February PE 46 Webinar

Intimate Partner Violence

REPRODUCTIVE HEALTH PROGRAM
Adolescent, Genetics, and Reproductive Health

Oregon Health Authority

Agenda

- Welcome/Introductions
- General Updates
- Everything PE 46
- *"Intimate Partner Violence and Reproductive Coercion impacts on Access and Use"* by guest speaker Emily Fanjoy

General Updates

- 2019 Triennial Reviews
- PE 46 Webinar **NO** March Webinar
- 2019 Webinar Topics
- PE 46 Web Page

Dolly England Dolly.A.England@dhsoha.state.or.us

Everything PE 46

Technical Assistance Calls Available

- Available for TA Calls: Email to schedule a time!!!

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Fiscal Updates

Oregon Health Authority

Fiscal Updates

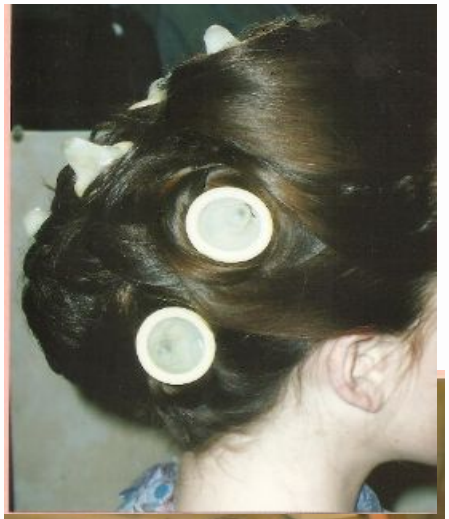
- PE46 Payments
  - For February you will notice 2 payments
    - 1 – February Payment = 1/7 of award
    - 2 – Q2 Reconciliation
      - If you reported less than the contractual amount allowed for the 1st 2 Quarters of the State Fiscal Year (Jul-Dec) money was recouped
      - If you were paid less than you reported expenses for PE46 for the 1st 2 Quarters of the State Fiscal Year (Jul-Dec), money was paid out to the allowed contractual amount through 12/31.
  - R&E reports – All PE46 eligible expenses should be included.
  - Money must be expended by 3/31

