



# Intervention tool for clinical practitioners\*

## IF YOU FEEL THAT YOUR PATIENT IS BEING VICTIMIZED BY REPRODUCTIVE COERCION...

### STEP 1: ADDRESS THE QUALITY OF HER RELATIONSHIP

- Express your concern for what she is going through, and let her know that she is not alone.
- Introduce the concept of reproductive coercion.
- Explain that reproductive coercion is a form of intimate partner violence (IPV) that can negatively impact a women's reproductive and overall health.
- Provide her with informational materials about reproductive coercion and offer to go over the information with her.
- Validate her rights and wishes within her relationship (e.g., she has the right to not want a child with her partner).
- Initiate a conversation about ways you can help her take control of her fertility.

Remember that women victimized by reproductive coercion may not recognize that these behaviors are abusive, particularly if there is no history of physical or sexual violence in their relationship.<sup>1</sup>

For informational materials about reproductive coercion, please visit:

[www.ncadv.org/programs/reproductive-coercion/Quick-facts-awareness-raising.pdf](http://www.ncadv.org/programs/reproductive-coercion/Quick-facts-awareness-raising.pdf)

[www.ncadv.org/programs/reproductive-coercion/Selfquiz.pdf](http://www.ncadv.org/programs/reproductive-coercion/Selfquiz.pdf)

[www.ncadv.org/programs/reproductive-coercion/informational-brochure.pdf](http://www.ncadv.org/programs/reproductive-coercion/informational-brochure.pdf)

### SAMPLE SCRIPT:

“From what you’ve told me, it sounds like your partner may be trying to get you pregnant even though you’ve told him you don’t want a baby right now. Thank you for sharing this information with me. This happens to a lot of women, and I know it must be very stressful worrying that you’re going to get pregnant when you don’t want to. Your partner’s behavior sounds like reproductive coercion. Reproductive coercion is a form of intimate partner violence, where a man pressures or coerces a woman into becoming pregnant, or into continuing or ending a pregnancy. Remember that you deserve to make your own decisions about your body and your future without being made to feel afraid. I have informational materials on reproductive coercion that I can give you and go over with you, if you are interested. Right now, I would like to talk to you about forms of birth control that your partner will not be able to feel or tamper with...”

\*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](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines_low_res_FINAL.pdf).

## **STEP 2: HELP HER TAKE CONTROL OF HER FERTILITY**

**If she does not want to become pregnant**, discuss the potential benefits of concealable contraceptives that her partner will not be able to see, feel, or tamper with.

- Implant (Implanon)
- Injection (Depo provera)
- IUD (Mirena or ParaGuard)
  - Mention that the strings of an IUD can be cut so that her partner will not be able to feel them.

**If she has recently engaged in unprotected sex**, and does not want to become pregnant, talk to her about emergency contraception.

- Morning after pill (Plan B)
  - Suggest that she take the morning after pill while she is still at the clinic, or send the pill home with her in an unmarked envelope so her partner does not discover the packaging materials in the trash.
- ParaGuard IUD
  - Inform her that the copper IUD acts as an emergency contraceptive if inserted within a week of unprotected sex, and that the copper IUD will continue to protect against pregnancy for up to ten years, or until she decides to have it removed.

**If she is already pregnant**, and **DOES NOT** want to continue the pregnancy:

- Provide her with information on where she can obtain a safe, legal, and confidential abortion.
- If there is a chance that her partner will check the recent calls on her cell phone, allow her to use your clinic's phone (if possible), or suggest that she use a friend's phone or a pay phone to call and make an appointment for an abortion.
  - To find an abortion provider in your area, please visit:  
[www.ncadv.org/programs/reproductive-coercion/Resources.pdf](http://www.ncadv.org/programs/reproductive-coercion/Resources.pdf)

**If she is already pregnant**, and **WANTS** to continue the pregnancy:

- Discuss the importance of prenatal care for better pregnancy outcomes.
- If your facility does not provide prenatal care, refer her to prenatal care provider in your area.
  - To find prenatal care resources in your area, please visit:  
[www.ncadv.org/programs/reproductive-coercion/Resources.pdf](http://www.ncadv.org/programs/reproductive-coercion/Resources.pdf)
- If she is considering adoption, provide her with information on adoption and refer her to adoption services in your area.
  - To find adoption services in your area, please visit:  
[www.ncadv.org/programs/reproductive-coercion/Resources.pdf](http://www.ncadv.org/programs/reproductive-coercion/Resources.pdf)



### **STEP 3: HELP ENSURE HER PHYSICAL SAFETY**

**If she is concerned about her physical safety**, or admits that her partner has physically abused her in the past:

- Provide her with the contact information for local organizations that provide resources for individuals victimized by domestic violence.
  - If your clinic has an established partnership with a domestic violence organization in the area, offer to help her get in touch with a domestic violence advocate at that organization.
- If no local resources are available, refer her to an advocate from the multi-lingual National Domestic Violence Hotline: (800) 799-SAFE (4233) or [www.ndvh.org](http://www.ndvh.org)
- If there is a chance that her partner will check the recent calls on her cell phone, allow her to use your clinic's phone (if possible), or suggest that she use a friend's phone or a pay phone to call a domestic violence organization or hotline.
- If she is experiencing physical abuse, you are obligated to report it to the state; explain the reporting process and involve her in the writing of the report.



<sup>1</sup> Miller, E., & Silverman, J. (2010). Reproductive coercion and partner violence: implications for clinical assessment of unintended pregnancy. *Expert Review of Obstetrics & Gynecology*, 5(5), 511-516.