



*Formerly Family Violence Prevention Fund*

# **Redefining Safety Planning in the Context of Reproductive Coercion:**

## **Integrating Assessment for Emergency Contraception Within Domestic Violence Shelter and Advocacy Programs**

# Poll

---

Please choose the description that best fits your work:

- a) Federal program officer; state Department of Public Health (DPH); other oversight program
- b) Domestic Violence (DV) Program
- c) Dual Advocacy DV/Sexual Assault Program
- d) Family Planning Program
- e) Other

# National Health Resource Center on Domestic Violence

**For free technical assistance and tools including:**

- Safety cards
- Training curricula
- Clinical guidelines
- State reporting law information
- Documentation tools
- Pregnancy wheels
- Posters





# Survivors



# LEARNING OBJECTIVES:

---

- Define reproductive coercion for staff providing DV services.
- Define Emergency Contraception (EC) and how it works.
- Describe the impact of domestic violence on reproductive health outcomes.
- Learn from domestic violence programs about their experiences integrating EC, including how to support staff who may have discomfort or concerns about this activity.
- Understand how to develop an MOU between a local shelter and public health program, or reproductive clinic and how allied health services can support access to EC for survivors.
- Learn about an innovation from the state of Wisconsin (lock box) to support advocacy services.

# Special Thanks: Hewlett Funded Sites

Elizabeth Miller, MD PhD and U Pitt Research Staff

- **Laurie Thompson**, Health & Mental Health Coordinator, **West Virginia Coalition Against DV**
- **Leigh Hofheimer**, **Washington State Coalition Against Domestic Violence**
  - **Andrea Paine**, Director of Programs, Domestic Abuse Women's Network (DAWN)
- **Rebecca Cline**, Rebecca Cline, LISW-S, ACSW Prevention Programs Director, **Ohio Domestic Violence Network**
- **Nicole Molinaro Karaczun**, **Women's Center & Shelter of Greater Pittsburgh**

## National Leadership

- **Laurie K. Crawford**, Virginia Department of Health
- **Lon Newman**, Executive Director, Family Planning Health Services
- **Binnie LeHew**, Office of Disability, Injury & Violence Prevention, Iowa Dept. of Public Health



Formerly Family Violence Prevention Fund

## Definitions of Intimate Partner Violence

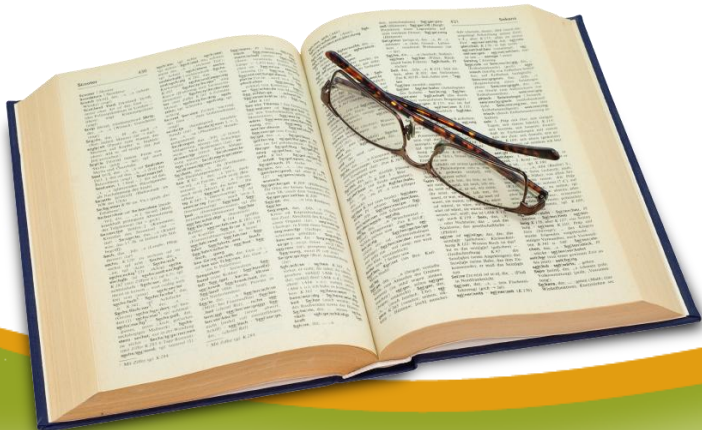


- Legal definitions are often narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors

**Reproductive Coercion (RC)** involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. More specifically, RC is related to behaviors that interfere with contraception use and/or pregnancy.

