

# Reproductive Coercion Preventable, Pervasive, Readily Prioritized

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she/her/hers





## **Disclosures**

None



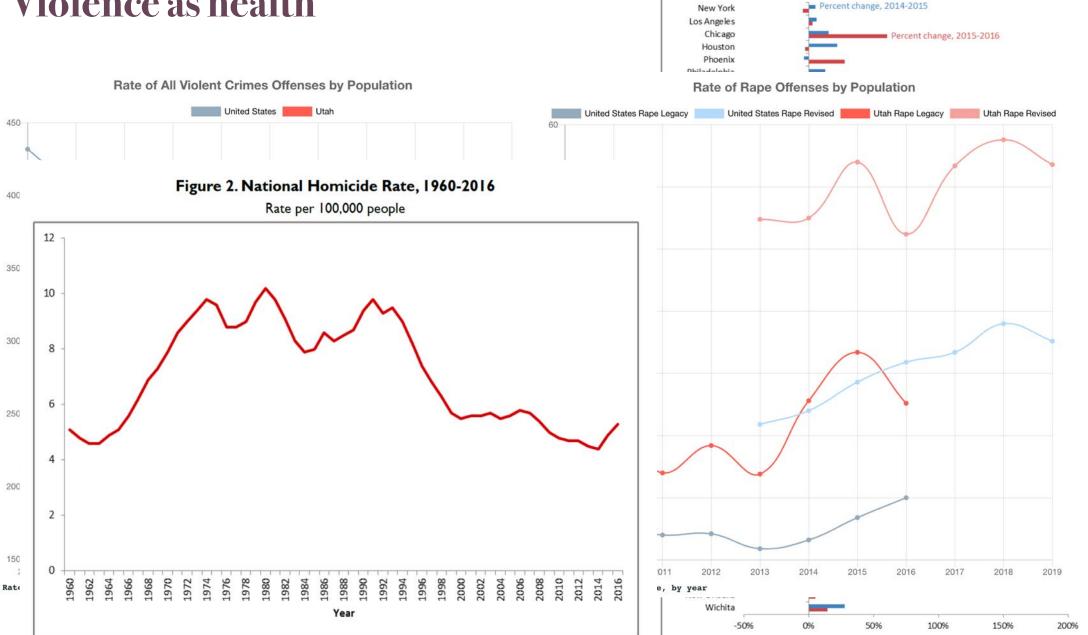
# **Objectives**

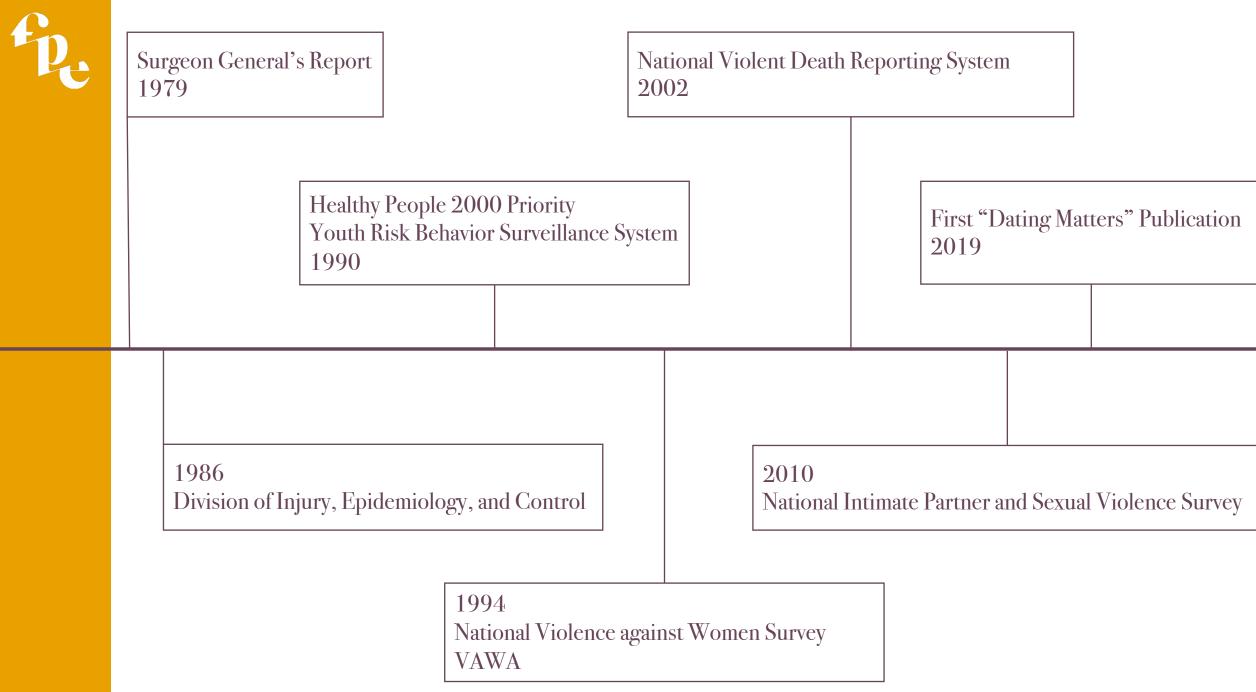
- To affirm violence as a health phenomenon
- To review current terminology and theory of intimate partner violence
- To define reproductive coercion and recognition in the clinical setting
- To highlight interventions for reproductive coercion that are routine in reproductive and sexual health care



