Promoting Healthy Relationships: Strategies to Respond to Domestic Violence and Reproductive Coercion and Its Implications for Unplanned and Rapid Repeat Pregnancy Webinar

Presentation by:
Rebecca Levenson, MA,
Futures Without Violence

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

FVPSA
Family Violence Prevention and Services Program

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Formerly Family Violence Prevention Fund

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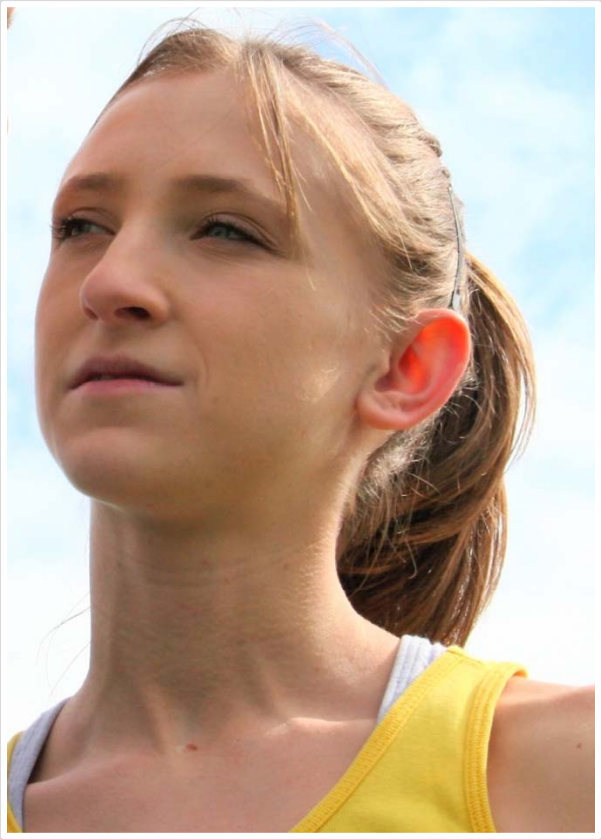
Learning Objectives:

- Discuss the associations between violence and reproductive health
- Define reproductive coercion and how to assess for reproductive coercion in clinical settings
  - Identify opportunities for changes in clinical practice to increase identification and intervention of partner violence and reproductive coercion
  - Select appropriate candidates for LARC methods
  - Identify clinical management strategies for LARC use by women experiencing reproductive coercion and/or partner violence.

WHAT WE KNOW



1 in 4 (25%) U.S. women and

1 in 5 (20%) U.S. teen girls report ever experiencing physical and/or sexual IPV.

CDC Morbidity and Mortality Weekly Report. February 2008. ;Silverman et al, 2001

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What We Know

- Among a random sample of 1278 women ages 16-29 in 5 Family Planning clinics
  - 53% experienced DV/SA
- Mirrors findings from studies nationwide – family planning clients have high rates of violence

