

# Family Violence Prevention Fund

## How To Integrate Assessment for Violence and Reproductive Coercion Into Clinical Practice

- **Training.** First, provide training or refresher training on the concept of assessment for reproductive coercion and the intersection between violence and its impact on reproductive health. Use the training to make the case about why this is important—through showing the prevalence of violence and the intersection between violence and health.
- **Have Staff Compare Assessment for Reproductive Control to the Current Way They Do Assessment For Domestic Violence.** Discuss pros and cons of current screening practices vs. scripted assessment about reproductive control—discuss the difference between a question like “have you ever been hit, kicked, slapped” vs. “I want to talk with you about the birth control method you use and what best fits into your life. A lot of women I see have to worry about their partner not using condoms or messing with their birth control and that makes them nervous they will get pregnant. How often is this happening to you?” Discuss the difference that staff feel about the two approaches to screening and discuss how the staff think the clients respond to each approach.

Address staff concerns about changing the clinic’s screening practice. Discuss the ways staff currently deviates from the current questions on clinic forms. And ask why they do this. Staff likely may say things like: ‘it’s about building rapport’- “connecting with clients” etc. Provide discussion time. Our experience has been that staff appreciate this assessment approach as a general useful concept and that for staff that are resistant to change request that they try it and give you feedback on how it worked.

- **Key to success.** Present this new approach as something developed not just for clients but for the staff themselves—to better support them in their work. Assessment for reproductive control can help them find the words to talk to patients when they are stuck and do this in a brief, potentially much more satisfying way. This approach has been developed because we care about supporting staff with how much they have to do in the brief periods they given with each patient.
- **Focus on assessment for reproductive control as a time saver, not a time drainer.** Role play with staff and time it (show it can be done) breaking your staff into dyads. Give them 3-5 minutes with one person playing the patient the other playing the birth control counselor providing them with a usual patient scenario.
  - “18 year-old English speaking woman has come into the clinic for EC twice in the past two months.” Their task is to address EC, birth control and screen for partner trying to get her pregnant when she doesn’t want

to be. Essentially to cover all the requirements of this visit type through the lens of reproductive control.

- At the end of the 3-5 minutes ask each dyad to report back to the group and tell about their experience. What words did they use? What worked? What didn't? Most importantly ask if they were able to talk about the reproductive control and how that worked. Discuss how EC can be seen as a band-aid for the women who can't contracept because her partner won't let her. That if we don't address the issue of control differently we just keep putting on band-aids instead of healing the wound.
- **Identify a clinic champion or expert on this issue.** Who is currently comfortable talking with clients about violence in their lives? Are there a few people who are comfortable? Identify at least one person to help staff who are new to screening feel supported if they have questions or identify a client who needs help and they aren't sure what to do next.
- **Set clinic goals.** Discuss with staff when the change in screening practices will happen and set a date. If possible change your clinic forms to reflect the changes in question type so it will be less confusing to staff. Example: if your forms include a prompt such as: 'Have you ever been hit, kicked, slapped...' this makes it harder for staff to make the change to assessment for reproductive control. If your forms say 'assess for reproductive control' this will help prompt staff to pick up the tool and use it. Make a clear place in each counseling room for scripted tools and make sure they are clearly labeled.
- **Know your local resources:** Provide all appropriate referrals for community services, including local domestic violence shelters, rape hotline, SANE/ SART information, legal referral, etc. in the intake and posting rooms. When resources are limited you can always provide the National Hotline number 1-800 799 SAFE.
- **Prepare your practice.** Place safety cards in all bathrooms and posters and cards in exam rooms. Screen only while patient is alone or with a small, non verbal child present to ensure her safety.