



THIS ISSUE

- Sexual Assault Awareness Month
- Teaching consent starts early

Inside This Issue:

Addressing sexual violence	1
Unintended birth rate by income	2
10 "tips" to end rape	3
Team Member Spotlight	3

Addressing sexual violence

The number of estimated sexual assaults that occur each year are on the decline, down by more than 50% from the numbers recorded in 1993 according to the US Department of Justice National Crime Victimization Survey¹. However, the approximate 293,066 victims that experience rape or other sexual assault* each year reflect how pervasive this problem is. While sexual assaults may be on the decline, as it stands someone in the US is sexually assaulted every 107 seconds. April is Sexual Assault Awareness month, and it's important to remember just how many people are impacted. You may have experienced some form of sexual violence yourself, but if not, you most likely know someone who has. Sexual assault and violence include a number of categories. The Rape, Abuse, Incest National Network (RAINN) includes the following on their list: rape (stranger, acquaintance, and intimate partner), child sexual abuse, dating/domestic violence, drug facilitated sexual violence, military sexual trauma, incest, hate crimes, male sexual violence, sexual exploitation by helping professionals (such as doctors, therapists, priests, professors, etc.), sexual harassment (including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature), and stalking².

Sexual violence is often portrayed on television shows as either a woman jogging alone in the park attacked by serial killer/rapist, or as a woman who gets too drunk and is gang raped at a party, or as a sex worker picks up the wrong client. These are obviously things that can happen, but this isn't the whole story. Women

that you know are subjected to micro-aggressions on a daily basis. This is not to say that men do not experience rape or sexual violence, but women are arguably more frequently targets of street harassment, intimate partner violence, date rape, and many of the other types of sexual violence listed above. The messages surrounding appearance and behavior, that women hear all their lives, do nothing to simplify the matter: If you show too much skin, you must have been "asking for it." If you don't show enough, you aren't feminine. Don't walk alone—anywhere, at night. You've had sex with this person before, so you must have wanted it this time too. Always park in a well-lit area and carry your keys between your fingers in case you need a weapon (don't actually do this, it can hurt you more than the other person!) Walk with "purpose" (what does that even mean?!) so that everyone around you knows you mean business/aren't lost/are a strong and confident woman who is not to be messed with. But also make sure you look pleasant so that random person doesn't feel compelled to say "hey baby, give me a smile." If someone asks for your number at the bar, tell them you have a boyfriend even if you don't because "belonging" to another man is a more acceptable (and safe) answer than "sorry, I'm not interested." Teen girls, don't wear shorts that are too short or yoga pants that are too tight to school because the boys around you can't control themselves enough to concentrate. Watch your drink at all times so strangers don't drug you (or use these new color changing straws/cups/nail polish to test and see if you've been drugged.

(Not sure about you, but sticking my finger in my drink is not high on my to-do list when I'm out at a bar...)

Just to be clear, this is not a blanket statement about what all women experience every time they encounter a stranger, a man, or are walking down the street, but these are things women hear from a very young age. Sexual violence has been in the news a lot this year, and the slogan "Not All Men" gained a lot of popularity on social media after Elliot Rodger went on a rampage targeting women on his college campus. No, not all men are perpetrators of sexual violence. This isn't the point though. The response to this slogan was "Yes All Women." Yes, all women are objectified at some point in life. The issue isn't that all men do these things, the issue is that we exist in a society that accepts these as normal ways for women to protect themselves and go through their daily lives. Of course sexual violence will never be completely eradicated. Of course bad things will happen to people. But when we allow a culture of misogyny to be the normal way of life, what are we teaching women and girls about the value that they hold? One of the most striking "Yes, All Women" responses on Twitter was from Deanna Raybourn, the mother of a teenager. "I've spent 19 years teaching my daughter how not to be raped. How long have you spent teaching your son not to rape? #yesallwomen." Maybe it's time to change the way we talk about sexual violence in our society and to teach boys and girls at a very young age to start respecting each other's bodies, identities, and choices.

*for the sake of this article, we'll use 'sexual violence' as a blanket term for rape and assault

Unintended Birth Rates and Income Gaps

A recent study released by The Brookings Institution states that the rate of unintended pregnancies between lower income women and more affluent women is widening due to poverty, not promiscuity. According to the authors, women of lower socioeconomic are more than five times as likely to have an unintended birth, while the rate of sexual activity does not differ across socioeconomic lines³. In fact, women (and men) across income levels are sexually active for an average of ten years prior to getting married. For many years, young or unmarried mothers were seen as promiscuous and therefore somehow deserving of the fate of their unintended and unwanted pregnancies. This stereotype most frequently applied to lower income women because the birthrate in this socioeconomic class is higher.