Miller, et al 2010

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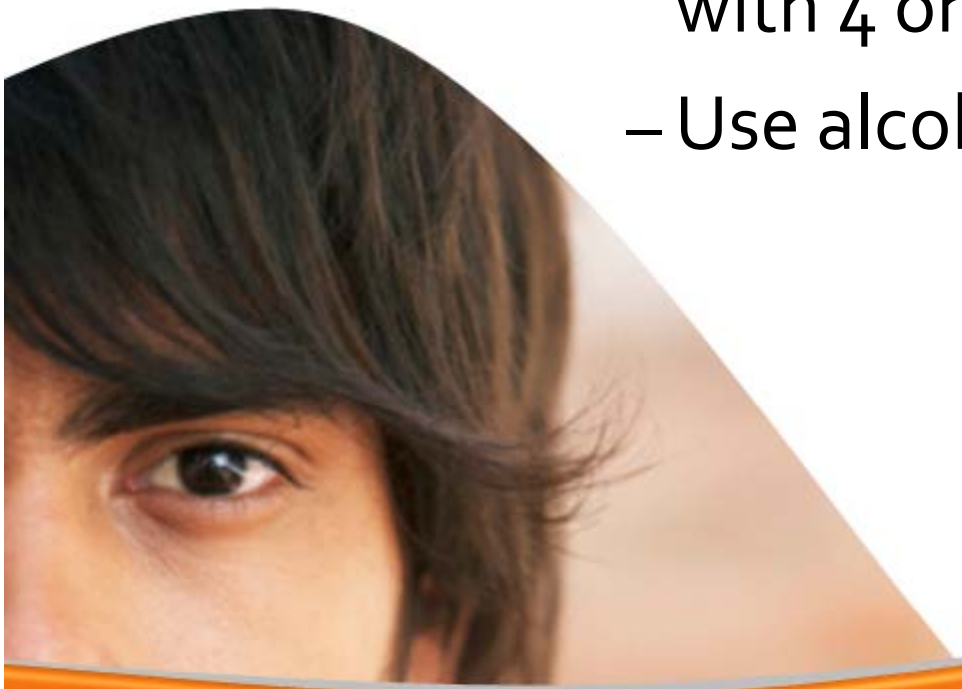
Boys and girls who experience sexual dating violence are more likely to:

- Initiate sex before age 11
- Have sexual intercourse with 4 or more people
- Use alcohol or drugs before sex



Kim-Goodwin et al, 2009

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IPV increases women's risk for

UNINTENDED PREGNANCIES

Sarkar, 2008

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DATING VIOLENCE AND TEEN PREGNANCY

Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non-abused girls.

Roberts et al, 2005

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DATING VIOLENCE AND CONDOM USE

Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use than non-abused girls

Wingood et al, 2001

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MALE PARTNER PREGNANCY INTENTION AND CONDOM MANIPULATION

> **Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid."**
>
> Miller, et al, 2007

17 yr. old female who started Depo-Provera without partner's knowledge

DATING VIOLENCE AND CONDOM USE

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**

Raj et al, 2007

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Forced Sex without a Condom

"If she doesn't want to [have sex], then she'll leave if you're trying to put a condom on and, you know, she doesn't want to do it so you don't want her to get away."

(Silverman, 2009)

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TEEN BIRTH CONTROL SABOTAGE

Among teen mothers on public assistance who experienced recent IPV:

66% experienced birth control sabotage by a dating partner

Raphael, 2005

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PREGNANCY-PROMOTING BEHAVIORS

One-quarter (26.4%) of adolescent females reported that their abusive male partners were

TRYING TO GET THEM PREGNANT

Miller et al, 2007

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IPV AND ABORTION

Prevalence of physical and/or sexual IPV among women seeking abortions:

Lifetime: **27.3% - 39.5%**

Past year: **14.0% - 21.6%**

Lifetime: Evins et al, 1996; Glander et al, 1998; Keeling et al, 2004; Leung et al, 2002
Past Year: Evins et al, 1996; Keeling et al, 2004 ; Woo et al, 2005; Weibe et al, 2001; Whitehead & Fanslow, 2005

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The risk of being a victim of IPV in the past year was nearly

3X HIGHER

for women seeking an abortion compared to women who were continuing their pregnancies.

Bourassa & Berube, 2007

ADOLESCENT RAPID REPEAT PREGNANCY

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months.

Raneri & Wiemann, 2007

Intimate Partner Violence (IPV) and Sexually Transmitted Infections/HIV

SEXUALLY TRANSMITTED INFECTIONS
AND INTIMATE PARTNER VIOLENCE

More than one-third (38.8%) of adolescents girls tested for STI/HIV have experienced dating violence.

