

Client perspectives on brochure-based intimate partner violence and reproductive coercion intervention in clinical settings

Sarah Zelazny, BA

The authors have no disclosures

Funding for this study is from the National
Institute of Child Health and Human
Development R01HD064407 to Dr. Elizabeth
Miller.

Background

- Reproductive coercion: Male partners' pressure on their female partners to get pregnant and direct interference with contraception
- A brochure-based, brief intervention has been implemented to assess for reproductive coercion in reproductive health settings
 - Key components of intervention: universal education, harm reduction and supported referrals to victim services
- In a pilot RCT among 1,278 women in California, women in the intervention group who experienced recent partner violence had 71% reduction in odds for pregnancy coercion compared to controls



Did You Know Your Relationship Affects Your Health?

- ✓ If you care set
- ✓ I

relationship?

affected?

Background

- Little is known about patient perspectives on the acceptability, feasibility, and impact of such interventions in reproductive health settings

Purpose

- To explore the feasibility and acceptability for patients to receive information about reproductive coercion (RC) and intimate partner violence (IPV) via brief intervention and a brochure in the family planning setting
- To characterize patients' experiences with receiving RC/IPV intervention and brochure

Methods: Data

- **Participants:** Female family planning clients (n=50) from a larger randomized controlled trial in 24 clinics in Western Pennsylvania
- **Brochure-based Intervention:** ARCHES: Addressing Reproductive Coercion in Health Settings
- **Eligibility criteria:** 1) ages 18-30; 2) lifetime experience of physical or sexual IPV or reproductive coercion; 3) participated in the intervention arm of the study
 - Met our desired sample size
 - Representation from all intervention sites

Methods: Data Collection and Analysis

- Semi-structured, audio recorded, face-to-face interviews exploring IPV and sexual assault
 - Timeline follow-back method
 - Mean length: 49 minutes; Range: 26 minutes – 81 minutes
- Probes included: 1) care seeking, 2) interactions with providers; 3) brochure delivery, brochure content, use of brochure post-intervention
- Transcripts were coded by 3 independent coders, compared, and codebook finalized

Results

- Demographics:
 - Mean age: 23.7 years
 - 28% of women were non-white
 - 56% had more than a high school education
- Key themes:
 - providers created the opportunity to talk about IPV and RC in the clinic visits
 - receiving the brochure helped them to understand qualities of healthy and unhealthy relationships
 - participants passed the brochure on to friends or family members

Theme: In-visit patient-provider discussions on IPV and RC

- Patients described shift in how providers talk about IPV and RC
 - Screening vs conversation
 - Normalizing of giving information
- Incorporation of reason for visit into discussion around IPV and RC

Theme: In-visit patient-provider discussions on IPV and RC

“[The clinician] would bring out a card... and she would open it and ask me had I ever seen it before. The first time I didn't and she sat with me for what seemed like forever and went over everything. It was awesome. She would touch on having, no matter what the situation you're in... some thing or some place that can help you- I don't have to be alone in it. That was really huge for me because I was alone most of the time for the worst part... So just letting me know that there's all types of things that I can do... anonymously, that was big for me.”

-24 years old, African American, finished college

Theme: Patient use of brochure

- brochure serves as a “quiz” to help an individual gauge the healthiness of her relationship
- Serves as a reminder that resources are available
- Serves as a reminder to not enter/re-enter unhealthy relationships

Theme: Patient use of brochure

“So there’ll be times where I’ll just read the brochure and remind myself not to go back. I’ll use it so I don’t step back. I’ll pick up on subtle stuff, cause they’ll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I’m not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It’s with me every day.”

-21 yrs old, multi-racial, finished high school

Theme: Patient use of brochure

“[Getting the brochure] makes me actually feel like I have a lot of power to help somebody...”

“At first I was like, “Do I look like I’m abused? I’m not.” At first. But I also know that it’s part of their job and I also know that a lot of people hide things really well, so they don’t know where I come from, they know me from the next person, so I didn’t feel a certain way after I thought about it.”

“...honestly before [the brochure], I would think, Abuse equals hitting, someone’s pushing you around. I never really thought about emotional abuse.”

-20 yrs old, white, less than 12th grade education

Theme: Patients giving brochure to friends and family members

- Gives patients a tool to open a conversation with a friend or family member

Theme: Patients giving brochure to friends and family members

“Because [my mother’s] situation is way worse than mine. So, I try to share things with her, as much as I can. [I gave the brochure to her] just so she knew that I cared about her. She doesn’t think anybody cares about her at all, and she has nobody really, so I wanted her to know that I do think about her, and I do care about her...”

-27 yrs old, white, some college

Theme: Patients giving brochure to friends and family members

“...my next door neighbor- her boyfriend demolished her and ‘there’s no matter how, no matter what I say, I know you’re blind to it, I know you’re in love with him. So but I see you in me...’ Yea, [I gave her the brochure], she’s doing good... I just happened to see her one day and she even told me because of that brochure, ‘I’m good now... I went home and it was on my dresser and I don’t even remember putting it there. I got the help that I need’ and now I see like her self-esteems going up. You’ll see people on the street giving away the little brochures, I’m like... ‘that really works. Like that will really help you. That will really save your life. It might not save yours but if you give it to the next person it will save somebody else’s.’” -21 yrs old, multi-racial, finished high school

Discussion

- Acceptability to talk about IPV in clinic
 - Patients perceived that providers created a safe space to talk about relationships
 - Incorporation of IPV/RC assessment into visits where none existed before (e.g. pregnancy testing, birth control consults, etc.)
- Reflections on the brochure itself:
 - Survivors felt compelled to help other women who were also experiencing IPV
 - Participants did want more information about emotional abuse

Discussion

- A brief, brochure-based intervention may facilitate women recognizing abuse in their own relationships and create a safe space for them to have a conversation with providers about IPV and RC
- Patients felt that providers were invested in their experiences of IPV/RC

Limitations and Strengths

- Limitations:
 - The sample consisted entirely of survivors; we do not know how universal messages about healthy relationships was received by women who had not experienced IPV/RC
 - The study was conducted in reproductive health clinics in Western PA and findings are only generalizable to this population
 - Our sample consisted primarily of white women
- Strengths:
 - Large qualitative sample
 - In-depth assessment of women's relationship and care seeking histories

Implications

- Brochure-based brief interventions are an acceptable way to start the conversation with patients about IPV/RC, conduct IPV assessment and deliver IPV resources

Collaborators

- Coauthors:
 - Rebecca Levenson, MA – Futures Without Violence
 - Heather L. McCauley, ScD – Children's Hospital of Pittsburgh
 - Heather Anderson, BS– Children's Hospital of Pittsburgh
 - Lisa James, MA – Futures Without Violence
 - Elizabeth Miller, MD, PhD – Children's Hospital of Pittsburgh
- Community Partners
 - Adagio Health
 - Planned Parenthood