland Rape Crisis Center, Cleveland, Ohio
Rebecca Mason, Ohio Domestic Violence Network, Columbus, Ohio
Jaime Miracle, Ohio Alliance to End Sexual Violence, Columbus, Ohio
Debra Seltzer, Ohio Department of Health, Columbus, Ohio
Laura Schumm, Ohio Domestic Violence Network, Columbus, Ohio
Kalitha Williams, Ohio Domestic Violence Network, Columbus, Ohio

Title X Family Planning Clinics / Project Connect Pilot Sites:
- Huron County General Health District
- KnoHoCoAsland Community Action Commission
- Public Health Dayton & Montgomery County
- Wood County Health Department

Teen Focus Group participants, Columbus and Toledo, Ohio
Teen on-line survey respondents, from Ohio and across the US.

ODVN would also like to thank the Project Connect Steering Committee, Futures Without Violence (formerly the Family Violence Prevention Fund) and the Office on Women’s Health for their ongoing support of Project Connect.
Introduction

This Resource Manual for Healthcare Professionals on Intimate Partner Violence (IPV) is a companion to the Nursing Resource Guide for Intimate Partner Violence and was created with the support of Project Connect funding, the Project Connect Steering Committee, and members of the Protocol Development workgroup. This document expands on, and to the extent possible, mirrors the concepts contained in the Nursing Resource Guide for Intimate Partner Violence. In many instances this manual provides great detail about the dynamics of domestic violence. The reader may note that throughout this document there will be references to intimate partner (IPV), teen relationship (TRV), domestic (DV), sexual (SV/SA), and dating violence (TDV). These words are used interchangeably to represent the abuse and violence that too often occurs within the context of relationships. More often than not abuse is perpetrated by male abusers on their female partners. This is not to say that men are not also victims of abuse or that women are never perpetrators. However, the dynamics of male on male and female on female IPV are quite different from IPV that occurs between a female perpetrator and her male partner. We hope this guide helps you discern that dynamic and that difference.

As healthcare professionals it is our job to believe what patients say. That said it is also our job to inquire when a patient’s story does not match their presenting problems. Or, when they present with myriad chronic healthcare issues or somatic complaints and we think there might be something hidden from our view. Too often, what is hidden is the epidemic of sexual and intimate partner violence.

Intimate partner violence affects approximately 1 in 4 women at sometime during their lives. It can manifest as depression, serious mental illness, reproductive health issues such as rapid repeat pregnancies or sexually transmitted infections, chronic pain such as fibromyalgia, and myriad other health related issues. Yet, many healthcare providers do not consider routinely screening for sexual or domestic violence as they routinely screen for other healthcare concerns. Sometimes when healthcare providers ask about IPV, they do it in a way that compromises the safety of the patient/survivor. Other times, healthcare providers ask adolescents the same questions adults are asked and wonder why teens refuse to return for follow up treatment after a mandatory report has been made.

This manual was created specifically for anyone in a healthcare setting who interacts with patients. In order to create the manual, focus groups were conducted in six Ohio Department of Health Title X family planning clinics that agreed to become pilot sites for Project Connect. In addition, we conducted focus groups with teens and an on-line survey inquiring about when teens would disclose relationship violence, who they would tell and under what circumstances, and what they would do to prevent it. We hope you find this manual useful as a standalone document and valuable as a companion to the Nurses Resource Guide for Intimate Partner Violence.
Domestic Violence Fundamentals

**Definition of Domestic Violence**

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Domestic violence is not an isolated, individual event, but rather a pattern of multiple tactics and repeated events. Unlike stranger-to-stranger violence, in domestic violence the assaults are repeated against the same victim by the same perpetrator. These assaults occur in different forms: physical, sexual, and/or psychological. The pattern may include economic control as well. While physical assault may occur infrequently, other forms of coercive behavior may occur daily. Each incident of abuse, no matter what the form, is a building block for future abuse. All tactics of the pattern interact with each other and have long-term and profound effects on the victims.

Domestic violence includes a wide range of coercive behaviors with a wide range of consequences, some physically injurious and some not; however, all are psychologically damaging. Some parts of the pattern are clearly chargeable as crimes in most states (e.g., physical assault, sexual assault, menacing, arson, kidnapping, harassment), while other battering episodes are not illegal (e.g., name calling, interrogating children, denying access to the family automobile, control of financial resources). While the intervening professional sometimes must attempt to make sense of one specific incident that resulted in injury, the victim is dealing with that one episode in the context of an ongoing pattern of behavior.

As a clinician you are in a unique position to intervene with survivors that may never make it into the legal/judicial system. This manual is not intended to go in-depth on a discussion about the different legal remedies however; Ohio domestic violence laws provide legal options that may help increase safety. This is a brief list of legal options available to DV survivors. For some survivors, criminal remedies (such as calling the police, the potential arrest of an abuser, or criminal sanctions) or civil remedies (such as obtaining a civil protection order, obtaining a divorce, or filing for custody of children) increase safety, while for other survivors these approaches do not increase safety or do not provide survivors with the outcomes they are hoping for. Please contact a trained advocate to assist the survivor through the legal system. To find a program in your area call 800-934-9840.
Types of Abuse

Types or tactics of abuse used by a batterer include but are not limited to the following. These tactics do not occur alone or one at a time. These tactics are often used in a combination with each other. The use of power and control in a relationship is often coupled with use of specific types of abuse to keep the survivor off balance and maintain the batterer’s domination.

VERBAL ABUSE
- Yelling
- Name calling
- Threatening to hurt or kill
- Degrading women in general
- Criticizing appearance
- Belittling accomplishments
- Constant blaming

EMOTIONAL ABUSE
- Apologizing and making false promises to end abuse; offering false hope
- Isolating from others
- Ridiculing, criticizing, blaming
- Neglecting physical or emotional needs
- Ignoring, withholding affection
- Abusing pets
- Accusing of affairs
- Monitoring conversations
- Making account for time
- Criticizing friends and family
- Embarrassing in front of others
- Undermining authority with children
- Constant phone calls

FINANCIAL/RESOURCE ABUSE
- Taking or breaking phone
- Controlling money/bank accounts
- Withholding financial information
- Making account for expenditures
- Withholding child support
- Destroying property
- Taking or disabling car
- Taking keys/purse
- Quitting or losing jobs
- Running up debts
- Identify theft
- Sabotaging work or school
- Constant sexual demands
- Forcing unwanted sexual acts
- Insisting on unwanted and uncomfortable touching
- Committing rape or incest
- Forcing sadistic sexual acts
- Treating others as sex objects
- Making demeaning sexual remarks
- Forcing family members to see pornographic materials
- Calling fat, ugly, no good in bed
- Wanting sex after abuse
- Forcing to have sex with others
- Birth control sabotage
- Forcing pregnancy or abortion
- Holding down (restraining)
- Hair pulling
- Poking, grabbing, pinching
- Pushing, shoving
- Locking in or out of house
- Subjecting to reckless driving
- Refusing to help when sick or injured
- Kicking, biting, spitting
- Hitting, slapping
- Choking, strangling
- Burning
- Throwing or hitting with objects
- Using a knife or gun
Indicators of Abuse: What You May See

A patient who presents in a healthcare setting with injuries related to sexual and intimate partner violence is often hesitant to disclose the source of their injuries. Often, this is due to concerns for their safety should they tell someone about the abuse and violence that is occurring in their home. What you might hear or see:

- Patient makes excuses for bruising or other injuries that do not match up with your assessment of the injuries. (i.e. pattern bruising on a forearm is explained away as “I bruise easily”);
- Wearing clothing inappropriate for weather to hide injuries;
- Missed appointments;
- Late or sporadic pre-natal care;
- Miscarriage(s);
- Recurrent STI’s, STD’s;
- Partner may insist on being with patient, who may want to comply and have them present;
- In infants:
  - Low birth weight;
  - Prematurity;
  - Fractures;
  - Cranial bleeds.

When a patient’s story does not match their presenting problem, often times what is hidden is the epidemic of sexual and intimate partner violence.
Dynamics of Intimate Partner Violence

It’s About Power and Control in Relationships

After interviewing hundreds of women who attended educational sessions for survivors, the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota, concluded that abusive tactics are a constant force in the relationships of women and that batterers had full intention of controlling the lives of their partners. Thus, DAIP developed the Power and Control Wheel in 1984 to depict these women’s experience more accurately. The Power and Control Wheel and Equality Wheel can be found in Appendix A.

Important Characteristics of Domestic Violence:
- Domestic violence occurs with power imbalance, not a “fight”;
- A violent episode in domestic violence is part of a pattern of behaviors, not an isolated incident;
- Physical and sexual violence may be infrequent, but reinforces the effects of other tactics;
- The consequences vary by range of tactics, but all are psychologically damaging to the victims;
- Escalating in nature and becomes most dangerous when a victim begins to plan to separate.

The tactics used by batterers reflect the tactics used by many groups or individuals in positions of power. Each of the tactics depicted on the Power and Control Wheel are typical of behaviors used by groups of people who dominate others. They are the tactics employed to sustain racism, ageism, classism, heterosexism, anti-Semitism, and many other forms of group domination. Men in particular are taught these tactics in both their families of origin and through their experiences in a culture that teaches men to dominate. ¹

- Abuser blames survivor; survivor may blame self to gain a sense of control over violence;
- Abuser often makes promises to change and violence is sporadic;
- Usually multiple forms of abuse happening (physical, sexual, emotional);

• Survivors try many different strategies to get violence to end; including leaving – usually several times;
• Danger increases substantially once victim begins to plan to separate;
• There are significant barriers to escape; legal remedies often don’t work;
• Abusers are engaging in learned behavior;
• Substance abuse does not cause, but can escalate frequency and severity of violence;
• Many survivors engage in self-defense; if you hear both parties have used violence, it is still likely that only one is the dominant and dangerous abuser and that person has the control.

Abusers often:
• Are charismatic
• Are able to turn the violence off and on depending on who is around
• Are extremely manipulative – of survivor and others who may be assisting the survivor
• Deflect any responsibility for abuse

Sexual Assault/Violence

Sexual assault/violence is defined as any physical contact of a sexual nature without voluntary consent. Sexual assault can take place by anyone anywhere. It includes nonconsensual oral, anal, or vaginal penetration by, or union with, the sexual organ of another or by any other object; or the touching of the private body parts of another person (including the genitalia, anus, groin, breast, inner thigh, buttocks, or mouth) for the purpose of sexual gratification.

While associated with rape, sexual assault is much broader and the specifics may vary according to social, political or legal definition. In nature sexual assault is similar to intimate partner violence in that it is an act of POWER and CONTROL. Rape and sexual assault is not sex. Sex is the weapon used to gain control. Sexual assault transcends socioeconomic, cultural, religious, and racial variances and victims range from a few months into their 90’s.

It is important to note that sexual assault is more often perpetrated by someone the survivor knows and therefore is commonly found to be used by abusive partners. However; sexual assault evidence collection kits must be done by a trained sexual assault nurse examiner
(SANE). For the complete sexual assault exam collection protocol please visit http://www.odh.ohio.gov/odhPrograms/hprr/sadv/sadvprot.aspx.

There has been an increase in the use of some drugs to render a person incapacitated and more susceptible to sexual assault. Some of these drugs are available over-the-counter. Ingestion of drugs can result in a loss of consciousness and an inability to resist. Some drugs cause memory loss and incapacitation. Many victims of drug-facilitated sexual assault (DFSA) may not remember the assault itself.

It is important during the interview that the examiner assesses the possibility of a DFSA. Memory loss, dizziness, drowsiness, confusion, impaired motor skills, impaired judgment, or reduced inhibition during the interview or reported at the time of the assault may indicate the unintentional ingestion of Rohypnol, GHB, or other drugs. Some symptoms may still be present when the patient is speaking with you.

The healthcare provider must recognize the possibility of DFSA and act quickly to provide necessary care to the patient and preserve evidence. Collection must be done within 96 hours of the ingestion of the suspected drug. If the medical facility does not have a DFSA kit on site, use 2 gray top test tubes and a standard urine collection cup to obtain the samples. Permission must be obtained from the victim. The victim’s urine is critical. Do not use the clean catch method of urine collection and collect as much urine as possible.

Securing urine for DFSA testing should only occur when there seems to be medical indications of their use or a statement of their use by the patient. When collected, specimens should be labeled, packaged, and sealed according to the DFSA protocol. Do not place these items in the evidence collection kit.

*For statistics on intimate partner and sexual violence please see Appendix C.*
Universal Screening/Assessment & Education

Domestic violence happens in all ethnic/racial groups, economic groups, religions, to lesbian, gay, bisexual, transgender (LGBT) and heterosexual persons, to those at all levels of education or profession; domestic violence knows no boundaries. The prevalence of intimate partner violence is high and the medical consequences are costly, so, screen every patient, every visit.

While assessing every patient is recommended it is not without some considerations. Before beginning any assessment it is important to discuss and explain the limits of confidentiality. The Ohio Revised Code requires most professionals to report any knowledge of, or reasonable cause to suspect that, any person under the age of 18 or developmentally delayed persons under the age of 21, has been physically or mentally harmed, threatened such harm, and/ or has been subject to neglect. With teens there may be instances when a professional is also required to report sexual contact/conduct. Many are also required to report any indication of one’s intent to harms oneself or another regardless of age.

When building rapport and trust with a patient it is important to discuss this upfront as well as any subsequent visit. Nothing will break that trust faster than telling a patient that you have to call law enforcement or child protective services. Begin with dialogue such as:

“I’m really glad you’re here today and I want you to know this is a safe place to discuss things that may be going on in your life or in your relationship. Almost everything you tell me is confidential, however I am required to report some things and I think it is important for you to know what those things are before we begin talking. I may have to make a report if you tell me someone is hurting you (if the person is under 18). Other examples are if children are being hurt or harmed by their parents or caregivers, if there is any child abuse in your family, and if you tell me you are likely to hurt yourself or hurt someone else. If you want to tell me about these things, we can talk about what will happen and we can make the report together.”

The American Medical Association has stated that “Due to the prevalence and medical consequences of family violence, physicians should routinely inquire about physical, sexual, and psychological abuse as part of the medical history. Physicians must also consider abuse in the differential diagnosis for a number of medical complaints, particularly when treating women.”
Another consideration in screening every patient is the increased likelihood of identifying perpetrators of IPV. While men certainly can be victims of abuse, the research indicates that the majority of perpetrators are male. Thankfully most men are not perpetrators; abusive men constitute only a small percentage of the population. A very common tactic used by abusers is manipulating his/her partner and others into thinking that they in fact are the victim of abuse. Therefore, it is recommended that men are routinely assessed only if additional precautions can be taken to protect victims whose batterers claim to be abused. Training providers on perpetrator dynamics and the responses to lesbian, gay, transgender, bisexual and heterosexual victims is critical, regardless of policies to assess all patients or women only.

Due to HIPPA confidentiality regulations, healthcare providers are in a unique position for victims of intimate partner violence to disclose what is happening or has happened in their relationship. Healthcare professionals have the opportunity to speak with the patient alone, in a private, safe setting. In fact, the Ohio Health Care Protocol² and the National Consensus Guidelines³ both recommend that patients be alone when assessed for intimate partner violence, sexual violence and reproductive coercion. That is, without a partner, children (over the age of 3), friends or other family members present.

Patients in need of an interpreter should be provided with someone that has been trained to ask about abuse and who is unfamiliar to the patient or patient’s family. A patient’s spouse or family member should never be allowed to interpret for the patient. Doing so could restrict the patient’s willingness to open up about abuse in their relationship or about any health concerns they may be having. To relieve the burden of the patient telling her/his partner that s/he cannot accompany the patient into the exam room, best practice is to have a written and posted policy indicating that it is clinic policy.

