

Expanding Options, Creating Choices

Navigating reproductive health issues in the context of abuse

Curriculum Presenters Guide



**Idaho
Coalition**
Against Sexual &
Domestic Violence
Engaging Voices, Creating Change

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Navigating reproductive health issues in the context of abuse

How to use this Curriculum Presenter's Guide

The Curriculum Presenter's Guide is for presenters only and is not to be distributed at training events. Before conducting any presentation, you should be familiar with the material in the guide. The curriculum provides a structure for your presentation as well as supportive information. However, please do not simply read this guide before conducting a training or presentation. It is recommended that you become as familiar as possible in order to increase your comfort level and to be able to answer questions that may not be included in this guide. Presenters should have at least a basic understanding of the dynamics of intimate partner violence and best practices in responding to survivors as well as general knowledge of reproductive health issues.

The optional PowerPoint tracks the presenter's guide and small slides are printed on the presenter's guide to allow you to follow the PowerPoint if you choose to use it. There is a PowerPoint handout that can be distributed at the presentation.

The curriculum has interactive components designed to educate, engage, and encourage participants to explore the complexities of this issue. It is recommended that you become familiar with the material and try to engage the participants in discussion as much as possible.

Curriculum Vision:

Empower survivors to reclaim a healthier future.

Curriculum Objectives:

Participants will be able to:

- Recognize reproductive coercion in various forms
- Provide survivors with basic reproductive health information
- Foster empowerment by offering healthier options
- Make accurate referrals to reproductive health services

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Length and Structure of Presentation

The *Expanding Options, Creating Choices* presentation is designed to be used either in person or as a web-based training. The in-person version is approximately 2 hours in length and includes two case studies with facilitated discussions. The web-based version is approximately 60 minutes in length. Both are outlined below with the corresponding time allocations.

1) Expanding Options, Creating Choices 60 min.

Web-based version and core content for in-person training

- a. Reproductive Coercion and Interpersonal Violence
- b. Reproductive Health Risks for Survivors of Intimate Partner Violence
 - i. Sexual Assault
 - ii. Coerced Pregnancy Termination
 - iii. Unplanned Pregnancy
 - iv. STI's & HIV
- c. Expanding Options, Creating Choices: Survivor Empowerment Plan

2) Additional Content for In-person Training 60 min.

(With additional discussion time for above content)

- a. Case studies for male and female survivors
- b. Brainstorming Advocacy Options

Presentation Tools and Support

Visual aids can help participants retain information. The curriculum includes:

- A Presenter's Guide to inform trainers on the issues related to intimate partner violence in later life.
- A PowerPoint Presentation
- A PowerPoint Handout
- Reproductive Health Fact Sheets
- Case studies and Advocacy Worksheets

Recommended Equipment and Materials

- PowerPoint
- Computer
- LCD Projector
- Flipchart and Markers
- Post-it notes

Web-Based Training and Core Content for In-person Training

Introduction

Vision:

Intimate partner violence takes many forms. Abusers use countless strategies to maintain *power and control* over the survivor. Many survivors experience attempts to control or even compromise their reproductive health. Reproductive coercion, or behaviors to control another's reproductive health and outcomes, is very common in both adult and adolescent abusive relationships.¹ The impact of these behaviors on a survivor is significant, but perhaps the most damaging effect they have is limiting an individual's access to choices regarding their own health and body. The vision of this effort is to:

Empower survivors to reclaim a healthier future.

Curriculum Objectives:

By the end of this presentation, you should be able to:

- **Recognize reproductive coercion in various forms**
- **Provide survivors with basic reproductive health information**
- **Foster empowerment by offering healthier options**
- **Make accurate referrals to reproductive health services**



¹ Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. Male partner pregnancy-promoting behaviors and adolescent partner violence: findings from a qualitative study with adolescent females. *Ambulatory Pediatrics*. 2007;7(5):360-366.

Reproductive Coercion and Intimate Partner Violence

Reproductive Coercion

This section will allow you to examine reproductive coercion in its various forms and provide a basic understanding of these coercive behaviors. Many survivors we serve experience these tactics, however they are often hidden, due to their private and intimate nature.

This information will provide a foundation for working with survivors and help you to examine how reproductive health concerns fit into providing comprehensive services.

Futures without Violence defines **reproductive coercion** as:

*Behaviors that a partner uses to maintain power and control in a relationship related to reproductive health.*²

These abusive strategies encompass a wide variety of behaviors including:³

- **Efforts toward unwanted pregnancy**

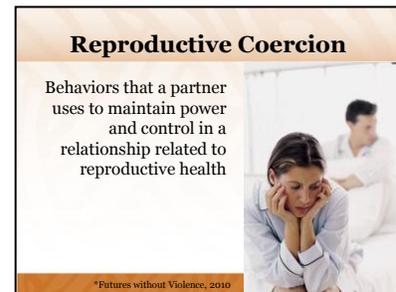
Some abusers use coercive strategies to impregnate a female partner as a means of keeping the survivor in the relationship or to control the survivor in other ways. These can take the form of verbal pressure, coercion, and even violence or the threat of it. These will be examined further in the next section.

- **Control over outcomes of pregnancy**

If a survivor is pregnant, some abusers will exercise power and control over the outcome of that pregnancy. This abusive strategy can be directed at forcing the survivor to terminate the pregnancy against their will, or to carry an unwanted pregnancy to term.

