Health Assessment as Safety Planning:

Integrating Reproductive Health into Domestic Violence Programs

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DISCLOSURE INFORMATION

- In the past 12 months, we have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

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Learning Objectives

As a result of this training, participants will be better able to:

1. Define reproductive coercion and its impact on survivors.
2. Assess for and respond to reproductive coercion.
3. Partner with local health care providers to increase client access to Emergency Contraception and other reproductive health services.

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Workshop Guidelines
"Ground Rules"

- Because domestic violence is so prevalent, assume that there are survivors among us
- Be aware of your reactions and take care of yourself first
- Respect confidentiality
- "Step Up, Step Back"
- Please turn off your phones, laptops, etc.
- Others?

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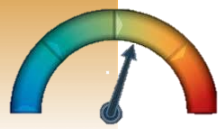
Comfort Meter:
Where Am I?

- Draw a "comfort meter"
- On the left end of the meter is "not at all comfortable"
- On the right end of the meter is "very comfortable"



QUESTION:
How comfortable am I talking to my clients about reproductive and sexual health issues?

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Redefining Safety Planning Part I

The following video clip demonstrates some concerns advocates may feel when asked to address reproductive health needs of clients sometimes encountered.

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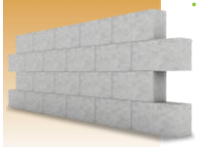
Barriers to Addressing Reproductive Health With Survivors



Advocates identified the following barriers:

- Outside of my scope of work, how is this related?
- Discomfort with initiating conversations with clients about sexual and reproductive health
- Not knowing what to do about positive disclosures
- Lack of time

Health care providers identified the same barriers to addressing DV/SA!

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Addressing the barriers

Barrier	Potential solution
Scope of work	Reframe: Health assessment as safety planning
Discomfort	Training, resources, practice
Disclosures	On-site services &/or warm referral to health providers
Time	Simple, integrated intervention

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Family Planning 101

Family Planning/Reproductive Health Programs

- Located in local health departments, free clinics, community health centers and other settings.
- Most funded through Title X Family Planning Program (enacted 1970 as part of Public Health Service Act), which, by law, gives priority to low-income families.
- Assist individuals in determining the number and spacing of their children and promote positive birth outcomes and healthy families as well as healthy reproductive and sexual health.

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Available Services

- Physical exams: pelvic exams, breast exams, etc.
- Contraception and sterilization
- STI testing and treatment
- Pre-conception counseling and management
- Sexuality and healthy relationship counseling and education

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Creating Partnerships

Family planning clinics and domestic violence advocacy programs play unique but equally important roles in helping achieve positive health outcomes and promoting healthy relationships. Our goal is collaboration and cross-referrals between these programs.

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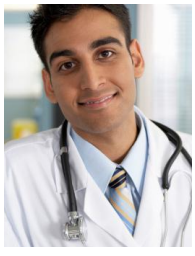
Providers Want to Partner with DV Advocates to Better Serve Their Clients

"[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



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17% of abused women reported that a partner prevented them from accessing health care

compared to **2%** of non-abused women

(McCloskey et al, 2007)

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Opportunities for DV Programs

How is this related to your work?

- Good health is part of healing
- Opportunity to address health needs
- Unique position to intervene
- Reframe: DV program as wellness center

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Intimate Partner Violence and Reproductive Coercion: Making the Connection

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Domestic violence increases women's risk for

Unintended Pregnancies

(Miller, 2010; Sarkar, 2008; Goodwin et al, 2000; Hathaway, 2000)

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You Know the Stats!

1 in 4 U.S. women and **1 in 5** U.S. teen girls report having experienced physical and/or sexual partner violence.

(Black et al, 2011; Silverman et al, 2001)

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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)

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Knowledge Isn't Enough

Women with high STI knowledge who were fearful of abuse were **less likely to consistently use condoms** than nonfearful women with low STI knowledge.

(Raiford et al, 2009)

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Client Voices

"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)

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Group Discussion

What are some other ways a intimate partner can interfere with a woman's birth control?

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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

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Sex Used As a Tool of Power and Control

"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, shocked..."

(Miller et al, 2007)

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Making the Connection

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

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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

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National DV Hotline Survey: Reproductive Coercion is Common Among DV Survivors

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?