Violence as health

Figure 9. Percentage Change in Homicide Rates in the 48 Largest Cities in the United States, 2014-2015 and 2015-2016







## **Intimate Partner Violence Definition**

Physical injury

Sexual assault

Stalking

Psychological abuse

Current partner

Former partner

Aspiring partner

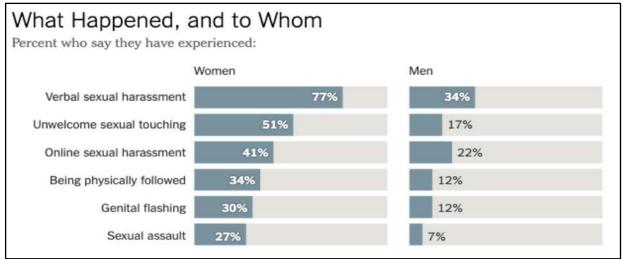
Power

Control



# Violence as a Quality Indicator for Health



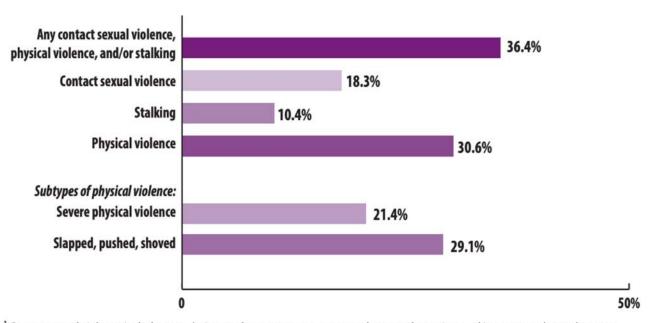






# Intimate Partner Violence Epidemiology

Lifetime Prevalence of Contact Sexual Violence, <sup>1</sup> Physical Violence, and/or Stalking Victimization by an Intimate Partner—U.S. Women, NISVS 2015<sup>2</sup>



<sup>&</sup>lt;sup>1</sup> Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

# 1 in 4 women

report IPV-related impact



<sup>&</sup>lt;sup>2</sup> All percentages are weighted to the U.S. population.



## **Intimate Partner Violence Costs**

Injury	Chronic Conditions	Mental Health Conditions and Substance Misuse	Urologic and Gynecologic Conditions	Pregnancy and Peripartum-Related Conditions	Other Conditions
Strains, contusions, lacerations Fractures Head, neck, and facial injuries Strangulation Traumatic brain injury Thoracic and abdominal injuries Sexual assault Homicide	Asthma Diabetes Cardiovascular conditions (HTN, lipid disorders) Stroke Joint disease Chronic pain	Depression Anxiety disorders, including PTSD Eating disorders Suicidal behavior Tobacco addiction Misuse of alcohol and other drugs Prescription and opioid misuse	HIV infection STD UTI Unplanned pregnancy Menstrual disorders Pelvic pain Dyspareunia Menopausal symptoms Incontinence	Obstetrical complications (miscarriage, injury, HTN) Perinatal depression, anxiety Smoking, alcohol, or substance misuse Death due to homicide or suicide Preterm birth, low-birthweight infant	Frequent headaches Difficulty sleeping Gastrointestinal disorders Falpitations Fibromyalgia Musculoskeletal conditions Activity limitations Multiple physical symptoms

Figure 1. Common Medical and Psychiatric Sequelae of Exposure to Intimate Partner Violence.

HIV denotes human immunodeficiency virus, HTN hypertension, PTSD post-traumatic stress disorder, STD sexually transmitted disease, and UTI urinary tract infection.



# **Intimate Partner Violence Theory**

Psychopathology theory

Social learning

Duluth model







#### VIOLENCE

physical

#### COERCION AND THREATS:

Making and/or carrying out threats to do something to hurt her. Threatening to leave her, commit suicide, or report her to welfare. Making her drop charges. Making her do illegal things.

#### **INTIMIDATION:**

se vol Making her afraid by using looks, actions, and gestures. Smashing things. Destroying her property. Abusing pets. Displaying weapons.

#### **MALE PRIVILEGE:**

Treating her like a servant: making all the big decisions, acting like the "master of the castle," being the one to define men's and women's roles.