- **Unwanted sexual acts**

Many survivors are coerced into unwanted sexual acts through pressures ranging from coercion to physical violence. *All* unwanted sexual acts constitute sexual assault regardless of whether or not the survivor is dating or married to the abuser or if physical violence is used. This also includes the refusal of an agreed upon contraceptive choice.



² Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

³ Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

- **Contraception refusal**

One strategy some abusers use to control a survivor's reproductive health is refusing to cooperate with the couple's chosen contraceptive method. Again, this coercion can range from verbal pressure to violence acts.

- **Intentional STI exposure**

Survivors of intimate partner violence are at a higher risk of STI exposure due to many factors which will be discussed in the next section. Some abusers make an intentional effort to expose survivors to STI's as a means of controlling their reproductive health.

Reproductive Health Risks for Survivors of Interpersonal Violence

The coercive and controlling behaviors of some abusers can cause serious adverse consequences for a survivor's reproductive health. These risk factors can include, but are not limited to:

- **Sexual assault**
- **Coerced pregnancy termination**
- **Unplanned pregnancy**
- **Increased STI/HIV risk**

These risk factors are not limited to survivors of intimate partner violence, however the intersection of reproductive health and abuse is remarkably clear. The following risks are the result of *intentional* actions by abusers to control survivors. Understanding these risks and the associated behaviors will enable us to provide more comprehensive services to survivors and increase safety along with self-determination. Helping a survivor identify these risks and providing basic reproductive health information can be an important first step in empowerment and healing.

Sexual Assault

Sexual assault occurs in approximately 40-45% of battering relationships.⁴ When combined with other forms of physical and sexual violence, sexual assault is a dangerous tactic used by perpetrators to maintain control over their partner. This can have serious reproductive consequences including:



⁴ Campbell, et al. (2003). "Assessing Risk Factors for Intimate Partner Homicide." *Intimate Partner Homicide*, NIJ Journal, 250, 14-19. Washington, D.C.: National Institute of Justice, U.S. Department of Justice.

- **Genital and bodily injury:**

The violent nature of sexual assault can cause trauma to both male and female reproductive organs, including vaginal and anal tearing. This may also increase the risk for sexually transmitted infections and HIV (see below).

- **Limits to birth control/safer sex methods:**

When a survivor is forced into sexual activity without consent, this limits their control over which birth control or safer sex method they wish to use. Many of these methods, such as condoms, contraceptive sponges, diaphragms, etc. require sexual activity to be planned and need preparation.

Coerced pregnancy termination

On the opposite end of the spectrum of reproductive coercion are efforts by perpetrators to terminate, or control the outcome of, their partner's pregnancy. These tactics can include:

- **Forced or coerced abortion**

Women and teens seeking abortions are nearly 3 times more likely to have been victimized by an intimate partner in the past year compared to women who are continuing their pregnancies.⁵ Some survivors are coerced into abortion with threats of violence directed at themselves, or their unborn child.

- **Miscarriages:**

Survivors who are pregnant can experience increase levels of physical and/or sexual violence which can compromise an existing pregnancy. Rates of miscarriages among survivors of abuse have been shown to be significantly higher than non-abused women.⁶



Unplanned pregnancy

Women with unwanted or unplanned pregnancies are 4 times more likely to experience physical violence by a husband or partner compared to women with intended pregnancies.⁷ Many survivors experience severe, often violent, pressure to become pregnant, or coercive tactics such as a partner sabotaging their chosen birth control method. The following tactics are used by some abusers to impregnate their partner:



⁵ Bourassa D, Berube J. The prevalence of intimate partner violence among women and teenagers seeking abortion compared with those continuing pregnancy. *Journal of Obstetrics & Gynaecology Canada*. 2007;29(5):415-423.

⁶ Morland, A., et. al. Intimate partner violence and miscarriage: Examination of the role of physical and psychological abuse and posttraumatic stress disorder. *Journal of Interpersonal Violence*. 2008;23(5): 652-669

⁷ Gazmararian JA, Adams MM, Saltzman LE, Johnson CH, Bruce FC, Marks JS, Zahniser C, and the PRAMS Working Group. The relationship between pregnancy intendedness and physical violence in mothers of newborns. *Obstetrics & Gynecology*. 1995;85(6):1031-1038.

Birth Control Sabotage

Many survivors experience what is known as birth control sabotage, or:

*Active interference with contraceptive methods by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.*⁸



Birth control sabotage is very common in both adolescent and adult abusive relationships. In one study, 66% of teen mothers on public assistance disclosed birth control sabotage by a dating partner.⁹ The following are examples of behaviors that constitute birth control sabotage:¹⁰

- **Hiding, withholding, or destroying**

Abusers may use various tactics to prevent a survivor from using an existing, often agreed upon, form of contraception. This can range from hiding or replacing pills to refusing access to birth control.

- **Breaking condoms**

Some survivors have experienced birth control sabotage in the form of an abuser intentionally breaking a condom or damaging it to make this method less effective. Other abusers may use violence, or the threat of it, to prevent the use of condoms. In one study, 32% of women with abusive partners were verbally threatened when they tried to negotiate condom use and 21% experienced physical abuse.¹¹

- **Refusing to withdraw**

Other abusers use birth control sabotage by refusing to withdraw when the couple had agreed to this method. The withdraw method of birth control works when a male partner removes his penis from his partner's vagina before ejaculation to prevent conception. Both adolescent and adult couples agree to use this method, which relies on the male partner to comply.

