

**Office of Adolescent Health and
Administration on Children, Youth
and Families**

**Family Violence
Prevention Fund**

**Promoting Healthy Relationships:
Strategies to Respond to Domestic Violence and Reproductive Coercion
and Their Implications for Unplanned and Rapid Repeat Pregnancy
Wednesday, March 30, 2011**

Learning Objectives: At the end of this session participants will be able to

- Define reproductive coercion and domestic violence and list three effects on reproductive health
- Identify one tool to provide anticipatory guidance on healthy, safe and consensual relationships as part of routine care with adolescents
- Describe the difference between direct assessment and universal education as it relates to reproductive coercion and domestic/sexual violence
- Identify three strategies for identifying and responding to domestic violence and reproductive coercion
- Name two strategies to strengthen collaboration with local domestic violence programs

WHAT WE KNOW



1 in 4 (25%) U.S. women
and

1 in 5 (20%) U.S. teen girls
report ever experiencing
physical and/or sexual intimate
partner violence.

*CDC Morbidity and Mortality Weekly Report
February 2008 ; Silverman et al., 2001*

Teen Dating Violence is Prevalent

- Nationwide, nearly 1 in 10 high school students has been hit, slapped or physically hurt on purpose by a boyfriend or girlfriend. (Eaton et al., 2010)
- When you consider more than physical abuse:



- Approximately 1 in 3 adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner (Davis et al., 2008)

Definition of Adolescent Relationship Abuse:

Patterns of coercive and controlling behaviors perpetrated by an intimate partner.

- emotional abuse
- physical abuse
- sexual assault
- social isolation
- stalking
- intimidation
- threats reproductive coercion
- control (monitoring cell phones, what you wear)



Adolescent Development and Abuse

- Sexual drive, bodies maturing faster than brains
- Intensity of need for social acceptance
- Constant connections through social media = greater vulnerability to abuse
- New independence, more reticence to disclose to adults
- Expectation for violence as norm in the context of trying out new relationships

Adolescent Health Consequences of Abuse

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse

(Ackard, et al., 2007 and Silverman et al., 2001)



Boys and girls who experience sexual dating violence are more likely to:

- Initiate sex before age 11
- Have sexual intercourse with 4 or more people
- Use alcohol or drugs before sex.

Kim-Goodwin et al., 2009

DATING VIOLENCE AND TEEN PREGNANCY



Adolescent girls in physically abusive relationships were **3–5 times more likely** to become pregnant than nonabused girls.

Roberts et al., 2005

DATING VIOLENCE AND CONDOM USE

Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use than nonabused girls

Wingood et al., 2001



MALE PARTNER PREGNANCY INTENTION AND CONDOM MANIPULATION



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

KNOWLEDGE ISN'T ENOUGH



Under high levels of fear of abuse, women with high knowledge about sexually transmitted infections were **more likely to use condoms inconsistently** than non-fearful women with low STI knowledge.

Ralford et al., 2009

DATING VIOLENCE AND CONDOM USE

Men who perpetrated intimate partner violence (IPV) in the past year were more likely to report

- **Inconsistent or no condom use during vaginal and anal sexual intercourse**
- **Forcing sexual intercourse without a condom**



Raj et al., 2007

Forced Sex without a Condom

“If she doesn't want to [have sex], then she'll leave if you're trying to put a condom on and, you know, she doesn't want to do it so you don't want her to get away.”

(Silverman, 2009)



TEEN BIRTH CONTROL SABOTAGE

Among teen mothers on public assistance who experienced recent IPV:

66% experienced birth control sabotage by a dating partner



Raphael, 2005

PREGNANCY-PROMOTING BEHAVIORS

One-quarter (26.4%) of adolescent females reported that their abusive male partners were



**TRYING TO
GET THEM
PREGNANT**

Miller et al., 2007

IPV AND ABORTION

Prevalence of physical and/or sexual IPV among women seeking abortions:

Lifetime: 27.3% – 39.5%

Past year: 14.0% – 21.6%

Lifetime: Evins et al., 1996; Glander et al., 1998; Keeling et al., 2004; Leung et al., 2002
Past Year: Evins et al., 1996; Keeling et al., 2004; Woo et al., 2005; Weibe et al., 2001;
Whitehead & Fanslow, 2005



The risk of being a victim of IPV in the past year was nearly **3X HIGHER** for women seeking an abortion compared to women who were continuing their pregnancies.