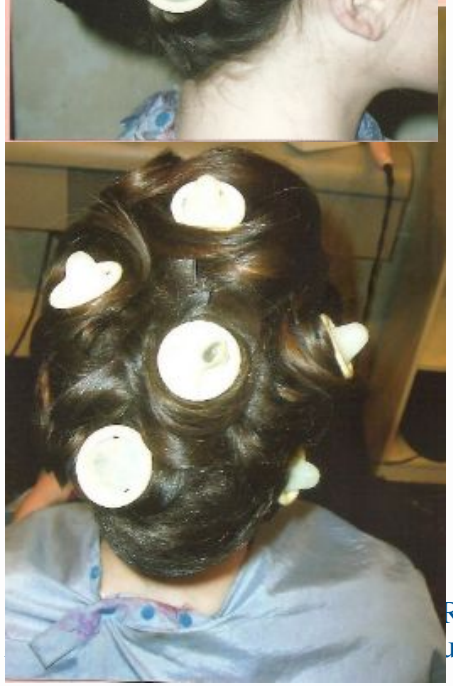
Questions

Dolly's Community Engagement Moment

Juneau, AK 2006

Wearable Art Fashion Show





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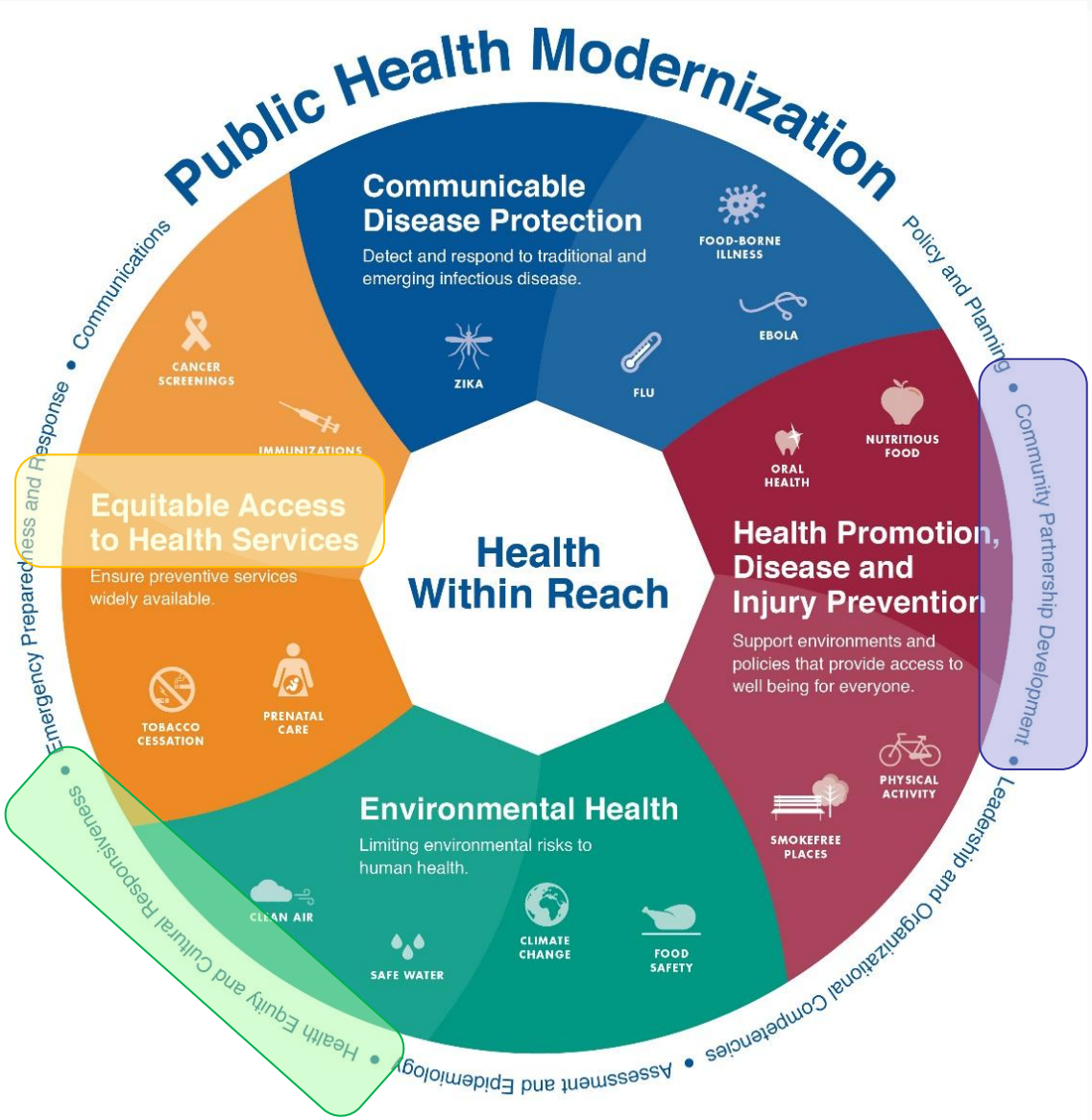
Wearable Art Fashion Show

Addresses Public Health Modernization

- Equitable Access to Health Services
- Community Partnership Development
- Health Equity and Cultural Responsiveness



Intimate Partner Violence and Reproductive Coercion Impacts on Access and Use

Emily Fanjoy, Health Programs Coordinator at Tillamook Co. Women's Resource Center

Learning Objectives

- Name 3 types of reproductive coercion
- Discuss how intimate partner violence (IPV) negatively impacts access to reproductive health services
- List two strategies for harm reduction

Workshop Agreements

- Because domestic and sexual violence (DSV) are so prevalent, assume that there are survivors participating today.
- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.

What is Trauma?

- An experience that is overwhelming for that person.
- Trauma might look different for you or me, but we've all experienced it.

Reflecting on Trauma

Historical, Cultural and Intergenerational

- **Cultural trauma**: an attack on the fabric of a society, affecting the essence of the community and its members
- **Historical trauma**: cumulative exposure of traumatic events that affect an individual and continue to affect subsequent generations
- **Intergenerational trauma**: when trauma is not resolved, subsequently internalized, and passed from one generation to the next.