- **Forcing removal of rings, IUD's, and suppositories**

One of the more dangerous examples of birth control sabotage is the forced removal of internal birth control methods such as Nuva rings, IUD's, suppositories, caps, and others. Some abusers have even violently removed these birth control devices causing injury to their partner. In the case of IUD's, which need to be inserted and removed by a health care provider, this can cause serious injury to the uterus and genital areas.

⁸ Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

⁹ Raphael J. Teens Having Babies: The unexplored role of domestic violence. The Prevention Researcher. 2005;12(1):15-17.

¹⁰ Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

¹¹ Wingood GM, DiClemente RJ. The effects of an abusive primary partner on condom use and sexual negotiation practices of African-American women. American Journal of Public Health. 1997;87(6):1016-1018.

Pregnancy Pressure and **Pregnancy Coercion** are two other tactics used by abusers to control survivors. Both of these behaviors are very common in both adolescent and adult abusive relationships.

Pregnancy Pressure involves behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant. These behaviors may or may not involve physical violence, but are aimed at controlling the reproductive outcomes of a survivor and keeping them tied to the relationship. Pregnancy pressure statements may sound like:

- “I’ll leave you unless you get pregnant.”
- “I’ll have a baby with someone else.”
- “I’ll hurt you if you don’t try to get pregnant.”¹²

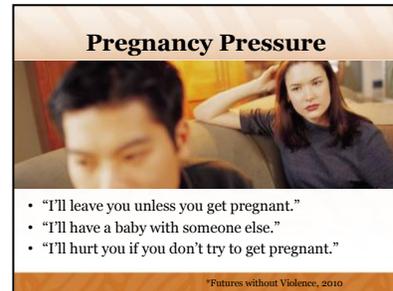
Pregnancy Coercion involves threats or acts of violence if a partner does not comply with the perpetrator’s wishes regarding the decision of whether to terminate or continue a pregnancy. These behaviors take many forms, but all involve the perpetrator imposing his or her will on the survivor’s reproductive outcomes. These can include:

- Forcing a woman to carry to term
- Forcing a woman to terminate a pregnancy
- Injuring a partner to cause miscarriage¹³

Increased risk of sexually transmitted infections (STI’s) and HIV

Survivors of intimate partner violence are also at an increased risk of sexually transmitted infections including HIV. In fact, women experiencing physical abuse by an intimate partner are 3 times more likely to have an STI than the general population.¹⁴ The following risk factors are associated both with intimate partner violence and the likelihood of contracting an STI:

- **Multiple sex partners**
- **Inconsistent or nonuse of condoms**



¹² Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

¹³ Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

¹⁴ Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical health consequences of physical and psychological intimate partner violence. Archives of Family Medicine. 2000;9:451-457.

- **Unprotected anal sex**
- **Having a partner with known HIV risk factors**
- **Exchanging sex for money, drugs, or shelter¹⁵**

Furthermore, the high prevalence of sexual assault in the context of abusive relationships¹⁶ can also increase a survivor's risk for STI's and HIV. In addition to inconsistent condom use, the violent nature of sexual assault is more likely to cause tissue tearing and other injuries, which can make a survivor more vulnerable to infection.

Reproductive Coercion is Sexual Assault

Sexual assault includes any non-consensual sexual act. It is important to remember that consent is an agreement about *all* the conditions of sexual activity and that it must be freely given by *both* people. Furthermore, consenting to protected sex or sex while using a contraceptive method is not the same as consenting to unprotected sexual activity.



¹⁵ Futures without Violence. Reproductive Health and Partner Violence Guidelines. 2010

¹⁶ Campbell, et al. (2003). "Assessing Risk Factors for Intimate Partner Homicide." *Intimate Partner Homicide*, NIJ Journal, 250, 14-19. Washington, D.C.: National Institute of Justice, U.S. Department of Justice.

Expanding Options, Creating Choices: Survivor Empowerment Plan



This section will increase you and your agency's ability to meet the reproductive health needs of survivor's of intimate partner violence. Simply providing new options to survivors can be an important step in reclaiming a healthier future. Helping a survivor plan for this future with basic health information fosters both empowerment and self-determination.

Empowerment Plan!

Every survivor we work with brings different strengths and struggles with them. Reproductive health issues are amongst the many challenges faced by survivors of intimate partner violence will take a different forms with every individual. The following are suggestions for addressing a survivor's reproductive health issues.



Build comfort levels

Discussing reproductive health issues can be difficult for both the survivor and the advocate due to their intimate and private nature. We are all at different comfort levels with these topics, but building your comfort level will make these discussions much easier. Here are a few guidelines to help with this:



- **Educate yourself**

Much of our discomfort about reproductive health is a result of a lack of knowledge these issues. Depending on our role, education, and individual experience, we have different levels of knowledge regarding reproductive health. Building knowledge will boost confidence and help you and your agency address these issues more efficiently. There are very easy ways to gain basic knowledge in this area. Please see the fact sheets provided and contact the Idaho Coalition for more training and education options.

- **Practice!**

As with any skill, practice helps. Make reproductive health a part of your agency's everyday discussions (if it isn't already), and find someone in your agency with which to

practice these skills. Also, connecting with outside resources such as family planning clinics and other health care services, will also help build individual confidence and agency capacity in addressing reproductive health issues.

