Nationally it is a coordinated public health initiative with the goals of improved health and safety for women and children, interventions to decrease risk for poor health outcomes and risky behaviors, decrease in coercion and violence, and early identification and prevention of reproductive coercion, intimate partner violence and sexual violence.

In Ohio the vision of Project Connect is that all persons presenting in a family planning or adolescent health setting will have access to a safe supportive environment, appropriate assessment, resources or intervention when indicated, and universal prevention education for reproductive coercion, sexual and dating/domestic violence. Our vision is that education and assessment will become standard protocol in Ohio.

At the local level it is our vision that relationships will be cemented between the domestic and sexual violence programs and family planning and adolescent health programs to provide universal screening and education and seamless, personalized referrals when indicated.

What is Project Connect?

For more information on Project Connect contact:

Laura Schumm  
lauras@odvn.org  
614-781-9651

Rebecca Cline  
rclineodvn@aol.com  
330-725-8405
Overview

The Vision of Project Connect is that all persons presenting in a family planning or adolescent health setting will have access to a safe supportive environment, appropriate assessment, resources or intervention when indicated, and universal prevention education for reproductive coercion, sexual and dating/domestic violence. Our vision is that education and assessment will become standard protocol in Ohio.

Project Connect aims to build relationships with and between family planning clinics and domestic violence and sexual violence programs in the state of Ohio. In doing so, patients will hear a consistent message that domestic violence, sexual assault, and reproductive coercion are not ok and that their healthcare provider is someone they can trust. At the same time, clients of domestic violence programs and sexual assault programs are getting their medical and reproductive healthcare needs met and educated about how sexual and intimate partner violence affects their health. Through the new relationships patients and clients are privy to a personalized referral to a partner agency.

Ohio chose to implement Project Connect in 7 “pilot sites” throughout Ohio. The following pages contain a description of the protocol that the pilot sites are being asked to implement as well as some of the resources that have been helpful in implementing this protocol. Additionally, the Project Connect partner agencies and pilot site agencies are listed below. Thank you for your interest in Project Connect.

Project Connect Partners:

- Buckeye Region Anti-Violence Agency
- Center for Community Solutions
- Cleveland Rape Crisis Center
- Domestic Violence Shelter, Inc.
- Mental Health America of Licking County PAVE Program
- Mt. Carmel Health System
- NARAL Pro-Choice Ohio
- Ohio Alliance to End Sexual Violence
- Ohio Attorney General’s Office
- Ohio Department of Alcohol and Drug Addiction Services
- Ohio Department of Education
- Ohio Department of Health, Bureau of Children and Family Services
- Ohio Department of Health, Sexual Assault and Domestic Violence Prevention Program
- Ohio Department of Mental Health
- Ohio Domestic Violence Network
- Ohio School Based Health Care Association
- Ohio State University
- Planned Parenthood Affiliates of Ohio
- Planned Parenthood of Southwest Ohio
- Views from a Tree House, Inc.
Pilot Site Agencies

- Austintown Local Schools, School Based Adolescent Health Clinic
- Artemis
- New Directions
- Northeast Ohio Neighborhood Health Services (NEON)
- OhioHealth
- OSU Comprehensive Contraception Clinic
- Public Health Dayton & Montgomery County
- Rape Information and Counseling Program
- Rape Crisis Domestic Violence Safe Haven
- Sexual Assault Response Network of Central Ohio (SARNCO)
- Shaw High School Wellness Clinic
- Sojourner House
- Wood County Health District
- YWCA Dayton

- CHOICES

- Center for Community Solutions
- Cleveland Rape Crisis Center
- Cocoon Shelter
- Columbus Public Health
- Domestic Violence Center
- Franklinton Planned Parenthood
- Huckleberry House
- Huron County General Health District
- KnoHoCoAshland Community Action Agency
- Rape Crisis Domestic Violence Safe Haven
- Sexual Assault Response Network of Central Ohio (SARNCO)
- Shaw High School Wellness Clinic
- Sojourner House
- Wood County Health District
- YWCA Dayton
Definitions

**Intimate Partner Violence Defined:** 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.

**Reproductive Coercion Defined:** 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 Defined:** Active interference with contraceptive methods by someone who is, was, or wishes, to be involved in an intimate or dating relationship.