#### **ECONOMIC ABUSE:**

Preventing her from getting or keeping a job. Making her ask for money. Giving her an allowance. Taking her money. Not letting her know about or have access to family income.

**POWER** 

AND

CONTROL

Calling her names. Making her think she's crazy. Playing mind games. Humiliating her. Making her feel guilty.

**EMOTIONAL ABUSE:** Putting her down. Making her feel bad about herself.

#### **ISOLATION:**

Controlling what she does, who she sees and talks to, what she reads, and where she goes. Limiting her outside involvement. Using jealousy to justify actions.

#### **USING CHILDREN:**

Making her feel guilty about the children. Using the children to relay messages. Using visitation to harass her. Threatening to take the Physical children away.

#### MINIMIZING, DENYING, AND BLAMING:

Making light of the abuse and not taking her concerns about it seriously. Saying the abuse didn't happen. Shifting responsibility for abusive behavior. Saying she caused it.

VIOLENCE



# **Reproductive Coercion**

- Behavior that undermines autonomous decision making in areas of reproductive health to maintain power and control
- Behavior interferes with contraceptive use and pregnancy



# Birth Control Sabotage



Removing or damaging a condom



Pulling out IUDs



Destroying a partner's pills



Not withdrawing when agreed upon



Taking off patches



Removing vaginal rings



# **Pregnancy Pressure**

- Threatening to hurt or leave a partner if she does not become pregnant
- Forcing a partner to continue or end a pregnancy through threats
- Committing acts of violence in an attempt to cause a pregnancy loss



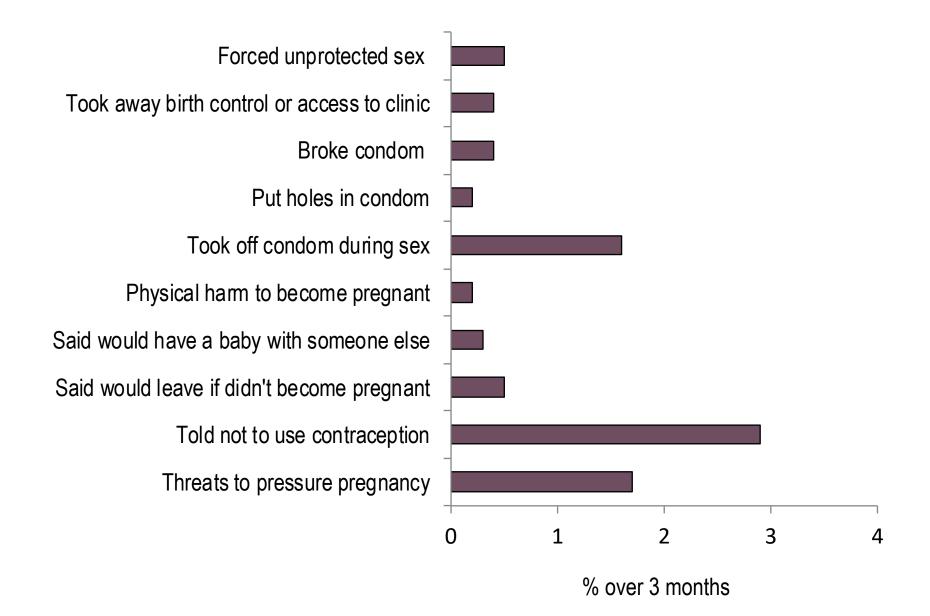
## Reproductive Coercion Scale

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

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



# **Tactic frequency**

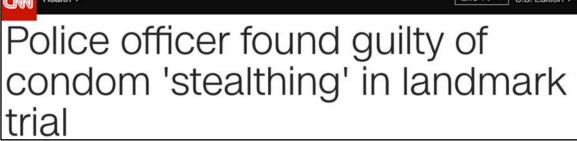




# Stealthing

- "Nonconsensual condom removal"
- Term originated in MSM community
- Increased publicity following legal analysis by Brodsky









#### Voices from those affected

"If I guy doesn't want to use it [a condom], girls are unlikely to use them if they really like the guy...Guys might say to girls: 'You're the only person that I'm sleeping with'... [or]... 'I love you'... [or]... 'We've been together for a long time'... [or]...'You my girlfriend and we shouldn't have to use them'" "Some men be like... no, you mine, you gonna have my babies"

Before my fiancé got locked up he wanted a baby and I had birth control pills...he threw them away, yeah, he bought ovulation kits and a four-pack of pregnancy tests...he was serious...I didn't want no baby...I didn't want one but I was confused. But now he's not around and I don't want no baby...I had condoms, he threw them away. I had contraceptive stuff, the foam stuff, he threw it away...And I had a whole bag of stuff, the day after pills, he just threw the whole bag away...[Regarding birth control pills] I had 'em Left her pregnant and hidden for a minute... I told him they were vitamins and ...

