

REPRODUCTIVE COERCION **Intervention tool** for domestic violence advocates

As with all people you assist, your response to any person who discloses reproductive coercion will depend on the severity of the abuse. Responding will likely be the same as your response to someone being victimized by other types of intimate partner violence (IPV). The following includes information and language you may want to incorporate into conversations you have with those you are assisting who you think may be experiencing reproductive coercion. Keep in mind 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.

ADDRESSING THE ISSUE

- Express your concerns about what she has told you and explain how it qualifies as IPV.
- Let her know that she is not alone and that reproductive coercion is common in abusive relationships, particularly for women who are of reproductive age.
- Give her more information about reproductive coercion and go over the information with her.

For informational materials about reproductive coercion, please visit: www.ncadv.org/programs/reproductive-coercion/informational-brochure.pdf

- Validate her rights and wishes within the relationship (e.g., she has a right to not want a child with this person; she has the right to pursue further education or a career if she wants; no one has the right to force her to have a child; she has the right to be physically, emotionally, and mentally safe).
- Respond to and/or combat any messages her abuser may be currently reinforcing (e.g., you must not love me if you don't want to have a baby with me; I'll get you pregnant so you will be in my life forever).
- If she is not pregnant, provide her with information about types of birth control that are easier to hide, help connect her with a feminist women's health care center or other appropriate resource if she is looking to obtain birth control, obtain an abortion, or explore other alternatives.

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- If she is pregnant, talk with her about her feelings about the pregnancy and how she wishes to proceed. If she is also being physically abused, work with her around how she may be able to keep herself and her baby safe (leaving if it is feasible, protecting her abdomen, stress reduction techniques, etc.).



- If she wants to continue her pregnancy, or is being coerced into continuing her pregnancy, be sure to go over all of her options in detail. Emphasize the importance of prenatal care. Refer her appropriately and assist with scheduling appointments. Be sure to talk to her about her plans for staying safe after the baby is born. Help connect her with any additional resources and support systems that may be necessary to facilitate her and her baby's health and wellness.

To find prenatal care resources in your area, visit:

www.ncadv.org/programs/reproductive-coercion/Resources.pdf.

- As in all situations, if the type of abuse is something you are obligated to report to the state, go over the reporting process with her in detail and involve her in the writing and wording of the report.

TYPES OF BIRTH CONTROL THAT MAY HELP KEEP A VICTIM OF INTIMATE PARTNER VIOLENCE SAFE

If she does not want to become pregnant, discuss the potential benefits of concealable contraceptives her partner will not be able to 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 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 still at the clinic, or suggest she take the pill home with her in an unmarked envelope so that 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 about where she can obtain a safe, legal, and confidential abortion.

If no local resources are available, refer patient to an advocate from the multi-lingual National Domestic Violence Hotline 24 hours a day by dialing 800-799-SAFE (4233), TTY 800-787-3224.

More information about reproductive coercion can be found at: www.ncadv.org, www.feministcenter.org, and www.nomas.org