- Hiding, withholding, or destroying a partner’s birth control method
- Breaking a condom on purpose
- Not withdrawing when that is the agreed upon method

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

- "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.

- 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 Defined:** Using pressure, threats, force alcohol or drugs to engage in unwanted sexual contact with someone. Sexual Coercion 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 woman doesn’t agree to have sex when her partner wants it

**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.] [WHO]]

**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. (WHO)

--Implicit in this is the absence and/or protection from disease/infections.
“The Protocol”

Every person presenting in a family planning clinic, adolescent health clinic, domestic violence and sexual violence program will have access to the following

**Enhanced IPV/SV Assessment**
- Assessment specific to sexual and reproductive health and relevant to visit and at EVERY visit (See examples of scripts)
- Normalizing IPV/SV experiences and connecting those experiences to reproductive health
- Universal education regarding intimate partner violence and healthy relationships

**Harm Reduction Counseling**
Specific to sexual and reproductive health:
- “Invisible birth control options”
- Emergency contraception
- STI partner notification options
- Safety planning regarding partner violence

**Safe Supported Referral**
- Family planning/adolescent health counselors may help clients contact relevant resources
  - Helpful to have an annotated referral list for violence related community resources
  - Know the name of staff members in the agencies, how to access culturally relevant resources (interpreter/support groups etc), other helpful resources (bus lines)
- DV/SV programs may help clients access emergency contraception, prophylaxis for STI’s or other needed medical services
  - Helpful to have an annotated list of free clinics or walk in times at local family planning clinics
  - Know the name of staff members in the clinics and how to access the services and if any fees are attached
  - Helpful to have access to safe modes of transportation for the client
Creating a Domestic Violence and Sexual Violence Resource Sheet:

Call your local programs and find out what services offered:

- Crisis hotline
- Individual counseling
- Support groups
- Emergency shelter (are children allowed? What ages? Boys and girls?)
- Typical length of stay, requirements for shelter admission, etc.
- Transitional housing
- Housing advocacy
- Transportation vouchers
- Legal advocacy- police & court accompaniment, restraining order assistance, law clinics
- Hospital accompaniment (for sexual assault exams)
- Court-mandated counseling programs (parenting, batterer’s intervention)
- Counseling for child witnesses to violence
- Services for adolescents
- Services for LGBT community
- On-site health services
- Community education/outreach
- Children’s programming offered?
- Other:

What languages are spoken?

Do they have any other culturally specific programs?

Are they near public transit or do they offer transportation services?

Is there any cost for services?

Are there evening hours?

Do they currently or would they be willing to provide training to community members?

Ask if there is anything else you should know about their services and explain why you are calling

Identify a key contact for your work and for the family planning or home visitors you are training.
Creating a Health Services Referral Sheet:

Call your local programs and find out what services offered:

- Abortion Referral
- Individual counseling
- Support groups
- Birth control services
- Emergency contraception
- HIV testing
- STI testing and treatment
- LGBT services
- Women’s health services
- Men’s health services
- Patient education
- Pregnancy testing, options and services
- Services for adolescents
- HPV & Hepatitis vaccines
- General health services
- Community education/outreach
- WIC
- Prenatal care
- Other

What languages are spoken?

Do they have any other culturally specific programs?

Are they near public transit or do they offer transportation services?

Is there any cost for services?

Are there evening hours?

Do they currently or would they be willing to provide training to community members?

Ask if there is anything else you should know about their services and explain why you are calling

Identify a key contact for your work and for the family planning or home visitors you are training.
Five Simple Things You Can Do Today to Make a Difference:
Project Connect Action Planning Worksheet

What concrete steps can you take to incorporate Project Connect ideals into your practice? There are small changes you can make in your practice that can have a big impact on the health and safety of the women you serve.

We hope that this tool will help provide guidance on how to enhance your response to domestic violence, sexual violence and reproductive coercion within your health setting.