(D.S. BigFoot, 2007 ©)

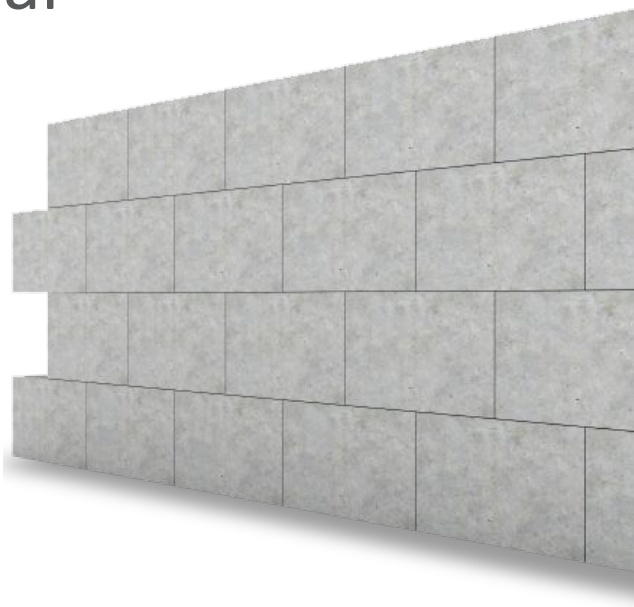
Personal Exposures to Violence and Secondary Traumatic Stress are Connected

- Lifetime exposure to violence is common
- Working with patients who are experiencing or have experienced violence can trigger painful memories and trauma
- Personal history of exposure to violence increases risk for experiencing secondary traumatic stress

Breaking Down Institutional Barriers

Why has it been difficult for many providers to screen for domestic violence?

- Persistent systematic and personal barriers to screening
- Child protection services (CPS) /Deportation reporting fears
- Staff's own personal and/or vicarious trauma
- Limitations of screening tools in this context



Addressing the Barriers

Simplify process of screening for and providing universal education about IPV for providers.

- Support staff first
- Connect IPV to health
- Safety card intervention
- Strategies for warm referral & support

Intimate Partner Violence (IPV)

One person in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

It is a **cycle** that gets worse over time – not a one time 'incident'

Leaving is not always the best, safest or most realistic option for survivors.

Definitions of Domestic Violence

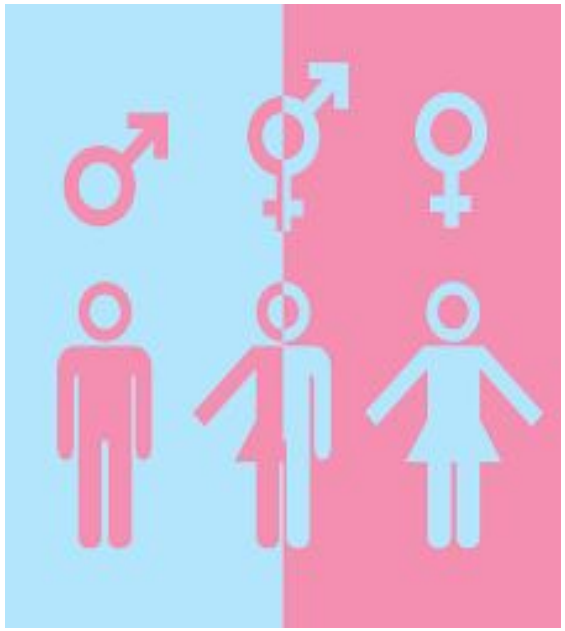
- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
  - **emotional abuse**
  - **social isolation**
  - **stalking**
  - **intimidation and threats**

Prevalence: Framing the Issue

- Along with systemic racism and 6 other priority issues facing Oregon women and girls, **violence is one of the** "Count Her In" report **"8 That Can't Wait" for 2016**.

- An estimated **1 million Oregon women and girls**—over half the states female population--have experienced some form of sexual or domestic violence.