1 he's gonna really re! They like, 'oh vhat you like

here if her dad didn't anted to keep going to er [the child]. Her dad I'm going to kill you." ng all these other girls

I guess he researched on 'em a He kept stopping it [the abortion] [...]. He kept track [of when the appointments were], taking the car, [saying the car] and [he said], "these are not twouldn't work, saying, "I can't come because of this and this but I have to be there [for the abortion], but I have to work this day," so he kept dragging it out, 'cause he wanted me to not be able to have it.

> -Respondent 6, 26 years old at the time of the interview. This partner impregnated her against her will by forcing her to have sex and refusing to withdraw. She ended up aborting at 4 months gestation. She had four other abortions with this partner.



### **Prevalence**

16% at obstetrics and gynecology outpatient offices





# **Demographics**

- Mixed demographic associations
- Robust association with other IPV tactics



# **Health Implications**





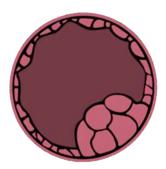


Emergency contraception

STI testing



Sexually transmitted infections



Unintended pregnancies

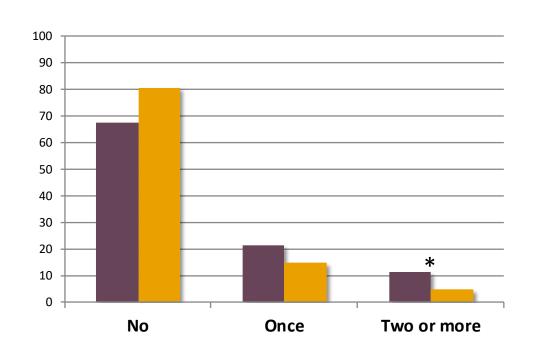


Decreased contraception

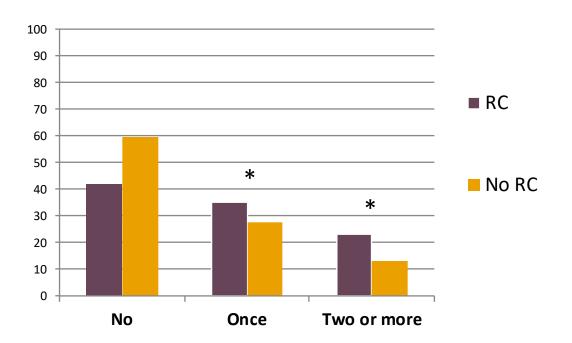


