Connecting the dots . . .

Linking interpersonal violence, coercion, and the health of women and girls

Clinical intervention to promote healthy relationships

Understanding disparities in reproductive coercion
My journey in this work

- I am trained in **social epidemiology** and **global health**, and have been faculty in adolescent medicine, OBGYN, human development, & social work

- I train health care providers about the ways that violence affects everything about us

- I met Dr. Miller in late 2007…
Intimate partner violence and sexual assault

- As many as one in three women will experience intimate partner violence (IPV) or sexual assault

- It happens early and often
Relationship violence among adolescents

One in five high school females and one in ten high school males experienced physical or sexual relationship violence in the last year.

IPV affects people of all genders, but the prevalence, causes, contexts, and consequences may differ across groups.
Revictimization is devastating

- Violence victimization in childhood is associated with an increased risk for violence victimization in adulthood.

- Survivors who have experienced multiple forms of abuse experience higher levels of psychological distress, suicidality, alcohol use, and self-harm behaviors.

Connecting the dots…
Violence and health are strongly linked

Violence increases risk for poor health

Poor health increases risk for violence
Unintended pregnancy & abortion

Globally, women who have experienced IPV are:

- almost **2 times** more likely to experience unintended pregnancy
- almost **3 times** more likely to report a history of abortion

Rapid repeat pregnancy

In a longitudinal study of low-income, first-time mothers (n=10,855), IPV was associated with:

- Lower contraceptive use
- Rapid repeat pregnancy

Sexually transmitted infections

Women disclosing **physical abuse** were **3 TIMES** more likely to experience an STI.

Women disclosing **psychological abuse** were **2 TIMES** more likely to experience an STI.

Mechanisms?

- Fear of or inability to negotiate sexuality
- Sexual risk taking behaviors
- Partner nonmonogamy

Reproductive coercion: history, epidemiology, and intervention
Dr. Miller’s patients were disclosing...
Lack of Control in Sexual Encounters

"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…"
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.”

— 17 yr. old female who started Depo-Provera without partner’s knowledge

I was on the birth control, and I was still taking it, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant. I found out that [before this] he talked to my friends and he told them that we were starting a family. I didn't know that. I didn't want to start a family. I wanted to finish school.”

— 18 yr. old female with 2 year old son

Birth Control Sabotage

…[He told] me not to use it or like when I had the pill, he used to act out and ask me why I am using them, […] I am hiding to use it and stuff like that. Then, there was another time I started using the ring and he pulled it out of me. [He asked:] “What’s this, who be advised you to be using this kind of stuff?” […] I was like, “I thought I could actually hide this one, not knowing you will come up inside of me and pull it out of me.”

– age 24, African American, some college

Reproductive coercion defined

Reproductive coercion involves behavior intended to maintain power and control in a relationship related to reproductive health, including behavior that interferes with contraception use and pregnancy (ACOG)
Pregnancy coercion, intimate partner violence and unintended pregnancy

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Reproductive Coercion Scale

In the past 3 months, has someone you were dating or going out with:

1. Told you not to use any birth control (like the pill, shot, ring, etc.)
2. Said he would leave you if you didn’t get pregnant
3. Told you he would have a baby with someone else if you didn’t get pregnant
4. Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control
5. Made you have sex without a condom so you would get pregnant
6. Hurt you physically because you did not agree to get pregnant
7. Taken off the condom while you were having sex so you would get pregnant
8. Put holes in the condom so you would get pregnant
9. Broken the condom on purpose while you were having sex so you would get pregnant

How did we understand the phenomenon in this early work?

- In our first paper, we called it “reproductive control,” but…

- **Two dimensions of reproductive coercion:**
  - Birth control sabotage: direct acts that interfere with a woman’s contraceptive use
  - Pregnancy coercion: threats and physical violence to pressure their female partners to become pregnant

Getting to know reproductive coercion

Which forms are most common?

- being told not to use birth control
- a partner taking off the condom during sex

Which items are least common?