Gender and Sexual Orientation Disparities



- **61% of bisexual women** and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **44% of lesbian women** and **26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)

Health Impacts-Physical

- **Chronic**

Black &Breiding,2008; Campbell et al, 2002; Coker et al, 2000; Constantino et al, 2000; Follingstad, 1991; Kendall-Tackett et al, 2003; Letourneau et al, 1999; Wagner et al, 1995; Coker et al, 2000; Drossman et al, 1995; Lesserman et al, 2007; Kernicet al, 2000; Talley et al, 1994 Black & Breiding, Obesity, 2008; Bailey, B, 2012

- Arthritis
- Asthma
- Headaches and migraines
- Back pain
- Chronic pain syndromes
- Genitourinary problems
- High cholesterol
- Heart disease
- Overweight/Obese
- Stroke
- Depressed immune function
- Irritable bowel syndrome

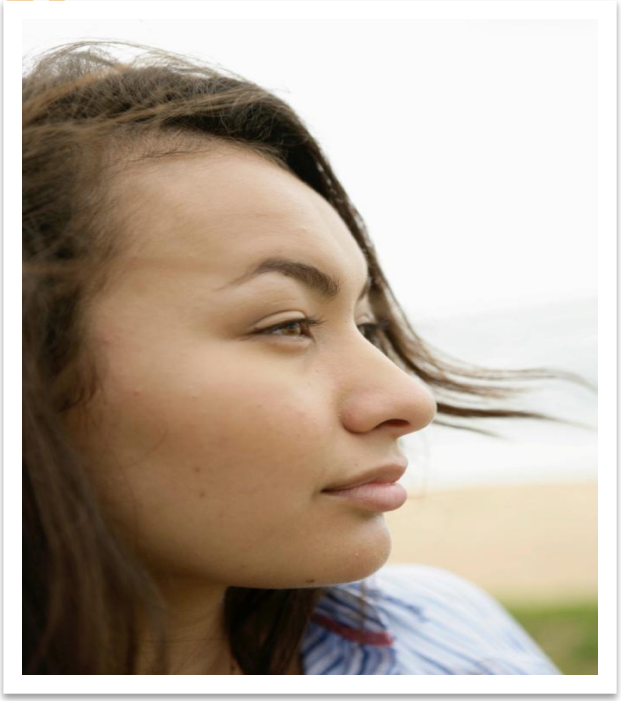
- **Acute**

(Arias & Corso, 2005, Chrisler & Fergun, 2006) Chrisler & Ferguson, 2006 Abbott et al, 1995; Coker et al, 2002; Frye et al, 2001; Goldberg et al, 1984; Golding et al, 1999; McLeer et al, 1989; Stark et al, 1979; Stark & Flitcraft, 1995)

- Traumatic Brain Injury
- Strangulation
- Broken bones
- Lacerations
- Spinal cord injuries

Women who are sexually assaulted by their intimate partner are more likely to experience:

- Chronic headaches and backaches
- Chronic stress-related problems such as irritable bowel syndrome and hypertension
- Depression
- PTSD
- Pelvic pain
- Pelvic inflammatory disease
- Bladder infections
- Sexual dysfunction
- Vaginal and anal complaints
- Unintended pregnancies, STIs



Campbell et al, 2002; Bennice JA et al, 2003; Bergman &Brismar, 1991; Bonomi et al, 2007; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996

When Healthcare Responds

Women who talked to their healthcare provider about abuse were

- **4x more likely** to use an intervention
- **2.6x more likely** to exit an abusive relationship

(McCloskey et al, 2006)

Domestic violence

increases risk for

Unintended Pregnancies

Reproductive Coercion includes:

- Birth Control Sabotage
- Pregnancy Pressure
- Sexual Coercion

Making the Connections Video

(Miller, 2010; Sarkar, 2008; Goodwin et al, 2000; Hathaway, 2000)

Birth Control Sabotage and Pregnancy Pressure

"Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare. I could understand 1, but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid."

- 17 yr. old female who started Depo-Provera without partner's knowledge

(Miller et al, 2007)

FUTURES WITHOUT VIOLENCE®

Pregnancy Pressure

“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.”

(Moore et al, 2010)

FUTURES WITHOUT VIOLENCE®

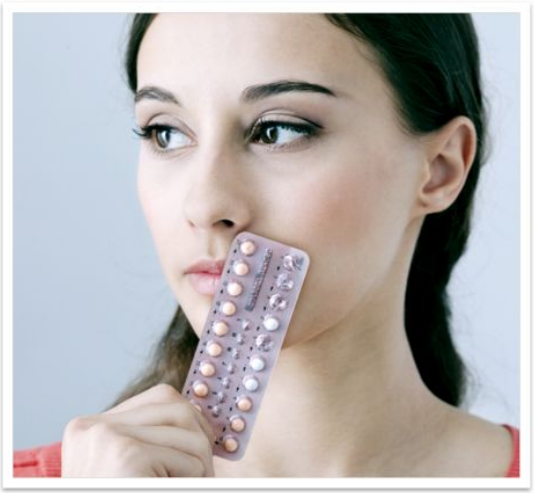
Sexual Coercion and Sexual Assault

"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, shocked.."

