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"Instead Of Just Giving Someone A Number"

Supporting Domestic Violence Advocates in
Making Referrals for Unintended Pregnancy

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Making the Connection

- Women **with unwanted or mistimed pregnancies were 4 times more likely to be physically hurt** by their husband or partner as women with intended pregnancies. (Futures Without Violence- Reproductive Health and Partner Violence Guidelines)
- Unwanted and unintended pregnancies are the primary reason for seeking abortion, **abused women are thought to be more likely to experience abortion than are their non-abused counterparts.** (Silverman, American Journal of Public Health, 2010)
- A small sample of women who sought abortion care services were surveyed about abuse histories, **and just under 40% disclosed that they were also victims of domestic violence.** (Glander, Journal of Obstetrics and Gynecology, 1998)



Responses to Requests for Abortion Information

- **““Oh you’re pregnant, let’s get you into prenatal care’ and not having the discussion at that point.”**
- **“Not knowing enough about the services I was like, ‘Why are you coming to me about this?’”**
- **“I went to the internet to get information.”**
- **“...sending [the clients] to the library.”**
- **“...giving clients a sheet of paper with the name of the clinic, but not giving them any real info because they didn't want to deal with it.”**
- **You have to say ‘I don't know, I don't have that information,’ then there they are with no resources to fall back on.”**

Referrals for Unintended Pregnancy: A Curriculum for Health and Social Service Providers



We train health and social service providers on how to make high quality abortion referrals for clients who wish to end a pregnancy. We emphasize empathy, professional and a non-biased approach to client-centered care.



Q: What is medication abortion?










Q: What is medication abortion?

provide
EVERYONE HAS A ROLE

A: Medication abortion involves the administration of drugs to terminate a pregnancy. Typically, two drugs, mifepristone and misoprostol, are used. Medication abortion is generally an option only in the first 9 weeks of pregnancy.

Reproductive Health Access Project, Early Abortion Options,
http://www.reproductiveaccess.org/fact_sheets/downloads/early_abortion_options.pdf

Assessing Barriers Exercise

Lack KNOWLEDGE (of where to go) 	PRIVACY fears 	LANGUAGE 
FINANCES 	LEGAL obstacles 	SCORN, INTIMIDATION 
TRANSPORT/ DISTANCE 	AGE (e.g., teens) 	DISCRIMINATION (real or perceived) 



STAR Quality Referrals

Supportive

- “Supporting my client’s decision is the best way I can do my job helping her.”

Thorough

- “I actively assess her needs for, and help connect her to, supportive services such as childcare or transportation—to help her to utilize the referral she is seeking.”

Active

- “I have the correct information about the service she needs.”

Referral Quality

- “I follow up, asking about her experience accessing this provider and if there is anything else she needs.”



Evaluation



- Over 80% of participants very satisfied

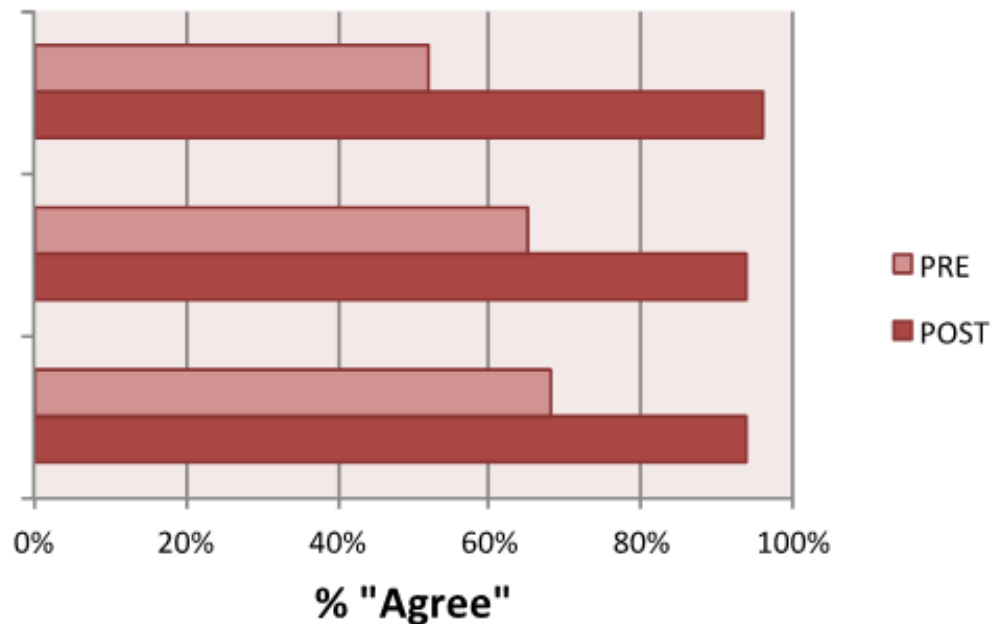
Evaluation

Attitudes Pre- and Post-Training (n=# matched pairs for each survey question)

I have the skills and information I need to refer a client with an unintended pregnancy for pregnancy termination if she requests it (n=429)