Bourassa & Berube, 2007

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ADOLESCENT RAPID REPEAT PREGNANCY



Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice as likely** to have a repeat pregnancy within 24 months.

Raneri & Wiemann, 2007

Reproductive Coercion Defined:



- ***BIRTH CONTROL SABOTAGE:***
Active interference with contraceptive methods (flushing pills, removing contraceptive patches or rings, breaking condoms, etc.)
- ***PREGNANCY PRESSURE:***
Involves behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant
 - "I will leave you if you don't get pregnant"
- ***PREGNANCY COERCION:***
Threats or acts of violence if the partner does not comply with the perpetrator's wishes regarding the decision whether to terminate or continue a pregnancy

A Community-Based Family Planning Intervention to Reduce Partner Violence

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Question:

How does an intervention for reproductive coercion differ from an intervention for IPV?

Harm Reduction Counseling

Specific to sexual and reproductive health

– Birth control that your partner doesn't have to know about (IUD, Implanon)

- Emergency contraception
- Safety planning regarding partner notification related to STI/HIV
- Supported referral to violence prevention agencies



Always Review The Limits of Confidentiality First:

Example: (check with requirements in your region/state):

"Everything you share with me today is private and confidential unless you were to tell me that someone has hurt or is hurting you, or if you are having thoughts of suicide. Those things I would have to report, okay?"

Resources

Safety Cards, Pregnancy wheels and posters

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Funded in part by the U.S. Department of
Health and Human Services, Administration
for Children and Families.


All national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:
National Domestic Violence Hotline
1-800 799-7233
TTY 1-800 787-3224

Teen Domestic Violence Hotline
1-866 331-9474

Sexual Assault Hotline
1-800 656-4673

**DID YOU
KNOW YOUR
RELATIONSHIP
AFFECTS YOUR
HEALTH?**



Are you in an **UNHEALTHY** relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control?
- ✓ 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.

FVPF Intervention/Education Tool:

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control?
- ✓ 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.

Taking Control

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

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

- 1.** Talk with your health care provider about birth control that you can control and that your partner doesn't have to know about (examples--IUD, Emergency Contraception (EC), Depo, Implanon).
- 2.** Ask your home visitor about local and national programs to help women struggling in their relationships with control or abuse.

Be supportive:

- "I'm so sorry that happened to you"
- "You didn't deserve that- no one deserves that"

Talk to your patients about:

- Frequency options—"Are you worried he will hurt you if you don't do what he wants with the pregnancy?"
- Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies

Provide Referrals:

All national hotline numbers for violence will connect patients to local resources and provide safety planning.

Encourage your patients to call:

National Domestic Violence Hotline
1-800 798-7233 TTY 1-800 787-3224

Teen Domestic Violence Hotline
1-866 331-8474

Sexual Assault Hotline
1-800 656-4673

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●Talk to your patients about:
Pregnancy options—“Are you worried he will hurt you if you don’t do what he wants with the pregnancy?”

● **Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies**

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Intervention RCT

- 2-armed randomized-controlled trial (T₁: N=1200, T₂: ~900)
 - 4 large, urban, family planning clinics in the Western United States
 - Young adult women, 16–29 years old
 - T₁ (pre-intervention), exit survey (immediately post-intervention), T₂ (3 months later)

Baseline Cross-Sectional Sample of Sexually Active Women

Age	% Sample
16-19	42.8
20-24	33.2
25-29	24.0
Race/Ethnicity	
White	22.3
Black/African American	28.6
Hispanic	29.8
Multiracial/More than one race	7.0
Other	12.4

N=1299 sexually active women

Physical and Sexual IPV

- **53%** of women reported a lifetime experience of physical or sexual violence by a partner.
- **17.6%** reported violence in the past three months.

N=1278 sexually active women (16-29)

Reproductive Coercion, Pregnancy Coercion and Birth Control Sabotage

- **25.7%** of women reported a lifetime experience of *reproductive coercion* by a partner.
- **19.1%** reported *pregnancy coercion* from a partner.
- **15.0%** of women experienced *birth control sabotage*.

