



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

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# DEFINITIONS

**Reproductive coercion** is 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. This behavior includes explicit attempts to impregnate a partner against her will, control outcomes of a pregnancy, coerce a partner to have unprotected sex, and interfere with contraceptive methods. (American College of Obstetricians and Gynecologists)

## Health Consequences

- Unplanned pregnancies and short birth spacing
- Increased risk for HIV/STDs
- Threat of physical violence if victim does not comply



## 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 technical assistance calls
- Reports submitted and resources shared by each program at the end of the four-month project
- Assessment implemented into statewide domestic/sexual violence data collection system 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



# QUANTITATIVE FINDINGS

- Of the 257 clients assessed for reproductive coercion at shelter intake:
  - 12.0% (31) indicated that their partner had destroyed or tampered with their birth control
  - 8.0% (20) indicated that their partner had forced them to become pregnant when they didn't want to or to terminate a pregnancy when they didn't want to
  - 31.5% (81) indicated that they had other health care needs



# QUALITATIVE FINDINGS

“The sexual coercion pilot.. brought about a different awareness for our staff. As a result of the pilot, [our domestic violence program] has a nurse at shelter program.”

“The...assessment allowed her to open up that she had recently had a miscarriage while living with the abuser. She had not gone to the doctor to receive medical services for the miscarriage. She was very concerned about her reproductive health from the miscarriage. She was immediately linked to the nurse at shelter who referred her to the hospital for emergency care due to the seriousness of her health condition.”

“[The client] voiced numerous health concerns and had not been to the doctor for many years. She was able to make an appointment at the Free Clinic near the Shelter. Staff transported her to appointments and she began receiving the medical attention she was deprived of for many years.”

“Implementation of this pilot enabled [our domestic violence program] to create a formal working relationship with our local health department...the health departments...have embraced our clients and assisting them with their reproductive health needs.”

# GUIDANCE FOR STATEWIDE IMPLEMENTATION

- Shelters implementing assessment for reproductive coercion/need for Emergency Contraception need to be prepared to address and/or make referrals for other health issues and consider implementing a volunteer nurse visiting program.
- 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 healthcare resources available in the community-one size does not fit all.