FUTURES WITHOUT VIOLENCE®

Study Findings

Among a random sample of 1,278 women, ages 16-19, seen at five family planning clinics:

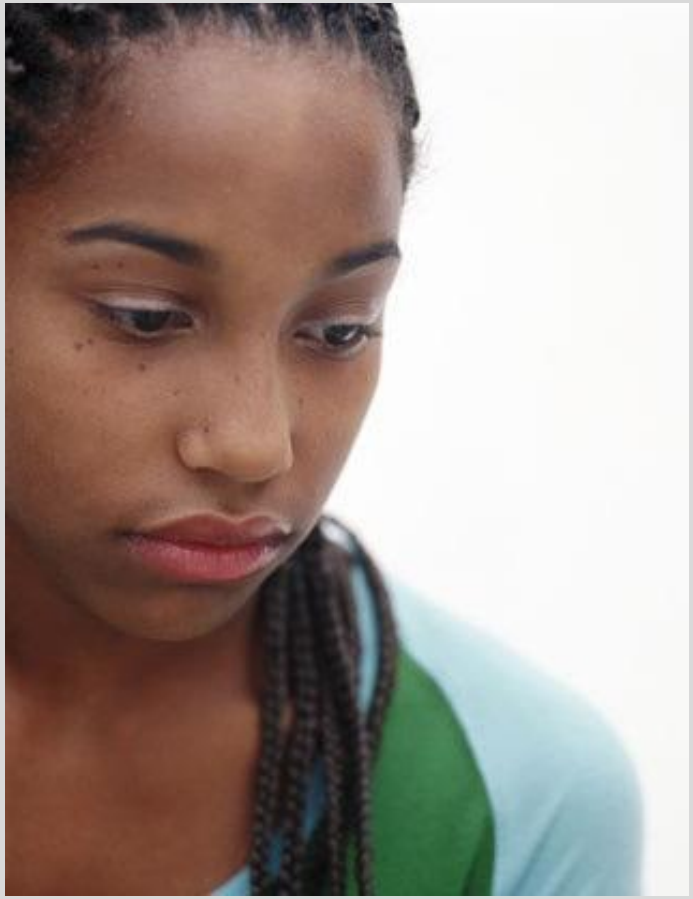


53% experienced domestic /sexual partner violence.

This data mirrors other findings from reproductive health clinics nationwide. Family planning patients experience high rates of violence.

Miller et al, 2011

Adolescent Pregnancy and IPV



Adolescent girls in physically abusive relationships were

3.5 times

more likely to become pregnant than non-abused girls.

(Roberts et al, 2005)

Emergency Contraception and IPV

Abused women are more likely to have used emergency contraception when compared to non-abused women.

(Gee et al, 2009)

Reproductive Coercion Within a Marriage

The odds of experiencing interference with attempts to avoid pregnancy was **2.4 times higher** among women disclosing a history of physical violence by their husbands compared to non-abused women.

(Clark et al, 2008)

Reproductive and Sexual Health

- Women who disclosed abuse were at an increased risk for rapid repeat and unintended pregnancy
- Increased incidence of low birth weight babies, preterm birth and miscarriages
- Women disclosing physical abuse were 3 times more likely to have an STI

Miller, 2010; Sarkar, 2008, Goodwin et al, 2000; Hathaway, 2000, Cocker, 2000

Can Men Experience Reproductive Coercion?

Yes, and there are gendered differences about the impact of this on men's and women's lives.

- A female partner could lie about contraceptive use and he could become a father as a result.

<u>Question to consider</u>: Were there threats or harm?

- To date there have been no studies indicating men have become fathers when they didn't want to be because she threatened to kill him if he didn't get her pregnant.

What if we challenge the limits of disclosure driven practice?