- **Build rapport**

Finally, it is important to use your best judgment when addressing reproductive health issues. While these issues are both important and often timely, they should be brought up when the survivor is most comfortable. Building rapport with a survivor around these issues is crucial to addressing any needs. Take your time. Start with the least sensitive issues to build trust and make the relationship safe to discuss more difficult topics.

Meet everyone where they are

Every survivor will be in a slightly different place when it comes to reproductive health issues. Experiences, knowledge levels, resources, values, and other factors will vary with each individual.

- **Respect values and choices**

Reproductive health is a sensitive issue in many ways, especially those involving personal, family, or spiritual/religious values. What seems like common sense to one person based on their values, may be entirely counter-intuitive to another. Make sure you are open to all possibilities

- **Use judgment with timing and appropriateness**

As mentioned above, make sure you assess the survivor's comfort level in discussing reproductive health issues. While these issues are important, use your best judgment to determine the appropriate time.

- **Each choice is important!**

Every choice a survivor makes is a move towards empowerment and self-determination. Helping each individual make the best decisions for them is an important step in the healing process.



Clarify risk factors

Intimate partner violence takes a different form for every survivor and involves specific dynamics. Not every survivor experiences reproductive coercion, and each individual will have unique reproductive risks associated with their abuse. One of the most important roles you can play as a responder is clarifying these risks and help educate individuals with basic reproductive health information.



- **ASK!**

When addressing reproductive health issues, always remember to *ask* the survivor about their concerns, rather than assuming their experiences. While it is likely that survivors of intimate partner violence will have experienced some form of reproductive coercion or risk, these will differ with each individual. The following questions are good ways to approach reproductive health issues without assuming risk or experience:

“Are you concerned about...?”

“Has your partner ever...?”

“Would you like to know more about...?”

Furthermore, not all survivors may label their experiences as “coercion”, “control”, or “violence” so it is important to avoid lecturing the individual. Remember, our task is to: *empower survivors to reclaim a healthier future.*

- **Don’t assume knowledge levels**

Also, remember that not everyone possesses even basic knowledge regarding reproductive health. Approach each survivor differently depending on their level of knowledge. Sometimes even basic reproductive health information may be very helpful.

- **Discuss actual and perceived risks**

Due to the misinformation in our society and the limitations placed on survivors, the individuals we see may not have the necessary knowledge to make accurate decisions regarding their health. You may be in a great position to help the survivor clarify these risks and increase their capacity to manage their own reproductive health. The information in section one will be helpful to guide this conversation.

Know your limits

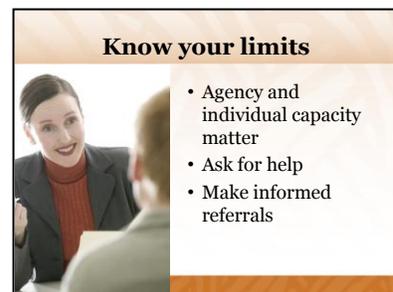
It is much more important to know your limits than to know everything. Remember the following when addressing reproductive health issues.

- **Agency and individual capacity matter**

Building your individual and agency’s capacity to address reproductive health issues is crucial to serving survivors of intimate partner violence. Remember, no one person can do everything. Make sure you establish clarity about your own limits and those of your agency.

- **Ask for help**

There may be others in your agency or among your community partners who will be great allies in helping a survivor address reproductive health issues. A referral isn’t always necessary and you may be the best person to talk with the survivor if you have a little help. Make sure you know who you can contact for help in your area.



- **Make informed referrals**

Sometimes a referral will be your best option. The next section will explore various options available to survivors and where individuals may receive available services. Be sure to make *informed* referrals, however. Develop relationships with reproductive health services providers in your area and be aware of accessibility issues, services available, and the criteria for these services. We will look at this more in the next section.

Open doors! Expanding Options!

Empowerment is a process led by the survivor, not the provider. Our role is to open as many doors as possible so that each individual may choose the path which is best for them.

- **Offer options, not advice**

Avoid using statements such as:

“You should...”

“You need to...”

“I’m going to have you...”

Instead:

“You can...”

“If you decide to, you may...”

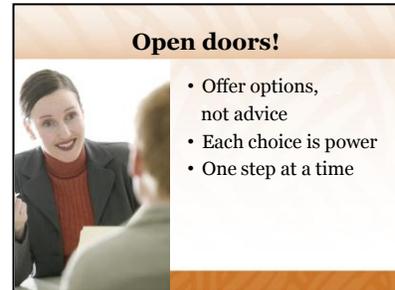
“Here are a few options for you to consider...”

- **Each choice is power**

Survivors of intimate partner violence have many choices taken away from them every day by their abuser. Each choice an individual can make reclaims some of that power.

- **One step at a time**

Helping a survivor reclaim a healthier future is a long term process. Certain choices will be made quickly and others will take time. Reproductive health issues are linked to many other factors and may require patience on the part of the survivor as well as the provider.



Expanding Options

This section will explore the many options available to survivors who are experiencing reproductive coercion. This information will help you better address the reproductive health issues of survivors and manage the associated risk factors.

Expanding Options for Safety

Intimate partner violence providers have conducted safety planning practices with survivors for many years. Often this is the primary goal of survivors seeking services. A good safety plan will include many aspects to help keep the survivor safe regardless of whether they choose to leave or stay. However, safety plans often do not include any action steps or information regarding reproductive health issues and risks. One of the first steps in addressing reproductive health concerns is incorporating these issues into your safety planning procedures. Sexual assault and coerced pregnancy termination (discussed in section 1) are two of the most common risks associated with intimate partner violence.