These behaviors may include:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods





### APPENDIX C



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## COMMITTEE OPINION

Number 518 • February 2012

**Committee on Health Care for Underserved Women**

*This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

## Intimate Partner Violence

**ABSTRACT:** Intimate partner violence (IPV) is a significant yet preventable public health problem that affects millions of women regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. Individuals who are subjected to IPV may have lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and even death. Although women of all ages may experience IPV, it is most prevalent among women of reproductive age and contributes to gynecologic disorders, pregnancy complications, unintended pregnancy, and sexually transmitted infections, including human immunodeficiency virus (HIV). Obstetrician–gynecologists are in a unique position to assess and provide support for women who experience IPV because of the nature of the patient–physician relationship and the many opportunities for intervention that occur during the course of pregnancy, family planning, annual examinations, and other women's health

# ACOG 2013 Reproductive and Sexual Coercion

- [Obstet Gynecol.](#) 2013 Feb;121(2 Pt 1):411-5. doi:  
<http://10.1097/01.AOG.0000426427.79586.3b>.
- **ACOG Committee opinion no. 554: reproductive and sexual coercion.**
- **Abstract**
- Reproductive and sexual coercion involves behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.



IPV increases women's  
risk for

**UNINTENDED  
PREGNANCIES**

Sarkar, 2008; Goodwin et al, 2000; Hathaway et al. 2000

# 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



# PREGNANCY-PROMOTING BEHAVIORS

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

A photograph of a young man and woman looking at each other. The man is on the left, wearing a grey t-shirt, and the woman is on the right, with her hair in a ponytail. They are both looking down at each other with serious expressions. The background is a bright blue sky with some clouds.

**TRYING TO  
GET THEM  
PREGNANT**

Miller et al, 2007

# 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*

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

# Abortion

---

No matter where you sit on the issue of abortion...we can all agree we would like less need for them.

Given that last slide, it is clear if we want to help reduce the need for unplanned/forced pregnancies we need to address IPV and reproductive coercion.



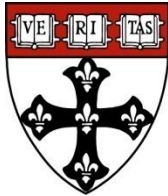
# Poll

---

How is the pace of this webinar working for you so far?

- Faster
- Slower
- Perfect
- Please review
- No answer

# 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



*Formerly Family Violence Prevention Fund*

**UC DAVIS**  
**SCHOOL of MEDICINE**



*Formerly Family Violence Prevention Fund*

# Elements: Enhanced IPV/SA Assessment



- Assessment specific to sexual and reproductive health and relevant to visit
- Normalizing domestic violence experiences and connecting those experiences to reproductive health
- Harm reduction and supported referral

# Safety Card Intervention

**Did You  
Know Your  
Relationship  
Affects Your  
Health?**



**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund



# Safety Planning: Emergency Contraception

## Taking Control:

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

### **If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:**

- ✓ Talk to your health care provider about birth control you can control.
- ✓ The IUD is a safe device that is put into the uterus. The strings can be cut off so your partner can't feel them and prevents pregnancy up to 10 years. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.



UPPER MIDWEST LOCAL 1M

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Our intervention

To be sure, these methods are *less vulnerable to tampering by a sexual partner-- but are detectable due to loss of period/ irregular bleeding.*



# KEY CONSIDERATION:



If her partner monitors her menstrual cycles—Copper T IUD may be the safest method to offer her.

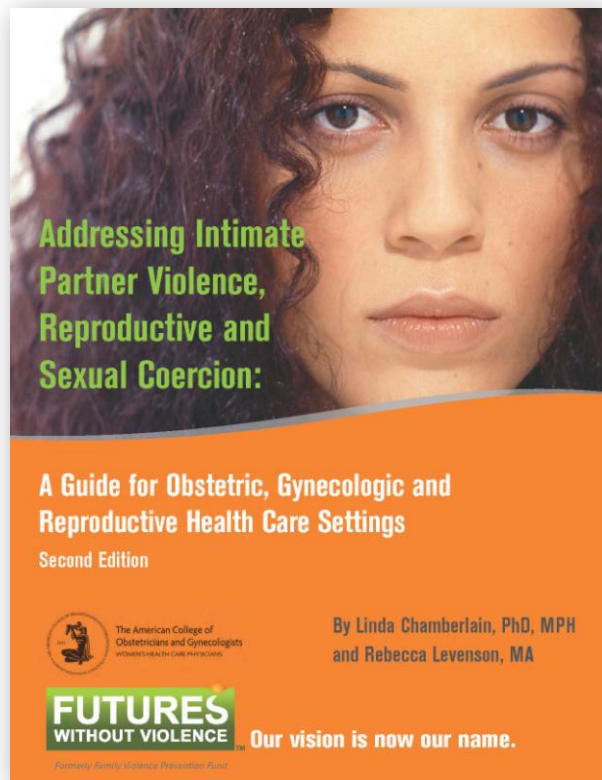
Especially if we cut the strings in the cervical canal so they can't be pulled out or felt by a partner.

