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Case Study: Delaware Shelter Programs Integrate Project Connect Statewide

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While reproductive and sexual coercion (i.e. birth control sabotage, pregnancy pressure) are not new tactics used by abusive partners within intimate relationships, Delaware domestic violence (DV) programs did not have shared language or definitions with which to describe it, or protocols for screening and intervention. Project Connect, aimed at improving health and safety outcomes of Delawareans at risk for domestic and sexual violence by strengthening partnerships and developing sustainable policies and practices in both reproductive/sexual health settings and domestic/sexual violence programs, helped bring about lasting change.

Prior to the project, DV program staff had limited knowledge about reproductive and sexual health, or current practices and methods of birth control. To begin, each of Delaware's five DV shelters received Reproductive Coercion (RC) and Project Connect training from the Delaware Coalition Against Domestic Violence (DCADV) and Futures Without Violence, and Birth Control 101 and Healthy Sexuality training from Planned Parenthood of Delaware. As a result of these and subsequent trainings, all levels of staff are now reporting an increased comfort in talking to victims about RC, handling disclosures, providing resources and referring victims to clinics. While advocates expected to feel uncomfortable at such trainings, afterwards they reported feeling pleased and more at ease with the topic. Shelters were also provided with a Birth Control kit to keep on location to help educate victims and prepare them for discussions with their healthcare providers about the right options for them.

This work has also given advocates another way of approaching power and control dynamics in their work with victims. One advocate was able to use information from Project Connect when talking with a woman who couldn't understand why her partner, who had insisted on growing their family, was mean and distant with her once she became pregnant. Realizing that her partner's abusive behaviors had also increased during her prior pregnancies, the victim began to see this pattern as part of a broader strategy of forced financial dependence and control.

Since 2013, clinics and DV programs have forged partnerships and provided nine on-site cross-trainings to each other. DV programs remain an integral part of medical trainings to help clinicians better understand DV services and be more comfortable with providing "warm referrals." DV programs discuss the array of services they provide, role play mock hotline calls, and show photos of the shelter interior, to help clinicians get an idea of what their patients might experience when accessing such services. Public Health Nurse Practitioners have started visiting victims in shelter and implemented plans to develop a smooth referral process, provide extended appointments to assure that traumatized women are comfortable, and are offering workshops on general healthcare and reproductive health in shelter.

DV programs have changed their intake forms for shelter residents and now use model questions to assess for RC. A safety card is used in this conversation and each victim is informed of birth control, pregnancy tests and emergency contraception available in shelter. One victim, concerned that she would have to maintain contact with an abuser whose violence had recently escalated, was able to put her mind at ease when a pregnancy test she took in shelter read negative.

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As part of their trauma-informed practice, shelters have placed note cards into residents' welcome baskets of toiletries to gently and universally remind victims what health resources (i.e. pregnancy tests, emergency contraception) are available to them if they are not in a place to access the services upon intake (see Figure 1). Hotline manuals also include reproductive coercion information and all staff, including community advocates and administrative staff, receive on-going training on the project and related protocol. Books about human sexuality for all ages (children, teens and adults) have been made available in shelter to promote education about healthy sexuality for residents.

Figure 1. Sample Welcome Basket

Not long after the project started, stories across the state began to emerge about victims' experiences with RC. A sheltered client told her advocate that her abuser did not allow her to use any form of contraception. As a result, all three of her children were unplanned. Another client believed she might be pregnant as a result of a sexual assault by her partner. Shelter staff were able to offer her a pregnancy test, educate her about STIs and refer her to a partner clinic for testing and treatment. Information and services for reproductive and sexual health, such as birth control options and availability of long-acting reversible contraception (LARCs) at local clinics, are ever-changing. Consequently, DV programs recognize the importance of having staff appointed as liaisons on this project to maintain partnerships, provide effective advocacy, stay well versed in the subject, and insure that new information is consistently integrated into staff training and protocol.

Research being conducted by DCADV in Project Connect partner clinics mirrors national statistics and underscores the need to sustain these critical efforts- a key objective for Delaware's project partners moving forward.

Among patients surveyed to date, 1 in 2 have experienced DV in her lifetime, 1 in 10 experienced physical on sexual domestic violence within the last 3 months, and 1 in 10 experienced reproductive coercion in the past 3 months.

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Delaware's Project Connect program is a statewide partnership between the Delaware Coalition Against Domestic Violence, Delaware Division of Public Health, Planned Parenthood of Delaware, La Red Health Center, Abriendo Puertas and SAFE Program at Peoples' Place, Child, Inc., and the University of Delaware. Funding for the project was provided by Futures Without Violence through the U.S. Office of Women's Health.