



Promoting Wellness: Women's Health and Domestic Violence Advocacy




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Thanks To:

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- Healthcare Georgia Foundation
- Futures Without Violence (formerly Family Violence Prevention Fund)
- U.S. Department of Health and Human Services
Office of Women's Health



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Learning Objectives

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- Learn how domestic violence impacts women’s health, including reproductive health outcomes.
- Define reproductive coercion and birth control sabotage.
- Describe health advocacy practices that can be incorporated into domestic violence services.
- Describe strategies for discussing women’s health issues with victims.
- Understand why building relationships with local health care providers is so important.



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Question

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WHAT TYPE OF HEALTH ISSUES HAVE SURVIVORS TOLD YOU THEY’RE EXPERIENCING?

PLEASE SHARE YOUR RESPONSES IN THE QUESTION BOX

IPV and Women’s Health Issues

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- Urinary tract and vaginal infections
- Irregular menstrual cycles
- Pain during sex
- Pelvic inflammatory disease
- Cervical cancer



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Abused Women Are More Likely To:

- not have a mammogram
- have more prescriptions
- have more emergency room visits
- have more physician visits



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Reproductive Coercion

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- Overarching category of behaviors used to prevent a woman from having complete control of her reproductive health. It includes birth control sabotage, sexual coercion and pregnancy coercion.



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Poll Question

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HAVE YOU WORKED WITH A SURVIVOR WHOSE PARTNER HAS TRIED TO GET THEM PREGNANT OR INTERFERED WITH THEIR BIRTH CONTROL?

Threats to Promote Birth

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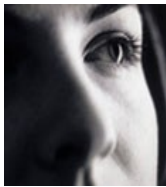
"He really wanted the baby—he wouldn't let me have—he always said, 'If I find out you have an abortion,' you know what I mean, 'I'm gonna kill you,' and so I really was forced into having my son. I didn't want to; I was 18. [...] I was real scared; I didn't wanna have a baby. I just got into [college] on a full scholarship, I just found out, I wanted to go to college and didn't want to have a baby but I was really scared. I was scared of him."



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Definitions

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- **Sexual Coercion:**
 - *intentionally* exposing a partner to STIs
 - threats or acts of violence related to partner notification
 - threats or acts of violence if woman doesn't agree to have sex when partner wants it



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Lack of Control Around Sex with Abusive Partner

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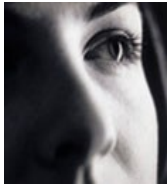
"I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed there like shock..."



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Definitions

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• **Birth Control Sabotage:**

- active interference with contraceptive methods
- threats around requests for birth control use

• **Pregnancy Coercion:**

- threats or pressure to promote pregnancy
- partner attempts to control pregnancy outcomes



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Birth Control Sabotage

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Tactics used by IPV perpetrators include:

- Destroying or disposing of contraceptives
- Not allowing her to obtain or preventing her from using birth control
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Threatening physical harm if she uses contraceptives



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Birth Control Sabotage/Pregnancy Coercion

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"He [used condoms] when we first started, and then he would just fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion."



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Birth Control Sabotage

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"...By telling me not to use it or like when I had the pill, he used to act out and ask me why I am using them, [...] I am hiding to use it and stuff like that. Then, there was another time I started using the ring and he pulled it out of me. [He asked:] "What's this, who be advised you to be using this kind of stuff?" [...] I was like, "I thought I could actually hide this one, not knowing you will come up inside of me and pull it out of me."



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Poll Question

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I ROUTINELY ASK THE SURVIVORS I WORK WITH ABOUT REPRODUCTIVE COERCION OR BIRTH CONTROL SABOTAGE

Common Types of Birth Control

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Type	How it Works	Risks for Tampering
Condom	Prevents sperm and bodily fluids from entering vagina and uterus	Partner refuses to wear; tampers with condom to cause it to break/fail
Oral Contraceptives "The Pill"	Prevent ovulation	Partner may hide pills, destroy them, refuse to provide finances to purchase; if she hides them, she may forget to take them
Depo-Provera ("The Shot")	Provides hormones similar to birth control pills – prevents ovulation	Periods may stop completely, if partner monitors closely, this might not be safe

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Common Types of Birth Control

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Type	How it Works	Risks for Tampering
Intra-Uterine Device (IUD)	Inserted into uterus – alters lining of uterus so egg cannot implant	String can be felt by partner and pulled out – string can be clipped
Hormonal Patch	Releases same kind of hormones as pill – prevents ovulation	Patch is visible and can easily be removed
Implanon	Tube of hormones inserted into arm – works similarly to birth control pills – prevents ovulation	Might be detected if felt on arm – could cause periods to stop, might not be safe if partner monitors her closely