DECKER ET AL, 2005

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Partner Violence and STI/HIV

- Teen girls who are abused by male partners are **3x** as likely to become infected with STI/HIV
- Women and girls who are victims of IPV are **4x** as likely to be infected with HIV
- Men and boys who are abusive to female partners are **3x** as likely to have an STI

(Decker, 2005; Silverman, 2007)

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Male reproductive control of women who have experience intimate partner violence in the United States

(Moore, et al, 2010)

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Coercion to Have an Abortion

"He really wanted me not to keep it... I was under 18 so we had to go to [neighboring state with no parental consent law]. And I went to [the clinic] and I remember only the lady asked me if I really [wanted to have an abortion], but she gave me a paper, and she [asked] me that if I wanted to do that, that if nobody else was making me. And I remember I just wanted to leave and not do it, because I did want to keep the baby. But he told me, he was next to me and he went like this [poke] and told me that – "Tell her!"

age 25, Latina, graduated high school

Threats to Promote a Birth

He really wanted the baby—he wouldn't let me have—he always said, "If I find out you have an abortion," you know what I mean, "I'm gonna kill you," and so I really was forced into having my son. I didn't want to; I was 18. […] I was real scared; I didn't wanna have a baby. I just got into [college] on a full scholarship, I just found out, I wanted to go to college and didn't want to have a baby but I was really scared. I was scared of him.

age 26, white, some college

Overview of Reproductive Coercion:

- **Explicit attempts to impregnate a female partner against her will**
- **Controlling the outcomes of the pregnancy**
- **Forcing a partner to engage in unwanted sexual acts**
- **Forced non condom use**
- **Intentionally exposing a partner to and STI/HIV**

Elements of Reproductive Coercion Include:

Birth Control Sabotage--*Active interference with contraceptive method*

Examples:

- Hiding, withholding or destroying birth control pills
- Breaking condoms on purpose or taking them off
- Pulling out vaginal rings
- Tearing off contraceptive patches

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Elements of Sexual Coercion:

Pregnancy Pressure-- *Involves behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant*

Examples:

- "I will leave you if you don't get pregnant"
- "I'll have a baby with someone else if you don't get pregnant"
- "I will hurt you if you don't become pregnant"

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Elements of Reproductive Coercion:

Pregnancy Coercion--*Involves threats of acts of violence if a partner does not comply with the perpetrators wishes regarding the decision of whether or not to terminate or continue the pregnancy*

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A Community-Based Family Planning Intervention to Reduce Partner Violence

Elizabeth Miller, MD, PhD
Michele R. Decker, ScD
Heather L. McCauley, MS
Rebecca Levenson, MA
Phyllis Schoenwald, PA
Jeffrey Waldman, MD
Jay G. Silverman, PhD

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www.endabuse.org

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Question:

How does an intervention for reproductive coercion differ from an intervention for IPV?

Harm Reduction Counseling

Specific to sexual and reproductive health

- Birth control that your partner doesn't have to know about (IUD, Implanon)

- Emergency contraception
- Safety planning regarding partner notification related to STI/HIV
- Supported referral to violence prevention agencies

Intervention/Education Tool:

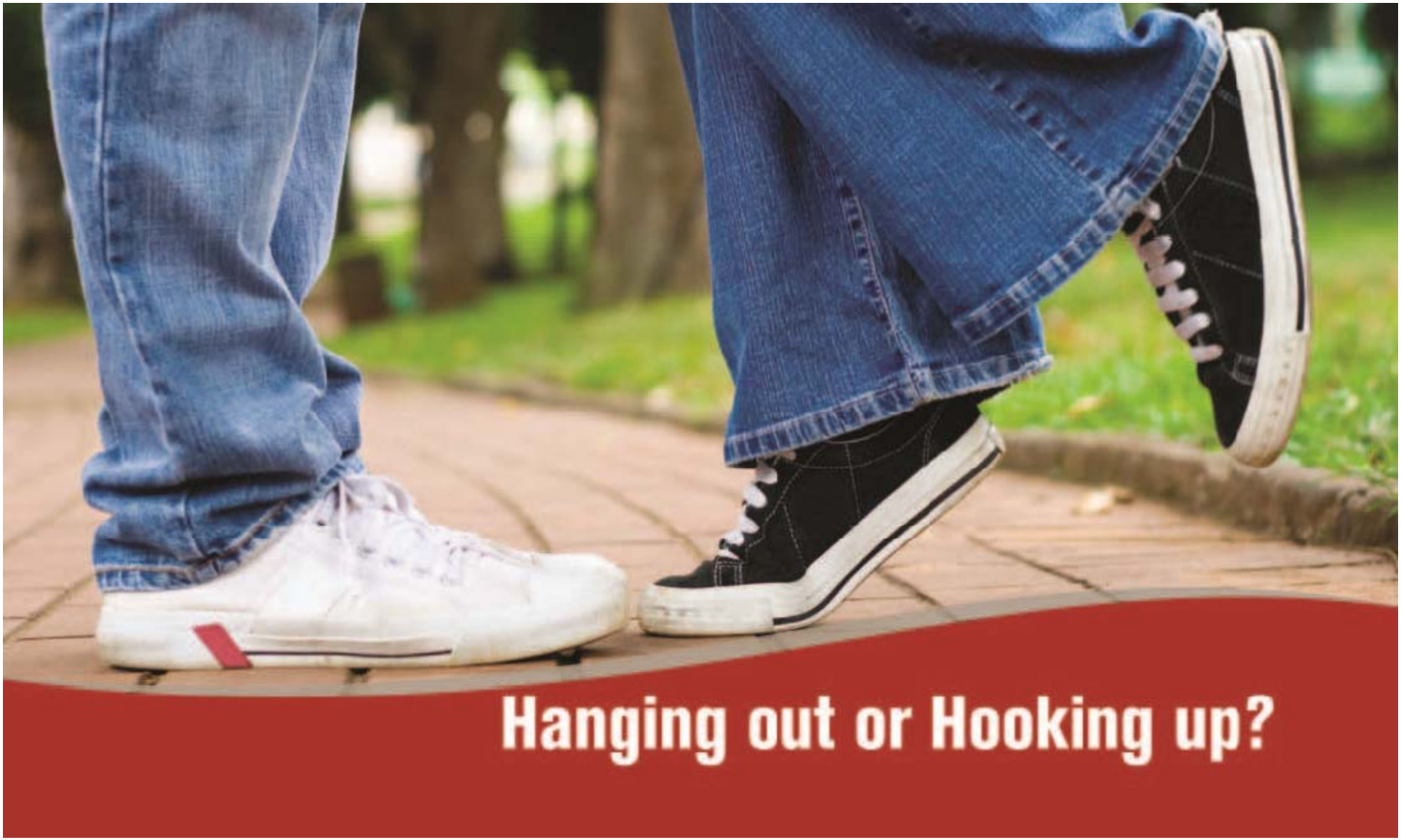
Are you in an UNHEALTHY relationship?

Ask yourself:

- ✔ Does my partner mess with my birth control?
- ✔ Does my partner refuse to use condoms when I ask?
- ✔ Does my partner make me have sex when I don't want to?
- ✔ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to *ANY* of these questions, your health and safety may be in danger.

“I’m giving this card to all the teens I see, it's like a magzine quiz…



Taking Control

Your partner may see pregnancy as a way to keep you in his life and keep connected to you through a child—even if that isn't what you want.

If your partner pushes you to have sex, messes with your birth control or refuses to use condoms:

1. Talk with your health care provider about birth control that you can control and that your partner doesn't have to know about (examples--IUD, Emergency Contraception (EC), Depo, Implanon).

2. Ask your home visitor about local and national programs to help women struggling in their relationships with control or abuse.

- Talk to your patients about:

Pregnancy options—"Are you worried he will hurt you if you don't do what he wants with the pregnancy?"

- **Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies**

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Intervention RCT

- 2-armed randomized-controlled trial (T1: N=1200, T2: ~900)
  - 4 large, urban, family planning clinics in the Western United States
  - Young adult women, 16-29 years old
  - T1 (pre-intervention), exit survey (immediately post-intervention), T2 (3 months later)

Baseline Cross-Sectional Sample of Sexually Active Women

Age	% Sample
16-19	42.8
20-24	33.2
25-29	24.0
Race/Ethnicity	
White	22.3
Black/African American	28.6
Hispanic	29.8
Multi-racial/More than one race	7.0
Other	12.4

N=1299 sexually active women

Physical and Sexual IPV

- 53% of women reported a lifetime experience of physical or sexual violence by a partner

- 17.6% reported violence in the past three months.

