SPOTLIGHT ON REPRODUCTIVE COERCION AND HEALTH

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Disclosures

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Objectives

• know the definitions and prevalence of reproductive coercion versus sexual coercion
• do an assessment and evidence based intervention
• implications of reproductive coercion on practice, policy and research
Guiding Principles of today’s workshop

• universal education for all
• healthcare assessment
• evidence based interventions
Why is it important for us to know about Reproductive Coercion?
Intimate partner violence is widespread.

1 in 4 women
1 in 9 men

were victims of contact sexual violence*, physical violence, and/or stalking by an intimate partner with a negative impact such as injury, fear, concern for safety, needing services.

*Contact sexual violence includes rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact.
Intimate partner violence can be severe.

**Nearly 1 in 4** women

**1 in 7** men

have experienced severe physical violence* by an intimate partner during their lifetime.

*Severe physical violence includes hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, used a knife or gun.
Definition of Sexual Violence - NISVS

lifetime and 12 month experiences of sexual violence victimization of women and men in the United States, including rape (forced penetration, attempted forced penetration, and alcohol or drug facilitated penetration), being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences.
Sexual violence affects women and men.

About 1 in 3 women and nearly 1 in 6 men were victims of contact sexual violence at some point in their lives.

Nearly 23 million women and 1.7 million men have been the victims of rape or attempted rape at some point in their lives.
What is coercion?
What is Coercion?

• associated with a demand
• threat of consequences for non compliance
What is Reproductive and Sexual Coercion?

• someone who is, was or wishes to be involved in an intimate, romantic or dating relationship with an adult or adolescent

• behavior intended to maintain power and control in a relationship

• related to reproductive health, sexual decision making

• behavior that interferes with contraception use and pregnancy

• retaliation
Sexual Coercion

• These are range of behaviors related to sexual decision making, pressuring a person to have sex without physical force
  – repeatedly asking for sex when partner does not want to
  – threatening to end relationship if person does not have sex
  – intentionally exposing partner to STI or HIV
  – retaliation for a positive STI result
Reproductive Coercion (RC)

- behavior that interferes with the autonomous decision making of a person with regard to reproductive health
  - birth control sabotage
  - pressure to get pregnant
  - controlling the outcome of the pregnancy
How common is Reproductive Coercion?

- prevalence varies from 15%-25%
- depends upon the vulnerability of the population-single women, low SES, racial minority
- higher rates with previous or concurrent intimate partner violence
- in DV shelters, free standing abortion clinic, or family planning clinic up to 75% of respondents report RC
How common is Reproductive Coercion?

- although the predominant RC is, male partner’s dominance over a woman
- woman may exert pregnancy coercion over a man-
- same sex relationships-small study of femmes and studs, studs coerced femmes to become pregnant, femmes did not see themselves as coerced
- intergenerational (parents or in laws)
Do men experience Reproductive Coercion?

- yes
- NISVS reports 10.4% of men report an intimate partner who tried to get pregnant when the man did not want to
- intimate partner who did not use birth control when the man wanted to
- No evidence of threats associated with female partners actions
Fig. 1.
Overlap of lifetime physical or sexual partner violence victimization, pregnancy coercion and birth control sabotage among female clients seeking family planning services.
Intimate partner violence (IPV) history reported N (% total sample) = 683 (53.4%)
No IPV history reported N (% total sample) = 595 (46.6%)
PC = pregnancy control
BCS = birth control sabotage

What are some of the ways a partner can interfere with reproductive health?
Nine Signs of Reproductive Coercion-1

Told not to do any birth control- do not take birth control pills, shot, ring (Huffington Post)
Nine Signs of Reproductive Coercion-2

”I will leave you if you don’t get pregnant”
Nine Signs of Reproductive Coercion-3

“I will have a baby with someone else if you don’t get pregnant”
Nine Signs of Reproductive Coercion-4

Takes away your birth control, keeps you from going to the clinic
Nine Signs of Reproductive Coercion-5

Made you have sex without a condom
Nine Signs of Reproductive Coercion-6

Hurt you physically because you did not agree to get pregnant
Nine Signs of Reproductive Coercion-7

Taking off the condom during sex- so you get pregnant
Nine Signs of Reproductive Coercion-8

Putting holes in the condom or diaphragm
Nine Signs of Reproductive Coercion-9

Intentionally breaking the condom during sex
What are some health impacts of Reproductive Coercion?
Health Impacts of Reproductive Coercion

• unintended pregnancy
• teen pregnancy
• abortion, elective or forced
• STI/HIV
• pregnancy and birth outcomes
Pregnancy

• **What is an intended pregnancy?** One that is desired at the time or sooner

• **What is an unintended pregnancy?** Either was mistimed (27%) or unwanted (18%)

Unintended pregnancy rates varied widely in 2010.

No. of unintended pregnancies per 1,000 women aged 15–44

- 32–40
- 41–47
- 48–54
- 55–62

*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multivariate regression.*

www.guttmacher.org
Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.
Births per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, 2007-2015

Teen Births in California and Santa Clara County 1995-2013
Abortion

- Nearly half the women seeking abortions in US facilities state relationship problems or not wanting to be single parents as reason for seeking abortion.
- Women give consideration to the quality/economic support of their partners in their decision for abortion.
- Women in abusive relationships consider terminating the relationship rather than coercion as their reason for abortion.