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Common Types of Birth Control

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Type	How it Works	Risks for Tampering
Diaphragm/Cervical Cap	Barrier method to prevent sperm from reaching the vagina	Must be inserted before intercourse; can be felt by partner; can be pulled out by partner
Natural Family Planning/"Rhythm Method"	Woman tracks her menstrual cycle to predict ovulation – must abstain from sex or use barrier method	Requires cooperation from both partners and can easily be sabotaged.
Vaginal Ring	Prevents ovulation	Ring can be felt by partner and can be easily pulled out
Emergency Contraception "Morning After Pill"	Series of hormones given within 72 hours of unprotected sex, prevents implanting of egg	Partner may force her to use EC or may prevent her from obtaining/using EC

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IPV and Sexual Risk Behaviors

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Women who have experienced IPV are more likely to:

- Have multiple sexual partners
- Have a past or current sexually transmitted disease
- Report inconsistent use or nonuse of condoms
- Have a partner with known HIV risk factors
- Report male control of the relationship
- Have a fear of their partner's response to condom negotiation
- Have no history of male partner testing for HIV



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Common Sexually Transmitted Infections

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Infection	Transmission	Treatment
Gonorrhea	Vaginal and anal intercourse; oral sex	Antibiotic
Chlamydia	Vaginal and anal intercourse	Antibiotic
Syphilis	Vaginal and anal intercourse; oral sex	Antibiotic
Herpes	Touching, kissing, vaginal and anal intercourse, oral sex	Medication to manage symptoms and outbreaks (No cure)
HPV (Human Papilloma virus)	Skin to skin contact, vaginal and anal intercourse, oral sex	Most forms require no treatment
HIV/AIDS	Transmitted in blood, semen, vaginal fluids and breast milk	Drug cocktails to manage the disease (No cure)

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IPV and Sexually Transmitted Infections (STIs)

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Women disclosing physical abuse were

3 TIMES

more likely to experience a STI.

Women disclosing psychological abuse were

2 TIMES

more likely to experience a STI.



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HIV and Power and Control

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- Victims are often unable to negotiate safe sex practices.
- Abusers may rape or sexually assault their victims as part of the power and control process – making condom use unlikely
- Some abusers may intentionally infect their partners with HIV to keep the victim from leaving
- Abusers may prevent victims from receiving medical care which in turn, may impact their health and increase their risk of contracting HIV



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HIV and Power and Control (2)

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- Abusive partners may engage in sexual activity outside of the relationship, further exposing themselves and their partner to HIV infection
- Abusive partners may force their partners to engage in unsafe sexual practices with others
- Victims of domestic violence often suffer a wide range of health-related problems caused or made worse by their abuse. This negative effect on their health may compromise their immune system.



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IPV, Reproductive Control and Unintended Pregnancy

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Among women reporting reproductive control:

- IPV increases risk for unintended pregnancy **two-fold** in adult women
- Adolescent girls in physically abusive relationships were **3.5 to 6 times more likely** to become pregnant than non-abused girls
- IPV appears to be a necessary condition for reproductive control to increase risk for unintended pregnancy



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IPV and Prenatal Risks

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Women who reported IPV during pregnancy or the year prior to pregnancy were:

- less likely to receive prenatal care in the first trimester
- more likely to report smoking, drug and alcohol use during the third trimester
- experience depression, higher stress and attempt suicide



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Complications of IPV During Pregnancy

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- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting or dehydration
- Kidney infection or urinary tract infection
- Hospital visits
- An infant requiring intensive care unit



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IPV During Pregnancy is Associated With:

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- Lower weight gain during pregnancy
- Birth weight
 - Pre-term LBW and term LBW
 - Low and very low birth weight
- Pre-term births



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Why Does This Issue Matter to Advocates?

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Poll Question

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WHAT KIND OF HEALTH RELATED INFORMATION OR ADVOCACY DO YOU CURRENTLY HAVE IN YOUR PROGRAM?

Importance of Advocates' Response

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- Advocates must be comfortable talking about this issue
- Maybe first time victims are able to focus on their health needs
- A little bit of education goes a long way
- Advocates can be strong source of health information and referrals



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Expanding Your Advocacy

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- Assessment for reproductive coercion as part of intake
- Partnerships with local health care providers
- Provision of some health care services in shelter/organization
- DV advocate on site at health department, emergency department, etc.