Sexual Assault

- **Be intentional**

Many service providers are aware of the high prevalence of sexual assault in abusive relationships. However, when addressing safety with survivors, it is important to be intentional about sexual assault and other forms of sexual violence. When facilitating safety plans, ask specific questions about sexual assault and the consequences for the survivor, such as injuries. It is very possible to be sensitive in addressing these issues, but use your best judgment in bringing them up.

- **Regain control**

Sexual assault is not simply an inevitable reality for survivors of intimate partner violence. It is possible for individuals to regain some control over this part of their lives. Only survivors themselves will know how to do this, but you can play an important role by starting this conversation respectfully.

Coerced Pregnancy Termination

- **Plan to leave or stay**

Many survivors experience extreme pressure or even physical violence by perpetrators as a form of coerced pregnancy termination. If you are working with a survivor who wishes to carry a pregnancy to term, it is crucial to include pregnancy safety options in your safety planning. In extreme cases, survivors experience physical attacks aimed at causing a miscarriage. Other survivors experience verbal and/or physical pressure to

seek an abortion. Whether, the survivor intends to stay with the abuser or leave, be intentional about addressing safety issues for pregnant individuals.

- **Health care & resources**

Intimate partner violence may also limit a survivor's access to health care and other resources. Be specific in addressing this issue as well, especially for survivors who are pregnant.

Expanding Options for Contraception

While safety planning is a good first step in addressing reproductive health issues, moving towards an *Empowerment Plan* will open even more options for a survivor. An empowerment plan will help a survivor be proactive about reproductive health issues rather than simply reacting to their partner's abusive behaviors. This will be discussed more in the next section.



The following information will help you work with survivors who are experiencing attempts by their abuser to get them pregnancy against their will. By expanding a survivor's options for contraception, the individual will be able to regain control over their reproductive health. It is not expected that you be able to provide all contraceptive information to survivors, however basic knowledge can be very helpful to someone experiencing reproductive coercion.

"Invisible" Birth control

Due to the tactics used by abusers to control a survivor's access to birth control, not all methods will be as effective. We will discuss the following contraceptive options, which may be effective for survivors.

- **Depo-provera**
- **Intra-uterine devices**
- **Implanons**

Backup Methods

The following methods will also be discussed in cases where the above methods are either unsuccessful or the survivor is already pregnant when seeking services.

- **"Morning After" pill**
- **Emergency Contraception**
- **Abortion Referrals**

“Invisible” Birth Control: Depo-provera

One method available to survivors who are experiencing reproductive coercion and/or birth control sabotage is Depo-provera, also known as Depo or “the shot.” The shot is sometimes described as “invisible” because there are very few visible signs of its use. However, it must be given by a health care provider, and the survivor should discuss these signs with them to make sure that the shot is a good choice for them. The following facts may help. For more information, see the “Birth Control Methods” factsheet from the Department of Health and Human Services.

- **More than 99% effective**
- **Must be given by health care provider every 3 months**
- **Few serious problems for most women**
- **Safe to use if breastfeeding**

**Expanding Options:
“Invisible” Birth Control**

Depo-Provera

- More than 99% effective
- Must be given by health care provider
- Few serious problems for most women
- Safe to use if breastfeeding



“Invisible” Birth Control: Intrauterine Devices (IUD’s)

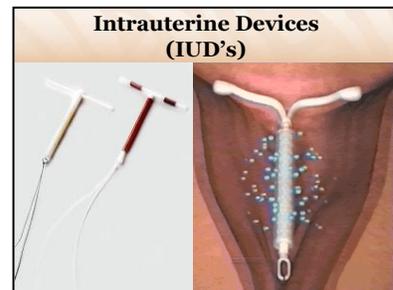
Another “invisible” birth control method available to survivors is the intrauterine device or IUD. An IUD is a device which is inserted into the uterus, by a health care professional. Similar to Depo-provera, there are few visible signs of its use. However, while an IUD is placed in the uterus, it has “strings” which hang down into the vagina, which may be noticeable at first. This, and the following information, should be considered by the survivor when exploring the use of an IUD. A health care professional should be able to answer any questions regarding IUD’s. Also, please see the “Birth Control Methods” fact sheet from the Department of Health and Human Services for more information.

- **More than 99% effective**
- **Must be inserted by health care provider**
- **Can cause discomfort**
- **Effective for 5-10 years**
- **“Strings” are noticeable at first**

**Expanding Options:
“Invisible” Birth Control**

Intra-uterine device (IUD)

- More than 99% effective
- Must be inserted by health care provider
- Can cause discomfort
- Effective for 5-10 years
- “Strings” are noticeable at first



“Invisible” Birth Control: Implanon

Implanon is another form of “invisible” birth control available to survivors. Implanon is a small rod inserted under the skin, most often on the underarm, by a health care professional. While it is mentioned as an “invisible” form of birth control, Implanon can be more noticeable in some women than other forms (see slide photograph). A survivor should consult a health care professional if considering the use of Implanon. You may also see the “Birth Control Methods” fact sheet from the Department of Health and Human Services for more information about Implanon.