---


Screening and Assessment Questions

After discussing the limits of confidentiality, introduce the topic by normalizing intimate partner violence and discussing the clinic’s screening policy by stating:

“Because partner abuse occurs in the lives of many of our patients, this clinic has a policy that we ask every patient if they are experiencing abuse. Abuse can take many forms – not just physical, but also emotional, financial, and sexual. It can include messing with your birth control, or exposing you to Sexually Transmitted Infections. I’m going to ask you a few questions about your relationship because we know that abuse can affect your overall health.”

- Do you change what you say or do or always agree with your partner to avoid consequences/angering him/her?
- Does your partner try to control you, make all the decisions, or tell you where you can go or who you can talk to?
- Has your partner ever put his/her hands on you in ways that you didn’t want? (push, pinch, restrain, wrestle when you didn’t want to, etc.)
- Ever use his/her body to intimidate you? (i.e., corner you, block your path, punch a wall, lock you in a room)
- Does your partner mess with your birth control or refuse to use protection during sex?
- Does your partner make you have sexual contact that you don’t want?
- Do you feel dread about home/your partner?
- Are you ever afraid to go home/be at home?
- Do you feel safe to go home today?
What should an assessment include if the patient discloses violence?

If a patient discloses that they are currently being abused, at a minimum their immediate safety should be assessed. This could include asking:

- Are you in immediate danger?
- Is your partner in the facility now?
- Has the violence escalated or gotten worse over the past year?
- Has your partner threatened to kill you or your children?
- Does your partner have access to guns or other deadly weapons?

If the patient answers yes to any of these, encourage her/him to speak with a domestic violence advocate to develop a safety plan even if the patient does not intend to leave her/his abuser. Provide a phone and a safe place for her/him to contact an advocate.

What to do if a patient says “no”:

- Respect her/his response;
- Let the patient know that you are available should the situation ever change;
- Assess again at regular intervals as an indication that you are a safe person to disclose to;
- If patient says “no” but you believe s/he may be at risk, discuss the specific risk factors and offer information and resources;
- Display information and resources in exam and waiting rooms, or bathrooms.

*Please note that screening/assessing for domestic violence could prompt a disclosure of human trafficking. See Appendix F (resources) for help in responding to these cases.

Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others. Federal U.S. law defines a victim of human trafficking as “children involved in the sex trade, adults age 18 or over who are coerced or deceived into commercial sex acts, and anyone forced into different forms of "labor or services," such as domestic workers held in a home, or farm-workers forced to labor against their will". The commonality among these situations is that some element of force, fraud or coercion is used to control people.

The common age of entry into domestic minor sex trafficking is 12-14 years old.

---

The following are red flags that a patient may be a victim of human trafficking (please note this list is not exhaustive and additional information is available at www.polarisproject.org)

**Common Work and Living Conditions for Persons who May be Trafficked:**

**The Individual(s) in Question**

- Does not have identification/documents?
- Depression. Does the patient seem submissive or fearful?
- Will not speak for self. The individual will not answer questions on their own especially when in the presence of someone who seems very controlling. In many instances the patient will be brought in for services by the “bottom.” The “bottom” is usually a female responsible for keeping trafficked individuals under control and reporting any problems to the trafficker/pimp. They may refuse to allow patient to be alone or insist on interpreting;
  - Is the patient accompanied by another person who seems controlling?
  - Does the person accompanying the patient insist on giving information to health providers?
  - Can you see or detect any physical abuse? (Bruises, burns, cuts or other visible signs of physical abuse)
  - Tattoo or branding with a male’s name on any part of the body, but especially on the neck, arm(s), wrist(s), and back;
  - Is not in control of his/her own identification documents (ID or passport);
- The potential victim may not know exactly where they are when asked (hesitation to the answer can show they are being transported frequently);
- Poor dental hygiene;
- Preventive health care is usually non-existent and not treated in the early stages;
  - Unusual infections;
  - Late presentation of illness;
  - Evidence of trauma;
  - Multiple STI’s;
  - Individual may appear to be malnourished.
Key Elements for Responding to Positive Screens for Domestic Violence

Empathy

- “I believe you and I am sorry this has happened to you.”
- “No one deserves to be treated like that and it is not your fault.”

Generalize

- “This happens to many people, and we often feel alone with it.”
- “Domestic violence happens more frequently than we know and in all types of relationships.”

Empowerment

- “I believe you know what is best for you (and your children.) I have information that can be helpful now and later.”
- “When you are ready, I can help connect you with [advocate’s name]. She/he is very knowledgeable about domestic violence and really knows how to help in situations like yours.”

Autonomy:

- Resist being directive. (i.e. “You should,” “You need to”)
- “What would be helpful right now?”
- “Is there one person, be it a family member or friend that you can tell in case you need help one day?”

Confidentiality:

- Explain limits of confidentiality.
- Adults: “Everything you tell me is confidential unless you tell me someone has harmed your children or if you intend to harm yourself or someone else.”
- Teens: “Everything you tell me is confidential unless you tell me someone is harming you or if you intend to harm yourself or someone else.”
Linking to resources:

- “I want to give you the number to the National Domestic Violence Hotline, and the number to the local program....”
- “I can call my friend [advocate’s name] at the local domestic violence program and you can talk with her in my office if you would like.”

Documentation:

- Document any physical indicators or reports of abuse.
- Documentation should be completed by a healthcare provider that is authorized to document in the patient’s file. Allowing anyone else to do so jeopardizes HIPPA regulations.
- Providers should document the patient’s statements and avoid negative or judgmental documentation. (i.e., write “patient declines services” rather than “patient refuses services,” “patient’s states” rather than “patient alleges”)
- Providers should not use legal terms in their documentation unless it is used by the patient. (i.e., “patient states she was raped” rather than “patient was raped”)

---

Universal Education Messages

As a best practice it is recommended that at every patient visit educational messages are conveyed and posted throughout the clinic. Anticipatory guidance is recommended in pediatrics as a way to 1) promote health and 2) prevent disease. Domestic violence is considered a public health issue and has a detrimental impact on one’s health. Therefore, one would be remiss in not providing education on domestic violence, sexual violence, reproductive coercion and healthy relationships.

Suggested introduction to topic:

“Because domestic violence occurs in the lives of many of our patients and is potentially dangerous, we provide basic information on domestic violence to every patient. If you don’t need this information for yourself, maybe you can pass it on to a friend.”

- Domestic violence usually escalates over time;
- Domestic violence includes more than just physical abuse, in fact physical abuse may not occur very often;
- Many things can indicate danger, but here are 3 big things that raise concerns about safety:
  - once the survivor starts thinking about leaving or does leave;
  - having access to guns;
  - depression or suicidal threats by the abusive partner.
- There is a domestic violence program serving every county in Ohio as well as a national hotline. To find a local program, you can call 800-934-9840 or visit the website at www.odvn.org or call 800-799-SAFE.
- If sexual abuse is occurring, there can be serious health consequences such as Sexually Transmitted Infections and pelvic inflammatory disease (PID); “I can provide more information about that if needed.”
- Display posters and information cards throughout the clinic. They can be in the waiting room, exam rooms, bathrooms, changing areas, the check-in counter, etc.

---

Key Messages for Survivors

The following are some key messages for survivors:

- You deserve to be safe;
- Abuse is not your fault;
- Abuse is likely to escalate;
- You need a safety plan for staying or leaving;
- You don’t have to go to shelter to get help. They have other services to help you stay safe;
- Your partner has to do all the work to change; you can’t make him/her change; you can only focus on your safety (and that of your children).

The most dangerous time for a survivor in an abusive relationship is when s/he is preparing to leave.

**A key message for the survivor is:** Don’t let abuser know if you are thinking about, planning, or starting to separate; don’t change your behavior because your partner can be very tuned into such changes and violence escalates when they perceive they are losing control over you.
Patient Safety Tips

Safety Planning Guide for Survivors of Abuse

Every survivor needs a personalized safety plan developed with an advocate. To find a local domestic violence program in Ohio, call 800-934-9840.

Any domestic violence situation can escalate quickly resulting in serious injury or death. This can be hard to predict.

Here are some known indicators of high danger:

- If you have started thinking about, planning to, or are taking steps to end the relationship;
- Abuser is depressed; higher risk if the abuser has talked about or attempted suicide;
- History of threats to seriously harm or kill;
- Stalking (frequent calling, texting, following, etc.);
- Access to weapons, especially guns;
- History of serious injury, strangulation/choking, prior use of weapons against victim;
- Mental impairment of abuser due to alcohol, drugs, or mental illness;
- History of failed community controls on abuser (multiple contact with police, courts, protection orders, etc. with no corresponding reduction in violent behavior);
- Injuring or killing pets.

Here are some topic-specific tips on safety. Also see the fully articulated safety planning resources in the appendix of this manual for you to use to create something specific to your life and situation:

Physical Safety - General

- Avoid high danger rooms with batterer (kitchen, small rooms w/out exit);
- Are there guns in your home? Can someone remove them?
- Where are phones in your home? Pre-program to dial 911;
- If you don’t have a phone:
  - Can you create a signal with neighbors if you need police called?
  - Your local shelter may distribute cell phones;
  - Or you can contact Safelink Wireless for free cell phone/airtime (www.safelinkwireless.com).
- Schedule regular contact with friends/family (she calls every day, etc.), signals, and code words with friends/family;

Do not assume that you know what is best for the survivor. She is the expert of her situation and knows what is safest for her and her children.
• Make a plan for where you’ll go if you leave; does your abuser know this place? Is it safe? Attempt to go somewhere your abuser cannot find you;
• If you leave, take legal and important documents, as well as any important property.

Keeping Children Safe

• Keep important papers (i.e. birth certificates), social security numbers, a couple days supply of any medications and some of their belongings (i.e. clothing, favorite toys), in a safe location so they have some familiarity if you need to flee;
• Teach them not to get in the middle of a fight, even if they want to help;
• Teach them how to get to safety, to call 911, to give your address and phone number to the police;
• Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser;
• Make sure the children know who to tell at school if they see the abuser;
• Make sure that the school knows not to give your address or phone number to ANYONE.

Work

• Talk to a supervisor, if it is safe, about what is going on and find out if the abuser can be kept off of the premises. If you can, find out if your employer has a policy about domestic violence, and if they are likely to be sympathetic if you ask for help;
• Work a different shift, if possible. Talk to a supervisor about not scheduling you to work alone;
• If possible, change your work location. If you cannot change locations, if it’s safe, talk to your supervisor about changing job duties and schedule so you are not as visible and accessible;
• If you have a civil protection order, consider providing a copy to your employer;
• Change the route that you travel to and from work, and if allowed, stagger when you arrive and leave.

Financial Safety

• Secure all your personal identification numbers (PIN), etc. on financial resources;
• Consider changing passwords and PINs on accounts your partner can access;
• Consider removing all funds from bank accounts that are yours and at least half of the funds in any accounts shared with your partner;
• Consider freezing any credit and debit cards held jointly with abuser;
Remember that any technology can be tracked through the history. It is important to erase any history when using a cell phone or Internet.

Technology

Cell Phones

- If you think your abuser may use GPS to track where you are, turn off the GPS in your cell phone. (If there is GPS on your car, you can also turn that off);
- Try to use a landline or public phone to make calls. If you must use a cellular phone be sure to delete the history and keep in mind the bill will show the numbers you call;
- Do not respond to hostile, harassing, abusive or inappropriate texts or messages. Responding can encourage the person who sent the message. You won’t get them to stop – and responding could make it harder to get a protection order or file a criminal report;
- Consider saving harassing voice mails in case you want to take legal action in the future. See if your phone has a voice recorder. If so you can record and save any threats made;
- Many phone companies can block up to ten numbers from texting or calling you. Contact your phone company or check their website to see if you can do this on your phone;
- If you are in or coming out of a dangerous relationship, it is probably not a good idea to use any form of technology to contact your abuser. It can be dangerous and could have a negative impact on future legal actions you may want to take;
- Some victims decide to change their cell phone numbers. Others want to know what the abuser is saying and thinking, to gauge their risks. Decide what works best for you;
- If you do keep the same cell phone number, consider changing the message to a standard greeting. Abusive partners sometimes call over and over just to hear the victim’s voice;
- If you are getting harassing messages and you want to monitor the calls for safety reasons, consider having someone you trust listen to your messages so that you don’t have to hear the harassing messages. Ask that person to tell you about any threats they hear in the messages.

- Get a monthly credit monitoring service (for example, myfico.com) to watch for abuser taking out new accounts in your name;
- If potential landlords or employers want your credit report, offer to provide them a copy. If your abuser can access your credit report, he/she may be able to see who has been checking your credit score, and see where you are applying for apartments or jobs;
- If you are stashing money away, open an account at a separate bank and have monthly statements mailed to a secure location.
**Internet**

- Set privacy settings as high as possible on all of your online profiles;
- If your abuser can access your computer, be careful which websites you visit. If you are seeking information to get help about the abuse, use a public computer, at the library or other safe place;
- When you do use a shared computer be sure that your partner does not have tracking software installed and always delete your history after using the web;
- Save or keep a record of all harassing or abusive messages, posts, and emails in case you decide later to tell the police or get a protection order;
- Never give your passwords to anyone. It’s a good idea to choose passwords that aren’t easy to guess, to not use the same password for all your accounts, and to change passwords regularly;
- It may seem extreme, but if the abuse and harassment will not stop, changing your usernames and email addresses may be your best option;
- Do not use unprotected Wi-Fi. Every key stroke can be traced and monitored.

*Every survivor needs a personalized safety plan developed with an advocate.*

*Contact your local domestic violence program or to find a local domestic violence program in Ohio, call 800-934-9840.*
Dynamics of Teen Relationship Violence

The dynamics of power and control found in adult domestic violence are also present in teen relationship abuse. These usually include a combination of physical abuse and emotional abuse, economic abuse, cultural abuse, immigration status manipulation, monitoring and controlling, and stalking, often combined with sexual assault or coercion and threats to harm or kill the victim/survivor or those close to her. Domestic violence, among both adults and teens, involves a pattern of behaviors aimed at establishing and maintaining power and control over one partner by the other. Power and control may involve controlling who the victim sees, how money is spent, and it often involves isolation. When the victim/survivor resists or begins to plan for or attempt to separate, danger typically escalates. Over time, abuse tends to escalate in frequency and severity.

Possible signs a Teen is Being Abused in a Relationship

It is important to remember that signs may be subtle and that when in doubt, ask in a non-judgmental way about whether abuse may be happening. Be cautious when inquiring as these signs are not necessarily indicative of abuse; rather they can be signs of just being a teenager.

The teen may:
- Make changes in daily rituals;
- Retreat from school or activities and experience isolation or withdraw from friends;
- Make changes in clothing or wear clothing inappropriate for the weather to hide marks;
- Have visible marks or bruises that have no explanation;
- Spend excessive amounts of time with the person they’re dating;
- Exhibit anxiety, withdrawal or depression or engage in substance abuse;
- Receive excessive or unwanted texting, calls or emails;
- Taking the blame for or making excuses for the hurtful things their partner says or does;
- Exhibit unexpected periods of excessive spending/wealth acquisition.

Signs a Teen is Being Abusive in a Relationship

It is likely to also encounter perpetrators when providing universal education to teens around relationship violence. Although they may not self-identify the following are some signs to look for:
The teen may:
- Exhibit dependence on or obsession about girlfriend/boyfriend;
- Be overly concerned with where their girlfriend/boyfriend is and with whom they are talking or spending time, may follow them or track their contacts with others;
- Make excessive and/or unwanted texts, calls or emails to the same person;
- Use technology to stalk the person with whom they are involved;
- Exhibit a controlling attitude toward others, or the person with whom they are involved;
- Rationalize their monitoring, controlling, manipulative, violent or abusive behavior.