The inconvenience of IUD removal with ultrasound may well be worth avoiding an unwanted pregnancy by abusive partner.

**Getting Started  
is as simple as  
downloading this  
guide**

# **Addressing Intimate Partner Violence, Reproductive and Sexual Coercion:**

A Guide for Obstetric,  
Gynecologic and Reproductive  
Health Care Settings



**FUTURES  
WITHOUT VIOLENCE**™

Formerly Family Violence Prevention Fund



---

# **National Domestic Violence Survey Results: Collected August-Sept 2010**

# **Focus Survey from the National Hotline**

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

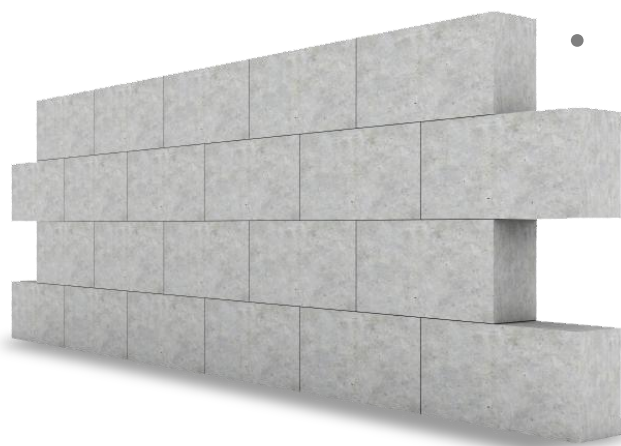
- Has your partner or ex-partner ever told you not to use birth control?
- Has your partner or ex partner ever tried to force you or pressure you to become pregnant?
- Has your partner or ex partner ever made you have sex without a condom so you would become pregnant?

## Barriers to Identifying and Addressing Reproductive Coercion

**Domestic violence advocates identified the following barriers to discussing sexual violence and reproductive coercion:**

- Comfort levels with initiating conversations with clients about sex and contraception
- Feelings of concerns about not respecting a client centered approach (she didn't mention this why should I bring it up?) and/ or contributing to her stress

Conflict with personal religious beliefs, contraceptive beliefs, thoughts about child spacing



## True or False

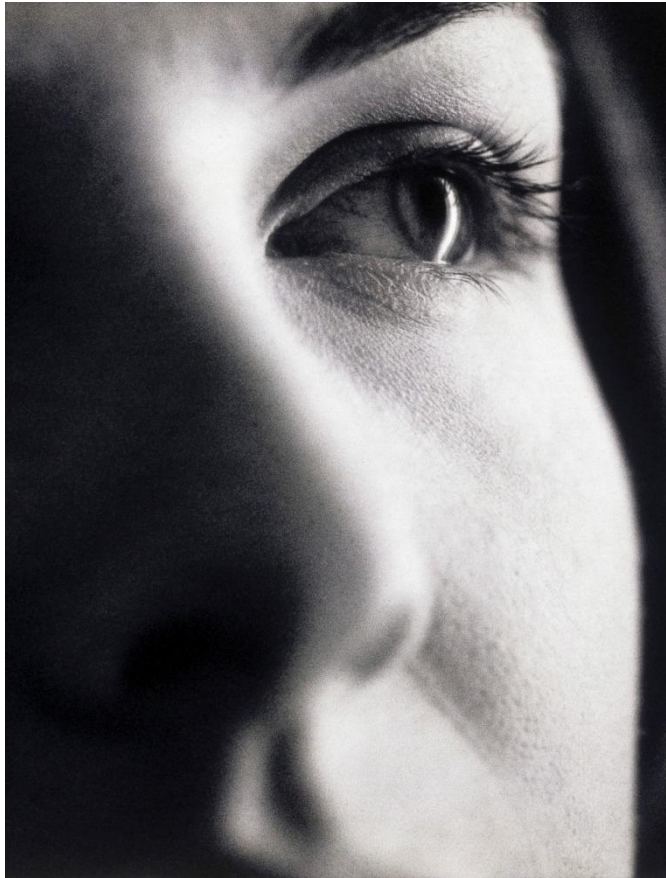
Emergency Contraception causes miscarriage or abortion in some cases?