- **More than 99% effective**
- **Must be inserted by physician**
- **More noticeable in some women than others**
- **Effective for up to 3 years**

**Expanding Options:
“Invisible” Birth Control**

Implanon

- More than 99% effective
- Must be inserted by physician
- More noticeable in some women than others
- Effective for up to 3 years



Emergency Contraception

Emergency Contraceptive Pills

Emergency contraceptive pills (ECP's) can be an effective method of reducing the risk of pregnancy if the survivor's other birth control methods have either failed or they were denied access to them. The following information will help you and the survivor discuss this option:

- **Plan B[®], Next Choice[®]**

These are the two most common ECP's available. Both are just as effective at reducing the risk of pregnancy after sexual contact. ECP's contain the same hormones found in typical birth control pills, but in higher doses. These higher doses prevent a female egg from leaving the ovary and keep sperm from joining the egg.

- **NOT abortion**

ECP's are not abortion pills and will not terminate an existing pregnancy. This is very important for survivors who think they may already be pregnant from consensual means, but want to take steps to ensure that the assault will not result in pregnancy.

- **Non-invasive**

A significant benefit of ECP's is the non-invasive nature of this option. One or two pills can be taken as soon as possible following an assault without medical procedures.

- **Most effective within 72 hours**

**Expanding Options:
Emergency Contraception**

Emergency Contraceptive Pills

- Plan B[®], Next Choice[®]
- NOT abortion
- Non-invasive
- Most effective within 72 hours
- 1 in 100 women will become pregnant if used correctly



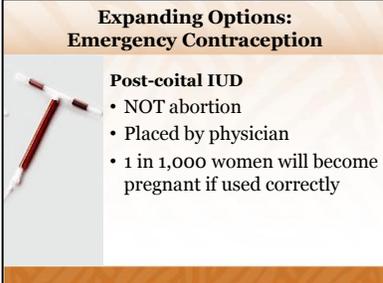
ECP's will be most effective with 72 hours of the sexual contact. They can still be used after this period, but with a lower rate of effectiveness.

- **1 in 100 women will become pregnant if used correctly**

ECP's are highly effective when used correctly and within the 72 hour period.

Post-coital IUD's (Intrauterine Devices)

Post-coital IUD's are inserted into the uterus by a trained physician. They have shown to be even more effective than ECP's at reducing the risk of pregnancy. The same limitations apply as with the standard IUD's and the method may be much more noticeable immediately following placement. The following information will help you and the survivor discuss this option:



**Expanding Options:
Emergency Contraception**

Post-coital IUD

- NOT abortion
- Placed by physician
- 1 in 1,000 women will become pregnant if used correctly

- **NOT abortion**

The post-coital IUD is not the same thing as abortion. However, they may prevent a fertilized egg from attaching to the uterus. This may be important for the survivor in making her decision.

- **Placed by physician**

Any IUD must be placed by a trained physician. The procedure is much more invasive than an ECP and may involve significant discomfort.

- **1 in 1,000 women will become pregnant if used correctly**

The post-coital IUD is highly effective at preventing pregnancy. It can also be placed up to 5 days after the sexual contact and may be left in place as an ongoing form of birth control.

The attached fact sheet from the Department of Health and Human Services includes more information that may be helpful in making the choice about ECP's and post-coital IUD's.

Abortion Referrals

Terminating a pregnancy (abortion) as a result of coerced conception is yet another option for a survivor and will most likely be one of the most difficult decisions an individual can make. Depending on the method, abortion can be a very invasive procedure and has many negative effects on the body. Most people, regardless of their



**Expanding Options:
Abortion Referrals**

- Connect with health care providers
- Don't assume!
- Discuss within your agency

situation have strong, often controversial, opinions about abortion. The following guidelines will help you and the survivor discuss this option.

- **Connect with health care providers**

Abortion is not available everywhere. Make sure you and your agency are aware of providers in your area. If you or your agency makes referrals for abortions, make connections with these providers so you are aware of the procedures involved. Making a survivor aware of what to expect is very important before making such referrals.

- **Don't assume!**

If a survivor does become pregnant as a result of reproductive coercion, don't assume which decision will be right for her. Again, most people have strong opinions about abortion and it is important to support whichever decision the survivor makes.

You or the survivor can visit www.womenshealth.gov for more information about abortion and the risks associated with this option.

Expanding Options for Safer Sex Methods

Another important, and often overlooked, area of safety planning is safer sex practices. As mentioned earlier, survivors of intimate partner violence are much more likely to contract a sexually transmitted infection than individuals who have not experienced abuse.¹⁷ Furthermore, men and boys who perpetrate dating violence, especially in adolescence are much less likely to use condoms as well.¹⁸ Many survivors experiencing reproductive coercion may feel as if they have little or no control over safer sex practices or protecting themselves from STI's and other adverse health consequences. This section will explore a few of the options available to survivors and help you to include this information in safety planning strategies.

Condom Options

Reproductive coercion around condom use can take many different forms. 32% of survivors in one study reported verbal abuse and 21% reported physical abuse when trying to negotiate condom use.¹⁹ Other survivors experience situations where condoms were an agreed upon method of contraception, but the perpetrator would



¹⁷ Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical health consequences of physical and psychological intimate partner violence. Archives of Family Medicine. 2000;9:451-457.

¹⁸ Raj A, Reed E, Miller E, Decker MR, Rothman EF, Silverman JG. Contexts of condom use and noncondom use among young adolescent male perpetrators of dating violence. AIDS Care. 2007;19(8):970-973.