Unique Abuse Dynamics with Teens

It is no surprise to adults that teens have their own culture, way of thinking and most parents, or teachers, would argue that they have their own language. Therefore, it is important that adults ask teens how they refer to their relationships and even their sexual preference. There are also many teen relationship websites that can help adults understand the teen culture a little better.

Beyond knowing about the teen culture it is important to know that some of the dynamics that surround teen dating violence are also unique. The developmental trajectories and transitions teens are experiencing provide a unique framework for relationship violence. Teen’s sexual drives and bodies are maturing faster than their brains and teens have an intense need for social acceptance which can make the idea of being in a relationship new, exciting and an expression of their independence. Teens also have access to each other 24/7 through technology. They can access social networking sites, (Facebook, Myspace, Twitter) email and text/picture messages all from their cell phones. This access facilitates relationship violence by physically disconnecting the abuser from the survivor’s response.

Many teens do not identify stalking behaviors, such as waiting outside their classroom or calling/texting them repeatedly throughout the day; or checking their social networking accounts as abuse. Using technology is a very common way that teen perpetrators abuse their partners. Perpetrators can monitor their partners location through the GPS on their phone or texting them non-stop about what they are doing, where they are, who they are with etc. Victims/survivors are often pressured to send explicit photos to their partners and if they do they often get sent to friends or the whole school. Social networking sites are often used to monitor the victim/survivor’s friends or spread rumors about the victim/survivor. Cellular phones can now even be “synced” in order for the perpetrator to have access to the information on the victim’s phone.
Teens also do not often identify emotional abuse or controlling behaviors as a component of relationship violence. In some instances, such as attempts to control what their partner wears or who their partner sees, these actions may be mistaken as part of a normal relationship. An abuser may call his/her partner names, make them feel bad about themselves, or make him/her feel guilty. This largely goes unrecognized as relationship abuse by the teen. Adolescence is marked by the change in hormones we all experience, which leads many to an increased sexual drive. It is important that adults do not judge the choices teens make about their sexual relationships. However, it is important to give them education on STI’s/HIV, and pregnancy and how to prevent them; beyond abstinence only. Nearly 1 in 3 teen girls report having experienced physical violence in their relationship. Physical violence has been shown to increase a girl’s risk of unintended pregnancy, forced abortion, rapid repeat pregnancies and STI’s. Therefore it is often the responsibility of the healthcare professional to provide them with guidance on how relationship violence impacts their reproductive health.

It is very common for teens to experience sexual coercion by their partners (“if you loved me you would”, “I’ll find someone who will”, “I’ll tell people you did anyway”). As with stalking or emotional abuse teens may not identify coercive sexual behaviors as sexual assault.

“I’m not gonna say he raped me...he didn’t use force, but I would be like, “No,” and then, next thing, he pushes me to the bedroom, and I’m like, “I don’t want to do anything,” and then, we ended up doin’ it and I was cryin’ like a baby, and he still did it. And then, after that...he got up, took his shower, and I just stayed there like shocked...”
Guiding Principles

Relationship violence among teens presents complex dilemmas. The principles which guide response to adult domestic violence are relevant; however, they require some adaptation when using them to respond to teens.

Survivor autonomy, confidentiality, and abuser accountability are core principles which guide our response. Culturally relevant responses, empowering peers and support systems, and advancing systems change are key strategies to build survivor safety. Each of these strategies has value when applied to situations of teen relationship violence.

Supporting Survivor Autonomy and Confidentiality

The autonomy of survivors is key because survivors are the experts in their own lives, and they have the most to gain or lose from decisions that are made about the violence they are experiencing. Usually, survivors know their abusers better than anyone, they know what they have tried in the past and the results, and they know their support system. For all these reasons, survivor autonomy is a core principle upon which all responses should be built.

Confidentiality is inseparable from autonomy. For safety reasons, all information provided by survivors should be held as confidential as possible. Survivors need to be able to control who knows about their situation and what information they have. Confidentiality affects safety because if abusers know where survivors are seeking help, they can use this information to track or further abuse. And breeches in confidentiality can impact employment, cause problems with parents or peers, and can result in other unintended or dangerous consequences. Breaking confidentiality can increase danger for the victim and for other teens in his/her school or community. Be up front about whether you have to report the abuse, and help teens get support anonymously, if possible. Something helpful to say might be:

“We want you to be safe! If you have any questions about confidentiality, please ask us. HOWEVER...Some things cannot remain confidential (private). We will need to contact someone else to help if you are being abused, physically, emotionally and/or sexually.”
Unique challenges with teens: In the case of teen survivors, adults may have difficulty supporting a teen’s autonomy because they may believe they know what’s best, or they may feel that the teen’s age limits their ability to make sound decisions. In addition, teens often do not have the autonomy to make many decisions about their daily lives (such as their class schedule, how they get to and from school, etc.) In addition, Ohio law mandates certain responders to report violence against teens. Both because of our views about the age-specific capacity of teens and the requirements to report in some instances, protecting survivor autonomy and confidentiality is significantly more difficult with teen survivors.

Key strategies: These strategies can help support survivor autonomy and confidentiality.

1. Creating Transparency: Be as transparent as possible. Inform teen survivors of the limits of confidentiality. If you are a mandated reporter, let survivors know this at the beginning of your contact with them. Make only the reports required by law. If you have a choice between reporting to law enforcement or child protective services, involve the teen in evaluating which will have the most benefit, or the least negative impact. Help survivors understand as much as possible about what could happen as a result of the reporting you have to do and help create a safety plan with survivors that will assist in minimizing any potential negative impact.

2. Providing universal education instead of universal screening: Because disclosures by teens will often require violating survivor teen confidentiality, and because of the preventative benefits, universal education is preferable to universal screening. So, rather than ask teens for information that you may have to report, provide universal education with teens about relationship violence and resources for safety. You can introduce this information by saying “some teens experience controlling and abusive behaviors from their boyfriends/girlfriends, and if they don’t have this experience, most teens know someone who does. I’d like to give you some information you can use with a friend, or for yourself.”

3. Allowing Anonymity: Allow teens to call hotlines anonymously. Don’t collect identifying information such as age and name unless necessary. By allowing teens to seek support and information on hotlines without identifying themselves, we offer an effective strategy to build safety while preserving their autonomy and confidentiality. It may also be helpful to connect teens to the National Dating Abuse Helpline (866-331-9474 / 866-331-8453 - TTY) which teens or parents can call anonymously or access via the internet at www.loveisrespect.org.
Creating Abuser Accountability

Creating accountability for abusers is a fundamental concept widely used to help them decide to stop using violence. Built on the belief that the vast majority of partner violence is learned and repeatedly chosen behavior, creating consequences and accountability is a key strategy to helping abusive individuals change.

Many interventions, such as jail, divorce, batterer’s intervention programs, that are often sought in adult relationships, where violence has been occurring for many years is often not appropriate for use in teens that are just beginning to use power, control and violence in their relationships. Adapting these tools to teen situations is very difficult because they often don’t fit the type or level of violence used. Additionally, the consequences to teen offenders can be life-changing, both positive and negative.

**Unique challenges:** We are still learning what accountability looks like for teen abusers, and there is no doubt that a percentage of teen abusers are indeed already dangerous and may require more heavy-handed approaches such as detention stays or incarceration. Batterer intervention programs for adults are not appropriate for teen abusers; however, some programs are developing teen-specific groups which may hold great promise.

**Key strategies:** For less dangerous teens, and those who are just beginning to use power and control in their relationships, some of the following strategies may be effective.

<table>
<thead>
<tr>
<th>Key strategies for creating abuser accountability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Support effective peer responses</td>
</tr>
<tr>
<td>- Utilize school/adult authority</td>
</tr>
<tr>
<td>- Build a coordinated response</td>
</tr>
<tr>
<td>- Use systems designed for adult perpetrators</td>
</tr>
</tbody>
</table>

1. **Supporting Effective Peer Responses:** In the context of a school environment – a socially closed community – peer pressure may be built to hold the abuser accountable.

2. **Utilizing School/Adult Authority:** School officials (teachers, counselors, coaches and others) and parents have authority in the lives of teens which can assist in holding teen abusers accountable. Monitoring whereabouts, taking away sports or other desired extracurricular activities, taking away access to cars, phones, computers and other technology, and imposing school or home-based sanctions are just a few of the ways school personnel and parents can hold teen abusers accountable.

3. **Building a Coordinated Response:** Coordinated community response is a key approach with adult perpetrators which involves information exchange between systems involved with the perpetrator and coordination of responses. The goal is to ensure that a consistent message is delivered and that sanctions are coordinated. This approach can also be beneficial in holding teen abusers accountable. Do an inventory of the teen abuser’s life: who are his/her friends,
which adults does he/she trust or look up to, who does he/she interact with daily or weekly? Often these individuals are known to one another and can coordinate how they hold the teen abuser accountable and support changes in his/her thinking and behaviors. If formal systems such as the school, mental health professionals, child welfare workers, courts, probation or parole are involved with the teen, they should be included in a coordinated response as well.

4. Using Caution with Systems Designed for Adult Perpetrators: As noted earlier, civil and criminal court remedies are designed for adult perpetrators who usually have no other authority over their lives, and who may be engaging in long-term and extremely dangerous violence. Violence perpetrated by teens can be equally dangerous. The pros and cons of utilizing systems that can impose such heavy sanctions must be weighed carefully. As important, we need to evaluate the message received by teen perpetrators if these systems are involved and then do little, or intervene in ways that pose further risk to the victim.

Unintended Consequences

Even when acting with our best intentions, we can create negative unintended consequences. We can over-respond, making it less likely the victim will tell us about future violence. We can take away the survivor’s autonomy and involve adult systems that are not helpful. Even if these systems are helpful, other teens may learn that if they tell anyone about being abused, the police or child welfare will be called – making it less likely they will seek help. If the perpetrator experiences significant sanctions, the victim may be isolated, ostracized, or bullied by other students for telling adults about the abuse – especially if the perpetrator has high social ranking (i.e. excels at sports, is popular or valued in the student body.) The survivor can be targeted emotionally, physically or through technology, and/or by friends of the abuser, an especially dangerous possibility if the youth are involved in gangs. We can involve systems with a long history of class and race bias, and lead low-income teens or teens of color to feel further targeted, rather than held accountable.

In contrast, we can also under-respond, leaving survivors to feel helpless or hopeless that no one can help, and leaving abusers feeling more supported and unstoppable than before. There are so many possible pitfalls that we may feel that there is no clear path for action. And if we stay engaged with teens and keep listening to them, we can continue to learn about strategies that can help increase safety and reduce teen relationship violence.

Adults may not believe that teen violence is as serious as adults; however, studies show that approximately 1 in 3 adolescent girls across the nation is a victim of physical, emotional or verbal abuse from a dating partner. Additionally, 1 in 10 high school students has been physically hurt on purpose by a boyfriend or girlfriend. In Ohio, the deaths of two high school students and the shooting of a third prompted legislation to be passed mandating teen dating violence education in schools and legislation allowing teens and others on the teen’s behalf to seek protection orders against other teens.
Juvenile Civil Protection Orders

On June 17, 2010, Ohio law began allowing juveniles to obtain Civil Protection Orders (CPO) in Juvenile Court when they experience violence in their relationships by other teens (Oh. Rev. Code § 2151.34.)

**What acts create the basis for seeking relief under 2151.34?** The petition must include an allegation that an abuser under the age of 18 committed certain behaviors such as assault, stalking, a sexually oriented offense, threats to harm, or aggravated trespass.

**Who can file?** The petition can be filed by the teen survivor, a parent or adult family or household member. The court may approve other parties who may file, at its discretion (i.e. a guardian ad litem, teacher, etc.)

**Where are cases filed?** Cases against offenders younger than 18 are filed and heard in juvenile courts, which retain jurisdiction throughout the case. Cases against offenders over age 18 are filed in Common Pleas Court for a Stalking CPO if the parties are not family or household members (Oh. Rev. Code § 2903.214), or in Domestic Relations Court, if the parties are family or household members (Oh. Rev. Code §3113.31.)

**What is the process?** There is no fee to file a petition seeking this relief. The victim can request an ex-parte hearing (a hearing without the abuser) which must be held no later than the next day the court is in session. If a protection order is issued at the ex-parte hearing, the court must schedule a full hearing to be held within 10 court days. The Respondent is served with notice of the full hearing and is given a right to be heard at that hearing. It is best to have an attorney assist in filing these cases, and to talk to a legal advocate from a domestic violence or sexual assault program.

**How long do orders last?** CPOs granted against teen abusers are in effect until the offender reaches the age of 19. When the offender turns 19, the record is automatically sealed unless the CPO has been violated. However, even if the CPO has been violated, the record may still be sealed. Under specific conditions, certain parties may be able to access sealed records.
What if the order is violated? If a juvenile violates a CPO, the juvenile may be charged as a delinquent child, prosecuted for Violation of a Protection Order (Oh. Rev. Code § 2919.27), or found in contempt of court. Juvenile Court retains jurisdiction over the case and any protection order enforcement issues until the offender turns 19.

An important note about juvenile protection orders: As with any type of protection order it is crucial to keep in mind that although it is intended to keep perpetrators away, it is only a piece of paper. Also because juvenile protection orders are relatively new keep in mind that the system is not perfect and there are some issues. For example, enforcement is difficult when survivors attend the same school or are involved in sports. When working with any survivor designing a safety plan to fit their needs and situation is the best course of action to take in keeping the survivor safe. Encourage teens to reach out to a trusted adult or friend or be that trusted adult if they feel they have no one else they can turn to. Even if the teen is not disclosing any relationship violence refer them to any number of online resources or national, state, or local resources designed just for teens. Please refer to Appendix G for a list of resources.

Every survivor needs a personalized safety plan developed with an advocate.

Contact your local domestic violence program or to find a local domestic violence program in Ohio, call 800-934-9840.
Cultural Issues

Culture is not just about norms and values about particular racial or ethnic groups. It is about how the norms and values of a particular group are expressed or thought about in different ways depending upon the socio-economic position, their immigration status sexual orientation or any number of other factors. Norms and values may also differ for individuals within the same group.\(^7\)

Building One’s Cultural Competency

Futures Without Violence (formerly the Family Violence Prevention Fund) suggests the following to build one’s cultural competence in the area of domestic and sexual violence:

- **Recognizing and being aware of one’s biases and prejudices.** We all make assumptions and in this area of work, assumptions can be lifesaving. However, assumptions that are unexamined and unchallenged can lead to misinterpretation of facts or acting with arrogance thereby creating further distance between the survivor and the advocate or professional;

- **Take a strengths approach.** Listen to and build upon the survivor’s strengths no matter where they are from. They are the experts in their own lives;

- **Remember that as a healthcare professional or advocate there is a power imbalance** and no matter how unintentional avoid imposing your values or the values of your institution on the survivor;

- **Gathering information on the survivor’s interpretation of her culture helps paint a more complete picture of her context:** it helps one understand the power structure of the community she has connections to as well as the level of support that she has within it. Asking can also help one better understand the culture as a whole;

- **Negotiating the acceptance of a different set of values, without imposing our own.** The long and continued history of oppression makes it imperative that we not impose our own values on others who do not share those values. However, there is also recognition that domestic and sexual violence is a worldwide phenomenon. How does one navigate between these two seemingly contradictory ends? We cannot accept that just because certain behaviors are someone else’s practice, we have no right to challenge those practices. Upholding the value that domestic and sexual violence is unacceptable is not about negotiation. Rather, the negotiation lies in how we challenge these practices, which makes the difference in when and how someone accepts a new value;

- **Recognizing our own history and the interdependence and independence of people, lives, histories and contexts** is essential to shaping the work to end domestic and sexual violence.

violence. Instead of looking at ourselves and each individual as existing in a vacuum, it is necessary to place each person within their own specific social, cultural, and historical context and how those contexts interact and have influenced our own. These relationships and inter-relationships have shaped and continue to shape the culture of violence that currently exists. Understanding them is critical to ending violence against women;

- **Building cooperation and collaboration and reaching out to diverse communities both individually and programatically is essential.** Community ownership of the issue is essential to promoting safety, accountability and building zero tolerance for sexual and domestic violence.