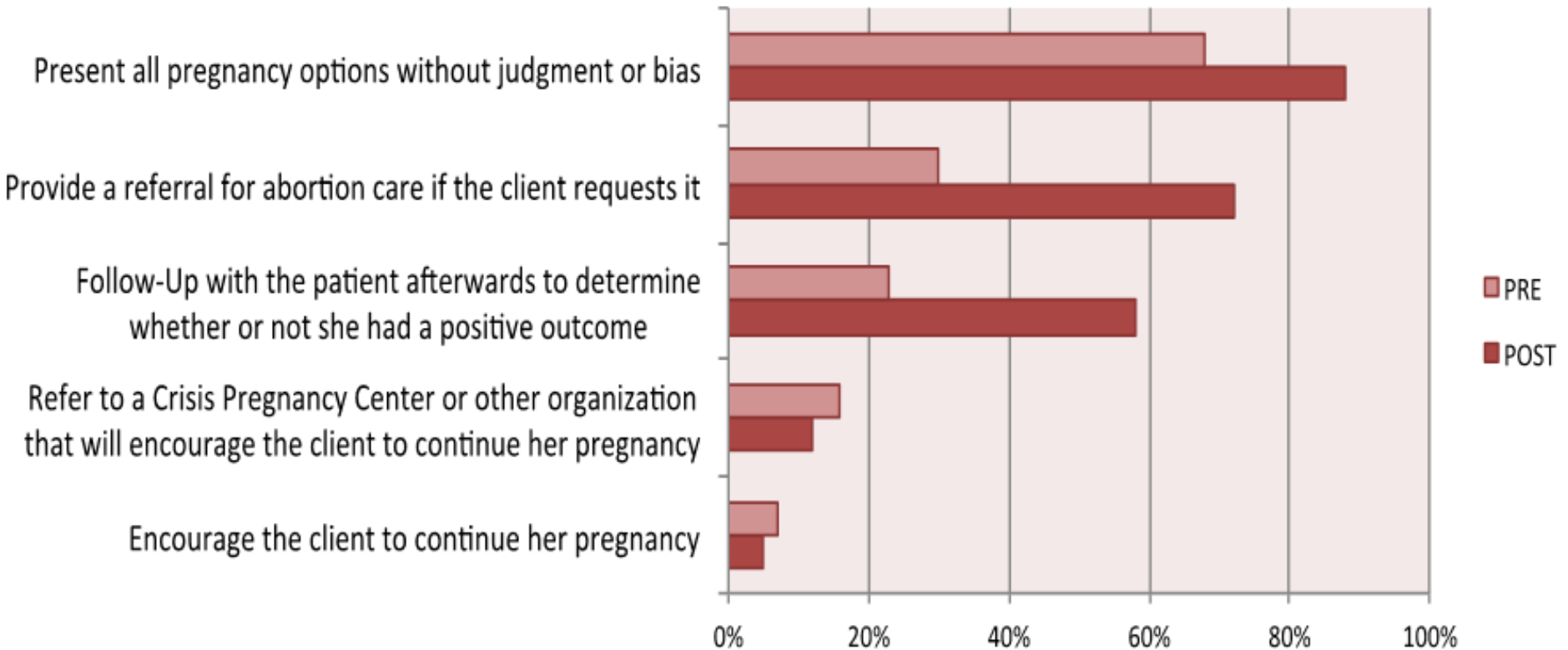
I have the skills and information I need to effectively counsel a client with an unintended pregnancy on all her options (n=431)

Abortion is a medically safe procedure (n=408)



Evaluation

Practices Pre- and Post-Training (n=392 matched pairs)



Evidence of Practice Change - Individual

“Almost two weeks from the training I had a lady come in and talk with me about abortion. She didn't have any information, didn't know where to go. I pulled up the stuff from the training and gave her a referral to Charleston. It wasn't even two weeks since the training, and it came in quite handy. A lot of places don't talk about it [abortion], so you have to say "I don't know, I don't have that information," then there the client is with no resources to fall back on. I spoke with the client last Tuesday, and she had gone through with the procedure, said she was doing great and that she was going to move but if not she wanted to come back to our facility for housing. She was doing good, said they were very nice and treated her well, and wanted to thank us for the information.”

~ Domestic Violence Advocate in West Virginia

Institutional Change

“Using the resources they provided, we were able to create a standard folder of information we offer to people who have an unintended pregnancy, and we have implemented that more specifically into our integrated behavioral health.”

(Oklahoma)

Institutional Change

“We made some changes in our policies on adding referrals in there for case workers and doing an inter-agency referral. The inter-agency referral form has all these checkboxes on it. Right after the training we added checkboxes for unplanned pregnancy options and resources. It doubled the chances our clients are getting all the referrals they need.”

(West Virginia)

"The role of an advocate is to provide options, and the more options our advocates have on their menu list, the better they can respond to the needs of victims and survivors. We work with people who have experienced reproductive coercion. They may have been forced to carry a pregnancy to term or they may have been forced to have an abortion. It is critical that we can help them in whatever way they need. "

- West Virginia Domestic Violence Advocate

www.provideaccess.org