- being hurt physically because she did not agree to get pregnant
- putting holes in condoms so she will get pregnant
Reproductive coercion defined

_Pregnancy coercion:_

1. Told you not to use any birth control (like the pill, shot, ring, etc.)
2. Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control
3. Made you have sex without a condom so you would get pregnant

_Condom manipulation:_

4. Taken off the condom while you were having sex, so you would get pregnant
5. Put holes in the condom or broken the condom on purpose so you would get pregnant
How common is reproductive coercion?

- In a study in Northern California family planning clinics, **26%** of women (ages 16-29) reported a lifetime experience of reproductive coercion.

- A family planning clinic-based study in Western PA found that **5%** of women (ages 16-29) experienced reproductive coercion in the past 3 months.

- A study of sexually active adolescent girls (ages 14-19) seeking care in school-based health centers found that **12%** of girls had experienced reproductive coercion in the past 3 months.


I/////PV, reproductive coercion, and unintended pregnancy

Table 4
Associations of recent RC, IPV and unintended pregnancy score

<table>
<thead>
<tr>
<th>Lifetime IPV</th>
<th>Recent RC</th>
<th>Frequency, % (n)</th>
<th>Participants with UIP&gt;0, % (n)</th>
<th>OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>50.2 (1777)</td>
<td>8.8 (156)</td>
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<tr>
<td>No</td>
<td>Yes</td>
<td>1.3 (45)</td>
<td>20.0 (9)</td>
<td>2.60 (1.47–4.59)</td>
<td>1.79 (1.06–2.03)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>40.3 (1427)</td>
<td>15.1 (215)</td>
<td>1.86 (1.47–2.34)</td>
<td>1.80 (1.42–2.26)</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>3.7 (131)</td>
<td>20.6 (27)</td>
<td>2.70 (1.60–4.55)</td>
<td>2.00 (1.15–3.48)</td>
</tr>
</tbody>
</table>

Notes: UIP (unintended pregnancy) is an ordinal integer score describing degree of unintendedness, ranging from 0 (no unintendedness) to 7 (highest degree of unintendedness). ORs are odds ratios from an ordinal logistic regression model for clustered survey data, to account for clinic clustering.

a Row percentage.

b Adjusted OR is from models that statistically adjusted for demographic characteristics (age, ethnicity, education and relationship status) by adding these terms as covariates to the unadjusted model.
Reproductive coercion and mental health

Post-traumatic stress disorder

Depression
Rethinking “ambivalence”

What if the disconnect between a woman’s desires regarding pregnancy and her contraceptive nonuse is not necessarily something she can fully control?

What if it is not her choice?
Clinical indicators for adult women

- Contraceptive nonuse
- Frequent STI testing
- Repeated pregnancy testing
- Multiple EC use

Do not assume knowledge deficit
Clinical indicators for adolescent women

- Contraceptive nonuse
- Frequent STI testing
- Repeated pregnancy testing
- Multiple EC use

DO NOT ASSUME KNOWLEDGE DEFICIT
Assessing for relationship abuse in clinical settings
What do survivors say that they want providers to do and say?

- Be nonjudgmental
- Listen
- Offer information and support
- Don’t push for disclosure

(Chang 2006)
DISCLOSURE IS NOT THE GOAL

Survivors have many reasons they may not disclose experiences of trauma to their provider:

- Fear of consequences
- Mistrust of systems
- Desire for violence to end, not the relationship
- Potential loss of supports

(Chang 2005; Gerbert 1996)
PROVIDER BARRIERS TO ADDRESSING IPV

▪ Outside scope of work
▪ Discomfort initiating conversations
▪ Not knowing what to do
▪ Worry about mandatory reporting
▪ Frustration with patients who do not follow a plan of care
▪ Lack of time
Shifting the approach from…

“No one is hurting you at home, right?” Partner may be seated next to client as this is asked (which is dangerous). Consider how the patient felt in this situation.

“Within the last year has he ever hurt you or hit you?” Often asked with the provider’s back to the patient, while typing on a computer screen

“I’m really sorry I have to ask you these questions, it’s a requirement of the clinic.” What was the staff communicating to the patient?
Did You Know Your Relationship Affects Your Health?
GIFTSS: GIVING INFORMATION FOR TRAUMA SUPPORT & SAFETY

1. Discuss confidentiality
2. Provide universal education on consensual sex, healthy relationships, harm reduction
3. Direct assessment for RC
How is GIFTSS different from traditional IPV screening?