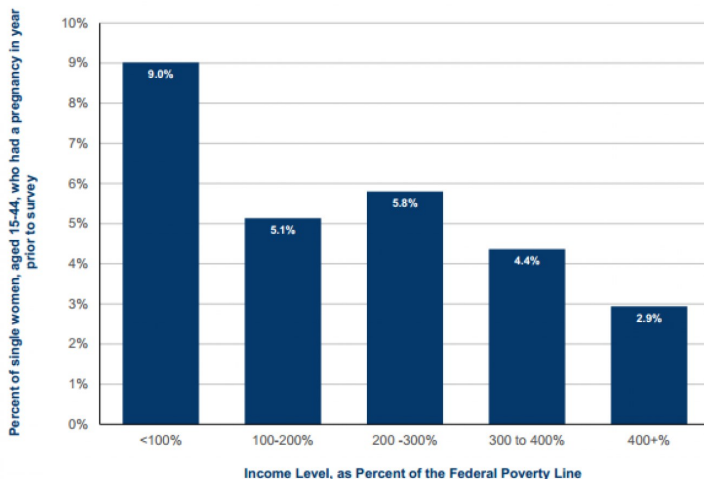
The authors identify not a “sex gap,” but a “contraception gap” as the culprit. Using data from the National Survey of Family Growth (NSFG), they narrowed the sample of over 10,000 men and women down to just the unmarried women who were not seeking pregnancy (n= 3,885) and then further narrowed those women into income categories. They examined the rates of contraception use and of unintended pregnancies reported by these women, and found that women who were at or below 100% of the Federal Poverty Level (FPL) were more likely to have unprotected sex (two times as likely as women with higher income) and more likely to have an unintended pregnancy (three times as likely as women with higher income)³. This clearly demonstrates that contraceptive use is a large factor in the differences between unintended pregnancy rates across income levels. Interestingly, they also found that women with higher income levels were significantly more likely than poorer women to have had an abortion. Based on survey an-

swers, “thirty two percent of the pregnant women in the highest income bracket had an abortion, compared to nine percent of poor pregnant women³.” Ultimately, the birth rate for the poorer, single women of reproductive age was five times higher than for comparable women in the higher income bracket.

So why are the rates higher? Do poorer women not have access to contraception or abortion at the rates more affluent women do? Or are poorer women less concerned with unintended pregnancies? Based on their analysis of questions regarding feelings toward a hypothetical unintended pregnancy, they found that one third of all women, no matter their income, would not be upset if they were to become pregnant in the next year. The authors also point out that based on projects in Colorado and St. Louis, MO, when low income women are able to have improved access to effective LARC methods of birth control, usage rate increases³. Ultimately, the authors believe that prohibitive costs of the most effective methods (up to \$1000 IUDs, etc) and terminations are the main factors that contribute to the disparity in unintended birth rates across income levels. Since federal funding is prohibited for abortion access, lower income women often cannot seek termination because the out of pocket and potential travel costs are, again, prohibitive.

Programs like thebodyshop, which are funded by Title X make it much easier for lower income women to access the most effective methods such as IUDs and implants. Preventing unintended and unwanted pregnancies are crucial for the success of young women in our country. Lawmakers are consistently making it more difficult to access abortion services, so we must be more effective at promoting access to LARC methods of birth control, and making them as easy to get and affordable as possible.

Figure 3. Pregnancy Rates by Income Group



Source: Author Tabulations of NSFG data, 2011 to 2013; Data restricted to women who are not actively trying to conceive.

BROOKINGS

IUD Earrings!

Interested in showing your support for effective birth control that is also affordable for all women? Look no further than these IUD shaped earrings. They're colorful, glittery, and the size of an actual device. Colorado lawmakers are currently debating these tiny plastic devices that can prevent pregnancy for anywhere from 3 to 10 years depending on the model chosen to fit each woman's individual needs. The issue at hand in Colorado is that in recent years a privately funded program has been in place to provide women with free IUDs and implants in the state, but that funding source will end on June 30th of this year. Lawmakers are trying to pass a bill that would put \$5 million toward the program to keep it going. Over the past five years, the Colorado Family Planning Initiative program statistics indicate a 42% reduction in teen abortions and a 39% reduction in teen birth rates because of free access to the most effective methods of contraception⁴.

So why is the bill being debated? There are a number of Colorado Senators that oppose the use of IUDs because they believe that use constitutes an abortion if the device prevents implantation of a fertilized egg. That's a big IF, it is very rare for sperm to reach the egg if an IUD is in place. These lawmakers believe that pregnancy begins at fertilization, but the “widely accepted scientific definition of pregnancy is implantation⁴.” The state's co-sponsor of the bill is Rep. Don Coram (R.- Montrose) who opposes abortion but supports a bill that will reduce the impacts of teen pregnancy in his state. Citing the emotional and financial tolls of teen pregnancy, and that every dollar contributed saves the state Medicaid program approximately \$5.85 over three years, Coram decided to co-sponsor. Instead of IUD earrings, Coram wears a lapel pin, saying “a redneck Republican wearing an IUD—it just doesn't make sense does it? Seriously though, I think it's one of the most important bills we are looking at.” If you want to show your support for free and easily accessible effective methods of birth control, you can buy your earrings here:

<https://www.etsy.com/shop/sharlencreations>



Teaching Consent to Kids

England is taking strides toward sexual assault prevention by teaching consent to children as young as 11. The Education Secretary cites “unimaginable pressures” placed on kids as they grow up, and teaching them how to have healthy relationships is now going to be part of their schooling⁵. The Personal, Social, Health and Economic Education (PSHE) Association is currently drafting the lesson plans and will aim to start the program later this year. By teaching children about sexual consent before they are sexually active, they hope to prevent future abuse, but will also focus on teaching the lessons at a level that is appropriate for each age group. In addition to teaching students what is acceptable, what consent is and is not, and how to report offenses, they will train teachers to keep their students safe by teaching them exactly how to teach this subject in their classrooms. The British Department of Education also points out that teaching about consent and acknowledging that some students are sexually active before the age of 16 does not condone or promote sexual activity in any way⁵.