**Additional Considerations about Culture and Intimate Partner Violence**

- Smaller cultural communities are more closed (i.e. deaf, LGBT, immigrant, etc.);
  - Services for these small closed populations are often limited especially if the survivor is in a rural area;
  - Survivors who identify as a member of these may not have much support from family and friends. LGBT survivors may not be open about their sexual orientation among their peers.
- Abusers can use culture and identity to abuse (i.e. race, class, sexual orientation, gender identity, etc.);
  - Abusers may threaten to withhold money or resources that the survivor has become accustomed to;
  - The abuser may have connections to powerful people in the community that make it difficult for the survivor to access or utilize traditional remedies;
  - Abusers may threaten to out their partner’s sexual orientation to friends/family;
  - Abusers may use gender pronouns that are contradictory to how the patient identifies him/herself;
  - Abusers may threaten their partner with deportation if the survivor is not a legal resident or citizen.
- Survivors from marginalized/oppressed communities are not likely to have the same options as other survivors and they often have additional barriers;
  - Abusers may not allow their partners to learn English thereby making it difficult to access services;
  - Survivors may not seek help from law enforcement for fear of deportation;
  - Because of racial/ethnic stereotypes survivors often fear involvement of child protective services involvement if they leave;
  - Abusers may threaten to withhold welfare benefits or report that s/he is living in the home thereby decreasing the recipients benefits.

**Everyone’s experience within a cultural identity or community is unique. Let the patient guide you about their experience within their cultural identity. Rather than guessing or making assumptions about the patient; just ask.**
• No one can be an expert on every culture; rather than guess or make assumptions, ask patients when you aren’t sure about a norm, language, what would be helpful and appropriate;
• Also take steps to learn about different cultures;
  o Attend cultural festivals;
  o Visit local museums and cultural centers, especially when they are displaying works from other countries;
  o Visit the library and check out travel books.

Immigrant Survivors

It is a widely held belief, outside of the domestic violence community, that in some cultures it is just a part of life when a man hits his partner. However, abuse is abuse no matter if the society a woman lives in accepts it or not. Immigrant women coming to the United States face many social and economic barriers. Many times their only support system is her husband/partner and his/her extended family. Immigrant patients face not only losing their familial support, but also their financial support as many immigrant women often work undocumented. Their abuser may use their undocumented status to threaten deportation and the very real risk of losing their children if they face deportation.

• Let immigrant survivors know that DV/SV is against the law in the U.S. and that they may have legal options, and that an advocate is available;
• Let immigrant survivors know you don’t report to Immigration and Customs Enforcement (ICE);
• Undocumented survivors (those without ICE status to be in the US legally) may be fearful of seeking legal options such as calling the police, getting a protection order or filing charges;
• Victims who are undocumented may be able to get a special visa (such as a U Visa, T Visa or what is called a VAWA “self-petition”) because of their status as crime victims. Give all immigrant patients and victims of trafficking the Information for Immigrant Survivors of Abuse handout;

Legal Options for Undocumented Victims of Domestic Violence

VAWA Self-Petitions
Under current immigration laws, a citizen or permanent resident spouse or parent may file an immigration petition known as a “relative petition” for certain family members so they may obtain permanent resident status in the United States.8

---

VAWA Cancellation of Removal (formerly Suspension of Deportation)
The VAWA cancellation of removal (INA § 240A(b)(2), 8 U.S.C. § 1229b(b)(2) (2001)) relief applies to victims who are presently in removal (deportation) proceedings before an immigration judge. In some cases, abusers have reported their undocumented spouses to the INS and subsequently the battered immigrant is arrested and placed under removal proceedings for having unlawful status in the United States. A person seeking VAWA cancellation of removal while under removal proceedings must demonstrate that she has resided continuously in the country for three years, she is a person of good moral character (e.g. no criminal record), she or her child would suffer extreme hardship if returned to her country, and she was subjected to battery or extreme cruelty by a citizen or lawful permanent resident. A grant of VAWA cancellation of removal by an immigration judge suspends deportation proceedings and affords a battered immigrant woman lawful permanent residence in the United States.

Crime Victim Visas (U Visas)
Battered immigrants who do not qualify for either VAWA self-petitions or VAWA cancellation of removal may be eligible under the Victims of Trafficking and Violence Protection Act of 2000 (VTPA, 2000) for the newly created nonimmigrant crime victim visa, also known as the “U visa”.

Gender-Based Asylum
Another form of relief that is available to battered immigrants is asylum (INA §§ 101(a)(42),208; 8 U.S.C. §§ 1101(a)(42), 1158 (2001)). A person applying for asylum in the United States must establish that she fears returning to her country based on a well-founded fear of persecution in her country on account of her race, religion, nationality, political opinion or membership in a particular social group. The applicant must establish a clear connection between her fear of persecution and one of the five enumerated grounds: race, religion, nationality, political opinion, or membership in a particular social group. Women in certain situations may be eligible for asylum based on political opinion or membership in gender-based social groups.

Immigrant and Deaf/Hard of Hearing Survivors
Immigrant and deaf/hard of hearing survivors face language barriers, which make obtaining information on resources difficult. If possible, have literature printed in languages most commonly spoken in your area as well as in sign language. Additionally, it is important to ask deaf/hard of hearing patients how they prefer to communicate as they may have lost hearing late in life and are not comfortable with sign language.
If using interpreters make sure they are never a child, try to avoid using any family member or member of the victim’s or abuser’s community/social network. It is absolutely essential to have an interpreter when:

- The client asks for one;
- There is any doubt about your effectiveness in communicating;
- You think it is better for the process if there is an interpreter since the client is better able to communicate in their language;
- You feel that there are problems in being understood or understanding what the client is saying.

Only use paid interpreters about whom the victim feels safe and comfortable. Even though you are required to pay for the interpreter, if the survivor does not want to work with the interpreter you choose, trust that and get a different interpreter.

When working with an interpreter, it is essential that you remember:

- The communication is between you and the client;
- You should not be aware that the interpreter is even present, so arrange the seating in a way that allows you to talk to the client;
- Use simple, clear language with short sentences;
- Allow for pauses, which will enable the interpreter to interpret;
- Always speak to the client;
- Be patient;
- Do not use relatives or children to interpret;
- It is best practice to use an interpreter that the patient does not know although make sure it is someone the patient is comfortable with;
- Use Language Line (800-752-6096) if you cannot get an interpreter or can’t identify the language the patient is speaking. If you don’t have an account with them, you’ll need a credit card number (please see appendix for further Language Line information).

An interpreter should be someone that is not related to the patient and does not know the patient. It is never a good idea to attempt to screen a patient using a family member or child as an interpreter. This allows the patient to speak freely about the relationship if s/he chooses to do so.
LGBTQ Survivors

Lesbian, gay, bisexual and transgender (LGBT) victims of domestic violence have been largely ignored, for somewhat different reasons, by domestic violence service providers, other service providers and authorities, and the LGBT community itself. LGBT survivors are often reluctant to disclose abuse for fear of receiving ignorant or hostile responses from providers – a fear grounded in their personal experience or the experience of other members of their community.

There are many help seeking barriers that LGBT patients may face. They may feel they are members of a small, closed community, especially in rural areas. Survivors may be reluctant to disclose their abuse because family, friends and neighbors do not know of their sexual orientation.

Additionally, housing, job and other discrimination is legal against LGBT persons in Ohio (although local ordinances may protect some individuals.) Survivors from these communities may be justifiably fearful of losing custody of their children, their housing or their job if they come forward and seek legal options (Contact BRAVO legal advocacy program for information on your county’s law).

All of the tactics that abusers use on their heterosexual partners (page 7), abusive LGBTQ partners employ as well. The following are some additional tactics that are important to keep in mind.

**Emotional and Psychological Abuse**
- Questioning whether partner is a “real” lesbian…woman…man, etc.;
- Telling partner they are too ugly or too old to ever have another relationship;
- Adolescent abusers may put down partner’s developing body;

**Threats**
- To out partner to family, friends, children’s other parent, employer, etc;
- To commit suicide (particularly powerful given the already higher rate of suicide among LGBT people);

**Entitlement**
- Making demands for:
  - Personal service;
  - Obedience;
• Sex when, where and how the abuser wants it (including “make-up sex” –which the victim often experiences as a beating followed by a rape);
• Unlimited access to partner’s body, feelings, caretaking, time, money, labor, attention, etc.;
• Abusers who are older than their partners may exploit their own greater relationship experience, freedom from adult supervision, independence, financial resources, and access to transportation and alcohol;

Economic Abuse
• Threatening to out partner to employer. (Some LGBT victims quit their jobs rather than risk being exposed at work, which, presumably, is the abuser’s goal);
• Identity theft: posing as partner in order to wipe out their bank account or gain credit in their name (which may be particularly easy for same-sex partners);
• Controlling domestic partner benefits that partner is eligible for;

Sexual Abuse
• Treating partner as sexual object;
• Demeaning partner for wanting – or refusing – to play roles (butch/femme, top/bottom);
• Pressuring or forcing adolescent partner into sexual activity that they are not ready for;

Using Children (tactic of both current and former partners)
• Threatening to out partner to their ex-spouse or other family members, who might seek custody because of partner’s sexual orientation or gender identity;
• Refusing to allow co-parenting partner visitations with abuser’s biological children;
• Using anti-LGBT slurs in the children’s hearing to turn children against LGBT parent;
• Using the victim’s gender identity or sexual orientation to manipulate the court during a custody battle. (This may be particularly likely with a heterosexual ex-partner.) If the evaluator or judge sees the parent’s gender expression or sexual orientation as a threat to the children, the victim may be given only supervised visitation, or may have to dress and act in accord with their birth sex if they wish to see their children;

Intimidation
• Destroying clothing and personal items needed for partner’s gender expression;
• Stalking (a course of conduct, more than one incident, that the abuser should know is likely to frighten the victim. Most domestic violence-related homicides are preceded by stalking);

Isolation, Restricting Freedom
• Ruining partner’s friendships by getting mutual friends to side with them, telling them that partner is abusive, or getting jealous of partner’s friends;
• Keeping partner from connecting with other LGBT people. In rural areas, controlling access to transportation to places where LGBT people meet;
• Keeping partner from connecting with their cultural or religious community or threatening to out them to their religious community;
• Threatening to out adolescent partner to their peers or parents;
• Keeping immigrant partner from learning English;

Identity abuse

Victim is bisexual and abuser is not
• Belittling partner’s identity as “just a phase;” telling partner they are “in denial;” or “should get off the fence.”;
• Accusing same-sex partner of “choosing” a bisexual identity just as a way of protecting themself from homophobia and maintaining heterosexual privilege;
• Threatening to out partner as bisexual to gay or lesbian friends;
• Publicly humiliating partner for their bisexuality;
• Accusing partner of being exploitative for being attracted to the other sex;
• Accusing partner of unfaithfulness; stereotyping bisexuals as promiscuous;
• Destroying partner’s other relationship (if any); using it as an excuse for abusive behavior; threatening the other partner; demanding threesomes;
• Using partner’s bisexual identity as an excuse to abuse them;

Abuser is bisexual and victim is not
• Ridiculing partner’s non-bisexuality or treating it as a hang-up;
• Pressuring partner to engage in sex with partners of other gender;
• Transmitting HIV or STI’s from hidden partners;

Victim is transgender
• Physically assaulting surgically or medically altered body parts, or parts of the body that partner is ashamed of or detached from;
• Forcing partner to publicly expose scars;
• Criticizing how hormones affect partner’s sexual performance;
• Refusing to allow joint funds to be spent for transition-related health care, medication, hormones or clothing;
• Exploiting any fear or shame partner has related to his or her gender identity, by ridiculing aspects of partner’s gender identity: appearance, dress, voice, etc.;
• Refusing to use partner’s preferred pronouns or name;
• Convincing partner that shelters and law enforcement would subject him or her to abuse or refuse to help the partner. (Transgender people’s experience of inappropriate behavior by providers makes this an effective threat);
• Don’t use pronouns that assume the partner’s gender. Choose pronouns carefully to let LGBT patients know they are free to acknowledge a same sex partner to you (i.e. refer to “your partner” instead of using a pronoun that assumes a heterosexual partner.) Use the patient’s language for referring to their partner. 9

It’s ok, even preferable to ask patients how they refer to their partner. It is ok and may be empowering to ask a patient how they refer to themselves, or how they refer to their partner. Remember that using the most up-to-date term is less “correct” than an individual’s choice of how to identify themselves. Many people feel empowered by proudly using words that have been used to put them down. However, context, who is using the term and why, is everything, for example:

• A lesbian woman may proudly call herself a dyke, but if a stranger does it, it may feel like a threat or a put-down;
• Some LGBT people identify as queer. Others may find that word offensive because it’s often used as an insult. Even those who have reclaimed that word may not be comfortable with you using it.

Follow your patient’s language on how they refer to themselves or try to stay away from gendered pronouns altogether.

Pregnancy, Reproduction, STI/HIV and Health Consequences

Intimate partner violence, sexual violence, and reproductive coercion are highly intertwined. Patients who are experiencing one of these types of violence many times will be experiencing another, if not all three. Violence limits young women’s ability to manage their reproductive health and exposes them to sexually transmitted infections. Intimate partner violence increases the risk of gynecological, central nervous system, and stress-related problems. Adolescent girls are at especially high risk for unintended pregnancies, pre-term birth or miscarriage, and contracting a sexually transmitted infection. Violence also impacts risky health behaviors by both the survivor and perpetrator, including early sexual experiences, multiple sexual partners, drug and alcohol use, non-condom use and partner non-notification of an STI.

Definitions

Reproductive Health
An individual’s ability to make healthy, voluntary, responsible, safe sexual and reproductive choices; have the capability to reproduce and the freedom to decide, if, when and how often to do so.

Implicit in this is the right to be informed of and have access to safe, effective, affordable and acceptable methods of birth control as well as health care services that allow for healthy pregnancy and childbirth.) (World Health Organization)

Sexual Health
A state of physical, emotional, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. [Implicit in this is the absence and/or protection from disease/infections](World Health Organization)

To view the complete Declaration of Sexual Rights see Appendix F.

Reproductive Coercion
Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples include:

- Coercing a partner to engage in unwanted sexual acts
- Forced non-condom use
- Intentionally exposing a partner to STI/HIV
- Acts that explicitly involve attempting to control a woman’s reproductive rights through birth control sabotage, pregnancy coercion, and/or pregnancy pressure

**Birth Control Sabotage**
Active interference with contraceptive methods by anyone who is, was, or wishes to be in an intimate partner relationship, such as:

- flushing pills;
- poking holes in condoms;
- refusing to wear condom.

**Pregnancy Pressure**
Behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant. This includes saying this like:

- “I’ll leave you if you don’t get pregnant”
- “I’ll have a baby with someone else if you don’t become pregnant”
- “I’ll hurt you if you don’t agree to become pregnant”

**Pregnancy Coercion**
Threats or acts of violence if a partner does not comply with the perpetrator’s wishes regarding the decision of whether to terminate or continue a pregnancy. For example

- Forcing a woman to carry to term against her wishes through threats or acts of violence
- Forcing a partner to terminate a pregnancy when she does not want to
- Injuring a partner in a way that she may have a miscarriage

**Sexual Coercion**
Using pressure, threats, force alcohol or drugs to engage in unwanted sexual con-tact with someone, such as:

- *Intentionally* exposing a partner to STIs;
- Forced condom or other birth control nonuse;
- Threats or acts of violence related to partner notification of sexually transmitted infections;
• Threats or acts of violence if one partner doesn’t agree to have sex when the abusive partner wants it.