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Hotline Callers Made the Connection

"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."

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What Role Can Your Program Play?

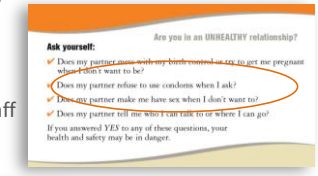
Family Planning Programs are vital to reducing unintended pregnancy and reducing reproductive control.

Can we say the same about DV programs?

How Can Advocates Use This Card?

Reproductive Health Safety Card

- Modeled after DV safety cards
- Asks key questions
- Used as a prompt for staff and a safety card for clients



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.

Experiences From the Field

Virginia: Haven

All women are screened for unwanted/forced sex and birth control sabotage upon shelter intake and offered Emergency Contraception to help prevent pregnancy, if needed.

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Framing the question is important!

- Because there is a connection between experiencing violence and health
- We ask everyone
- This information will be used ONLY to connect you to health services

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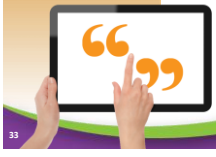
Introducing the Assessment: Sample Script

Many women who come to our program have experienced situations which put them at risk for unwanted or unplanned pregnancies. There is a safe medication called emergency contraception that you can take 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.



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"I thought emergency contraception was the abortion pill…"

- 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.

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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** for additional information and resources

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For Your Consideration

Levonorgestrel (common trade name Plan B) may not be as effective among overweight women.

The **Copper IUD** and **ulipristal acetate (UPA)** (common trade name Ella) are effective alternatives for women desiring emergency contraception.

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Harm Reduction: Less Detectable Methods

What are some other contraceptive methods clients experiencing reproductive coercion might consider?



Handout: Birth Control Education

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Strategies: Onsite

- Add health questions to intake and case management forms
- Provide information on local family planning services
- Stock pregnancy tests, condoms, and other OTC reproductive health supplies
- "Golden ticket" for appointments at local clinics
- Rx delivery by local pharmacy
- Onsite providers: clinical services &/or health education

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Innovative Partnerships: Women's Health Care Clinic and Interval House (Los Angeles, CA)

- Monthly Women's Health Celebrations
- Incentives, reminders, and childcare
- iPads to facilitate referrals and clinic appointments
- Transportation and reminders to increase follow through

Simple changes can make a big difference

- Have health clinic intake/history forms onsite
  - ✓ Advocates can help clients complete
  - ✓ Opportunity to introduce survivor brochure
  - ✓ Ensures ongoing relationship with clinic

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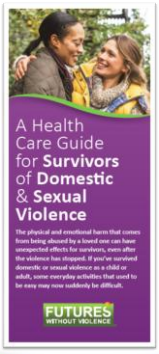
New resource: Survivor Brochure



- Addresses unique needs of survivors seeking health care
- Tool for advocates to use as conversation started
- Provider education: trauma informed care

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Strategies: Offsite

- Co-located advocate at local clinic
- On-call advocate with "backdoor" number
- Advocates trained in health services (interpretation, navigators, HIV care messengers, etc)

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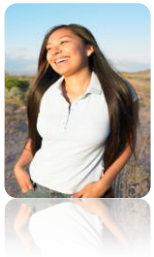
Building relationships with local health programs

FACE TIME IT MATTERS

- Invitation to local DV taskforce and events
- Cross-trainings: DV 101 and healthcare 101
- Regularly stock program materials
- Program tour
- Clinic event (for patients &/or staff)

Voices of Advocates

"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

Are You Ready?

- What are the next steps your program can take to integrate reproductive health into its work with survivors?
- What other information or training do you need to become more comfortable with assessing for reproductive coercion?
- Do you know who your local family planning partners are?

Handouts: Reproductive Coercion QA/QI tool and Creating a Health Care Resource Sheet

Stories From Survivors

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. …she said she felt relief to talk to someone about the coercive nature of her husband… she stated, "I'm so glad you asked me that."

- As reported by an advocate with a Virginia DV program

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
  - Online toolkit: **www.healthcaresaboutipv.org**

Revisit the Comfort Meter: Where Am I Now?

- On the left end of the meter is "not at all comfortable"
- On the right end of the meter is "very comfortable"

QUESTION:
How comfortable am I talking to my clients about reproductive and sexual health issues?

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