The subject of consent is necessary to start teaching even younger than age 11. Age appropriateness is important, but teaching bodily respect starts at a very young age. For example, experts recommend asking your children what they would prefer (blue jammies or monkey onesie kind of preferences), allowing them to refuse hugs and kisses that they don’t want (even from relatives), and explaining that their “private parts” are to be discussed in a straightforward and matter of fact manner⁶. Discussing body parts by their correct names, not making it secretive, providing the child with bodily autonomy, and teaching respect of other people’s bodies is crucial. This could mean asking them if it’s ok to touch their bottom when you’re giving them a bath, explaining that sometimes people like the babysitter or doctor will touch their private parts to help sometimes, but this isn’t to be secretive, and will be fast (like a checkup or changing a diaper). Don’t make your child feel bad for asking questions, and explain that they need to respect other children’s private parts, but also that they need to respect the personal space and bodily autonomy that their friends want as well. They are allowed to say that they don’t want to be touched by anyone at any time. Teaching this kind of consent from a very young age will empower girls and boys to know what kinds of contact are acceptable and what kinds aren’t⁶.

TEAM MEMBER SPOTLIGHT: Jenny Mooney, PhD

Name: Jenny Mooney
Hometown: Louisville, KY

Favorite movie/book and why: This is a tough one – I LOVE movies. I’d say some of my top pics include really anything by the Coen brothers and Woody Allen. I tend to love documentaries and foreign films. Probably one of my all-time favorites that I could watch over and over again is “Thelma and Louise.” A couple of average women living in the mundane experience a turn of horrific events – through this, they transform into some pretty tough women. Books are a different story (no pun intended). The most recent few from the last couple of months include “Gone Girl,” “Special Topics in Calamity Physics: A Novel,” and “The Girl on the Train.” I would recommend all of these, but for very different reasons.

What do you do at the body shop? I’m the Director. I try to work across many different systems to keep the program running efficiently and to expand as needed.

What do you love about working in reproductive health? Everything. Honestly, it’s the most rewarding, yet challenging field. I think my entire team works really hard to ensure that reproductive rights are afforded to all people for generations to come. We need some sort of superhero costumes for fighting injustice.

When you’re not at the body shop, where might we find you? Most likely at home with my family. We have a small “urban farm” with some chickens (for eggs not eatin’). Their names are Becky, Lulu, Dorothy, Sissy (recently injured by a Red Tailed Hawk), Thelma and Louise. We have some garden beds and my little girl loves helping take care of all of it. It’s really our little piece of heaven. One thing I’m definitely looking forward to (as I always do with the coming of Spring) is MUSIC and FESTIVALS. I love me some concerts and street food. :D



10 Top Tips to End Rape

- 1 Don't put drugs in women's drinks.
- 2 When you see a woman walking by herself, leave her alone.
- 3 If you pull over to help a woman whose car has broken down, remember not to rape her.
- 4 If you are in a lift and a woman gets in, don't rape her.
- 5 Never creep into a woman's home through an unlocked door or window, or spring out at her from between parked cars, or rape her.
- 6 USE THE BUDDY SYSTEM!
If you are not able to stop yourself from assaulting people, ask a friend to stay with you while you are in public.
- 7 Don't forget: it's not sex with someone who's asleep or unconscious – it's RAPE!
- 8 Carry a whistle! If you are worried you might assault someone 'by accident' you can hand it to the person you are with, so they can call for help.
- 9 Don't forget: Honesty is the best policy. If you have every intention of having sex later on with the woman you're dating regardless of how she feels about it, tell her directly that there is every chance you will rape her. If you don't communicate your intentions, she may take it as a sign that you do not plan to rape her and inadvertently feel safe.
- 10 Don't rape.

Looking for information and ideas on how to campaign against rape?
Check out the following websites: www.thisisnotaninvitationtorapeme.co.uk
www.notever.co.uk

MEN'S HEALTH

Interested in the Men's Health Initiative for your organization?
Contact the program coordinator:
eric.washington@cincinnati-oh.gov

The Men's Health Initiative performs health education seminars at local community-based organizations. We currently have seminars on the following topics:
Reproductive Anatomy, Pregnancy, and Sexuality • STIs and Protecting Yourself • Relationships and Communication • Family Planning • Fatherhood • Puberty • Bullying

thebodyshop

REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320



The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled over 6,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

If you go on any *dates* this Spring,
don't forget your chosen
method of birth control!!
And a condom!!

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