**Screening**

Prior to asking any question about a patient’s sexual and reproductive health it is imperative that they understand the limits of confidentiality. This is especially true when speaking with teens. If there is a question about what is considered part of mandated reporting consult with a supervisor, local law enforcement, agency legal counsel or the appropriate licensing board.

**Why assess for reproductive coercion?**

- The data demonstrates a link between exposure to violence and poor reproductive health, so this focus allows the violence assessment, in the absence of injury, to flow more with the visit type and ideally can help the provider help the patient with contraception more successfully and be safer;
- An assessment approach that focuses on reproductive control and the reason for the visit can be a more comfortable way for providers to speak with clients. Some providers have a difficult time asking clients questions focused on physical injury or rape—“Have you ever been hit, kicked, or slapped.” Those questions may often feel out of context when the reason for the visit is pregnancy testing, birth control or emergency contraception requests, or STI/HIV testing. This approach flows naturally into the conversation and can help staff be more effective in their assessment of clients.

Keeping in mind that one can never tell the sexual preference or gender identity of a patient by outward appearances and although it may be uncomfortable asking a patient, it will be less uncomfortable than making the wrong assumption. Follow whatever language the patient uses.

**Example Scripts**

- “I want to make sure I’m providing you with the appropriate education and options that will keep you as healthy as possible so I am going to ask you some questions.

**Women who have experienced IPV are more likely to have not used their preferred method of birth control because her partner is unwilling or is actively trying to get her pregnant.**

**Similar to other forms of controlling behavior in abusive relationships, partners interfere with women’s birth control use as a means to control them.**
Remember everything we talk about is confidential unless it is one of those exceptions we just discussed.”

- “Are you sexually active?”
- “Do you have sex with men, women or both?”

**Note:** It may be uncomfortable asking these questions, but asking rather than assuming will begin building rapport and a trusted relationship with your patient; thereby making your patient more comfortable talking about these topics.

**Example for Emergency Contraception Visit:** “So you are in for the morning-after pill. I’m glad you knew about it...Can you tell me about the first day of your last period and any unprotected sex you had after that, including the most recent time? I ask all patients when they come in for EC, was the sex you had something you wanted to have happen? (Pause) Or do you think your partner was trying to get you pregnant when you didn’t want to be?”

**Example for Pregnancy Test Visit:** “While we wait for your pregnancy test results, I wanted to talk with you about what I’ve been learning about women and pregnancy. There are a lot of studies showing that women worry about getting pregnant when they don’t want to be because of a partner—like he won’t use a condom when he says he will. Or he messes with your birth control because he wants to have a baby with you. Can you tell me a little about the sex that led up to you needing a pregnancy test today?”

**Example of Multiple Recent Pregnancy Tests:** “Hi, I was looking back in your file and saw that you have come in for a number of pregnancy tests recently and I’m so glad you know you can come here. I also noticed that you wrote on your form that you didn’t want to be pregnant right now. Some women I see have partners who try to get them pregnant when they don’t want to be, either through pushing them to have sex when they don’t want to or aren’t protected or by messing with their birth control. How often is something like this happening in your relationship?”

**Example of STI/HIV Visit:** “Hi, I’m so glad you knew that we could do STI testing here, so the way this works is you leave a sample (urine, blood, or other) and we send it to the lab and we will call you if there is a problem so make sure I have good complete phone numbers to contact you just in case. One of things I’m talking to clients coming in for this service is something I recently learned at a training—that 1/3 of girls coming in just to get tested for STIs have problems in their relationship. Like they have been hurt by a partner—or had to do sexual stuff they don’t want to. So I’m checking with everyone I see for this kind of visit—how often is something like this coming up with your partner?”

**Annual Exams:** “Since the last time you came in, have there been any changes in your sexual partner(s) or have there been any additional partners? (Repeat what the client says here, in this example she says no.) Ok, no changes. And how about your birth control method, is that still working for you? Ok, you like the pill. Do you feel like you can talk with your partner about birth
control? Does he know you are on the pill? When he gets mad does he ever take them away from you in any way?"

Initial Exams: “So this is your first time here? Glad you knew about us. We are going to talk about methods of birth control today, do an exam, test for STIs and do a Pap smear. One of things I talk with all women about who come here for care is about healthy relationships— and whether they have any worries about being able to control when they have sex, get pregnant, or if they have difficulty talking to partners about condoms, or they worry they will get an STI; that kind of stuff. I want to make sure that all patients know their rights around sexual relationships just like they know how to use condoms. How often do you feel like sex isn’t under your control?”

Abortion Clients: “Does your partner know you’re here today for an abortion?” (If client tells you no). “I know that a lot of times women can’t tell their partners about the abortion because they are afraid what he will do or say, is that something you are worried about? What do you think would happen if he found out, what would that look like?”

(if client tells you yes) “I am glad that you and your partner were able to talk about this before you came in today. Sometimes women feel pressure from their partner to have an abortion because their partner doesn’t want to have the baby. Did you feel any pressure when you discussed this with your partner?”

Partner Notification of Positive STI “I’m really glad you came in to get tested. And we are going to treat your infection with a single dose medication. I know it can be hard to talk about this stuff—especially if you are worried your partner will blame you for the STI. What do you think will happen when you tell him? Are you worried that he will hurt you? Would it help for us to tell him here and for you to bring him here to talk about it? What can we do to help?”

Sexual Decision Making “I’m glad you knew to come here for an exam. One of the things that we talk about like explaining that a pap smear is a screening for HPV a virus that can cause abnormal cells on you cervix. We also talk about healthy sexual relationships. I know that might seem funny-- but we have learned that a lot of young and older women don’t always get to decide when they have sex. Their partners decide for them. And that can make you feel uncomfortable or upset. Does anything like that ever happen with your partners?”

Condom/Dental Dam Negotiation “Ok, so we’ve talked about how important using condoms or dental dams are for preventing STIs. And I’ve learned that giving someone a bag of condoms doesn’t mean they feel comfortable asking their partners to use them. Maybe it’s embarrassing or maybe it doesn’t feel safe. What do you think your partner would say about your asking him/her to use them? Would you feel comfortable asking him/her to use them? Do you think s/he would accuse you of stepping out of the relationship or not loving him?

Changing Birth Control Method “Ok, so you want to switch birth control methods—can you tell me about what you didn’t like about the most recent method you were using? Did your partner
support the method you were using most recently? What will he think about the change? Or is this change something he was encouraging? “I want to make sure that we come up with the best method for you—and one of the things we know is that sometimes partners mess with women’s birth control so she is more likely to get pregnant. Is there ever a situation where you worry about anything like that with him?”

**Lifetime Exposure to Violence** “So we are going to talk about birth control and your exam in just a minute. However, first I am talking to all patients about their histories with family and partner violence. Because we know that some people never would get to talk about it otherwise and there are great resources in the community if you or anyone you know has had that happen to them. The other reason we bring this up is that sometimes women who have been hurt have more difficulty in their sexual relationships—including being able to talk with partners about controlling when they will be pregnant or being safe in that relationship. Is this something that is an issue for you in your relationships?”

**Responding to a Positive Screening**

No matter what response your patient gives to scripted assessment questions on reproductive control, you have an opportunity to educate and provide support. Sample phrases below can help you clearly and quickly communicate all the information that you need to give to a patient. In addition to general good counseling practice such as using non-judgmental active listening skills, providing supportive messages, and maintaining cultural specificity, responses to violence and reproductive coercion should also provide information, respond to immediate safety issues, and make referrals as needed.

**Patient states no abuse:** “I’m glad to hear that isn’t happening to you. Here is a card about healthy relationships. I give it to all my patients in case you have a friend or a family member you’re worried about so you know how to help.”

*This type of response focuses on providing information to patients on the components of a healthy relationship. This allows for the opportunity to provide clients with a screening card developed by Futures Without Violence (available at www.endabuse.org)*

**If client is experiencing current abuse:**

**Patient states she is nervous about getting pregnant due to partner actions.**

“I’m glad you told me. That isn’t ok and must feel awful. I want to talk with you about some methods of birth control we like to call “invisible.” Things he doesn’t have to know that you are using; like Depo, Implanon, or the IUD—so you don’t have to worry that you will get pregnant when you don’t want to be.”

*This type of response that focuses on “invisible” birth control can be adapted and used to help patients improve their reproductive health in the context of violence during many different kinds of visits: Pregnancy Testing, Abortion, Birth Control Methods, Emergency Contraception, Annual and Initial Visits.*

**Follow up questions about sexual and physical abuse:** “What you’ve told me also makes me worried about your safety in other ways. Some women we see whose partners are messing
with their birth control also have partners who may force them to have sex or hurt them in other ways. Does this happen in your relationship?“

*These examples illustrate how a focus on reproductive health can lead to more in-depth assessment of safety and can help counselors address many risks with patients about their health in a supported way.

**If a patient’s STI/HIV test is positive:**

- “We must notify the people you’ve had sexual contact with about the infection. There are a couple of ways we can do this to help you be safer:
  - “We can talk to your partner about it in clinic and explain about transmission, in case s/he gets angry or blames you”
  - “Or we can have someone call anonymously from the health department saying that someone your partner has had sexual contact with in the past year has an STI and s/he needs to come and get treated. That way it won’t be on you”

  **In addition to supportive statements such as “you don’t deserve this and I’m worried for your safety” be sure to offer the patient information about violence such as a safety card, some simple safety planning and contact numbers for local domestic violence programs - or the National Domestic Violence Hotline Number 1-800 799 SAFE**

- “If you decide you want to tell your partner yourself—tell him or her in a public place with lots of people around where you can leave easily if you need to”
  - “If you would like I can put you on the phone right now with (name of local advocate) and we can create a plan for you to protect your safety”

*These examples allow for a patient to safely notify her/his partner when an STI/HIV test is positive. A positive test often places the survivor at increased risk of not only physical violence, but also emotional abuse. These scripts either take the “blame” off of the survivor or provide her/him with safety prior to informing the abusive partner.
Education

Every time a patient comes in for a visit is also an opportunity to educate them on IPV/SV reproductive coercion and how these can affect their health. A patient visit is a great opportunity to talk to them about healthy relationships. It is a great opportunity to educate patients on alternative birth control options and educate patients on the health consequences of intimate partner violence, both to them and to their fetus (if pregnant). If needed, it may also be helpful to educate female patients on the options for safety available to them in your community.

Healthy Relationships

Healthy relationships are ones in which both partners have mutual trust and respect for one another. Both partners communicate clearly and honestly with one another and are able to make decisions together or at least without fear of retaliation from the other partner. Additional components of a healthy relationship as they relate to pregnancy and reproduction are:
• Making family decisions together;
• Sharing parental responsibilities;
• Being a positive non-violent role model for children;
• Making the decision to have children when both partners are ready;
• Respecting the woman’s decision to use whatever method of birth control is best for her.

Birth Control Options
Women of reproductive age in abusive relationships are often unaware of their choices when it comes to birth control. Often women are told the hormones will make them fat or crazy and are scared into relying on their partners to use condoms or pull out as their only form of birth control. This leaves them susceptible to unintended pregnancies and STI/HIV. Providing them education on the usage and effects of the following forms of birth control leaves them empowered to make their own decision on which forms to use.

*Please see Appendix G for a complete list of birth control options and the pro’s and con’s of each

Health Consequences
Survivors of intimate partner and sexual violence are at increased risk for a myriad of health issues. Many survivors have also not had access to a primary care physician for many years. Providing information to survivors on how sexual and intimate partner violence affects their health may help survivors understand why they have been experiencing some of the health conditions they have.

IPV/SV and Co-morbid Health/Mental Health Conditions

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>High blood cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>HIV/STI</td>
</tr>
<tr>
<td>Asthma</td>
<td>Memory loss</td>
</tr>
<tr>
<td>Back pain</td>
<td>Panic attacks, insomnia</td>
</tr>
<tr>
<td>Chronic pain syndromes</td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>Depression</td>
<td>Sexual dysfunction</td>
</tr>
<tr>
<td>Depressed immune function</td>
<td>Sleep problems</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Stroke</td>
</tr>
<tr>
<td>Headaches and migraines</td>
<td>Suicide ideation/actions</td>
</tr>
<tr>
<td>Heart attack and heart disease</td>
<td></td>
</tr>
</tbody>
</table>
**Women Who Experience IPV/Sexual Assault are at Increased Risk for:**

- Bladder, urinary tract and vaginal infections
- Chronic headaches
- Chronic pelvic pain syndrome
- Depression
- Gynecological problems
- Invasive cervical cancer and preinvasive cervical neoplasia
- Inability to use certain contraception (i.e. partner refuses or sabotages)
- Inability to use prescriptions due to partner interference
- Irregular menstrual cycles
- Pain during sex, dysmenorrhea and vaginitis
- Pelvic inflammatory disease
- Pregnancy complications such as bleeding, placental separation, antepartum hemorrhage, uterus rupture, preterm labor and maternal death
- Sexual dysfunction
- Urinary tract and vaginal infections
- Unintended pregnancies
- Vaginal and anal tearing

**Infants and/or an Unborn Fetus of Survivors are at Increased Risk for:**

- Cranial bleeds
- Diarrhea
- Digestive problems
- Disordered attachment
- Failure to thrive
- Fractures
- Low birth weight
- Premature birth

**Teen Survivors of IPV/SV are at Increased Risk for:**

- Disordered eating
- Depression and anxiety
- Drug or alcohol usage prior to intercourse
- Early age of first sexual intercourse
- Multiple sex partners
- Rapid repeat pregnancies
- Substance abuse
- Suicidal ideation and self harming behaviors
- Sexually transmitted infections including HIV.
- Unintended pregnancies
## Resources and Referrals

For additional information on any of the topics covered in this companion guide please contact any of the following organizations. These organizations are also able to provide information and referrals for survivors of sexual and intimate partner violence.

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>ORGANIZATION</th>
<th>PHONE</th>
<th>INTERNET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio DV Hotlines, Shelters, and Programs</td>
<td>Ohio Domestic Violence Network</td>
<td>800-934-9840 (voice and TTY)</td>
<td><a href="http://www.odvn.org">www.odvn.org</a></td>
</tr>
<tr>
<td>National DV Hotline</td>
<td>National Domestic Violence Hotline</td>
<td>800-799-SAFE (7233) 800-787-3224 (TTY)</td>
<td><a href="http://www.thehotline.org">www.thehotline.org</a></td>
</tr>
<tr>
<td>Ohio Sexual Assault Hotlines and Services</td>
<td>Ohio Alliance to End Sexual Violence</td>
<td>888-866-8838</td>
<td><a href="http://www.oaesv.org">www.oaesv.org</a></td>
</tr>
<tr>
<td>Rape, Abuse, Incest Hotline</td>
<td>Rape Abuse Incest National Network (RAINN)</td>
<td>800-656-HOPE</td>
<td><a href="http://www.rainn.org">www.rainn.org</a></td>
</tr>
<tr>
<td>National Teen Hotline</td>
<td>National Dating Abuse Helpline</td>
<td>866-331-9474 TTY 866-331-8453</td>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
</tr>
<tr>
<td>Ohio LGBT Domestic Violence Resources</td>
<td>Buckeye Regional Anti-Violence Organization (BRAVO)</td>
<td>866-862-7286</td>
<td><a href="http://www.bravo-ohio.org">www.bravo-ohio.org</a></td>
</tr>
<tr>
<td>LGBT Teen Suicide Resources</td>
<td>The Trevor Lifeline</td>
<td>866-488-7386</td>
<td><a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a></td>
</tr>
<tr>
<td>Teen Runaway Resources</td>
<td>Safeplace</td>
<td>800-RUN-AWAY</td>
<td><a href="http://www.nationalsafeplace.org">www.nationalsafeplace.org</a></td>
</tr>
<tr>
<td>Ohio Trafficking Resources</td>
<td>Central Ohio Rescue and Restore Coalition</td>
<td>614-285-4357</td>
<td><a href="http://www.centralohiorescuerestore.org">www.centralohiorescuerestore.org</a></td>
</tr>
</tbody>
</table>

For more resources for survivors, see Economic Resource Guide, ODVN. For more info on Teens, see Teen Relationship Violence Guide, ODVN.
Appendix A
Power and Control Wheel

VIOLENCE

Physical

- USING COERCION & THREATS
  - Making and/or carrying out threats to do something to hurt her
  - Threatening to leave her, to commit suicide, to report her to welfare, making her drop charges, making her do illegal things.

