



REPRODUCTIVE COERCION **Assessment tool** for clinical practitioners*

PRE-ASSESSMENT CONSIDERATIONS AND PREPARATIONS

CREATING A SAFE ENVIRONMENT FOR ASSESSMENT:

Establish a confidential and supportive atmosphere within your clinic that will facilitate discussions about sensitive topics such as reproductive coercion and intimate partner violence:

- Make educational materials about reproductive coercion and IPV available in both waiting rooms and exam rooms that are reflective of the constituency you serve.
- Have signage in all waiting areas announcing that, as part of clinic policy, all patients must speak with a clinician in private for at least a portion of their visit.
- Establish a private place where patients can be interviewed alone and where conversations cannot be overheard or interrupted.

ADDRESSING THE LIMITS OF CONFIDENTIALITY:

Always disclose the limits of confidentiality with all of your patients prior to assessment. Mandatory reporting requirements differ between states. If you are not familiar with the limits and laws surrounding confidentiality and mandatory reporting in your state or territory, contact your state domestic violence coalition or sexual assault coalition for information. If you are working with a minor who is being abused, contact child protection agencies in your city or state for reporting requirements for minors victimized by violence.

DEVELOPING PARTNERSHIPS WITH LOCAL/REGIONAL DOMESTIC VIOLENCE RESOURCES:



Establish relationships with organizations in your area that provide resources for individuals victimized by domestic violence, so that you can refer your patients to these organizations when necessary (and vice versa). To find local domestic violence resources in your area, please visit: www.ncadv.org/programs/reproductive-coercion/Resources.pdf

FACILITATING THE TRANSITION FROM ASSESSMENT TO INTERVENTION:

Establish a clear protocol for how clinic staff should proceed if they feel a patient is being victimized by reproductive coercion. To see a sample reproductive coercion intervention tool, please visit: www.ncadv.org/programs/reproductive-coercion/Intervention--clinical-practitioners.pdf

THE IMPORTANCE OF BOTH WRITTEN AND VERBAL ASSESSMENT

Questions that broadly address various forms of reproductive coercion should be included on the self-administered health assessment/medical history questionnaire that patients fill out at the beginning of their visit. If a patient's answers on their written assessment indicate that they are being victimized by reproductive coercion, then this information can be used to facilitate a private conversation about reproductive coercion during their visit.

Regardless of a patient's answers on their written assessment, clinicians should incorporate questions about reproductive coercion into the verbal assessment they conduct in private during a patient's visit. A patient may disclose information during a confidential verbal assessment that they felt uncomfortable disclosing on paper in the clinic waiting room, potentially with their male partner sitting nearby.

EXAMPLES OF POTENTIAL WRITTEN ASSESSMENT QUESTIONS

Pregnancy pressure:

- Do you and your partner agree on if and when you want to have a baby? (Yes/No/Sort of)

Birth control sabotage:

- Is your partner ok with your using birth control? (Yes/No/Sort of)

Condom usage:

- If you are not using another form of birth control, do you and your partner use condoms every time you have sex? (Yes/No)

Pregnancy outcome control:

- If you are pregnant, do you and your partner agree on what you should do about your pregnancy (continue the pregnancy or have an abortion)? (Yes/No/Sort of)

A patient's answers on their written assessment can be used to initiate a conversation about reproductive coercion in private during their visit.

SAMPLE SCRIPT:

"I see here that you're not using a form of hormonal birth control and that you and your partner do not use condoms every time you have sex. Are you and your partner trying to get pregnant? If not, we have found that a lot of women are uncomfortable negotiating condom use with their partners, so we have started asking all our clients about the topic. Are you comfortable talking to your partner about condoms? Does your partner agree to use condoms when you ask him to?"

*Portions of this document were adapted from Chamberlain, PhD, MPH, L., & Levenson, MA, R. (2012). *Addressing intimate partner violence, reproductive and sexual coercion: A guide for obstetric, gynecologic and reproductive health care settings*. In (2 ed.). Futures Without Violence. Retrieved June 18, 2014, from http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines_low_res_FINAL.pdf.



EXAMPLES OF POTENTIAL VERBAL ASSESSMENT QUESTIONS

Pregnancy Pressure:

- Has your partner ever pressured you to get pregnant when you didn't want to?
- Has your partner ever yelled at you, put you down, or threatened to leave you because you didn't want to get pregnant?

Birth Control Sabotage:

- Has your partner ever tampered with your birth control (thrown away your pills, pulled out your ring, poked holes in condoms)?
- Have you ever had to hide your birth control from your partner?

