



Assessing for Reproductive Coercion: Suggestions for Violence Screening in Reproductive Health Settings

Traditional definitions of intimate partner violence have often included sexual abuse but usually focus on unwanted sexual intercourse and not the full panoply of behaviors that can constitute reproductive coercion. Intimate partner violence related to **reproductive coercion** may include intentionally exposing a partner to STIs, attempting to impregnate a partner against her will (such as throwing away a partner's birth control) and 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 as well as threats or acts of violence if the partner refuses to have sex.

Why assess for reproductive coercion?

- The data demonstrates a link between exposure to violence and poor reproductive health, so this focus allows the violence assessment, in the absence of injury, to flow more with the visit type and ideally can help the provider help the patient contracept more successfully and be safer.
- An assessment approach that focuses on reproductive control and the reason for the visit can be a more comfortable way for staff to speak with clients. Some staff have a difficult time asking clients questions focused on physical injury or rape—*"Have you ever been hit, kicked, slapped."* Those questions have been described as an 'add on' approach and may often feel out of context when the reason for visit is pregnancy testing. This approach flows naturally into the conversation and can help staff be more effective in their assessment of clients.

Visit-specific assessments for reproductive coercion:

A visit-specific assessment for reproductive coercion gives staff a framework for asking patients about sensitive topics that may impact their health. Sample key phrases below can give you a starting place, while allowing you to tailor the question to the setting, the patient, and what feels comfortable for you.

- **Example for Birth Control Method Visit:** "I want to talk with you about birth control methods 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 with your partner?"

Responding to reproductive coercion and control:

No matter what response your patient gives to scripted assessment questions on reproductive control, you have an opportunity to educate and provide support. Sample phrases below can help you clearly and quickly communicate all the information that you need to give to a patient. In addition to general good counseling practice such as using non-judgmental active listening skills, providing supportive messages, and maintaining cultural specificity, responses to violence and reproductive coercion should also provide information, respond to immediate safety issues, and make referrals as needed.

Client states no abuse: “I’m glad to hear that isn’t happening to you. Here is a card about healthy relationships. I give it to all my patients in case they have a friend or a family member you’re worried about so you know how to help.”

- **Client states she is nervous about getting pregnant due to partner actions.** “I’m glad you told me. That isn’t ok and must feel awful. I want to talk with you about some methods of birth control we like to call “invisible.” Things he doesn’t have to know that you are using; like Depo, Implanon, or the IUD—so you don’t have to worry that you will get pregnant when you don’t want to be.”

This type of response that focuses on “invisible” birth control can be adapted and used to help patients improve their reproductive health in the context of violence during many different kinds of visits: Pregnancy Testing, Abortion, Birth Control Methods, Emergency Contraception, Annual and Initial Visits.

- **Follow up questions about sexual and physical abuse:** “What you’ve told me also makes me worried about your safety in other ways. Some women we see whose partners are messing with their birth control also have partners who may force them to have sex or hurt them in other ways. Does this happen in your relationship?”

These examples illustrate how a focus on reproductive health can lead to more in-depth assessment of safety and can help counselors address many risks with patients about their health in a supported way.

- **If client is experiencing current abuse.** In addition to supportive statements such as “you don’t deserve this and I’m worried for your safety” be sure to offer the patient information about violence such as a safety card (click here for safety card: <http://fvpfstore.stores.yahoo.net/safetycards1.html>) some simple safety planning and contact numbers for local domestic violence programs - or the National Domestic Violence Hotline Number 1-800 799 SAFE. For more resources on how to respond see our National Consensus Guidelines Identifying and Responding to Domestic Violence Victimization in Health Care Settings (add as a link <http://endabuse.org/programs/healthcare/files/Consensus.pdf>)