¹⁹ Wingood GM, DiClemente RJ. The effects of an abusive primary partner on condom use and sexual negotiation practices of African-American women. American Journal of Public Health. 1997;87(6):1016-1018.

either break the condom intentionally or otherwise sabotage it.²⁰

Safety planning around condom use can be a difficult and uncomfortable process and not all strategies will work for every survivor. However, the following information about effective condom use will be helpful in starting this discussion.

- **Use and storage**

Condoms are over 99% effective at preventing pregnancy and most STI's when used and stored properly. Some perpetrators may be breaking or sabotaging condoms intentionally. However, if the survivor has some basic knowledge about proper usage and storage, he or she may be better able to influence safer sex practices in their relationship. See the attached handouts on condom use for more information.

****Optional Activity for In-person Training****

It's All One: *Gender and Condom Use*, Steps 5-7 (see attached)

- **Negotiation**

Men, including perpetrators, are reluctant to use condoms for a variety of reasons. While not all of these reasons will be easily approached by the survivor, the situation should not be abandoned or deemed inevitable. The survivor may be able to think of some ideas to better negotiate condom use with their partner. The attached brochure "Talking about Condoms" may be helpful.

Harm Reduction Strategies

While increased condom use is a very effective way for survivors of intimate partner violence to protect themselves from STI's and other adverse health consequences, this is not always possible. Only the survivor themselves will be able to choose the best strategy for themselves. There are, however, many other options to help significantly reduce harm to the survivor.



Survivors may have many questions about their actual risk of STI's and HIV in an abusive relationship. And while no service provider can have all of the answers to these questions, we are all capable of providing basic information which may help a survivor make positive choices about their reproductive health. The following information about STI and HIV risk factors will help you discuss these issues with survivors. As a reminder, use your best judgment in deciding when this information could be helpful or harmful.

²⁰ Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. Male partner pregnancy-promoting behaviors and adolescent partner violence: findings from a qualitative study with adolescent females. *Ambulatory Pediatrics*. 2007;7(5):360-366.

- Blood contact/tearing

Sexual assault is a loose term that encompasses many forms of sexual violence including assaults that occur within intimate relationships. Regardless of the nature of the assault, sexual violence is always harmful. However, certain types of contact can increase the survivors risk of contracting an STI. While STI's can be transmitted through all sexual contact, the violence nature of assaults can be more likely to transmit STI's such as HIV and others. Blood to blood contact is one of the highest risk factors for transmitting these STI's, which is more likely due to violent assaults that result in tissues being torn. Vaginal and anal contact/tearing are also more likely to transmit an STI.

- Past infections

Certain STI's can make an individual more susceptible to future infections due to their effect on the body's immune system. Furthermore, the violent nature of sexual assault can have a negative effect on past infections.

- Alcohol/Drugs

Because alcohol and other drugs have a negative effect on the immune system, they can also make an individual more susceptible to STI's such as HIV. This is important for many survivors given that many abusive relationships involve alcohol and other drugs.

- **Managing risk factors**

Managing the above risk factors is possible and the survivor may be able to brainstorm some ideas with minimal guidance. Managing the risk of an unintended pregnancy is also possible. Simply bringing this up with the survivor may open many doors and choices. As always, use your best judgment in this process.

- **Screening/Treatment**

Sometimes, screening and testing for STI's may be the best option for survivors experiencing reproductive coercion. Early detection of STI's almost always has a positive effect on treatment options. Screening is available for most STI's and HIV, however the availability may vary by geographical area. In Idaho, the Local Public Health Departments offer STI screening. For a list of these and other locations, you or the survivor can visit www.healthandwelfare.idaho.gov.

It is important to remember that some STI's and HIV have what is called a "window period" from the time of infection to the time where the most accurate screening result can be achieved. For example, the "window period" for HIV is 12 weeks. This means that if a survivor is concerned about an exposure one week ago, they would have to wait 11 more weeks for the most accurate screening result. Screening can be done before this with *some* accuracy, but the survivor would need to get tested again after the "window period" if they would like the most accurate result. "Window periods" are different for different infections and can range from days to months. The following is an

estimate of various “window periods,” however, these can vary and a health professional should be consulted for more specific screening information.

Gonorrhea: The window period for Gonorrhea is usually 2 to 7 days.

Chlamydia: The window period for Chlamydia is usually 14 to 21 days, but can be longer.

Syphilis: The window period for Syphilis is usually 21 to 28 days.

HIV: The window period for HIV is usually 2 weeks to 3 months.

Hepatitis A: The window period for Hepatitis A is 15 to 50 days.

Hepatitis B: The window period for Hepatitis B is usually 49 to 98 days.