1. Contact your local domestic and sexual violence agencies—find out what services they offer, and identify a key contact person you can call on when you have questions, or patients/clients to refer and if they have staff available to come to clinic if someone needs help right away.
   Date Completed: 
   Follow up actions necessary?

2. Create a safe patient/client environment to encourage disclosure—hang posters, have brochures available and make safety cards available to all clients in settings like exam rooms and bathrooms for patients to pick up anonymously.
   Date Completed: 
   Follow up actions necessary?

3. Integrate questions about domestic and sexual violence and reproductive coercion into your patient/client visits. Use the safety cards as a guide.
   Date Completed: 
   Follow up actions necessary?

4. Offer an in-service training on domestic and sexual violence and what you learned from Project Connect over the next year. Encourage your co-workers to attend.
   Date Completed: 
   Follow up actions necessary?

5. Review the policies and procedures your setting has related to screening for, documenting and responding to domestic and sexual violence and reproductive coercion. If there are none in place, talk to your supervisor about the need to develop them. Also discuss developing a prompt for your intake form to remind providers to respond to abuse. Examples are available from the FVPF.
   Date Completed: 
   Follow up actions necessary?
Integrating Assessment for Reproductive Coercion Into your Family Planning Visits

When Should Reproductive Coercion Assessment Occur? As part of:
- Routine reproductive health history and assessment
- Pregnancy options counseling
- Birth control options counseling
- During a visit in which a client indicates that they have discontinued their current birth control method and/or contraception noncompliance is a concern
- Emergency contraceptives (EC) visits
- Pregnancy testing visits
- The first prenatal visit, and at least once a trimester during pregnancy and at the postpartum check-up
- Abortion counseling
- STI/HIV visits
- Partner notification for STI/HIV
- Initial and new patient visits
- At annual, comprehensive, and periodic well-woman/teen visits
- Whenever signs and symptoms raise concerns of abuse

How Often Should You Ask?
Annually and with each new partner, at a minimum.

Where Should You Ask?
When the client is by herself without partners, friends or parents present

Sample Scripts

Before you ask:
Always discuss limits of confidentiality:
“Everything you share with me today is confidential unless you were to tell me you are going to hurt yourself or hurt someone.”
Normalize
“So we’ve started talking to all our patients about healthy relationships and this card is a self quiz I want to go over with you…”

What To Ask:
“Has your partner ever messed with your birth control or tried to get you pregnant when you didn’t want to be?”
“Does your partner refuse to use condoms when you ask?”
“Has he ever tried to force or pressure you to become pregnant when you didn’t want to be?”

Sample Responses:

If you get a ‘yes’ to pregnancy pressure or birth control sabotage:
“I’m really glad you told me about what is going on. It happens to a lot of women and it is so stressful to worry about getting pregnant when you don’t want to be. I want to talk with you about some methods of birth control your partner doesn’t have to know about...like the IUD, Implanon and emergency contraception.”

Ask about other control and abuse in her relationship:
“What are you telling me about your relationship makes me wonder if there are other things that make you uncomfortable. Is there ever a situation where he has hurt you or pushed you to have sex when you didn’t want to?”

Supported Referral
“I just want you to know that here on the back of the card are national hotline numbers with folks there 24/7 if you just want to talk. I can also connect you with the local domestic violence program for safety planning or shelter if you’re in need of more urgent help. We work with (name of local program) and I can put you on the phone with them now-or whenever you are ready to talk with them.

If she says: “No, this isn’t happening to me.”
“I’m really glad to hear nothing like this is going on for you. We are giving this card to everyone so that they will know how to help a friend or family member having difficulties in their relationship.”
Visit/Issue Specific Responses

You can tailor your questions based on the type of visit your patient is making. For example if you are discussing:

Condom Refusal and Birth Control Sabotage

“Tell me about condoms, would you feel safe asking a sexual partner to use one?”

“Has anybody ever gotten mad at you for asking them to use one?”

“Has anyone ever messed with your birth control or tried to get you pregnant when you didn’t want to be?”

“Have you ever had to hide birth control because you were afraid of what would happen if someone (parent and/or sexual partner) found out you were using it?

Pressure to Have Sex/Pregnancy Pressure

“Have you ever felt hounded to have sex by a partner or felt like you couldn’t say no?”

