Intimate Partner Violence and Reproductive Coercion: Making the Connection

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IPV increases women’s risk for UNINTENDED PREGNANCIES

Sarkar, 2008
Adolescent girls in physically abusive relationships were 3.5 times more likely to become pregnant than non-abused girls.

Roberts et al, 2005
Knowledge isn’t enough

Under high levels of fear for abuse, women with high STI knowledge were more likely to use condoms inconsistently than nonfearful women with low STI knowledge.

(Raiford et al, 2009)
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
What are other ways a partner can interfere with a woman's birth control?
Birth Control Sabotage

**Tactics include:**

- Destroying or disposing contraceptives (pills, patch, ring)
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives
I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed there like shock...

Miller et al, 2007
Making the Connection

The following animated video clip introduces viewers to the definition and prevalence of reproductive coercion, as well as the role that providers can have in identification and response.
Defining Reproductive Coercion

Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- 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
Reproductive Health Safety Card

- Modeled after DV safety cards
- Asks key questions
- Used as a prompt for staff and a safety card for clients
Uses for Reproductive Health Safety Card

• Health care providers can use the card to identify intimate partner violence and offer referrals
• Domestic Violence agencies can use the card to identify reproductive health needs and issues in order to provide accurate information and/or refer to a health care provider
• Any service provider could use the card to educate survivors about reproductive coercion
Educating women about reproductive coercion and makes a difference

**Results from a randomized control trial (n=1278):**
Among patients in the intervention who experienced recent partner violence:

- 71% reduction in odds for pregnancy coercion compared to control
- Women receiving the intervention were 60% more likely to end a relationship because it felt unhealthy or unsafe

(Miller et al, 2010)
What are some contraceptive methods clients experiencing reproductive coercion might consider?

Handout: Birth Control Education
Harm Reduction Strategies

- **Less detectable forms of contraception**
  - Copper T IUD
  - Trimming IUD strings inside the cervical canal
- **Emergency contraception**
  - Offering patients an empty envelope
  - Extra dose
- **STI testing**
  - Regular testing
  - Safer STI notification strategies
- **Following up with domestic violence assessment**
Emergency Contraception

- Emergency contraceptive pills can be taken up to 5 days after unprotected sex.
- Emergency contraceptive pills prevent pregnancy 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.
Additional information about EC

- This medication does **not cause miscarriage**
- It will **not hurt a pregnancy** if you are already pregnant
- It only helps to prevent pregnancy if you have had **recent unprotected sex**.

Visit [http://ec.princeton.edu](http://ec.princeton.edu) for additional information and resources
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?
“He knows I don’t want to have another child; I’ve told him before. He says it will be ok, we will get a house soon. Thank god I got my period yesterday, but he was furious.

If you hadn’t asked me those questions, I wouldn’t have thought of it like that. I wouldn’t have thought that he was a manipulative person. I really wouldn’t.”
Virginia: Haven

All women are screened for unwanted/forced sex and birth control sabotage upon shelter intake and offered Emergency Contraception (EC) to help prevent pregnancy, if needed.
Women want to talk about reproductive health

• Small pilot study in in Pittsburgh, PA

• DV program started asking all women about recent unwanted, unprotected sex at intake

• Clients were overwhelmingly positive about being asked the questions and knowing that pregnancy tests and EC were available to them onsite.
Other strategies

- Provide information on local family planning services
- Stock pregnancy tests, condoms, and other OTC reproductive health supplies
- “Golden ticket” for appointments
- Rx delivery by local pharmacy
- Onsite providers: clinical services &/or health education
Providers want to partner with DV advocates to better serve their clients

“[Our family planning] clinics are establishing productive and authentic partnerships with domestic violence centers. At last, we are getting the training and tools we need to address a fairly common but serious problem that has always been with us but has seldom received the attention it deserves.”

Joe Fay, Statewide Coordinator
Alliance of Pennsylvania Councils
Building relationships with local reproductive health programs

• Invite providers to join your community's DV workgroup/taskforce
• Cross-trainings: Provide a “DV 101” training at your local clinic; invite a provider to do a “reproductive health 101” training for DV program staff
• Schedule regular visits to the family planning clinic to restock your program’s community outreach materials
• Invite providers to do a tour of your program
• Work with clinic staff to plan a Domestic Violence Awareness Month, Health Cares About Domestic Violence, or other community outreach event at the clinic
“Once we became aware of [reproductive coercion] it just made sense to change the questions we were asking clients. For our women in shelter having access to medical services in a safe way without looking over their shoulder— it’s part of rebuilding and taking control back. What do these medical resources mean to these women? They are priceless.”

Sara Sheen, Director of Bridge Program
Rose Brooks Center, St Louis, MO