# "I Thought Emergency Contraception Was The Abortion Pill" : <http://ec.princeton.edu/>

- Emergency contraceptive pills—prevent pregnancy primarily, or perhaps exclusively, by delaying or inhibiting ovulation and inhibiting fertilization.
- [Emergency contraceptive pills](#) work before pregnancy begins.
- In fact, because emergency contraception helps women avoid getting pregnant when they are not ready or able to have children, it can [reduce the need for abortion](#).



# Emergency Contraception and IPV



**Abused women are more likely to have used emergency contraception when compared to non-abused women.**

Gee et al., 2009

# What if a Domestic Violence Agency Could Help Prevent an Unwanted Pregnancy?



**“Is that something you could help me with today?”**

## Hewlett Project:

- Train all shelter/advocacy staff associated with the site about Reproductive Coercion
- Help us understand their staff needs/clients needs
- Screen women of reproductive age for need for EC within 24 hours
- Give all clients safety cards with harm reduction strategies
- MOU with local family planning agency, pharmacy or Public Health Nurse
- Figure out access to EC/no cost access within 24 hours

# Intake Assessment Tool to Promote Health and Wellness

*This may not be a concern for you now, however we give this information sheet and this safety card to everyone who uses our services.*

**“Many women who come to our program have experienced situations putting them at risk for unwanted or unplanned pregnancies. There is a safe medication that you can take called emergency contraception (some call it the morning after pill) up to five days after unprotected sex to prevent pregnancy. To better understand who may need or want this medication we review this form with all our clients.”**



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Formerly Family Violence Prevention Fund

# **Additional Information Needed for Advocate's Comfort**

---

**Sometimes there is confusion about what this medication is and how it works.**

**This medication does not cause miscarriage or abortion.**

**It will not hurt a pregnancy if you are already pregnant; it only helps to prevent pregnancy if you have had recent unprotected sex.**

**To better understand who may need or want this medication we give this form to all our clients.**

## ***Universal Education:***

### ***Emergency contraception is available if***

You had unprotected sex (without condoms or any form of birth control) in the past 5 (five) days?

- You had sex in the last 5 days and experienced a condom breaking, being pulled off or fallen off?
- You have forgotten to take your birth control (birth control pills, change your Nuva Ring, etc.) in the last 5 days?
- You are worried that your partner was trying to get you pregnant when you did not want to be by having sex with you when you weren't protected with birth control, tampering with your birth control, not pulling out when he said he would?

☐ Would you like a pregnancy test today?

☐ Or EC to help prevent pregnancy?



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Formerly Family Violence Prevention Fund



# Poll

---

How many of you currently have a **Memorandum Of Understanding (MOU)** between your DV/SA organization and the local Family Planning program?

- ☐ We have MOU with DV program
- ☐ We **do not** have MOU with DV program
- ☐ Unsure at this time
- ☐ Other



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Formerly Family Violence Prevention Fund



# Women's Center & Shelter of Greater Pittsburgh

**Nicole Molinaro Karaczun**  
**Director of Services**



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



*Formerly Family Violence Prevention Fund*

# Integrating RC & EC

- Training and supporting staff
- Asking the questions
- Raising awareness with clients
- Continuing integration post-study
- 10 of the 12 women completing a satisfaction survey after intake reported that learning about EC availability was helpful.