N=1278 sexually active women (16-29)

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Reproductive Coercion, Pregnancy Coercion and Birth Control Sabotage

- 25.7% of women reported a lifetime experience of *reproductive coercion* by a partner
- 19.1% reported *pregnancy coercion* from a partner
- 15.0% of women experienced *birth control sabotage*

N=1278 sexually active women (16-29)

Given the threats to sexual and reproductive health in this population, does an integrated clinic intervention work?

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Intervention Results

Among women in the intervention who experienced recent partner violence:

- **71% reduction in odds for pregnancy coercion compared to control (0.29, CI 0.09-0.91)**
- **Post hoc analyses: Women receiving the intervention were 60% more likely to end a relationship because it felt unhealthy or unsafe (p= 0.013)**
-

Integrating IPV/SA Intervention into Standard Clinical Practice: Providers Speak

- *"I had a client that was using oral contraceptives but the partner kept getting them lost, so she decided to get an IUD after I explained her other options."*

- *"(A patient had) a positive pregnancy test where the patient did not want to be pregnant.*

  (She) Needed a way to hide pills she got

  on the shot." (post abortion)

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Do you think it would be a good idea to expand this project to other clinics? Why or Why not?

- *"Yes, there is so many patients that need that bridge to get the help necessary and this has been exactly that…"*
- *"Yes, it is relevant to our clients' reproductive health!"*
- *"Yes, so that clients are aware that they aren't alone and they can help and be educated with a lot of BC options."*

National Domestic Violence Survey Results: Collected August-Sept 2010

Focus Survey from the National Hotline

3,169 callers responded and 25% answered yes to:

- **Has you partner or ex-partner ever told you not to use birth control?**
- **Has your partner or ex partner ever tried to force you or pressure you to become pregnant?**
- **Has your partner or ex partner ever made you have sex without a condom so you would become pregnant?**

After offering supportive statements/validation

- *Suggest that the caller can contact her health care provider (or women's health clinic) to get on birth control her partner can't interfere with. This will vary by individual and depend on how her partner monitors her use of birth control.*
- *Emergency contraception (EC) is available to prevent unplanned pregnancy after unprotected sex; talk to a healthcare provider about this option.*
- *If caller identifies that she has contracted an STI, safety plan with her around safe partner notification. This may mean speaking to her health care provider or the county health department about anonymous options. It could also mean safety planning with her around how she can increase her safety once her partner has been notified.*

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Just asking the questions make a difference:

- Many callers reported that asking the focus survey questions really helped them understand their partner's behavior as part of the power and control they were experiencing in their relationship.

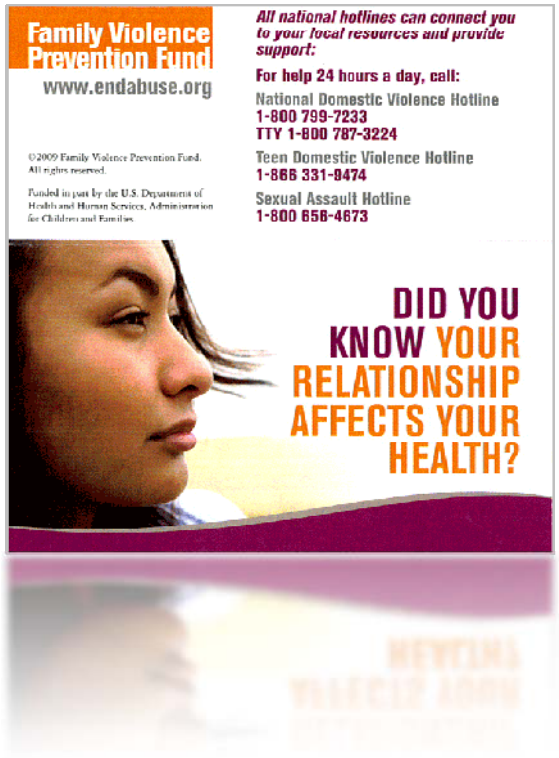
- "If you hadn't asked me those questions (focus survey), I wouldn't have thought of it like that. I wouldn't have thought that he was a manipulative person. I really wouldn't."