N=1278 sexually active women (16-29)

-
- **Given the threats of sexual and reproductive health in this population, does an integrated clinic intervention work?**

Intervention Results

Among women in the intervention who experienced recent partner violence:

- 71% reduction in odds for pregnancy coercion compared to control (0.29, CI 0.09-0.91)
- Post hoc analyses: Women receiving the intervention were **60%** more likely to end a relationship because it felt unhealthy or unsafe ($p= 0.013$)

Universal Education and Prevention with Adolescent Patients

Adolescent Health Programs: Opportunity for Prevention AND Intervention

Points of contact:

Teen clinics, school health centers, health education, other prevention programs (after-school programs), juvenile hall, group homes, pregnant/parenting teen programs, home visitation, etc.

Implications for Practice

Every adolescent encounter is an opportunity to:

- Convey prevention education messages about healthy relationships
- Identify and support youth who may be experiencing controlling and abusive behaviors in their relationships

Universal education vs. assessment

When talking to teens about relationship violence, we recommend universal education rather than direct assessment in some cases.

Why?

Because disclosure of abuse is not the goal—educating her about healthy and safe relationships and what to do if she needs help is the goal. Think of each encounter as an opportunity to plant seeds for the next visit...

“I’m giving this card to all the teens I see. It’s like
a magazine quiz....”



Hanging out or Hooking up?

Universal Education About Respectful and Equitable Relationships

How is it Going

Does the person you are seeing (like a boyfriend or a girlfriend):

- ✓ Treat you well?
- ✓ Respect you (including what you feel comfortable with sexually)?
- ✓ Give you space to hang out with your friends?
- ✓ Support you (even if they don't agree with you)?

If you answered YES—it sounds like they care about you.

And on a Bad Day?

How often does the person you are seeing:

- ✓ Put you down or make you feel embarrassed or ashamed?
- ✓ Pressure you to go to the next step when you're not ready?
- ✓ Control where you go, what you wear or what you do?
- ✓ Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way. If these things ever happen in your relationship, talk to someone about it. For more info, go to www.loveisrespect.org.

Everybody Texts

Getting a lot of texts can feel good—“Wow, this person really likes me.”

What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

Figuring out what to say can be hard, especially if you like the person.

Be honest. “You know I really like you, but I really don’t like it when you, like, text me about where I am all the time or pressure me for naked pics.” For more tips on what to say go to: www.thatsnotcool.com.

How to Help a Friend

Do you have a friend who you think is in an unhealthy relationship?

Try these steps to help them:

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don't tell other friends what was said.
- Show them www.loveisrespect.org and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and wish they could die—get help.

Suicide Hotline: 1-800-273-8255

Providing a "Warm" Referral to National Hotline

- "On the back of this card are national hotline numbers, and the people who work there really care and have helped thousands of young women. I even called them myself and they were really great and respectful. They really have a heart for the teens they serve. And they are there 24/7, and they can help you find local referrals, too...."

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ment of Health and Human Services and the
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If you or someone you know ever
just wants to talk and sort things out
with people who care, you can call
these numbers. All of these hotlines
are confidential, and you can talk to
someone without giving your name.

National Teen Dating Abuse Helpline
1-866-331-9474 or online chat
www.loveisrespect.org

Suicide Prevention Hotline
1-800-273-8255

Teen Runaway Hotline
1-800-621-4000

Rape, Abuse, Incest,
National Network (RAINN)
1-800-656-HOPE (1-800-656-4673)



Resource:
**Reproductive Health
and Partner Violence
Guidelines:**
An Integrated Response
to Intimate Partner
Violence and
Reproductive Coercion

This tool is available and downloadable:
www.endabuse.org/health

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Resource: Website on Assessment

- Women's stories about their experiences with reproductive coercion
- Clinical and patient tools



www.knowmoresaymore.org

Technical Assistance

For questions about how to introduce and facilitate training vignettes and for other free technical assistance and tools, including:

- Posters
- Safety cards
- Guidelines on Reproductive Coercion

Contact The National Health Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund

Visit: www.endabuse.org/health

Call Toll-free: 888-Rx-ABUSE (792-2873)

Email: health@endabuse.org

The Family Violence Prevention Fund works to prevent violence within the home and in the community to help those whose lives are devastated by violence, because everyone has the right to live free of violence.

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