- USING ECONOMIC ABUSE
  - Preventing her from getting or keeping a job
  - Making her ask for money
  - Giving her an allowance
  - Taking her money
  - Not letting her know about or have access to family income

- USING MALE PRIVILEGE
  - Treating her like a servant
  - Making all the big decisions
  - Acting like the "master of the castle"
  - Being the one to define men's and women's roles

- USING CHILDREN
  - Making her feel guilty about the children
  - Using the children to relay messages
  - Using visitation to harass her
  - Threatening to take the children away

- USING ISOLATION
  - Controlling what she does, who she sees and talks to, what she reads, where she goes
  - Limiting her outside involvement
  - Using jealousy to justify actions

- USING MINIMIZING, DENYING, & BLAMING
  - Making light of the abuse
  - Not taking her concerns about it seriously
  - Saying the abuse didn't happen
  - Shifting responsibility for abusive behavior
  - Saying she caused it

- USING EMOTIONAL ABUSE
  - Putting her down
  - Making her feel bad about herself
  - Calling her names
  - Making her think she's crazy
  - Playing mind games
  - Humiliating her
  - Making her feel guilty

Source: Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota, 55806, Telephone: 218.722.2781
This wheel was developed to demonstrate the characteristics of a relationship based on mutuality, respect, and equality. The rim of the wheel—which gives it strength and holds it together—is non-violence (emotional and physical).

*Adapted from "The Equality Wheel." Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, MN 55806; 218-722-4134.
**TEEN POWER AND CONTROL WHEEL**

- **PEER PRESSURE:** Threatening to expose someone's weakness or spread rumors. Telling malicious lies about an individual to peer group.
- **ANGER/EMOTIONAL ABUSE:** Putting her/him down. Making her/him feel bad about her or himself. Name calling. Making her/him think she/he's crazy. Playing mind games. Humiliating one another. Making her/him feel guilty.
- **ISOLATION/EXCLUSION:** Controlling what another does, who she/he sees and talks to, what she/he reads, where she/he goes. Limiting outside involvement. Using jealousy to justify actions.
- **SEXUAL COERCION:** Manipulating or making threats to get sex. Getting her pregnant. Threatening to take the children away. Getting someone drunk or drugged to get sex.
- **USING SOCIAL STATUS:** Treating her like a servant. Making all the decisions. Acting like the "master of the castle." Being the one to define men's and women's roles.
- **MINIMIZE/DENY/BLAME:** Making light of the abuse and not taking concerns about it seriously. Saying the abuse didn't happen. Shifting responsibility for abusive behavior. Saying she/he caused it.
- **THREATS:** Making and/or carrying out threats to do something to hurt another. Threatening to leave, to commit suicide, to report her/him to the police. Making her/him drop charges. Making her/him do illegal things.

Adapted from: Domestic Abuse Intervention Project
Produced and distributed by: 202 East Superior Street
Duluth, MN 55802
Equality Wheel for Teens

Nonviolence

Negotiation and Fairness:
Seeking mutually satisfying resolutions to conflict. Accepting changes. Being willing to compromise.

Non-threatening Behavior:
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

Communication:
Willingness to have open and spontaneous dialogue. Having a balance of giving and receiving. Problem solving to mutual benefit. Learning to compromise without one overshadowing the other.

Respect:
Listening to her non-judgmentally. Being emotionally affirming and understanding. Valuing her opinions.

Shared Power:
Taking mutual responsibility for recognizing influence on the relationship. Making decisions together.

Trust and Support:
Supporting her goals in life. Respecting her right to her own feelings, friends, activities, and opinions.

Self-confidence and Personal Growth:
Respecting her personal identity and encouraging her individual growth and freedom. Supporting her security in her own worth.

Honesty and Accountability:

Adapted from: Domestic Abuse Intervention Project
Produced and distributed by: 202 East Superior Street Duluth, MN 55802
Appendix B
Sexual Conduct or Contact with a minor
When Mandated Reporters in Ohio Must Report Consensual Sexual Activity as Child Abuse.\textsuperscript{10/11}

*There is currently some discrepancy on this. This will be added as soon as the information is correct*

\textsuperscript{2} Sexual conduct means “vaginal intercourse between a male and female; anal intercourse, fellatio and cunnilingus between persons regardless of sex; and without privilege to do so, the insertion however slight, of any part of the body or any instrument, apparatus, or other object in the vaginal or anal cavity of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse. [ORC § 2907.01(A)]

\textsuperscript{11} Sexual contact means any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person. [ORC § 2907.01 (B)]
Appendix C
Domestic Violence Statistics

For years, the battered women’s movement has been challenged by conservative women’s organizations and others about the reliability of domestic violence statistics. Domestic violence is virtually impossible to measure with absolute precision due to numerous complications, including the societal stigma that inhibits victims from disclosing their abuse and the varying definitions of abuse used from study to study. Due to these and other complications, estimates of the number of domestic violence incidents differ greatly. Advocates should be extremely careful when using statistics, making sure they are from a reliable source, they are not taken out of context, and they are correctly cited. False or insupportable statistics can creep into the public dialogue and get used over and over again, by everyone from reporters to policymakers and advocates. Once an incorrect statistic is used, it can take on a life of its own. Since journalists frequently search old articles for data, an insupportable statistic may be used repeatedly.

The following are statistics on domestic violence, with information on citations.

Prevalence of Domestic Violence and Who is at Risk

- Nearly one in four women in the United States report experiencing violence by a current or former spouse or boyfriend at some point in her life. (Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, Morbidity and Mortality Weekly Report. February 2008. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.)


- Women of all ages are at risk for domestic and sexual violence, and those age 20 to 24 are at the greatest risk of experiencing nonfatal intimate partner violence. (Catalano, Shannan. 2007. Intimate Partner Violence in the United States. U.S. Department of Justice, Bureau of Justice Statistics. Available at http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm.)


- Women are 84 percent of spouse abuse victims and 86 percent of victims of abuse at the hands of a boyfriend or girlfriend and about three-fourths of the persons who commit family violence are male. (Family Violence Statistics: Including Statistics on Strangers and

Consequences of Domestic Violence

- Women experience two million injuries from intimate partner violence each year. (Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence. CDC, 2008).

- In 2005, approximately 1,181 women were murdered by their intimate partners. The same year 329 men were killed by an intimate partner. On average, more than three women are murdered by their intimate partners each day. (“Homicide Trends in the United States: Intimate Homicide.” Bureau of Justice Statistics, 2007.)

- Among all female murder victims in 2005, 33 percent were known to have been slain by husbands or boyfriends. Only 2 percent of the male victims were known to have been slain by wives or girlfriends. (“Crime in the United States, 2005: Expanded Homicide Data.” FBI, 2005).


- Domestic violence, whether sexual, physical or psychological, can lead to various psychological consequences for victims, including depression, antisocial behavior, suicidal behavior for females, anxiety, low self-esteem, inability to trust men, fear of intimacy, and/or symptoms of post-traumatic stress disorder. (Intimate Partner Violence Prevention: Scientific Information and Consequences, CDC, 2007).

- Women who have experienced domestic violence are 80 percent more likely to have a stroke, 70 percent more likely to have heart disease, 60 percent more likely to have asthma and 70 percent more likely to drink heavily than women who have not experienced intimate partner violence. (Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, Morbidity and Mortality Weekly Report. February 2008. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.)
In 2005, about 15 percent of state and local firearms application rejections, (10,000 applications) were due to domestic violence misdemeanor conviction restraining order. (“Background Checks for Firearms Transfers, 2005.” Bowling, et al, Bureau of Justice Statistics, 2006).

Domestic Violence and Youth

- Almost 70 percent of young women who have been raped knew their rapist either as a boyfriend, friend, or casual acquaintance. (“Intimate Partner Violence 1993-2001,” Rennison and Welchans, Bureau of Justice Statistics, 2003).

- According to a Liz Claiborne study on teen dating abuse in 2005, 80 percent of girls who reported having been physically abused in their relationship continue to date the abuser. (Liz Claiborne, Inc. study on teen dating abuse conducted by Teenage Research Unlimited, February 2005.)

- One in five tweens – age 11 to 14 – say their friends are victims of dating violence and nearly half who are in relationships know friends who are verbally abused. Two in five of the youngest tweens, ages 11 and 12, report that their friends are victims of verbal abuse in relationships. (Tween and Teen Dating Violence and Abuse Study, Teenage Research Unlimited for Liz Claiborne Inc. and the National Teen Dating Abuse Helpline. February 2008. Available at: http://www.loveisnotabuse.com/pdf/Tween%20Dating%20Abuse%20Full%20Report.pdf.)

- 1 in 3 teenagers report knowing a friend or peer who has been hit, punched, kicked, slapped, choked or physically hurt by their partner. (Liz Claiborne, Inc. study on teen dating abuse conducted by Teenage Research Unlimited, February 2005.)

Domestic Violence and Children


- Children are residents of the households experiencing intimate partner violence in 43 percent of incidents involving female victims. (Intimate Partner Violence in the United States. 2006. U.S. Department of Justice, Bureau of Justice Statistics.)
Stalking

- The United States Justice Department’s Bureau of Justice Statistics estimates that 3.4 million persons said they were victims of stalking during a 12-month period in 2005 and 2006. Women experience 20 stalking victimizations per 1,000 females age 18 and older, while men experience approximately seven stalking victimizations per 1,000 males age 18 and older. (Baum, Katrina, Catalano, Shannan, Rand, Michael and Rose, Kristina. 2009. Stalking Victimization in the United States. U.S. Department of Justice Bureau of Justice Statistics. Available at http://www.ojp.usdoj.gov/bjs/pub/pdf/svus.pdf.)


- Stalkers with a prior intimate relationship are more likely to verbally intimidate and physically harm their victims than stranger stalkers. Among six different studies, risk factors for violence ranged from 45 percent to as high as 89 percent among stalkers with prior intimate relations with victims compared to risk factors for stalkers who targeted strangers or acquaintances that ranged from five percent to 14 percent. (Rosenfeld, B. 2004. “Violence Risk Factors in Stalking and Obsessional Harassment.” Criminal Justice and Behavior, 31(1).)

- Stalking in the context of intimate partner violence often goes unreported as a crime. In an analysis of 1,731 domestic violence police reports, 16.5 percent included a narrative description of stalking behavior, yet the victim used the term “stalking” in only 2.9 percent of the cases and the officer used the term “stalking” in only 7.4 percent of the cases. (Tjaden, P. and Thoennes, N. 2001. Stalking: Its Role In Serious Domestic Violence Cases. Washington, D.C.: U.S. Department of Justice.)

Lesbian, Gay, Bisexual, Transgender & Questioning (LGBTQ)

Although the majority of large-scale studies on domestic violence have not included gays and lesbians, the studies that do exist show:

- Equal prevalence in LGBTQ relationships: Large-scale studies that have measured interpersonal violence in LGBTQ relationships have reported rates that range from 17 percent to 52 percent.

- Like heterosexual domestic violence, violence in LGBTQ relationships involves the conscious manipulation and control of one person by another through the use of threats, coercion, humiliation, and/or force.
There are many tactics that abusers use that are unique to LGBTQ domestic violence. Source: Ristock and Timbang, *LGBTQ Communities: Moving Beyond a Gender-Based Framework*, 2005.

For more statistics on domestic violence, please go to [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org). On the right-hand side of the home page, click on “Get the facts” under the “action center” heading. [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org) is the website of Futures Without Violence, and they publish several factsheets on domestic violence, including factsheets on children and domestic violence, guns and domestic violence, health care and domestic violence, and teenagers and domestic violence, to name a few.

Another excellent resource for statistic on intimate partner violence and sexual violence is the Centers for Disease Control and Prevention (CDC) at their website [www.cdc.gov](http://www.cdc.gov). Click on “Injury, Violence, and Safety” from the main menu of options on the homepage. Then click on “Intimate partner violence” or “sexual violence” for general information, risk and protective factors, and myriad related information.
Domestic Violence Definitions

Definition of Domestic Violence

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Domestic violence is not an isolated, individual event, but rather a pattern of multiple tactics and repeated events. Unlike stranger-to-stranger violence, in domestic violence the assaults are repeated against the same victim by the same perpetrator. These assaults occur in different forms: physical, sexual, and/or psychological. The pattern may include economic control as well. While physical assault may occur infrequently, other forms of coercive behavior may occur daily. Each incident of abuse, no matter what the form, is a building block for future abuse. All tactics of the pattern interact with each other and have long-term and profound effects on the victims.

Domestic violence includes a wide range of coercive behaviors with a wide range of consequences, some physically injurious and some not; however, all are psychologically damaging. Some parts of the pattern are clearly chargeable as crimes in most states (e.g., physical assault, sexual assault, menacing, arson, kidnapping, harassment), while other battering episodes are not illegal (e.g., name calling, interrogating children, denying access to the family automobile, control of financial resources). While the intervening professional sometimes must attempt to make sense of one specific incident that resulted in injury, the victim is dealing with that one episode in the context of an ongoing pattern of behavior.

Sexual Violence

Sexual violence (SV) is any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and noncontact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). These four types are defined in more detail below. All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.

- A completed sex act is defined as contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object.

---

• An attempted (but not completed) sex act includes any of the above acts that the perpetrator does not complete.
• Abusive sexual contact is defined as intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.
• Non-contact sexual abuse does not include physical contact of a sexual nature between the perpetrator and the victim. It includes acts such as voyeurism; intentional exposure of an individual to exhibitionism; unwanted exposure to pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; or taking nude photographs of a sexual nature of another person without his or her consent or knowledge, or of a person who is unable to consent or refuse.

Reproductive Health
An individual’s ability to make healthy, voluntary, responsible, safe sexual and reproductive choices; have the capability to reproduce and the freedom to decide, if, when and how often to do so. [Implicit in this is the right to be informed of and have access to safe, effective, affordable and acceptable methods of birth control as well as health care services that allow for healthy pregnancy and childbirth.]

Sexual Health
A state of physical, emotional, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. [Implicit in this is the absence and/or protection from disease/infections]

Reproductive Coercion
Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples include:
• Coercing a partner to engage in unwanted sexual acts;
• Forced non-condom use;
• Intentionally exposing a partner to STI/HIV;
• Acts that explicitly involve attempting to control a woman’s reproductive rights through birth control sabotage, pregnancy coercion, and/or pregnancy pressure.

Birth Control Sabotage
Active interference with contraceptive methods by anyone who is, was, or wishes to be in an intimate partner relationship, such as:
• flushing pills;
• poking holes in condoms;

• refusing to wear condom.

Pregnancy Pressure
Behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant. This includes saying things like:
- “I’ll leave you if you don’t get pregnant”;
- “I’ll have a baby with someone else if you don’t become pregnant”;
- “I’ll hurt you if you don’t agree to become pregnant”.