# **Encounters for Testing**

## STI testing



### Pregnancy testing





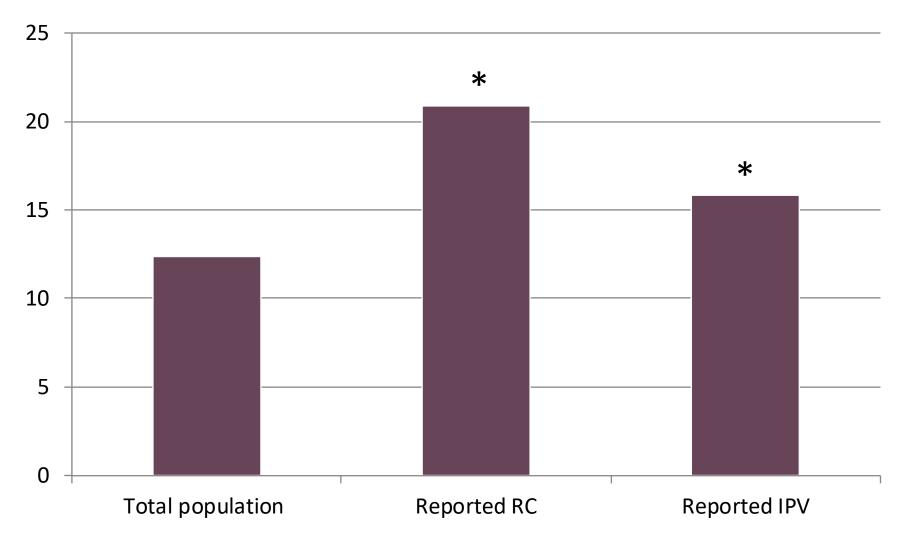
# **Contraceptive Use**

Contraceptive use

- Sexual self-efficacy
- Use of emergency contraception
- Risk of chlamydia



# **Unintended Pregnancy**





### **Perinatal Context**

Undesired pregnancy\*

Abortion

Limited prenatal care

Poor weight gain

Substance use

Depression

Violent death

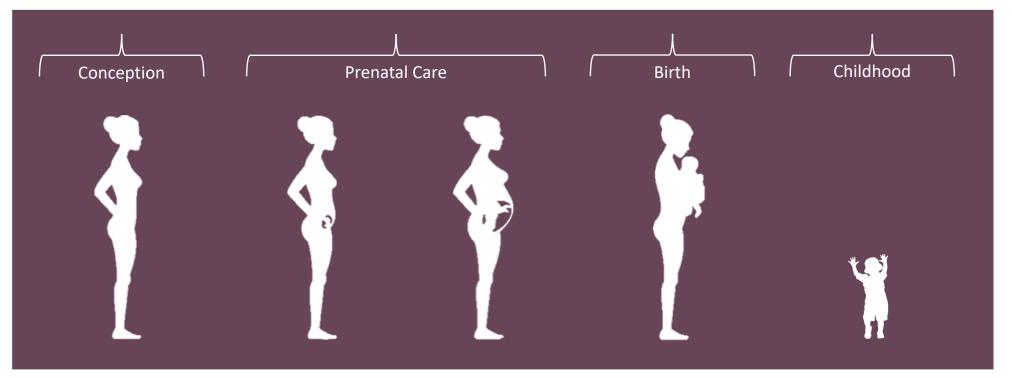
Preterm birth

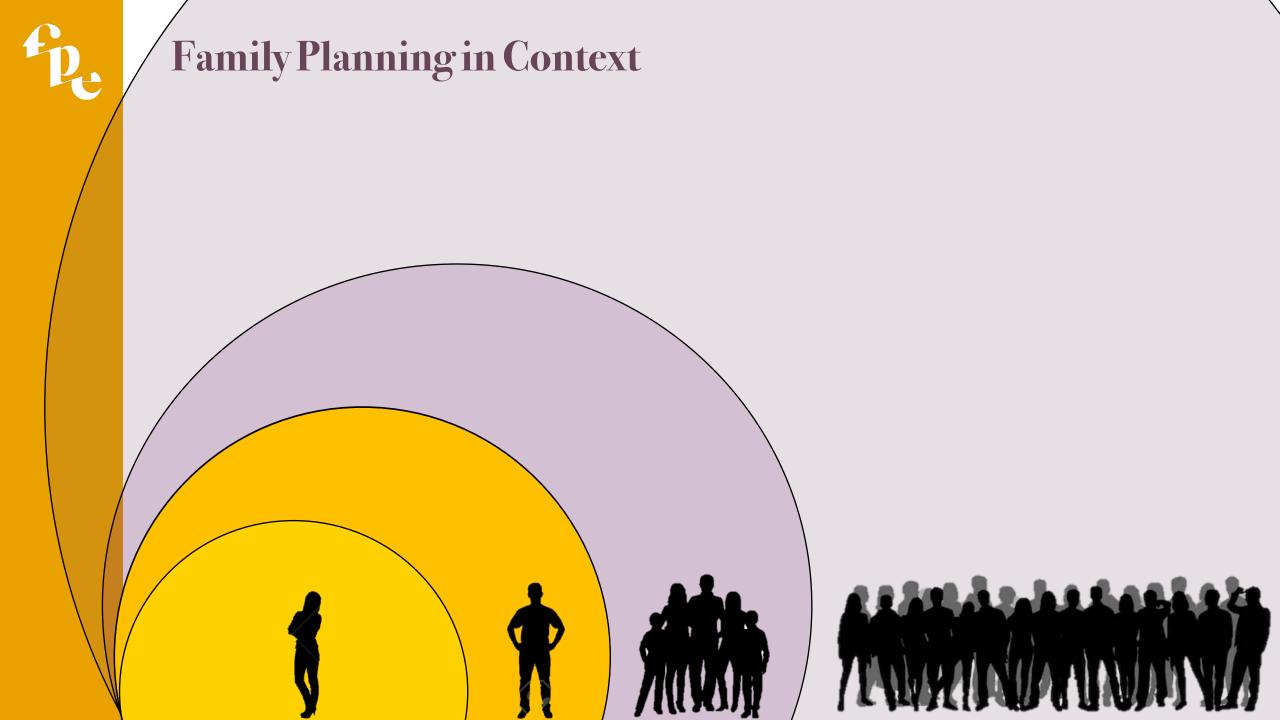
Low birth weight\*

Decreased breastfeeding

Mood disorders

School problems







# Rationale for Medical Intervention

- Grave sequelae
- Significant number affected
- Routine reproductive/sexual care optimized with identification



# Screening

Universal screening for IPV is already a standard of care.



- Remember mandated reporter status
- Disclose limits to confidentiality first



# Screening

- Has your partner ever forced you to do something sexually that you did not want to do or refused your request to use a condom?
- Has your partner ever tried to get you pregnant when you did not want to be pregnant?
- Are you worried your partner will hurt you if you do not do what he wants with the pregnancy?
- Does your partner support your decision about when or if you want to become pregnant?