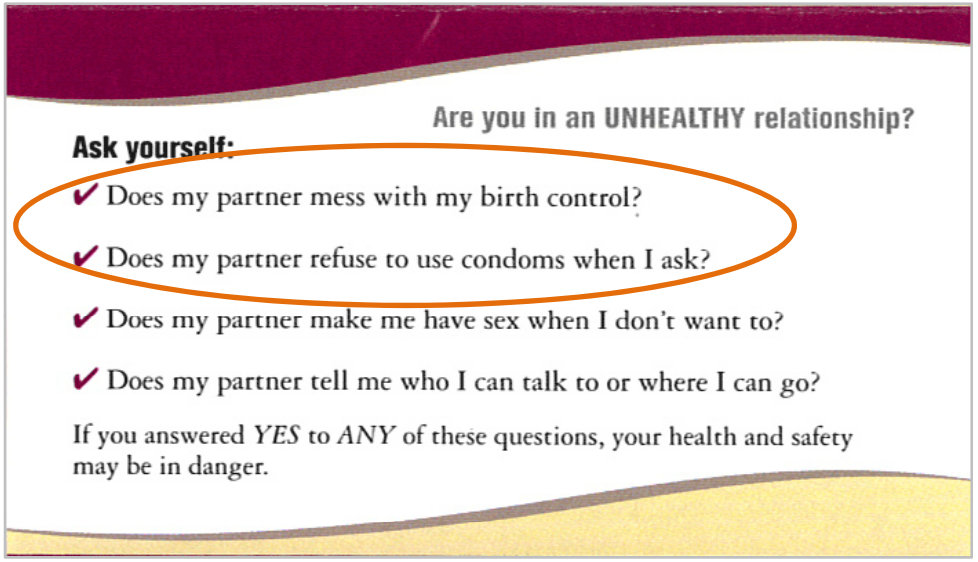
Quotes from callers:

- "My boyfriend wants to have babies and settle down. He doesn't want me to use birth control and says it's a decision we're both supposed to make and so I have to hide it. Every month he asks 'How come you aren't pregnant? It's been two months.' I feel I can't have a say in this relationship. I have to take it behind his back. I can't even close the bathroom door because he says 'You're taking the pill. Keep it open.' It's a lot of pressure. I feel it's my body, it's my life; I don't feel anyone should control my body."