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Formerly Family Violence Prevention Fund

# MOU UPITT and Women's Shelter Pittsburg

The division of Adolescent Medicine, Children's Hospital Pittsburg agrees to provide education and resources to Women's Center and Shelter of Greater Pittsburg on reproductive health, contraception, emergency contraceptives, same day appointments for clinical services for sheltered victims of abuse.

- MOU Genesis House to partner with Family Planning Title X Family Planning Services of Lorain County
- This new project would offer DV clients emergency contraception at intake.
- Emergency contraceptives and pregnancy tests for clients and a voucher system for its administration. (See attached MOU.)

# What If One Car Trunk Could Change a Life?



**FUTURES**  
WITHOUT VIOLENCE™

*Formerly Family Violence Prevention Fund*



# Technical Assistance

For questions about how reproductive coercion in your program, develop MOUs, or learn more contact Futures for technical assistance and tools including:

- Posters
- Safety cards
- Guidelines on Reproductive Coercion
- Visit: **[www.FuturesWithoutViolence.org/health](http://www.FuturesWithoutViolence.org/health)**
- Call Toll-free: **888-Rx-ABUSE (792-2873) 800-595-4889 TTY**
- Email: **[health@FuturesWithoutViolence.org](mailto:health@FuturesWithoutViolence.org)**

# Thank You

---

**By asking about  
Reproductive  
Coercion you can  
change lives.**



**FUTURES**  
WITHOUT VIOLENCE™

*Formerly Family Violence Prevention Fund*

# West Virginia Coalition Against Domestic Violence:

## Pilot Project – Addressing Reproductive Coercion in a Local DV Program Setting

Laurie Thompson, MSW  
Health & Behavioral Health Coordinator  
West Virginia Coalition Against Domestic Violence

(304) 965-3552  
lthompson@wvcadv.org

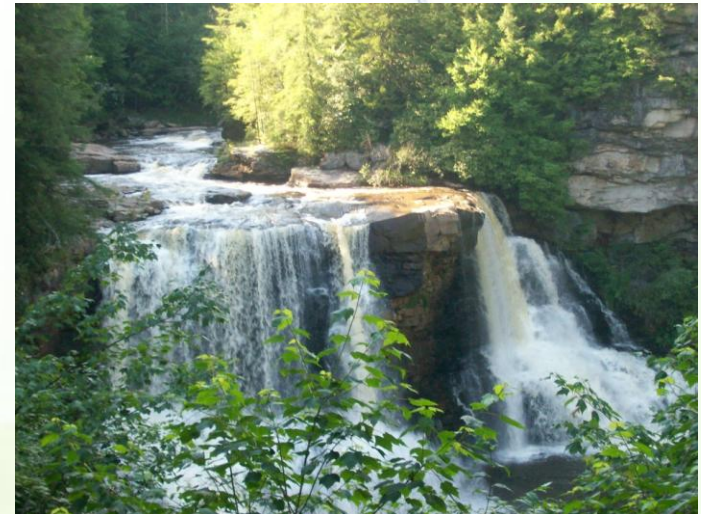


west virginia  
**Coalition Against  
Domestic Violence**

*for a safer state of family*

# WVCADV Project

- **Overview**
- **Pilot Site**
  - **Women's Resource Center – Beckley**
    - Dual Program
    - County: combination rural/town
  - **Planning & Preparation**
  - **Process**
    - Training
    - Discussion / Advocate In-put
    - “Best Fit” Process for Program
    - Begin Screening / Assessment





## ● Outcomes – Pilot

- Screening / Response
- Pharmacies
- Advocates' insights



## ● Outcomes – WVCADV

- BOD training
  - Co-trainers: WVFree & Women's Health Center
- Health Partnership
  - Focus for 2013-14
  - Local DV Programs
  - Health Care Programs

# Don't Ask; Just Tell!

We told women that we have  
EC and pregnancy tests on site  
at intake!

Barriers?

What did staff need?