Universal Education provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors

Evidence Based Screening & Advocate Referral

CUES Intervention And Referral to Community-Based IPV Advocate

- C: Review limits of confidentiality
- U: Universal Education
- E: Empowerment (2cards)
- S: Support
  - Address related health issues
  - Offer supported referral

CUES Intervention Approach

- **C: Confidentiality**: Disclose limits of confidentiality & see patient alone
- **UE: Universal Education + Empowerment:**
  - ***Normalize activity:***
  - **"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you have the info so you can help a friend or family member if its an issue for them."**
  - ***Make the connection: Open the card and do a quick review:***
  - **"It talks about healthy and safe relationships, ones that aren't and how they can affect your health."**
- **S: Support: "On the back of the card there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships"**
  - Warm referral
  - Follow up at next appointment.

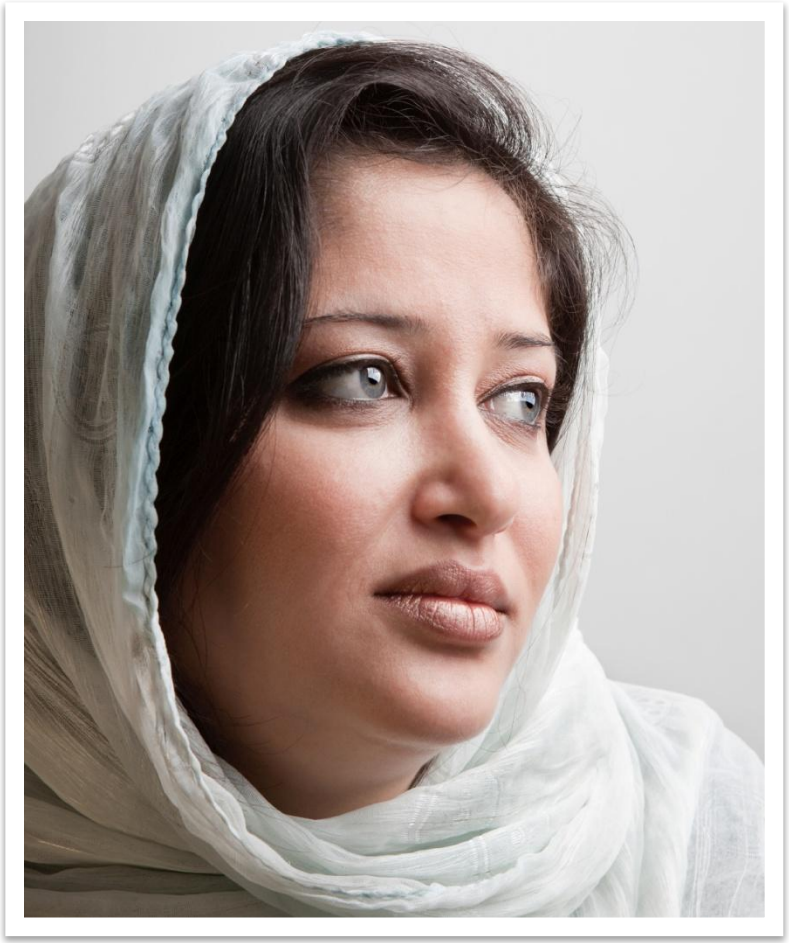
Confidentiality: Do No Harm

- Always talk to patients alone and not within earshot of a partner or family member

- Never use a family member or friend as an interpreter, use medically **trained interpreters only**

[We Always See Patients Alone Video]

Question:



How does an intervention for reproductive coercion differ from an assessment for IPV?

The Answer:

- When it comes to reproductive coercion, the health care provider is key to the intervention.
- This is done by offering harm reduction strategies for reproductive coercion and providing discreet methods of contraception.

Harm Reduction Counseling

Specific to sexual and reproductive health:

- Birth control that your partner doesn't have to know about (e.g. LARC options like IUD, Implant)
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home

Unhelpful Responses

- “You should call the police”
- “You are definitely in an abusive relationship”
- “That doesn’t sound like rape to me…”
- “Your partner is crazy, you need to break up with them”
- “What did you do to set them off?”
- “So what happened after that, and what happened after that?”

