Reproductive Coercion

Preventable, Pervasive, Readily Prioritized

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Fellow in Complex Family Planning
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

- Violence causes premature death, disability, injury
- Violence is preventable

Mercy, 1993; James, 2018; FBI 2020
# Intimate Partner Violence Definition

<table>
<thead>
<tr>
<th>Physical injury</th>
<th>BY</th>
<th>Current partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault</td>
<td></td>
<td>Former partner</td>
</tr>
<tr>
<td>Stalking</td>
<td></td>
<td>Aspiring partner</td>
</tr>
<tr>
<td>Psychological abuse</td>
<td></td>
<td>Power Control</td>
</tr>
</tbody>
</table>

ACOG, 2012
Violence as a Quality Indicator for Health

'Shocked and crushed': Friends and community mourn slain University of Utah doctor

By Lauren Bennett | Feb 4, 2019, 10:13pm MST

What Happened, and to Whom
Percent who say they have experienced:

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal sexual harassment</td>
<td>77%</td>
<td>34%</td>
</tr>
<tr>
<td>Unwelcome sexual touching</td>
<td>51%</td>
<td>17%</td>
</tr>
<tr>
<td>Online sexual harassment</td>
<td>41%</td>
<td>22%</td>
</tr>
<tr>
<td>Being physically followed</td>
<td>34%</td>
<td>12%</td>
</tr>
<tr>
<td>Genital flashing</td>
<td>30%</td>
<td>12%</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>27%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Intimate Partner Violence Epidemiology

1 in 4 women report IPV-related impact

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

Any contact sexual violence, physical violence, and/or stalking: 36.4%
- Contact sexual violence: 18.3%
- Stalking: 10.4%
- Physical violence: 30.6%

Subtypes of physical violence:
- Severe physical violence: 21.4%
- Slapped, pushed, shoved: 29.1%

1 Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.
2 All percentages are weighted to the U.S. population.
## Intimate Partner Violence Costs

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

**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

Hatch, 2019; Georgia State University, 2019; Stop Violence Against Women, 2015
Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman’s life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.

Developed by:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

EMOTIONAL ABUSE:

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.

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.

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

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.

INTIMIDATION:

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.

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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

Chamberlain and Levenson, 2012
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?

Miller personal communication, 2016
Threats to pressure pregnancy

- Told not to use contraception
- Said would leave if didn't become pregnant
- Said would have a baby with someone else
- Physical harm to become pregnant
- Took off condom during sex
- Put holes in condom
- Broke condom
- Took away birth control or access to clinic
- Forced unprotected sex
- Threats to pressure pregnancy

% over 3 months

Miller, 2014
Stealthing

- “Nonconsensual condom removal”
- Term originated in MSM community
- Increased publicity following legal analysis by Brodsky
Voices from those affected

“...If a 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 hidden for a minute...I told him they were vitamins and...I guess he researched on ‘em and [he said], “these are not...”

1 he’s gonna really re! They like, ‘oh what you like here if her dad didn’t wanted to keep going to er [the child]. Her dad I’m going to kill you.”

He kept stopping it [the abortion] [...]. He kept track [of when the appointments were], taking the car, [saying the car wouldn’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

Clark, 2014
Demographics

• Mixed demographic associations

• Robust association with other IPV tactics

Health Implications

- Pregnancy testing
- Emergency contraception
- STI testing
- Sexually transmitted infections
- Unintended pregnancies
- Decreased contraception
Encounters for Testing

STI testing

Pregnancy testing

*statistically significant
Kazmerski, 2014
Contraceptive Use

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

Unintended Pregnancy

*statistically significant
Sutherland, 2015; Miller, 2014
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

*Substantiated for IPV and RC
Family Planning in Context
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

- Contraceptive counseling
- Barrier method use
- Emergency contraception visit
- Sexually transmitted infection testing
- Pregnancy testing or establishing prenatal care
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

CDC 2018, ACOG 2013, Chamberlain and Levenson, 2012
Rapport Building

By all means...

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

But try not to...

- Say “I know exactly how you feel” or “It’s going to be okay”
- Talk about your experience with abuse
- 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

- Individuals accept interventions
- Intervention reduces reproductive coercion
- Providers’ comfort with intervention increases with training
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
Sources


Futures Without Violence. at https://www.futureswithoutviolence.org/.