Focus group gems

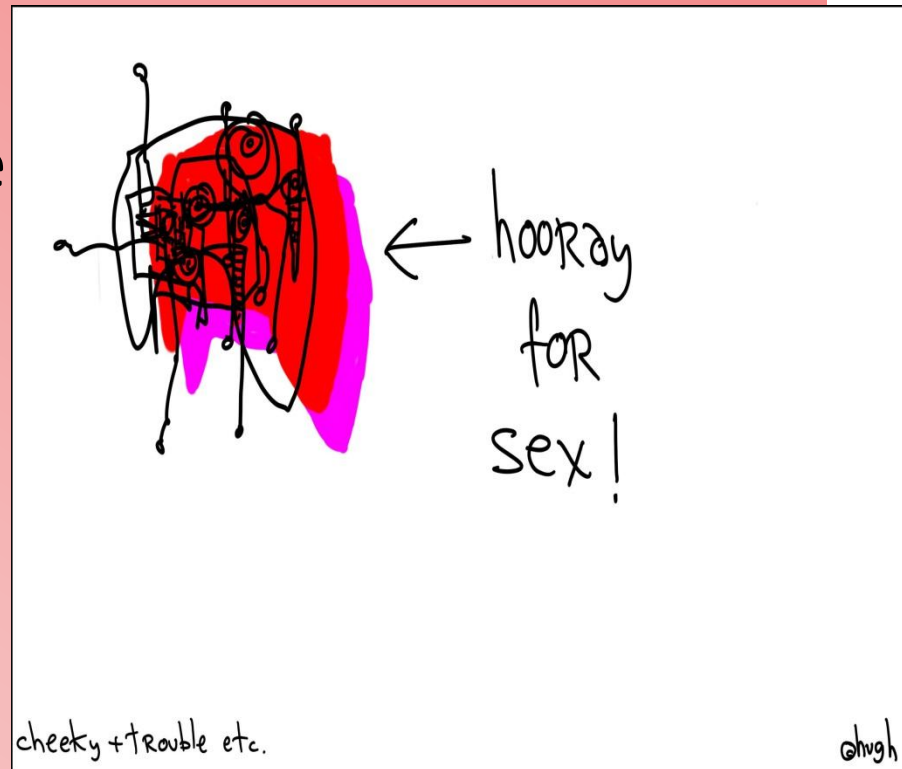
- Part of Safety planning

- Support group discussion

Don't wait for disclosure of reproductive coercion!

[andrea@dawnonline.org](mailto:andrea@dawnonline.org)

[leigh@wscadv.org](mailto:leigh@wscadv.org) (handout)





# **INTEGRATING SCREENING FOR REPRODUCTIVE COERCION INTO DOMESTIC VIOLENCE SHELTERS:**




**Laurie K. Crawford, MPA  
Virginia Department of Health  
[Laurie.Crawford@vdh.virginia.gov](mailto:Laurie.Crawford@vdh.virginia.gov)**

# VIRGINIA'S PILOT SITES

- Contracted with six domestic/sexual violence programs using Project Connect and PHHS sexual assault set-aside funding
- Half day training for staff
- Data collection (quantitative and qualitative)
- Monthly TA calls
- Assessment to be implemented into statewide domestic/sexual violence data collection system statewide in July 2013.



# SCREENING PROCESS

- Two-tiered process
    - “Brief intake” (immediately upon entry)—Only question asked is about immediate health concerns and health care information sheet given
    - “Full intake” (within 24 hours)—Three reproductive coercion questions asked and health care information sheet given again
  - Any person (staff or volunteer does “brief intake”) but only trained staff/case managers do “full intake”
  - Resources for family planning (clinic hours, info on price/availability of EC and other contraception) provided
- 

## LESSONS LEARNED

- Shelters implementing assessment for reproductive coercion/need for EC need to be prepared to address other health issues
- Many myths about birth control flourish—training and education for clients AND staff as well as relationships with local clinics is critical to success
- Intake procedures must be reviewed/modified to ensure that they are trauma informed (what is necessary to know immediately, and what can wait?)
- Approach/model used needs to be based on characteristics of and resources available in the community-one size does not fit all