# **Screening Specifics**













## Resistance Strategies

- Hiding contraception
- Disguising contraception (different container, different language)
- Making up clinic fees for cancelling desired procedures
- Setting expectations for condom use before any sexual activity
- Using rings, IUDs, injections for contraception
- Continuing a pregnancy a partner does not want by promising no request for child support
- Stopping sexual activity to make sure the condom is still in place
- Pretending to go to appointments for an abortion but not following through



### **Harm Reduction**

#### **Contraceptive counseling**

- (Ab)user dependence
- Menstrual cycle monitoring
- EC packaging

#### **Pregnancy management**

- Give UPTs, EC
- Abortion care vs. prenatal care? Medical or surgical intervention?
- Postpartum contraception opportunities

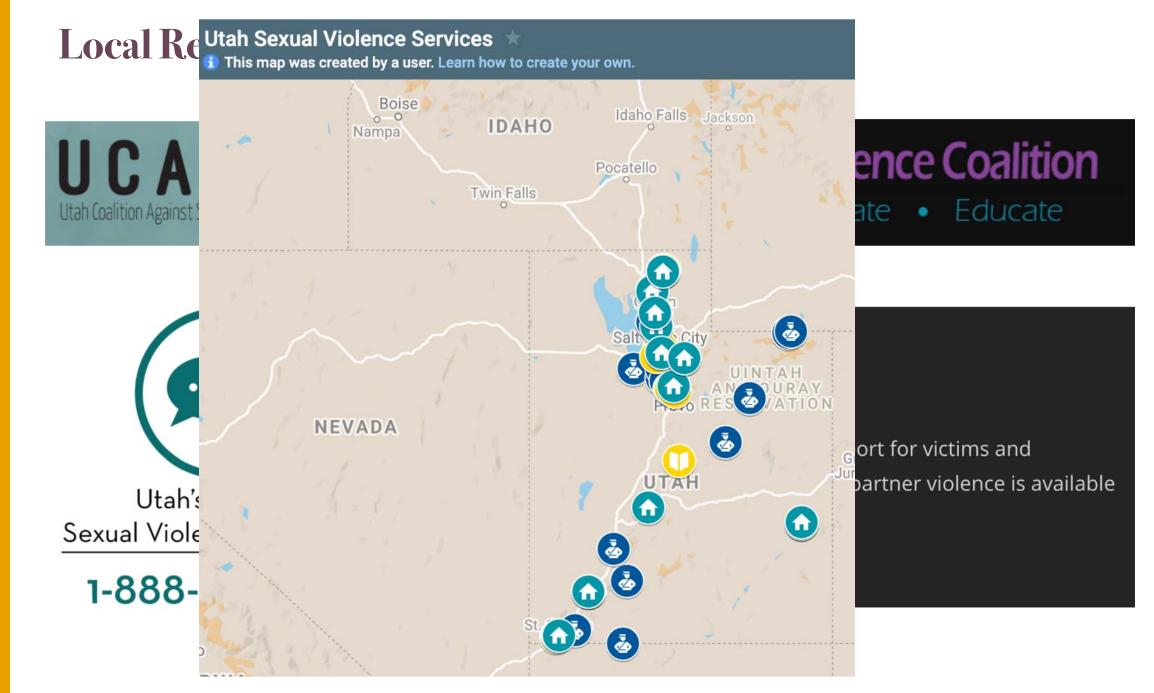
#### STI risk assessment

- STI testing frequency
- Partner notification
- PrEP

#### Risks of other forms of sexual/physical violence

- Warm referrals
- Trauma informed care







# Rapport Building

# By all means...

- ✓ Paraphrase
- ✓ Talk before touch
- ✓ Use open-ended questions
- ✓ Reflect her language

# But try not to ...

- X Say "I know exactly how you feel" or "It's going to be okay"
- x Talk about your experience with abuse
- X Ask "Why did you do that?"



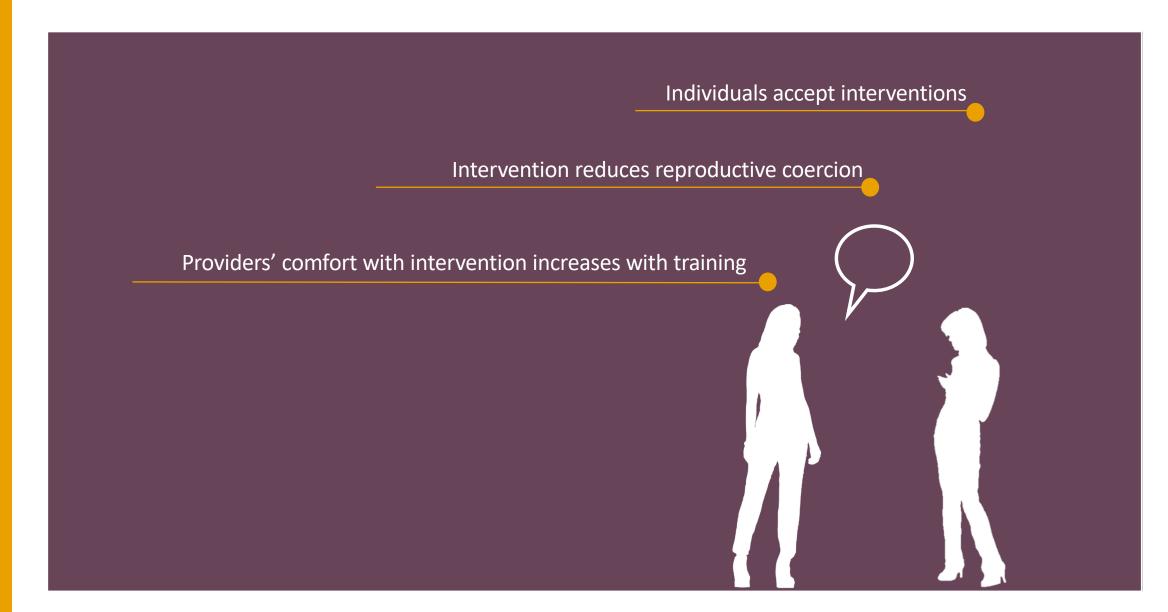
# Why Does She Stay?