Hepatitis C: The incubation period for Hepatitis C ranges from 42 - 70 days.

www.stdresource.com

Screening for STI's has progressed significantly over the years. Most STI's are able to be screened through non-invasive means, and many without a blood draw. The following table, available at www.plannedparenthood.org, describes some of the screening methods used to detect various STI's

Which STD?	What's the Test?
HIV/AIDS	<ul style="list-style-type: none"> • blood test • oral swab test — a special tool is used to test cells from inside the mouth • urine test (rarely used)
Bacterial Vaginosis (BV) (affects only women)	<ul style="list-style-type: none"> • pelvic exam • test of vaginal discharge
Chlamydia	<ul style="list-style-type: none"> • physical exam • test of discharge from the anus, urethra, or vagina • test of a cell sample — cells from the cervix, penis, vagina, or anus • urine test
Genital Warts	<ul style="list-style-type: none"> • physical exam — some warts can be seen by the naked eye during a pelvic exam. A special tool called a colposcope may be used to detect warts that are too small to be seen by the naked eye.
Gonorrhea	<ul style="list-style-type: none"> • test of discharge from the anus, urethra, or vagina • test of a cell sample — cells from the cervix, penis, anus, or throat • urine test
Hepatitis B	<ul style="list-style-type: none"> • blood test
Herpes	<ul style="list-style-type: none"> • blood test • test of fluid taken from a herpes sore
High-Risk HPV	<ul style="list-style-type: none"> • no HPV test for men

	<ul style="list-style-type: none"> • test of cell samples from the cervix
Pelvic Inflammatory Disease (affects only women)	<ul style="list-style-type: none"> • pelvic exam • blood test • test of discharge from the cervix or vagina • laparoscopy — a special instrument is inserted through a small cut in the navel to look at the reproductive organs
Pubic Lice	<ul style="list-style-type: none"> • physical exam • may be self-diagnosed based on symptoms
Scabies	<ul style="list-style-type: none"> • physical exam • may be self-diagnosed based on symptoms • test of a cell sample • biopsy may be necessary
Syphilis	<ul style="list-style-type: none"> • blood test • test of fluid taken from a syphilis sore
Trichomoniasis	<ul style="list-style-type: none"> • test of discharge from the vagina or urethra

www.plannedparenthood.org

Empowerment Plan: Creating Choices

As discussed above, the purpose of a safety plan is to help a survivor identify and implement strategies to keep themselves safe from a current or former abusive partner. A comprehensive safety plan includes many things from identifying resources and services, plans for leaving dangerous situations, etc. When addressing reproductive health concerns for survivors of intimate partner violence, an “empowerment plan” can be a very useful tool to assist individuals in navigating health concerns. Not all of the following elements will be relevant for every survivor. Furthermore, the empowerment plan process should be completely voluntary and not seen as a “checklist” item. The Survivor Empowerment Plan described below is not intended to be simply a form or a piece of paper. This plan is a process, and in many cases would not even need to be in a written format. You can provide written materials as appropriate, but the strength of this process is the actual dialogue with the survivor. With those considerations effective components of a Survivor Empowerment Plan include:



Accurate information about risks and impact

In order to fully empower a survivor to make decisions about reproductive health issues, we must provide accurate information about the actual reproductive health risks and potential impact on the individual. This includes the information discussed earlier in the sections on Survivor Reproductive Health Risks. Brochures, fact sheets and other information will be helpful with this element. A sample information kit is attached to this guide.

Sexual Assault and Coerced Pregnancy Termination risk management

Many traditional safety planning procedures are capable of addressing sexual assault and coerced pregnancy termination. However, it is important to be both specific and intentional about these risks and develop a plan whether or not the survivor is planning to leave their abuser.

Unplanned Pregnancy risk management steps

If the survivor is concerned about an unplanned pregnancy, a pregnancy risk management plan can be developed to help the individual decide for themselves which steps to take, and how they wish to take them. A pregnancy risk management plan should include:

- **Contraceptive options**

- **Plan for obtaining:**
 - **Emergency Contraception**
 - **Abortion/Pregnancy Consultation**
- **Should Include:**
 - **Accurate referrals**
Only accurate and appropriate referrals should be included. Make sure you are well informed of the services provided at each referral agency as well as any accessibility issues.
 - **Financial resource plan**
Reproductive healthcare is rarely provided free of charge. When developing a pregnancy risk management plan with a survivor, make sure you consider financial resources. Many services are offered on a sliding scale, or there may be other assistance available. If financial resources are a barrier for the survivor, develop a comprehensive plan to obtain healthcare.
 - **Follow up plan**
A pregnancy risk management plan depends on several variables. Brainstorm different “what if” possibilities with the survivor and consider the following:
 - Availability of Emergency Contraception
 - Results of Home Pregnancy Tests and confirmatory tests

STI/HIV risk management steps

Similarly, if the survivor is concerned about STI's and/or HIV, a risk management plan can be developed to help the individual decide for themselves which steps to take, and how they wish to take them. An STI/HIV risk management plan should include:

- **Harm reduction plan**
- **Plan for obtaining:**
 - **Screening**
 - **Treatment**
- **Should Include:**
 - **Accurate referrals**
(See above)
 - **Financial resource plan**
(See above)
 - **Follow up plan**
An STI/HIV risk management plan also depends on several variables, especially in the early stages. Brainstorm different “what if” possibilities with the survivor and consider the following:

- Availability of Prophylactics
- Results of STI/HIV screening and confirmatory tests

Support network outline

Navigating reproductive health concerns in the context of abuse can impact anyone emotionally and mentally as well. A support network can be extremely important especially when responding to the “what if” scenarios listed above. Here are a few questions for you and the survivor to identify a support network:

- **Who else can you talk to?**
- **Who would be supportive of your potential struggles with:**
 - Violence
 - Pregnancy
 - STI's/HIV
- **Who is safe to talk to?**

Future Training and Assistance

Remind participants of any other available training options available through the Coalition and other resources.