Pregnancy Coercion
Threats or acts of violence if a partner does not comply with the perpetrator’s wishes regarding the decision of whether to terminate or continue a pregnancy including:
- Forcing a woman to carry to term against her wishes through threats or acts of violence;
- Forcing a partner to terminate a pregnancy when she does not want to;
- Injuring a partner in a way that she may have a miscarriage.

Sexual Coercion
Using pressure, threats, force alcohol or drugs to engage in unwanted sexual contact with someone. It also includes:
- Intentionally exposing a partner to STIs
- Forced condom nonuse
- Threats or acts of violence related to partner notification of sexually transmitted infections
- Threats or acts of violence if one partner doesn’t agree to have sex when the abusive partner wants it

Sexually Transmitted Infections
Infections that are spread primarily through person-to-person sexual contact. Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer.  

Human Trafficking
A form of modern-day slavery where people profit from the control and exploitation of others. Federal U.S. law defines a victim of human trafficking as “children involved in the sex trade, adults age 18 or over who are coerced or deceived into commercial sex acts, and anyone forced into different forms of "labor or services," such as domestic workers held in a home, or farm-workers forced to labor against their will”. The commonality among these situations is that some element of force, fraud or coercion is used to control people.  

---


Anticipatory Guidance
By definition anticipatory guidance is a proactive developmentally based counseling technique that focuses on the needs of a child at each stage of life.

Stalking
Stalking is a pattern of repeated, unwanted attention, harassment, and contact. It is a course of conduct that can include:

- Following or laying in wait for the victim
- Repeated unwanted, intrusive, and frightening communications from the perpetrator by phone, mail, and/or e-mail
- Damaging the victim's property
- Making direct or indirect threats to harm the victim, the victim's children, relatives, friends, or pets
- Repeatedly sending the victim unwanted gifts
- Harassment through the Internet, known as cyberstalking, online stalking, or Internet stalking
- Securing personal information about the victim by: accessing public records (land records, phone listings, driver or voter registration), using Internet search services, hiring private investigators, contacting friends, family, work, or neighbors, going through the victim's garbage, following the victim, etc.¹⁷

Appendix D
Safety Planning

Every survivor needs a personalized safety plan developed with an advocate. To find a local domestic violence program in Ohio, call 800-934-9840. If the plan is more immediate or the survivor does not wish to speak with an advocate the following chart can be used to develop a plan to maximize the safety of the survivor.

How to Use this Chart

Follow each section and think about how it applies to your situation. If it helps, write out your plan in each section. If you do write out your plan, keep it where the person who is hurting you cannot find it.

LOCATION

❖ What are the risks in this location? Are there different risks at different times?
❖ What access does the abuser have to you in this location?
❖ How easily can you quickly leave this location?
❖ Would you ever be alone at this location? If yes, is it the same time each day? For how long? Does the abuser have this information?
❖ What has the abuser done in this location before (physically/sexually assaulted, stalked, threatened)?
❖ What threats have been made? For example: (home) I will hurt you/your family/ pet; (work) calling constantly or showing up at the work place; (technology) leaving harassing messages, texting, etc.

SAFE PERSON

❖ Who can help create safety in this location? (for example: supervisor, police, etc.)
❖ Who can you share your safety plan with?
❖ Would it help to have a code word with your safe person(s) so that you can tell them you are concerned for your safety even if the abuser might hear you?

WHAT IS MY PLAN?

❖ List what action steps you will take at that location to increase your safety.

WHAT COULD GO WRONG (BARRIERS/RISKS)?

❖ What could go wrong with your plan for this location?
❖ Will the safe person always be there? Can you count on that person?
Will the things that you need to put your plan in motion always be available to you?
Could the plan backfire (for example, if you change your cell phone number, is your abuser more likely to follow you to work?)

**BACK-UP PLAN**

What can you do if your initial plan doesn’t work?
What action can you take to address the ways your plan might backfire?
Are there back-up safe persons you should identify who you will go to if your first choice isn’t available?

Not all actions are going to work all of the time, so the safety plan should be kept flexible and open. It will change based upon what the abuser is doing.

**Example**

<table>
<thead>
<tr>
<th>Location</th>
<th>Cell phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>Constant harassing calls, text messages.</td>
</tr>
<tr>
<td>Safe person</td>
<td>Family - I can tell them about the constant calls, text messages.</td>
</tr>
<tr>
<td>Barrier/Risk</td>
<td>Partner has my number; changing it does not guarantee that partner won’t get the new number.</td>
</tr>
<tr>
<td>Back-Up Plan</td>
<td>Save the messages for evidence. Have someone else check the phone. Get a new number that will be given out to selected people I know will not give it out. I won’t use my cell phone to call people if I’m not sure they won’t give out my number to my abuser or his/her friends.</td>
</tr>
<tr>
<td>Location</td>
<td>Day Care, or other</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Safety Planning Worksheet – Planning for Emotional Safety

Most people who hurt the people they are in relationships with will use emotional abuse. This can take lots of forms like name-calling, putting you down, constantly questioning your ideas, criticizing how you think, eat, or look, criticizing your friends and family, yelling, threatening to leave, hurt themselves if you leave, or making you feel crazy. Do some thinking ahead of time about how you will respond if any of these things happen.

My partner tries to make me feel bad about myself, question myself, or feel crazy by saying and doing these things:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When my partner is being mean/verbally abusive/emotionally abusive I can remember that no one deserves to be emotionally abused, and I can think about things that I like about myself such as:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Being in an abusive relationship takes a toll on you physically and emotionally. It is important to find activities that help me feel good and feel good about myself. I will try to be sure to do some of the following activities that help me to feel good emotionally and physically:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If I get sad, anxious, or start doubting myself, these are people I can call for support. Listed below are those I can call, along with their phone number in addition to the local domestic violence hotline or the National Domestic Violence Hotline: 800.799.SAFE (7233) 1.800.787.3224 (TTY):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Teen Safety Planning Guide

Over time, abuse tends to get worse – it happens more often and it gets more dangerous. All abuse can become dangerous. Here are some red flags that indicate serious risk for injury or homicide:

- Victim/survivor is ending the relationship, or starting to plan to do so;
- Abuser is depressed; **very high risk if the abuser has talked about or attempted suicide**;
- Abuser makes threats to seriously harm or kill;
- Abuser is stalking (frequent calls, texting, watching social networking pages, following, etc.);
- Abuser has access to weapons, especially guns;
- Abuser is inflicting serious injury, strangulation/choking, prior use of weapons;
- Abuser has a mental impairment due to alcohol, drugs, or mental illness;
- Abuser has a history of contact with police, courts, protection orders, etc. with no change in behavior.

When you start to talk to other people and plan to break-up, things can get more dangerous during that time. **BE SURE to get help making a plan for how you will stay safe as you pull away from the person who is abusing you. At this point it is safest to NEVER be alone with them, especially if you suspect your partner knows you are ending the relationship.**

If you’re experiencing abuse, here are some things to remember:

- Listen to yourself, trust yourself.
- Choose at least one person to tell what is happening. Try to let at least one adult in your life know what is going on. When you consider telling adults, remember that some of them will be obligated to tell someone else about the abuse. Ask adults whether they have to report abuse so that you know what will happen.
- Telling someone you have experienced abuse and need help doesn’t make you weak. Being the target of someone else’s bad behavior is nothing to feel ashamed, judged or embarrassed about. Know who you can trust in your peer group to listen and not tell your partner.
- You may be afraid the abuse will get worse if you tell someone. But it is actually likely to get worse over time on its own; being alone in this increases danger for you.
- Keep reaching out; don’t let the abuse isolate you. You can call the National Dating Abuse Helpline (866-331-9474 (331-8453 TTY) anonymously.
- Know that nothing is more important than your safety. Nothing.
- Remember that if you decide to break up or stop contact with the person who is abusing you, things may get more dangerous at first – make a safety plan.
- Plan for technology safety, too.
- There is safety in numbers – keep friends around as part of your safety plan.
- You have a right to be safe and free from harassment.
- The abuse is not your fault. No one can cause someone else to be abusive.
- In Ohio, you can seek a Civil Protection Order against the person who is abusing you. If you seek a CPO, you have a right to ask for what they call an “ex-parte” hearing. This allows you to ask for a Protection Order so that when your partner is served with papers, he/she can also be served with an order to stay away from you until your court hearing. You can also call a domestic violence program to ask for an advocate to help you with your legal options. Call 800-934-9840 to find the program closest to you.
- It’s important to develop your own safety plan. You can read more about that here, but it would be good to call the hotline to get some help in developing a safety plan specific to your life and circumstances.

Here are some safety tips that may be helpful, but each situation is unique. This is not a safety plan. Please call a domestic violence hotline or the National Dating Abuse Helpline 866-331-9474/866-331-8453 TTY, to develop a personalized safety plan based on the details of the abuse, and all the aspects of your life.
### School:
- Take an alternative route to and from school if possible. If you can’t get to and from school safely, see if it’s possible for someone to take you until it feels safe.
- See if it’s possible to change your class schedule to avoid your partner, if needed.
- If you have a protection order (similar to a restraining order), consider providing a copy of it to school administrators.
- Walk to and from classes with others, even if your partner walks with you. There is safety in numbers.
- Share your safety plan with those you trust.
- Try to find a trusted teacher, coach, guidance counselor, nurse or school administrator with whom you can talk.

### Home:
- Identify a safe person in your household to tell what is happening. It’s best for as many people in your household as possible to know, so that they don’t let the partner in.
- If you’ve informed your parents/guardians have them talk with neighbors to be watchful, especially if you are home alone after school.
- Don’t tell others if your parents/guardians are going to be gone. They may inform your abuser.
- Keep your cell phone on you in case you need to call for help.
- Try to not be home alone.
- If you have to be home alone, make sure all the doors and windows are locked.
- Identify at least two places you can go if home becomes unsafe.

### Work:
- Talk to a supervisor, if it is safe, about what is going on and find out if the abuser can be kept off of the premises. If you can, find out if your employer has a policy about domestic violence, and if they are likely to be sympathetic if you ask for help.
- Work a different shift, if possible. Talk to a supervisor about not scheduling you to close.
- If possible, change the store, restaurant or work location so you are working, if only temporarily, in a different location. If you cannot change locations, if it’s safe, talk to your supervisor about changing job duties so you are not as visible.
- If you have a civil protection order, consider providing a copy to your employer.
- Change the route that you travel to and from work.

### Safe People
- Identify safe people you can tell about your situation; keep their contact information with you.
- Develop a code word with your safe person(s) to use if you are unsafe and your abuser is present, and decide in advance what you want your safe person to do if you use that word.
- Document what has happened, when, where, and witnesses.
- Keep the number of the Dating Abuse Helpline with you: 866-331-9474/866-331-8453 TTY.
Cell phone:

- Remember, it is always okay to turn off your phone. (Just be sure your parent or guardian knows how to contact you in an emergency.)
- If you think your partner may use GPS to track where you are, turn off the GPS in your cell phone. (If there is GPS on the car, you can also turn that off.)
- Do not answer calls from unknown numbers. Your partner can easily call you from another line if he/she suspects you are avoiding him/her.
- Do not respond to hostile, harassing, abusive or inappropriate texts or messages. Responding can encourage the person who sent the message. You won’t get the person to stop — and your messages might get you in trouble and make it harder to get a protection order or file a criminal report.
- Consider saving/recording harassing voice mails in case you want to take legal action in the future.
- Many phone companies can block up to ten numbers from texting or calling you. Contact your phone company or check their website to see if you can do this on your phone.
- Remember that pictures on cell phones can be easily shared and distributed (sexting). There is no safe way to ensure that a picture taken of you won’t be shared electronically.
- If you are in or coming out of a dangerous relationship, it is probably not a good idea to use any form of technology to contact your partner. It can be dangerous and could have a negative impact on future legal actions you may want to take.
- Some victims decide to change their cell phone numbers to get the abuse and harassment to stop. Others want to know what the partner is saying and thinking, to gauge their risks. Decide what works best for you.
- If you change your number, only give to people you trust and make sure they know not to pass it out to other people. Someone could give your number to your partner, or a friend of your partner.
- If you do keep the same cell phone number, consider changing the message to a standard greeting. Abusive partners sometimes call over and over just to hear the victim’s voice.
- If you are getting harassing messages and you want to monitor the calls for safety reasons, consider having someone you trust listen to your messages so that you don’t have to hear all of the harassing messages. Ask that person to tell you about any threats they hear in the messages.
As you develop an individualized plan, you’ll want to consider your risk and your resources at various places you go. The following chart is to help victims think through other options of where to go, who to talk to, and - in advance - how to react when faced with a dangerous situation. If victims choose to write out a plan, it’s important that they keep it someplace safe where the abuser cannot find it.

---

**Social Networking and Online sites:**

- Set privacy settings as high as possible on all of your online profiles.
- Do not answer instant messages from unknown persons.
- Do not accept a friend of a friend on Facebook, MySpace or other networking sites. You should be friends with only those that you know personally as your abuser could obtain information about you through third party sources.
- Don’t post your phone number on social networking sites.
- Don’t post where you are, especially if home alone.
- Consider disabling your social networking sites if you feel this will help increase your safety.
- Make sure your cell phone is not set to auto answer.
- If your partner can access your computer, be careful which websites you visit. If you are seeking information to get help about the abuse, use a public computer, at the library or other safe place.
- Save or keep a record of all harassing or abusive messages, posts, and emails in case you decide later to tell the police or get a protection order.
- Never give your passwords to anyone other than your parent or guardian. It’s a good idea to choose passwords that aren’t easy to guess, to not use the same password for all your accounts, and to change passwords regularly.
- It may seem extreme, but if the abuse and harassment will not stop, changing your usernames and email addresses may be your best option.
- Always report inappropriate behavior to the site administrators.

---

18 Adapted from the Georgia Coalition Against Domestic Violence
Every survivor needs a personalized safety plan developed with an advocate. To find a local domestic violence program in Ohio, call 800-934-9840. Teens can also call the National Dating Abuse Helpline 866-331-9474/866-331-8453 TTY, to develop a personalized safety plan based on the details of the abuse, and all the aspects of your life.

**How to Use this Chart**

Follow each section and think about how it applies to your situation. If it helps, write out your plan in each section. If you do write out your plan, keep it in a place where the person who is hurting you cannot find it.

**LOCATION**

- What are the risks in this location?
- Are there different risks at different times? For example, at school, are risks different going to and from school, in classes, in the hallway, etc.?
- What access does the abuser have to you in this location?
- How easy or difficult is it for you to be able to quickly leave this location?
- Would you ever be alone at this location? If yes, is it the same time each day? For how long? Does the abuser have this information?
- What has the abuser done in this location before?
- What threats have been made? For example: (home) I will hurt you/your family/ pet; (work) calling constantly or showing up at the work place; (school) following around, not allowed to talk to certain people; (technology) leaving harassing messages, texting, sending private photos, spreading lies on Facebook, MySpace or other social networking sites.

**SAFE PERSON**

- Who can help create safety in this space? (for example: coach, principle, teacher, other students, friends, family member, supervisor)
- Who can you share your safety plan with?
- Would it help to have a code word with your safe person(s) so that you can tell them you are concerned for your safety even if the abuser might hear you?

**WHAT IS MY PLAN?**

- List what action steps you will take at that location to increase your safety.

**WHAT COULD GO WRONG (BARRIERS/RISKS)?**

- What could go wrong with your plan for this location?
- Will the safe person always be there? Can you count on that person?
- Will the things that you need to put your plan in motion always be available to you?
Could the plan backfire (for example, if you change your cell phone number, is your abuser more likely to follow you to work?)