- She is isolated
- Shelters are full
- Her religious beliefs forbid it
- She can't support herself without him
- No one believes she is being abused
- She knows he will respond by escalating
- He has threatened to take the children
- She blames herself
- Her relatives blame her
- She is afraid of the unknown
- She has tried before unsuccessfully

- She loves her partner, not the abuse
- She is disabled and her partner is her personal care attendant
- She feels she has to "go along" with it, try to put it behind her
- She is afraid he will get custody of the children
- She can't support her children without him
- Her partner says "I love you," "I'll never do it again," "I'll take the children," "I'll kill you if you leave," "I'll kill myself if you leave."



## **Evidence for Intervention**





## **Future Research**

- Enhancement of screening instruments
- Increased clarity of health outcomes
- Effective primary and secondary prevention measures



### **Conclusions**

Addressing violence is a fundamental part of providing quality care to patients

 Reproductive coercion is prevalent and has a profound impact on reproductive health and autonomy

 The ob/gyn office is a critical locus for identifying and addressing reproductive coercion with easily integrated interventions

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#### **Sources**

- Alhusen JL, Ray E, Sharps P, Bullock L. Intimate partner violence during pregnancy: maternal and neonatal outcomes. J Womens Health (Larchmt) 2015;24:100-6.
- Anderson JC, Grace KT, Miller E. Reproductive coercion among women living with HIV: an unexplored risk factor for negative sexual and mental health outcomes. AIDS 2017;31:2261-5.
- Black MC, Basile K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., Stevens, M. R. The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. In: Prevention. NCflPaCCfDCa, ed. Atlanta, GA2011.
- Borrero S, Nikolajski C, Steinberg JR, et al. "It just happens": a qualitative study exploring low-income women's perspectives on pregnancy intention and planning. Contraception 2015;91:150-6.
- Brodsky A. "Rape Adjacent": Imagining Legal Responses to Nonconsensual Condom Removal. Columbia Journal of Gender and Law 2017;32.
- Brownridge DA, Tallieu, T. L., Tyler, K. A., Tiwari, A., Chan, K. L., Santos, S. C. Pregnancy and Intimate Partner Violence: Risk Factors, Severity, and Health Effects. Sociology Department, Faculty Publications, University of Nebraska-Lincoln 2011;154.
- Chamberlain L, Levenson, R. Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, and Reproductive Health Care Settings.: Futures Without Violence; 2012.
- Cheng D, Horon, I. L. Intimate-Partner Homicide Among Pregnant and Postpartum Women. Obstetrics & Gynecology 2010;115:1181-6.
- Chisholm CA, Bullock L, Ferguson JEJ, 2nd. Intimate partner violence and pregnancy: epidemiology and impact. Am J Obstet Gynecol 2017;217:141-4.
- Clark LE, Allen RH, Goyal V, Raker C, Gottlieb AS. Reproductive coercion and co-occurring intimate partner violence in obstetrics and gynecology patients. Am J Obstet Gynecol 2014;210:42 e1-8.
- Decker MR, Flessa S, Pillai RV, et al. Implementing Trauma-Informed Partner Violence Assessment in Family Planning Clinics. J Womens Health (Larchmt) 2017;26:957-65. Futures Without Violence. at https://www.futureswithoutviolence.org/.
- Gee RE, Mitra N, Wan F, Chavkin DE, Long JA. Power over parity: intimate partner violence and issues of fertility control. Am J Obstet Gynecol 2009;201:148 e1-7.
- Gupta J, Falb K, Kpebo D, Annan J. Abuse from in-laws and associations with attempts to control reproductive decisions among rural women in Cote d'Ivoire: a cross-sectional study. BJOG 2012;119:1058-66.
- Herd P, Higgins J, Sicinski K, Merkurieva I. The Implications of Unintended Pregnancies for Mental Health in Later Life. Am J Public Health 2016;106:421-9.
- Hill A, Pallitto C, McCleary-Sills J, Garcia-Moreno C. A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. Int J Gynaecol Obstet 2016;133:269-76.
- Holliday CN, McCauley HL, Silverman JG, et al. Racial/Ethnic Differences in Women's Experiences of Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy. J Womens Health (Larchmt) 2017;26:828-35.
- Intimate Partner Violence: Definitions. 2017. (Accessed March 8, 2018, at https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html.)
- Katz J, Poleshuck EL, Beach B, Olin R. Reproductive Coercion by Male Sexual Partners: Associations With Partner Violence and College Women's Sexual Health. J Interpers Violence 2015.
- Kazmerski T, McCauley HL, Jones K, et al. Use of reproductive and sexual health services among female family planning clinic clients exposed to partner violence and reproductive coercion. Matern Child Health J 2015;19:1490-6.
- Khanna R, Maloney, C. B. . Request the House Juciary Committee hold a hearing on the practice of nonconsenual condom removal. In: Congress of the United States, ed. Washington, DC 2017.
- Kilma CS. Unintended Pregnancy: Consequences and Solutions for a Worldwide Problem. Journal of Nurse-Midwifery 1998;43.
- Klein H. Generationing, Stealthing, and Gift Giving: The Intentional Transmission of HIV by HIV-Positive Men to their HIV-Negative Sex Partners. Health Psychol Res 2014;2:1582.
- Koch AR, Geller SE. Addressing maternal deaths due to violence: the Illinois experience. Am J Obstet Gynecol 2017;217:556 e1- e6.