- Focus on prevention in addition to intervention.
- All patients have access to information on IPV services, not just those who disclose IPV.
- Disclosure is not the goal!
- IPV advocates are key members of the health care team through warm referrals.
Primary Prevention:

For clients not experiencing abuse, universal education affirms that IPV/RC is an important health care issue and provides an opportunity to learn about healthy relationships and what constitutes abusive behaviors including reproductive and sexual coercion.
Secondary Prevention:

In the early stages of an abusive relationship, early identification and intervention can prevent serious injuries and chronic illnesses as the violence escalates and the entrapment increases.
Tertiary Prevention:

In relationships with escalating violence, direct assessment provides the opportunity for disclosure in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have options.
Did You Know Your Relationship Affects Your Health?

Are you in a HEALTHY relationship?

Ask yourself:

- Is my partner kind to me and respectful of my choices?
- Does my partner support my using birth control?
- Does my partner support my decisions about if or when I want to have more children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and helps your children.

PROVIDER TIP: START WITH HEALTHY RELATIONSHIPS
Are you in an UNHEALTHY relationship?

Ask yourself:

✓ Does my partner mess with my birth control or try to get me pregnant when I don’t want to be?

✓ Does my partner refuse to use condoms when I ask?

✓ Does my partner make me have sex when I don’t want to?

✓ Does my partner tell me who I can talk to or where I can go?

If you answered YES to any of these questions, your health and safety may be in danger.
Ask yourself:

✓ Am I afraid to ask my partner to use condoms?
✓ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
✓ Have I hidden birth control from my partner so he wouldn’t get me pregnant?
✓ Has my partner made me afraid or physically hurt me?

If you answered YES to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.
Who controls PREGNANCY decisions?

Ask yourself. Has my partner ever:

✔ Tried to pressure or make me get pregnant?
✔ Hurt or threatened me because I didn’t agree to get pregnant?

If I’ve ever been pregnant:

✔ Has my partner told me he would hurt me if I didn’t do what he wanted with the pregnancy (in either direction—continuing the pregnancy or abortion)?

If you answered YES to any of these questions, you are not alone and you deserve to make your own decisions without being afraid.
Taking Control:

Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn’t what you want.

If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:

✔ Talk to your health care provider about birth control you can control.
✔ The IUD is a safe device that is put into the uterus. The strings can be cut off so your partner can’t feel them and prevents pregnancy up to 10 years. The IUD can be removed at anytime when you want to become pregnant.
✔ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won’t know.

Did You Know Your Relationship Affects Your Health?
“What is the *one* question ..."
“What is the one question...”

There isn’t one!
Reproductive coercion exists along a continuum.
If you only have time for one or two questions...

Pregnancy coercion
- Told you not to use birth control (like the pill, shot, ring, etc.)
- Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control
- Made you have sex without a condom so you would get pregnant

Condom manipulation
- Taken off the condom while you were having sex so you would get pregnant
- Put holes in the condom or broken the condom on purpose so you would get pregnant
Harm Reduction Counseling

- Birth control that a partner cannot interfere with
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home
“I'm really glad you told me about what is going on—it happens to a lot of women and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk with you about some methods of birth control that your partner doesn’t have to know about like the implant or the IUD—so you don’t have to worry about unplanned pregnancy.”
What you’ve told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don’t want to be they might also try and control or hurt you in other ways. Is anything like this happening in your relationship?”
“How is your partner going to react if they find out about your having an infection? Are you afraid he will hurt you if you tell him about it?”
Considerations for STI Testing

- Partner notification may be dangerous for clients experiencing abuse.
- Clients may not be able to negotiate safe sex with an abusive partner.
- IPV may be a more immediate threat to a client than a sexually transmitted infection or HIV status.
DOES THIS INTERVENTION WORK?
[The provider] would just like open [the card] and ask me had I ever seen it before… and the first time I [hadn’t] and she sat with me… and went over everything. It was awesome. [The provider said] no matter what the situation you’re in, there’s something or some place that can help you- I don’t have to be alone in it because that was really huge for me because I was alone most of the time for the worst part – I was just by myself I didn’t do anything. So just letting me know that there’s all types of things that I can do like anonymously- that was big for me.