Condom usage:

- Do you feel comfortable talking to your partner about using condoms?
- Has your partner ever refused to use a condom when you asked him to?
- Has your partner ever gotten angry when you asked him to use a condom?
- Has your partner ever refused to pull out during sex even though he said he would?
- Has your partner ever removed a condom during sex?
- Do condoms seem to break a lot during sex?

Pregnancy outcome control:

- Does your partner know that you are pregnant?
- How would your partner react if he knew you were pregnant?
- Is your partner ok with your decision to continue your pregnancy/have an abortion?
- Is your partner pressuring you to do what he wants with your pregnancy (continue the pregnancy/have an abortion) even though it is not what you want?
- Are you worried about what your partner will do if you don't do what he wants with your pregnancy (continue the pregnancy/have an abortion)?

The manner in which you initiate a conversation about reproductive coercion will differ based on the services a patient is seeking at your facility.

SAMPLE SCRIPTS:

If a patient is seeking birth control...

"Because it happens so often, we've started talking to all of our patients about birth control sabotage. Is your partner ok with your using birth control? Has your partner ever tampered with your birth control?"

If a patient is deciding how to deal with an unintended pregnancy...

"A lot of times, partners disagree about how to deal with an unintended pregnancy. Does your partner have a strong opinion about what you should do with your pregnancy? Are you worried that your partner will be angry if you do not do what he wants with your pregnancy?"

REAL WOMEN DESCRIBING THEIR EXPERIENCES WITH REPRODUCTIVE COERCION¹

Pregnancy pressure:

"He was like, 'I should just get you pregnant and have a baby with you so that I know you will be in my life forever.' "

—A 19-year-old female

"I told him, like, 'We are not ready for kids. Our relationship is not even stable enough.' And he would be like, 'That's not true. It's never the right time to have a kid. You just don't want to be a part of me. You just don't want me to be around forever.' "

—A 28-year-old female

Birth control sabotage:

"He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care."

—A 16-year-old female

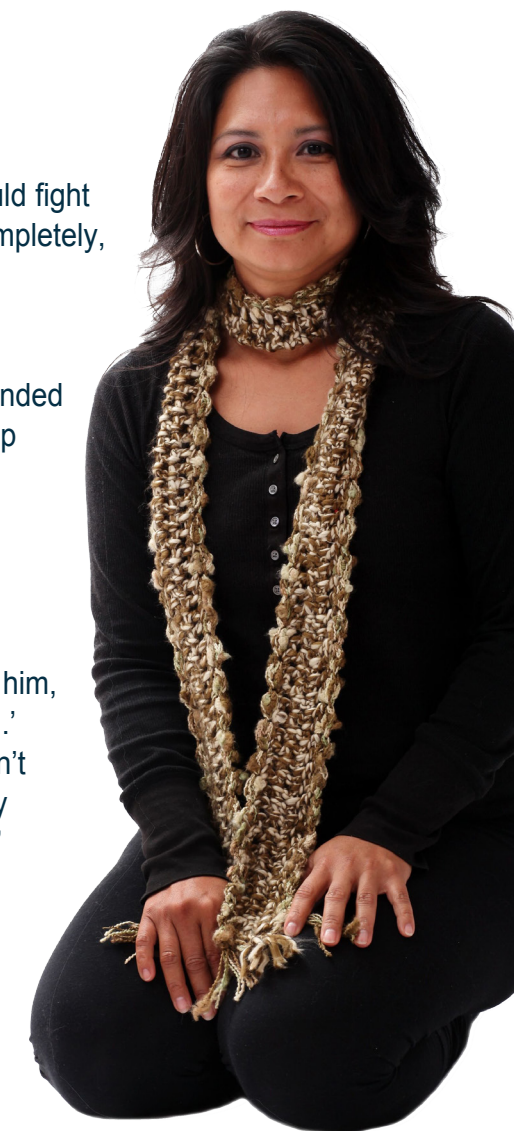
"I was on the birth control, and I was still taking it, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant."

—A 17-year-old female

Pregnancy outcome control:

"And I told him right when I found out I was pregnant, I told him, 'You know, I hate to say this, but I want to have an abortion.' [He said], 'No, you're crazy. How can you say that? You can't just kill your child!' And he was just making me feel so guilty until, finally, I was just, like, 'Okay, then. I'll keep the baby.'"

—A 19-year-old female



¹ Moore, A., Frohworth, L., & Miller, E. (2010). Male reproductive control of women who have experienced intimate partner violence in the United States. *Social Science & Medicine*, 70(11), 1737-1744.