## A STORY FROM A SURVIVOR

*“According to the client, her abuser had sabotaged her birth control method in the past, forced her to terminate a pregnancy he didn’t want, then forced her to keep a pregnancy that endangered her. This client has MS and was not able to take her medications...she verbalized that she felt relief to talk to someone about the coercive nature of her husband. The few people she had in her life for support didn’t see those behaviors as problematic or abusive, even when she had to stop her MS medications...her family saw this as typical and acceptable behavior from a husband...it was her job to accommodate him. She stated, “I’m so glad you asked me that.”*



# WOMEN'S SHELTER CONNECTIONS TO FAMILY PLANNING CLINICS

Lon Newman, Executive Director  
Michele Paoli, E-Health Project and Development Director  
Family Planning Health Services, Inc.



# ECconnections



- EC Hotline
- EC Lockboxes
- EZEC.org website
- Telehealth Networking



# EC Hotline



- **866-EC FIRST**
- **Available nation-wide**
- **Internet protocols enable flexibility**
  - **calls can be routed to local providers**
  - **Calls can be triaged before routing**
- **Cost sharing**
- **Simple and inexpensive**

# EC Lockboxes



- **Connected to 866-EC-FIRST, EZEC.org, and telehealth**
- **Requires local host**
- **Simple procedures for host**
- **Some regulations to obtain discounted prices**
- **Educational materials and protocols require local/state compliance research. (reporting requirements, local agencies for referrals, etc.)**

# EZEC.org



- **Connected to 866-EC-FIRST, EZEC.org, and EC Lockboxes**
- **Connected to telehealth**
- **Educational materials and protocols require local/state compliance research. (reporting requirements, local agencies for referrals, etc.)**

# EC Telehealth



- **Connected to 866-EC-FIRST and EC Lockboxes**
- **Requires active partnership with local partners**
- **Requires adequate/secure internet connection**
- **Materials and protocols require local/state compliance research. (reporting requirements, local agencies for referrals, etc.)**