-24 year old, African American woman
Evidence-based interventions

Reproductive coercion intervention: decreased pregnancy coercion and increased independence from abusive relationships

Adolescent relationship abuse intervention: decreased incidents of dating violence

Both interventions:
- Increased knowledge of local IPV/SV resources
- Clients indicated high likelihood of sharing with friends/family
- Clients appreciated the opportunity to discuss relationship safety with providers
**We are Sacred**

Domestic and sexual violence was originally not part of Native life and it was never tolerated. 

Women were honored and considered sacred as life and care givers. 

Our traditions, ceremonies, songs and prayers, respect the mind, body, spirit and integrity of all people. 

As nurturers of women, we share this card and these truths with our friends, sisters, and relatives.

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**Remembering the Sacredness of Your Body**

- I feel comfortable and safe expressing my choices about how and when someone touches my body.
- We agree about when and how to have sex. If I say “no,” my partner respects me and stops.
- My partner supports my use of any type of birth control. When I ask to use condoms, my partner always listens.
- My partner respects and understands the sacredness of having children, and honors my voice when the time is right to have children.

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**Are you In a Balanced Relationship?**

- Does your partner honor your family and friends? 
- Is your partner kind and loving? 
- Does your partner value your decisions and opinions? 
- Does your partner appreciate your traditions, culture and spirituality? 
- Is your partner respectful of your path as equal and as important as theirs?

If you answered **YES** to these questions, it is likely you are in a balanced healthy relationship.

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**Are you in an Unbalanced Relationship?**

- Does your partner control who you see, including friends, family and spiritual leaders? 
- Does your partner make you have sex when you don’t want to? 
- Is your partner twisting tradition to prove they are better and you are nothing? 
- Does your partner shame you in front of family? 
- Does your partner make you drink or do drugs to have sex with you?

If you answered **YES** to even one of these questions, your health, spirit and safety may be in danger. Talk to someone you trust: a relative, friend, advocate or healthcare provider. **Remember, It Is Not Your Fault... You Are Not Alone.**
Committee on Health Care for Underserved Women

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Reproductive and Sexual Coercion
What have we learned?

Reproductive coercion is...

• prevalent
• comprises pregnancy coercion and condom manipulation
• associated with unintended pregnancy
• associated with poor mental health

Reproductive coercion is...

• more common among women with marginalized identities
Reproductive Coercion Disparities
Sexual Minority Women

Attraction
- opposite sex
- both sexes
- same sex

Behavior
- opposite sex
- both sexes
- same sex

Identity
- heterosexual
- bisexual
- gay/lesbian
Sexual minority women are at elevated risk for IPV and reproductive coercion

<table>
<thead>
<tr>
<th></th>
<th>Among Sexual Minority Women</th>
<th>Among Heterosexual Women</th>
<th>Adjusted Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime IPV</td>
<td>71.7</td>
<td>43.8</td>
<td>3.00 (2.30, 3.09)</td>
</tr>
<tr>
<td>Recent reproductive coercion</td>
<td>9.3</td>
<td>4.6</td>
<td>1.75 (1.12, 2.72)</td>
</tr>
</tbody>
</table>

Who were the sexual minority women in our sample?
What does this mean for our clinical practice?
Women of color are also more likely to experience reproductive coercion.

YOUNG WOMEN IN FOSTER CARE...
THE MOST COMMON QUESTION...
Intersection of structural oppression, violence, and reproductive health

Black women’s reflections on their partners’ coercive behavior

“The dude catches a case, so he is going to go to jail 2 years down the road so he is going to knock you up so you can do your biz with him. You can take care of him while he is in jail and he has somewhere to land when he comes home. I definitely see that as a cycle…”

White women’s reflections on their partners’ coercive behavior

“I guess he loved me, I honestly don’t know why he wanted it” and “maybe to keep me around.”

Men’s perceptions

Desires to fulfill cultural expectations for conventional masculinity

Enhance personal dreams for fatherhood

Shifting our frame

What’s wrong with her?

What happened to her?

Why is she vulnerable and what can I do about it?
Relationships can affect your health
Thank you!

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