### **Sources**

- Macy RJ, Martin SL, Kupper LL, Casanueva C, Guo S. Partner violence among women before, during, and after pregnancy: multiple opportunities for intervention. Womens Health Issues 2007;17:290-9.
- McCauley HL, Dick RN, Tancredi DJ, et al. Differences by sexual minority status in relationship abuse and sexual and reproductive health among adolescent females. J Adolesc Health 2014;55:652-8.
- McCauley HL, Silverman JG, Jones KA, et al. Psychometric properties and refinement of the Reproductive Coercion Scale. Contraception 2017;95:292-8.
- Miller E, Decker MR, McCauley HL, et al. A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. Contraception 2011;83:274-80.
- Miller E, Decker MR, McCauley HL, et al. Pregnancy coercion, intimate partner violence and unintended pregnancy. Contraception 2010;81:316-22.
- Miller E, McCauley HL, Tancredi DJ, Decker MR, Anderson H, Silverman JG. Recent reproductive coercion and unintended pregnancy among female family planning clients.

  Contraception 2014;89:122-8.
- Miller E, Tancredi DJ, Decker MR, et al. A family planning clinic-based intervention to address reproductive coercion: a cluster randomized controlled trial. Contraception 2016;94:58-67.
- Moore AM, Frohwirth L, Miller E. Male reproductive control of women who have experienced intimate partner violence in the United States. Soc Sci Med 2010;70:1737-44.
- Nikolajski C, Miller E, McCauley HL, et al. Race and reproductive coercion: a qualitative assessment. Womens Health Issues 2015;25:216-23.
- Northridge JL, Silver EJ, Talib HJ, Coupey SM. Reproductive Coercion in High School-Aged Girls: Associations with Reproductive Health Risk and Intimate Partner Violence. J Pediatr Adolesc Gynecol 2017.
- Palladino CL, Singh V, Campbell J, Flynn H, Gold KJ. Homicide and suicide during the perinatal period: findings from the National Violent Death Reporting System. Obstet Gynecol 2011;118:1056-63.
- Parker W. Life's Work: A Moral Arugment for Choice. New York, NY: Atria; 2017.
- Sexual and Gender Based Violence. 2018. (Accessed March 5, 2018, at http://www.unhcr.org/en-us/sexual-and-gender-based-violence.html.)
- Tancredi DJ, Silverman JG, Decker MR, et al. Cluster randomized controlled trial protocol: addressing reproductive coercion in health settings (ARCHES). BMC Womens Health 2015;15:57.
- Teitelman AM, Tennille J, Bohinski JM, Jemmott LS, Jemmott JB, 3rd. Unwanted unprotected sex: condom coercion by male partners and self-silencing of condom negotiation among adolescent girls. ANS Adv Nurs Sci 2011;34:243-59.
- The American College of Obstetricians and Gynecologists. Reproductive and Sexual Coercion. Obstetrics & Gynecology 2012;121:411-5.
- Thiel de Bocanegra H, Rostovtseva DP, Khera S, Godhwani N. Birth control sabotage and forced sex: experiences reported by women in domestic violence shelters. Violence Against Women 2010;16:601-12.