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Assessment for RC During Intake

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- When listening to her account of abuse experience, listen for clues regarding forced sexual activity, unplanned pregnancies, etc.
- Ask if there are health concerns she might need help with (NOTE: Do NOT ask about specific diseases or medications)
- Be willing to use additional tools to help victim process the potential health effects of domestic violence (next slide)



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Reproductive Health Safety Card

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Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered YES to ANY of these questions, your health and safety may be in danger.

- Asks key questions
- Used as a prompt for staff and a safety card for victims

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Poll Question

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MY PROGRAM HAS A RELATIONSHIP WITH A LOCAL HEALTHCARE PROVIDER IN MY COMMUNITY

Partnerships with Local Providers

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Establish relationships with local health care providers

- Multiple possibilities
 - Local health department
 - Hospitals
 - Emergency Department
 - Labor and Delivery
 - Local doctors (Family Practice, OB/GYN, Peds.)

The key is finding a local champion within your commu



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Georgia's Southwest Public Health District

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Counties:

- Baker
- Calhoun
- Colquitt
- Decatur
- Dougherty
- Early
- Grady
- Lee
- Miller
- Mitchell
- Seminole
- Terrell
- Thomas
- Worth

www.southwestgeorgiapublichealth.org



SW Health District Programs and Services

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- **Women's Health**—Family Planning, Perinatal Case Management, Pregnancy Related Services, Babies Born Healthy and Breast and Cervical Cancer Screening
- **Centering Pregnancy**—Prenatal Care
- **Nutrition Services/WIC**—Nutrition Education, High Risk Nutritional Counseling, Lactation Counseling, and Supplemental Foods.
- **Immunization**—Provides immunizations to all ages
- **Farm Worker Health**—Provide primary health care to farm workers and their families
- **Child Health**—Children 1st, Children's Medical Services, Babies Can't Wait, Sickle Cell/Genetics and Health Checks
- **Acute, Chronic and Infectious Disease**—Testing, treatment, and counseling for HIV/AIDS, STD, TB, Diabetes; outreach education

Partnerships with Local Providers

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Opportunities for Partnerships:

- Education
 - Your staff provides DV education as "lunch and learn" opportunities
 - Their staff provides basic health education seminars for clients and staff
- Posters/Educational Materials
 - Work with providers to put posters and educational materials in high-traffic areas
 - Train providers on how to screen for domestic violence, reproductive coercion, etc. and how to make referrals to your agency



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Provision of Health Care Services

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- Not as complicated as it sounds!
- Start with something simple like having pregnancy tests on site
- As relationship progresses with local provider, begin exploring how simple health care services (vaccinations, school physicals) might be offered at your organization
- Expansion of program could lead to routine "office hours" for a local MD to provide routine services like GYN visits, minor illnesses, etc.



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Things to Consider with On-Site Services

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- Who will provide services
 - Local physician/nurse practitioner
 - Medical school residency program
 - Local health department
- What equipment/supplies needed
 - Spare room with some storage
 - Exam table, blood pressure monitor, minor first aid supplies, pregnancy tests, etc.
 - How records are kept



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On-Site Domestic Violence Advocate

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- Possible places for on-site advocacy include health department and local hospital
- One of two formats work best:
 - On-site at the health department on a regular basis
 - On-call/on-site at the hospital
- Purpose is to provide immediate domestic violence services when a victim is identified through routine screening or requests DV assistance



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Examples of National Programs

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- Rose Brooks Shelter (Missouri) www.rosebrooks.org
 - Monthly program with physician providing office hours
 - MOU with local pharmacy to provide medications
 - Also has on-site DV advocate at local hospital (Bridge Program)
- Penelope House (Alabama) www.penelopehouse.org
 - Local family practice residency program serves patients in shelter one day/week
 - Long-time program, first of its kind in nation
 - Sees variety of issues including well-child exams, illnesses, etc.



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National Programs (2)

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- House of Ruth, (Maryland) www.hruth.org
 - Clinic operated by Johns Hopkins School of Nursing
 - Faculty and students provide physical exams, health screenings and health education to clients of House of Ruth
 - Health suite in the shelter



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Resources and Questions?

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- Resources: www.futureswithoutviolence.org
 - Posters, brochures, patient education cards
 - Practice guides and other tools for providers
 - Trainings and webinars
- Any questions?
- Slides and handouts will be emailed to you shortly along with link for post-training survey. **Please complete the survey!**



Thank You!

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