“What about pregnancy—have you ever had a partner threaten to break up with you if you don’t have their baby?”

Pressure to Use Drugs/Alcohol Before Sex

“Has someone pressure you to get high or to drink because they wanted to have sex with you?”

“Have you ever blacked out or not remembered when you had sex?”

STI Risk/STI Testing

“What about STI’s, have you ever had one or worried about having one because of something your partner said or did? Would you like STI/HIV testing today?”

Partner Notification/STI Diagnosis

“How is your partner going to react if they find out about your having an infection?”

“Are you afraid he will hurt you if you tell him you have an STI?”

“I can put you on the phone with (name of local advocate) that can help you think about how to stay as safe as possible when you tell your partner you have an STI.”

“We can offer to inform the partner ourselves anonymously, -someone he has slept with has an STI- if that helps.”
Statistics
(all available from the Family Violence Prevention Fund)

- Lifetime prevalence of having been raped and/or physically assaulted by a current or former partner
  - 24.8% of women
  - 7.6% of men
- Abused women experience **50-70% increase** in gynecological, central nervous system, and stress-related problems.
- **59.1%** of women who screened positive for drinking problems experienced DV/SV in the past year.
- Women experiencing physical and emotional IPV are **more likely** to report not using their preferred method of contraception in the past 12 months.
- **27.3%** Prevalence of physical and/or sexual IPV among women seeking abortions.
- The risk of being a victim of IPV in the past year was nearly **3x higher** for seeking an abortion compared to women who were continuing their pregnancies.
- Women disclosing physical abuse were **3x more likely** to experience and STI.
- Women disclosing psychological abuse were **2x more likely** to experience an STI.
- Women with symptoms of depression and a history of IPV were **19x** more likely to have been treated for a STI in the past year.
- Men who perpetrated IPV in the past year were **more likely** to report
  - Inconsistent or no condom use during vaginal and anal sexual intercourse
  - Forcing sexual intercourse without a condom
Adolescent

- Boys and girls who experience sexual dating violence are more likely to:
  - Initiate sex before age 11
  - Have sexual intercourse with 4 or more people
  - Use alcohol or drugs before sex
  - Adolescent girls in physically abusive relationships were 3.5x more likely to become pregnant than non-abused girls
  - Girls who experienced physical dating violence were 2.8x more likely to fear the perceived consequences of negotiating condom use than non-abused girls.
  - Among teen mothers on public assistance who experienced recent IPV: 66% experienced birth control sabotage by a dating partner
  - 26.4% of adolescent females reported that their abusive male partners were trying to get them pregnant.
  - Adolescent mothers who experienced physical abuse within three months after delivery were nearly twice as likely to have a repeat pregnancy within 24 months
  - More than one-third (38.8%) of adolescent girls tested for STI/HIV have experienced dating violence.
## Additional Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Organization</th>
<th>Phone</th>
<th>Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.knowmoresaymore.org">www.knowmoresaymore.org</a></td>
</tr>
<tr>
<td>Ohio DV Hotlines, Shelters and Programs</td>
<td>Ohio Domestic Violence Network Shelter Locator</td>
<td>800-934-8840</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)</td>
<td>[<a href="http://www.thel">www.thel</a> hotline.org](<a href="http://www.thel">http://www.thel</a> hotline.org)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>800-787-3224 (TTY)</td>
<td></td>
</tr>
<tr>
<td>National Teen Hotline</td>
<td>National Teen Abuse Helpline</td>
<td>866-331-9474</td>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TTY 866-331-8453</td>
<td></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>LGBT Domestic Violence Ohio 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>Rape Abuse Incest Hotline</td>
<td>Rape Abuse Incest National Network</td>
<td>(800-656-HOPE)</td>
<td><a href="http://www.rainn.org">www.rainn.org</a></td>
</tr>
<tr>
<td>Trafficking Resources</td>
<td>Central Ohio Rescue and Restore Coalition</td>
<td>614-285-4357</td>
<td><a href="http://www.centralohiorescueandrestore.org">www.centralohiorescueandrestore.org</a></td>
</tr>
</tbody>
</table>

15