The U.S. abortion rate has declined significantly in recent years.

Abortions per 1,000 women aged 15–44

- 2008: 19.4
- 2011: 16.9 (13% decline)
- 2014: 14.6 (14% decline)

Source: Guttmacher Institute
STI/HIV

- Sexually transmitted infections (STI)
- Infections passed from one person to another through sexual contact
- Spread by vaginal, oral, anal sex
- More than 9 million women are diagnosed with STI each year
- Some STI like HPV cause cancer
STI/HIV

• How do you get STI?
  – Having unprotected sex
  – Genital touching can spread syphilis, herpes
  – Same sex partners
  – Pregnant or breastfeeding woman to her baby
Sexually Transmitted Infections

**Year(s):** (edit) 2000 to 2015

**Data Type:** (edit) Rate per 100,000

**Age Group:** (edit) Ages 10-14

**Type of Infection:** (edit) Chlamydia
STDs in the United States

More than 2 million cases of the three nationally reported STDs – chlamydia, gonorrhea, and syphilis – were reported in the United States in 2016, the highest number ever.

Cases Reported in 2016:

- **Chlamydia**: 1,598,354
  Rate per 100,000 people: 497

- **Gonorrhea**: 468,514
  Rate per 100,000 people: 146

- **Syphilis (primary and secondary)**: 27,814
  Rate per 100,000 people: 9

- **Syphilis (congenital)**: 628
  Rate per 100,000 live births: 16

**Increase in syphilis among newborns is accelerating**

- 2014: 461
- 2015: 492
- 2016: 628

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

SEPTEMBER 2017
Human Immunodeficiency Virus (HIV)

- forced sex increases women’s risk for HIV
- limited or compromised negotiations for safer sex practices
- increased sexual risk-taking behaviors
- and less likely to be tested for HIV
- Anonymous reporting available for partners from public health department or online-inspot.org

Pregnancy and Birth Outcomes

• unintended pregnancies are less likely to be recognized in early pregnancy
• fewer received early prenatal care
• more likely to give births to infants with low birth weight

Coercion Reducing Strategies

- hiding birth control, using IUD
- using emergency contraception
- lying about being pregnant
- having abortion against a partner’s wishes
- Promising a partner that he would not have to pay for child support

Grace KT, Anderson JC Trauma Violence Abuse 2016, Aug 16
Healthcare Assessment

• Create a safe, supportive and confidential environment and system that is trauma informed/resiliency based
• Have a private place to interview the patient
• Provide for professional interpreters
• Disclose limits of confidentiality
• Assess for sexual preference

Written policies and training
Reproductive Coercion Assessment

During pregnancy testing or preconception visit:

“Some women tell us their partners are pressuring them to get pregnant. Have you experienced something like that?”
Reproductive Coercion Assessment

During a contraceptive counselling or post partum visit:

“Before I review all your birth control options, I want to understand if your partner is supportive of your using birth control. Has your partner ever tampered with your birth control or tried to get you pregnant when you did not want to?”
Reproductive Coercion Assessment

“Has your partner ever forced you to do something sexually you did not want to do or refused your request to use a condom?”

“Are you worried that your partner will hurt you if you do not want to be pregnant?”

“Does your partner support your decision about if or when you want to become pregnant?”
IPV assessment

• “We know that difficult relationships affect health”

• I ask all my patients if anyone is
  • Hurting you, physically
  • Insulting you, putting you down
  • Threatening you with harm
  • Screaming or cursing you

• Are you afraid of your partner?”
NOT to Ask

- Are you safe at home?
- Are you safe in your relationship
- Do you feel safe at home?
ARCHES (Addressing Reproductive Coercion in Health Settings)

This is a large study with the following 3 components:
1. universal client education and assessment regarding IPV and RC
2. discussions of harm reduction behaviors to reduce risk of unintended pregnancy
3. supported referrals to IPV community services and IPV related resources regardless of disclosures

Harm Reduction

• Know our state’s mandatory reporting requirements for child abuse and IPV

• Face to face assessments will inform
  • Treatment plan
  • Safety concerns
  • Potential complications/health risks

• Connecting to resources and safety cards
Safety Cards

• In those patients who had experienced recent IPV, safety card:
  – Reduced pregnancy pressure and coercion by 71%
  – More likely to end unhealthy relationship by 60%

Contraception. 2010 Apr; 81(4): 316–322
Why is reproductive health policy important?
the benefit has saved women an estimated $1.4 billion a year and given 62.4 million women across the country access to insurance coverage of birth control with no out-of-pocket costs.
Implications for Practice, Policy and Research

• The advances we have made in the last 50yrs in the health and well being of our people are in great jeopardy right now
• We all need to be well informed, aware and fully engaged to continue evidenced based practices and policies
• Find other sources of funding research to increase our understanding of Reproductive Coercion and it’s health impacts.
Addressing Intimate Partner Violence Reproductive and Sexual Coercion:

A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings

Third Edition

By Linda Chamberlain, PhD, MPH and Rebecca Levenson, MA

Did You Know Your Relationship Affects Your Health?

A Train the Trainers Curriculum on Addressing Intimate Partner Violence, Reproductive and Sexual Coercion

By Linda Chamberlain, PhD, MPH, Rebecca Levenson, MA, Erica Monasterio, MN, FNP-BC, and Virginia Duplessis, MSW
Thank you!

questions?