S: Positive disclosure: One line scripts

- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable

Evidence Based Screening & Referral to Advocate: *Futures Without Violence intervention*

Health interventions with women who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe et al 2010

Providing a “Warm” Referral

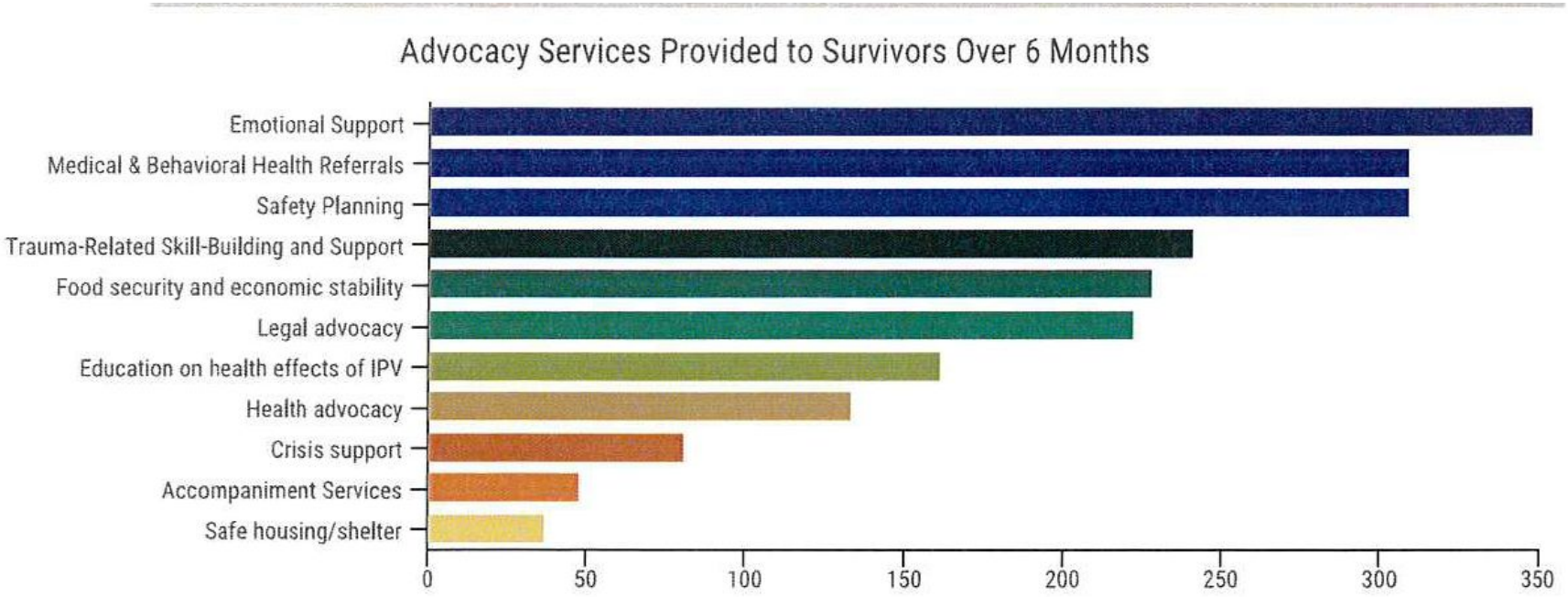
When you can connect to a local program it makes all the difference.

- “If you would like, I can put you on the phone right now with a local advocate, and they can help you come up with a plan to protect your safety.”

What do advocates do?

Advocacy Intervention

6 month reporting period, 64 unique clients, 374 contacts



An Organization Near You

The Oregon Coalition Against Domestic and Sexual Violence maintains a list of advocacy organizations across the state

https://www.ocadsv.org/find-help

Search by location, language spoken or types of services

Oregon Coalition
Against Domestic & Sexual Violence

DEFINING SUCCESS

- ✓ Safe environment for disclosure
- ✓ Supportive messages
- ✓ Educate about the health effects of violence
- ✓ Make the connection between unhealthy relationships and reproductive health impacts
- ✓ Share birth control options that can be more hidden (IUD, etc).
- ✓ Offer strategies to promote safety
- ✓ Inform about community resources—make warm, supported referrals
- ✓ Create a system-wide response

Thank you for your work!

Emily Fanjoy, Health Programs Coordinator,
emily@tcwrc.net; 503-842-9486
Safer Futures Project
Futures Without VIolence Card Resources

Questions?

For more information visit our web page:

PE 46 Web page

www.healthoregon.org/PE46

Reproductive Health Program

www.healthoregon.org/rhresources

Thank you!

Please contact us with any questions.

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