# Telehealth Visit

**Schedule Appointment**

**Arrive & Room Patient**

**Video Conference**

**Complete Visit**

## *Highlights*

Multi-Location

Multi-Clinic

HL7 Compliant

Standard RH Clinical  
e-Forms

Optimizes Use Of  
Clinician Time

HD Video

Clinician Controlled  
& Secure

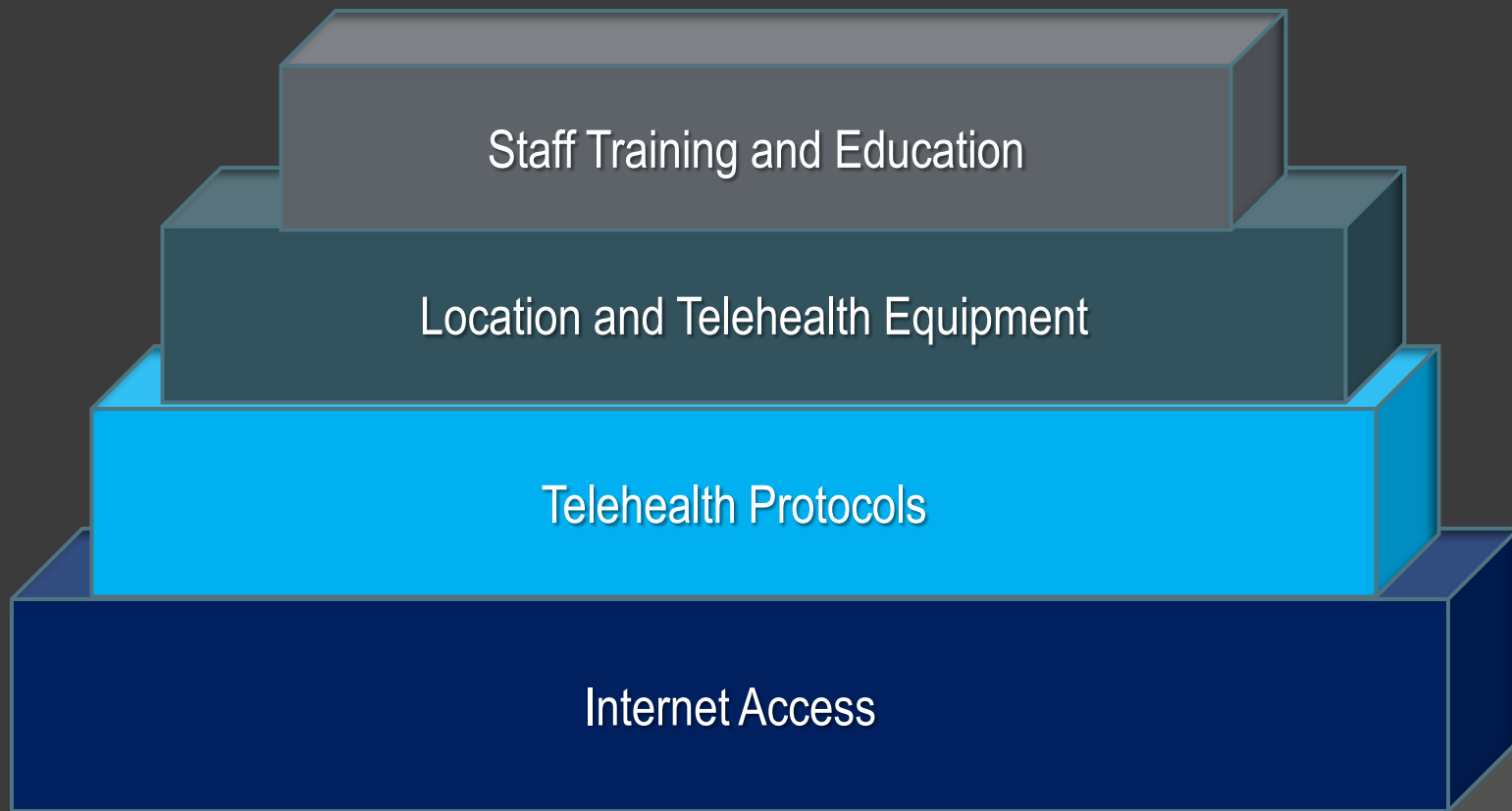
Unlimited Desktop  
Sharing

Standardized Billing

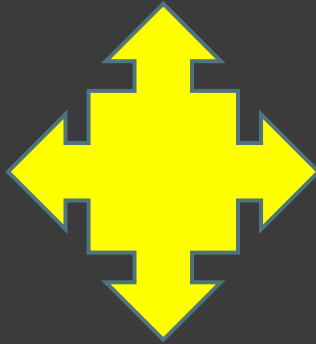
Standardized,  
Shared Electronic  
Clinical Care  
Documents



# Requirements for Telehealth



# EConnections



# For More Information:

Michele Paoli, RN, BSN

E-Health Project Development Director

Email Questions To: [paolim@fphs.org](mailto:paolim@fphs.org)

Lon Newman, Executive Director

Email: [newmanl@fphs.org](mailto:newmanl@fphs.org)

# Binnie LeHew MSW

Office of Disability, Injury & Violence  
Prevention

**Iowa Department of Public Health**

[Vivian.lehew@idph.iowa.gov](mailto:Vivian.lehew@idph.iowa.gov)



# Iowa's Plans to integrate EC into DV/SV Programs

- *Low-hanging fruit*
  - 2 DV Programs will obtain & manage lockboxes in their service areas
  - EC purchased with discretionary funds or possible bulk discount from a pharmacy
- *Next steps*
  - Work with Planned Parenthoods to provide through telehealth visits in Title X Programs
- *Funding strategy*
  - State crime victim compensation/sexual assault examination program funds