**BACK-UP PLAN**

- What can you do if your initial plan doesn’t work?
- What action can you take to address the ways your plan might backfire?
- Are there back-up safe persons you should identify who you will go to if your first choice isn’t available?

Keep in mind that not all actions are going to work all of the time, so the safety plan should be kept fluid, flexible and open. It will change based upon what the abuser is doing. Review the Safety Planning section of this guide for ideas you can include in your safety plan.

**Example**

**Location:** Cell phone  
**Risk:** Constant harassing calls, text messages. Messages that I don’t want to see or hear because it upsets me.  
**Safe person:** Parents – I can tell them about the constant calls, text messages.  
**Barrier/Risk:** Boyfriend/girlfriend has my number, I have had this number for 3 years and everyone knows it, and changing it does not guarantee that my boyfriend/girlfriend will not get the new number.  
**Back-Up Plan:** Save the messages for evidence. Have my parents check the phone. Get a new number that will be given out to limited number of people who I know will not give it out. I won’t use my cell phone to call people if I’m not sure they won’t give out my number to my abuser or his/her friends.
# Teen Safety Planning Worksheet – Planning for Physical Safety

<table>
<thead>
<tr>
<th>Location</th>
<th>Home</th>
<th>Work</th>
<th>School</th>
<th>Activities: Dance, Drill Team, Sports, Clubs, Place of Worship</th>
<th>Cell Phone</th>
<th>Technology – Computer, Social Networking, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is my risk or danger at this place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is a safe person at this place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What action can I take to increase my safety for this location?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What can go wrong and what is my back-up plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Safety Planning Worksheet – Planning for Emotional Safety

Most people who hurt the people they are in relationships with will use emotional abuse. This can take lots of forms like name-calling, putting you down, constantly questioning your ideas, criticizing how you think, eat, or look, criticizing your friends and family, yelling, threatening to break-up or to hurt themselves if you break-up with them, or making you feel crazy. Do some thinking ahead of time about how you will respond if any of these things happen. The following material is adapted from another safety planning tool you may want to look at on [http://www.thesafespace.org/pdf/handout-safety-plan-workbook-teens.pdf](http://www.thesafespace.org/pdf/handout-safety-plan-workbook-teens.pdf).

My abuser tries to make me feel bad about myself, question myself, or feel crazy by saying and doing these things:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

When my abuser is being mean/verbally abusive/emotionally abusive I can remember that no one deserves to be emotionally abused, and I can think about things that I like about myself such as:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Being in an abusive relationship takes a toll on you physically and emotionally. It is important to find activities that help you feel good and feel good about yourself. I will try to be sure to do some of the following activities that help me to feel good emotionally and physically:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
If I get sad, anxious, or start doubting myself, these are people I can call for support. List below who you can call, along with their phone number (in addition to the National Dating Abuse Helpline (866-331-9474 /866-331-8453-TTY ):

____________________________________________________

____________________________________________________

____________________________________________________
Appendix E
T VISAS

T visas may be available to victims of severe forms of trafficking who have complied with any reasonable requests for assistance in the investigation or prosecution of acts of trafficking. To be eligible for the T visa the victim must:

- Be a victim of a severe form of human trafficking,
- Be willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking in persons,
- Be physically present in the United States, American Samoa, the Commonwealth of the Northern Mariana Islands, or at a port of entry on account of such trafficking,
- Have either made a bona-fide application for a T visa with the Bureau of Citizenship and Immigration Services (CIS) (formerly called INS) or must be a person whose continued presence in the United States the Attorney General is ensuring in order to effectuate prosecution of traffickers in persons, and
- Be likely to suffer extreme hardship involving unusual and severe harm upon removal.

Minors under the age of 15 do not have to comply with such requests to be eligible for a T visa.

Crime Victims U Visa

The U visa may be available to undocumented victims who have suffered substantial physical or mental abuse as a result of being the victims of certain crimes designated by the Victims of Trafficking and Violence Prevention Act (VTVPA) (including trafficking) that violate federal, state, or local laws or have occurred while in the United States (including in Indian country and military installations) or its territories or possessions. To be eligible for a U visa, the victim must possess information concerning the crime and the U visa petition must include a certification from a government official stating that the victim is helping, has helped, or is likely to be helpful in the investigation or prosecution of the crime.

There is no filing fee for the application regardless of the petitioner’s income. Supplemental forms may carry a fee, but you can ask for a waiver (www.ilw.com). After three years, U visa holders may be eligible to adjust their status to that of lawful permanent residence in accordance with federal law and CIS regulations.

Recipients of T and U visas are eligible for employment authorization, and may, after three years adjust their status to that of lawful permanent resident in accordance with federal law and CIS (formerly INS) regulations. In appropriate circumstances, these visas may be available to family members of the victim.
VAWA
A self-petition under Violence Against Women Act (VAWA) is an option for women who are victims of servile marriage or have suffered domestic violence as Internet or “mail order” brides. Women whose husbands are U.S. citizens or permanent residents are eligible for this form of relief. Victims can apply for this type of visa without their husband’s help or knowledge and remain in the home while petitioning. Victims may also be sponsored or apply for other immigration benefits for which they may be eligible, such as an S visa or asylum.

*Victims should consult with a qualified immigration law practitioner for advice concerning the full range of benefits for which they may be eligible. For help, go to: http://www.ohiolegalservices.org*
Using Language Line

There Are 3 Ways You Can Use Language Line® Over-the-Phone Interpretation Service With Limited English Speakers

Note: Depending on your organization’s requirements, the following process may be somewhat different. If you have any questions please contact your account manager or Customer Service at 1-800-752-6096, Option 2.

You Receive a Call From a Limited English Speaker

Place the Limited English Speaker on conference hold.

Dial the Language Line Services designated toll-free number you have been provided at sign-up.

Request the language your caller speaks through our easy-to-use interactive voice response (IVR) system.

When the interpreter is connected, explain the situation.

Conference in your limited English-speaking caller.
You Need to Make a Call to a Limited English Speaker

Dial the Language Line Services designated toll-free number.

Request the language your client speaks through our easy-to-use interactive voice response (IVR) system.

When the interpreter is connected...

Call your limited English-speaking client...

Or the interpreter can place the call for you within the U.S. or Canada.

You Are Face-to-Face With a Limited English Speaker

Use the Language Line Phone

Use the Speakerphone

Pass the Handset
Dial the Language Line Services designated toll-free number.

Request the language your client speaks through our easy-to-use interactive voice response (IVR) system.

When the interpreter is connected, use the Language Line® Phone, or your speakerphone, or pass your handset back and forth.
Appendix F
World Association on Sexual Health

Declaration of Sexual Rights

Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love. Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal, and societal well being. Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right.

In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means.

Sexual health is the result of an environment that recognizes, respects, and exercises these sexual rights.

1. **The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.

2. **The right to sexual autonomy, sexual integrity, and safety of the sexual body.** This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.

3. **The right to sexual privacy.** This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.

4. **The right to sexual equity.** This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.

5. **The right to sexual pleasure.** Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual and spiritual well being.

6. **The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.

7. **The right to sexually associate freely.** This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.
8. The right to make free and responsible reproductive choices. This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.

9. The right to sexual information based upon scientific inquiry. This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.

10. The right to comprehensive sexuality education. This is a lifelong process from birth throughout the life cycle and should involve all social institutions.

11. The right to sexual health care. Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.

Sexual Rights are Fundamental and Universal Human Rights
Adopted in Hong Kong at the 14th World Congress of Sexology, August 26, 1999
Appendix
G
## Birth Control Chart

<table>
<thead>
<tr>
<th>Method</th>
<th>What is it?</th>
<th>Effective-ness</th>
<th>Health Concerns</th>
<th>Pro's</th>
<th>Con's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>Not having sex, spans from no sexual touching to everything except intercourse</td>
<td>100%</td>
<td>None</td>
<td>Easy to use, always available, best protection against STI's</td>
<td>Can be pressure or have the urge to act on sexual urges</td>
</tr>
<tr>
<td>Pill, Patch, Vaginal Ring</td>
<td>Release artificial hormones that stop ovaries from releasing an egg</td>
<td>More than 99%</td>
<td>Not many for young women. May cause blood clots, heart attacks, strokes, and high blood pressure</td>
<td>Easy to use and doesn't interfere with sex, lightens periods, lower chance of ovarian cancer</td>
<td>May cause weight change, moodiness, spotting and cannot be used if breastfeeding not good if a smoker over 35 and does not protect from STI's</td>
</tr>
<tr>
<td>IUD</td>
<td>Small device put inside the uterus that prevents sperm from fertilizing the egg</td>
<td>More than 99%</td>
<td>None</td>
<td>Lasts 5-10 years, is always in place and may stop a woman's period</td>
<td>Copper IUD may increase pain during periods and it does not protect from STI's</td>
</tr>
<tr>
<td>Implanon</td>
<td>Tiny rod put under the skin of the arm that releases hormones that stop the ovaries from releasing an egg</td>
<td>More than 99%</td>
<td>Few serious health problems, should not be used by women with liver disease, breast cancer, or blood clots</td>
<td>Can stay in for 3 years, is always in place and doesn't interfere with sex</td>
<td>May cause irregular periods, can be expensive, requires surgery to implant and removed and does not protect from STI's</td>
</tr>
<tr>
<td>Film, Foam, Suppositories</td>
<td>Made of chemicals that kill sperm. It is placed inside the vagina before sex</td>
<td>82% if used correctly; 71% if not</td>
<td>None</td>
<td>Can be bought in drugstores, easy to carry, only used as needed</td>
<td>Must be used shortly before sex and is messy. May irritate genitals and does not protect from STI's</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Small rubber cup fitted by a healthcare provider that fits in the vagina, normally used with contraceptive jelly</td>
<td>94% if used correctly; 84% if not</td>
<td>May cause bladder infections in some and has a very small chance of toxic shock syndrome.</td>
<td>Can be put in up to 6 hours before sex and is used only as needed</td>
<td>Can be messy, jelly may irritate genitals, must be left in for 6 hours after sex and does not protect from STI's</td>
</tr>
<tr>
<td>Method</td>
<td>What is it?</td>
<td>Effectiveness</td>
<td>Health Concerns</td>
<td>Pro’s</td>
<td>Con’s</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>Shot of hormones given by a health care provider that stops ovaries from releasing an egg.</td>
<td>More than 99%</td>
<td>Most patient’s experience very few serious problems. It may temporarily reduce bone density in some women.</td>
<td>Lasts 3 months and doesn’t interfere with sex, lightens period and can be used when breastfeeding, reduces risk of endometrial cancer</td>
<td>Must get shot from a healthcare provider, may cause irregular periods, infertility, weight change, moodiness, headaches/dizziness and does not protect against STI’s</td>
</tr>
<tr>
<td>Condoms</td>
<td>Also known as rubbers. They fit over the erect penis to stop semen from entering the vagina</td>
<td>98% if used correctly; 85% if not</td>
<td>Some people are allergic to latex</td>
<td>Can be bought in most stores, easy to use and carry, only used when needed and prevents transmission of STI’s</td>
<td>Must be put on during sex and may irritate genitals</td>
</tr>
</tbody>
</table>

*This chart is from the Planned Parenthood of Central Ohio Birth Control Pamphlet with permission to reprint.*
Appendix H
## Resources for Survivors of Sexual and Intimate Partner Violence

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>ORGANIZATION</th>
<th>PHONE</th>
<th>INTERNET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio DV Hotlines, Shelters, and Programs</td>
<td>Ohio Domestic Violence Network</td>
<td>800-934-9840</td>
<td><a href="http://www.odvn.org">www.odvn.org</a></td>
</tr>
<tr>
<td>National DV Hotline</td>
<td>National Domestic Violence Hotline</td>
<td>800-799-SAFE (7233) 800-787-3224 (TTY)</td>
<td><a href="http://www.thehotline.org">www.thehotline.org</a></td>
</tr>
<tr>
<td>Ohio Sexual Assault Hotlines and Services</td>
<td>Ohio Alliance to End Sexual Violence</td>
<td>888-866-8838</td>
<td><a href="http://www.oaesv.org">www.oaesv.org</a></td>
</tr>
<tr>
<td>Rape, Abuse, Incest Hotline</td>
<td>Rape Abuse Incest National Network (RAINN)</td>
<td>800-656-HOPE</td>
<td><a href="http://www.rainn.org">www.rainn.org</a></td>
</tr>
<tr>
<td>National Teen Hotline</td>
<td>National Dating Abuse Helpline</td>
<td>866-331-9474 TTY 866-331-8453</td>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
</tr>
<tr>
<td>Ohio LGBT Domestic Violence Resources</td>
<td>Buckeye Region Anti-Violence Organization (BRAVO)</td>
<td>866-862-7286</td>
<td><a href="http://www.bravo-ohio.org">www.bravo-ohio.org</a></td>
</tr>
<tr>
<td>LGBT Teen Suicide Resources</td>
<td>The Trevor Lifeline</td>
<td>866-488-7386</td>
<td><a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a></td>
</tr>
<tr>
<td>Teen Runaway Resources</td>
<td>Safeplace</td>
<td>800-RUN-AWAY</td>
<td><a href="http://www.nationalsafeplace.org">www.nationalsafeplace.org</a></td>
</tr>
<tr>
<td>Ohio Trafficking Resources</td>
<td>Central Ohio Rescue and Restore Coalition</td>
<td>614-285-4357</td>
<td><a href="http://www.centralohiorescuenrestore.org">www.centralohiorescuenrestore.org</a></td>
</tr>
</tbody>
</table>
## Resources for Teens

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>ORGANIZATION</th>
<th>HOW TO FIND IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Teen forum, Text Call Out Cards, Other info</td>
<td>That’s Not Cool – Family Violence Prevention Fund</td>
<td><a href="http://www.thatsnotcool.com">www.thatsnotcool.com</a></td>
</tr>
<tr>
<td>Information for Teens, Quiz</td>
<td>Love is Not Abuse – Liz Claiborne</td>
<td><a href="http://www.loveisnotabuse.com">www.loveisnotabuse.com</a></td>
</tr>
<tr>
<td>Hotline</td>
<td>National Dating Abuse Helpline</td>
<td>866-331-9474 (1-866-331-8453 TTY) <a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
</tr>
<tr>
<td>Information About Safety Planning</td>
<td>Break the Cycle</td>
<td><a href="http://www.breakthecycle.org/content/safety-planning">www.breakthecycle.org/content/safety-planning</a></td>
</tr>
<tr>
<td>Teen Runaway Resources</td>
<td>Safeplace</td>
<td>800-RUN-AWAY (786-2929) or <a href="http://www.safeplace.org">www.safeplace.org</a></td>
</tr>
<tr>
<td>LGBT Teen Suicide Resources</td>
<td>The Trevor Lifeline</td>
<td><a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a></td>
</tr>
<tr>
<td>Information about Technology and Abuse</td>
<td>MTV</td>
<td><a href="http://www.athinline.org">www.athinline.org</a></td>
</tr>
<tr>
<td>Lots of info, including on Tech safety</td>
<td>Break the Cycle</td>
<td><a href="http://www.thesafespace.org/">www.thesafespace.org/</a></td>
</tr>
<tr>
<td>To find a local Ohio hotline</td>
<td>Ohio Domestic Violence Network</td>
<td>800-934-9840 or <a href="http://www.odvn.org">www.odvn.org</a></td>
</tr>
<tr>
<td>National Suicide and Teen Hotline</td>
<td>National Hopeline Network</td>
<td>800-SUICIDE (784-2433)</td>
</tr>
<tr>
<td>Rape, Abuse, Incest Hotline</td>
<td>Rape Abuse Incest National Network (RAINN)</td>
<td>800-656-HOPE (4673) or <a href="http://www.rainn.org">www.rainn.org</a></td>
</tr>
</tbody>
</table>