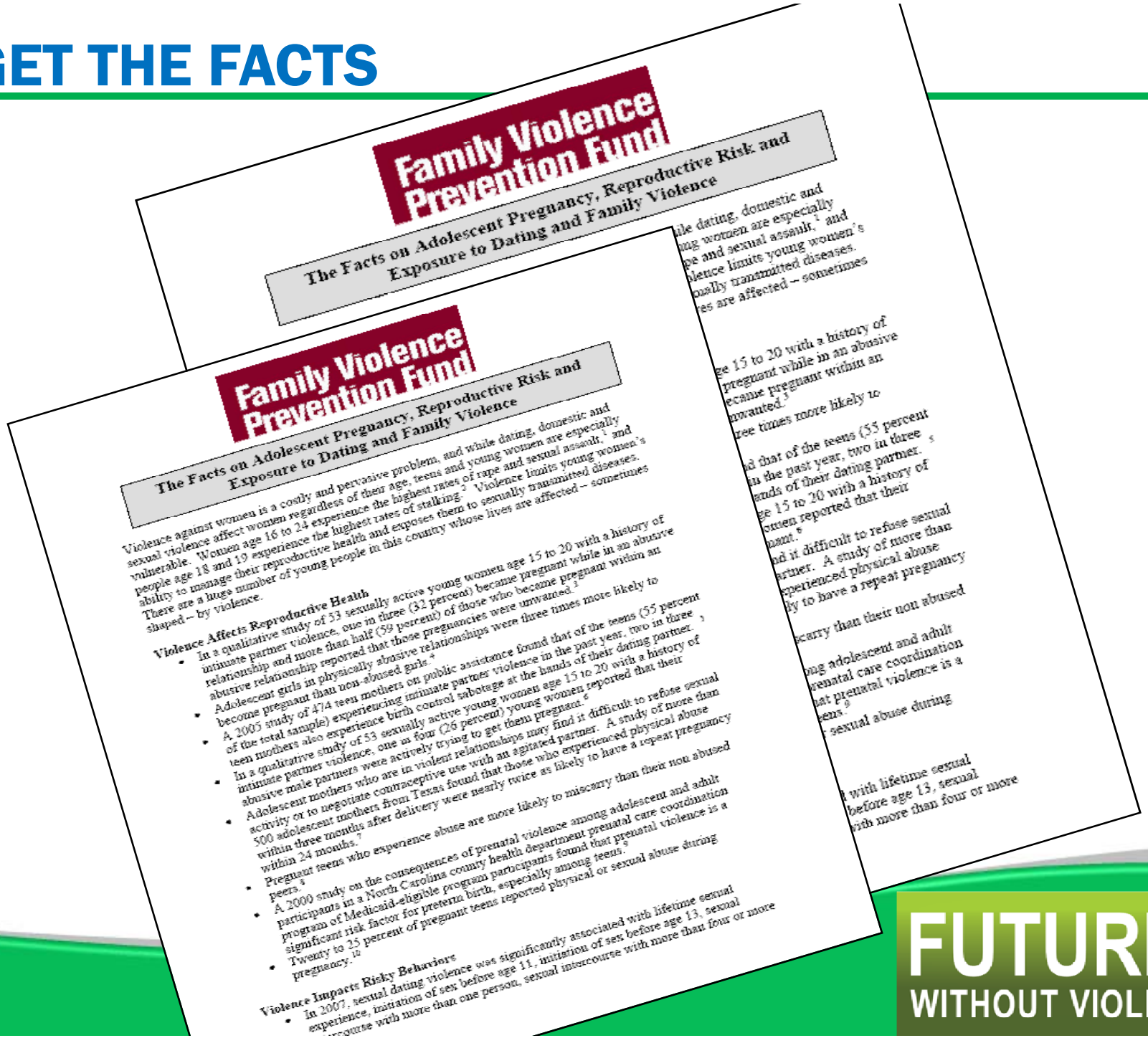
Resources

Safety Cards, Pregnancy wheels and posters





GET THE FACTS



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Resource:

Reproductive Health and Partner Violence Guidelines:

An Integrated Response to Intimate Partner Violence and Reproductive Coercion

This tool is available and downloadable:
www.endabuse.org/health

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Jocelyn: PID Follow Up Visit Due to Chlamydia Infection

Resource: website on assessment

- Women's stories about their experiences with reproductive coercion
- Clinical and patient tools

www.knowmoresaymore.org

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Conclusions: Clinical Implications

- Assess for reproductive coercion and pregnancy coercion as part of routine reproductive health care
- Assess for both physical and sexual violence
- Assess reproductive coercion *before* discussing contraceptive options
  - Offer invisible BCM (IUC, Implanon) Consider monitoring of bleeding patterns by controlling partner
  - EC (offer envelopes)
- Assess safety with positive pregnancy tests and STI partner notification
- Develop deeper relationships with local DV and S/ organizations

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Thank you for your dedication to patients and your commitment to improving women's safety, health and reproductive freedom.

For patient education on the issue of reproductive control:

www.KnowMoreSayMore.org

For FVPF materials go to our website:

www.FuturesWithoutViolence.org/health

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