



National Family Justice Center Alliance
Webinar Training
CEU Accreditation
Provider # PCE 5095
MCLE Accreditation
Provider # 15493

Webinar Course Description

Title: Reproductive Coercion Assessment as Safety Planning

Tanya Draper Douthit – Rose Brooks Center, Kansas City, MO
Surabhi Kukke – Futures Without Violence, Austin, TX

Reproductive Coercion is a relatively new concept in the field—simply defined, it is when a partner is trying to get a woman pregnant against her will or control the outcome of a pregnancy through threats, intimidation or by tampering with contraceptive (birth control) methods. Domestic violence programs can play an important role in addressing reproductive coercion through basic screening/assessment, advocacy and safety planning, linking survivors to health services, and providing access to over-the-counter medications such as Emergency Contraception. This webinar will define and explain the core issue of reproductive coercion for multi-disciplinary providers, explore service and partnership building options, and provide an example of one DV program's experience integrating services.

Learning Objectives:

1. Explain the impact of domestic violence (DV) on reproductive health outcomes
2. Define reproductive coercion
3. Assess the readiness of your DV program to integrate reproductive health services
4. Learn from domestic violence programs about their experiences integrating assessment, providing EC, and building partnerships.
5. Identify strategies professionals from multiple disciplines can take to build partnerships and address reproductive health of survivors.
6. Identify tools and resources to integrate reproductive health services into DV programs

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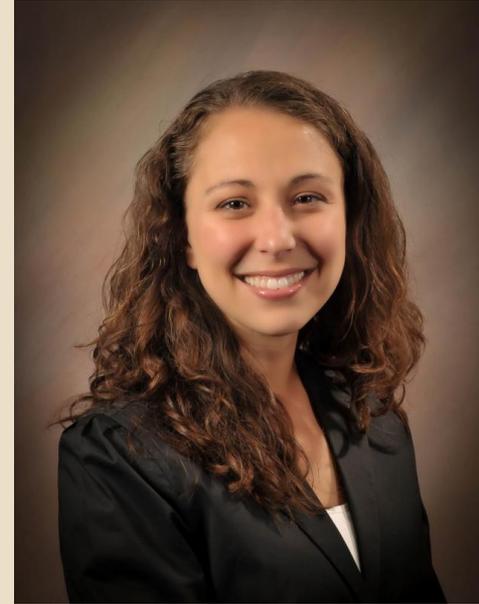
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Your hosts today:



Sara Wee, MPH
Public Health Associate



Jennifer Anderson
Director, California Family Justice Initiative



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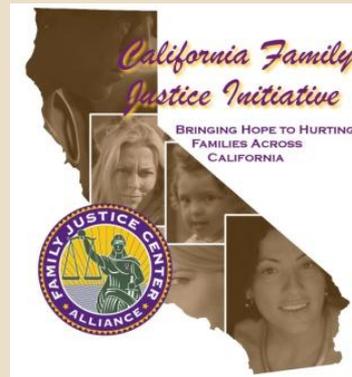


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This project is supported all or in part by Grant No. 2012-TA-AX-K017 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



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Raise your Hand:
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Enter Questions for
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Alliance Health Initiative



The purpose of our Health Initiative is to assess the health needs of survivors accessing FJC services, and use technical assistance to develop viable models for effective on- and off-site health services.

Collaborative Energy → Collective Impact



January – February 2014

*Addressing the Health Needs of
Survivors:
Scope of the problem
Part I*



***Health Assessment as
Safety Planning:***

***Integrating Health Services into
Domestic Violence Programs***



Danger Assessment

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
 2. Does he own a gun?
 3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here ___)
 4. Is he unemployed?
 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
 6. Does he threaten to kill you?
 7. Has he avoided being arrested for domestic violence?
 8. Do you have a child that is not his?
 9. Has he ever forced you to have sex when you did not wish to do so?
 10. Does he ever try to choke you?
 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
 12. Is he an alcoholic or problem drinker?
 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
 16. Has he ever threatened or tried to commit suicide?
 17. Does he threaten to harm your children?
 18. Do you believe he is capable of killing you?
 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
 20. Have you ever threatened or tried to commit suicide?
- Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Did you experience any physical health issues as a result?

Did you receive medical care after the event? Did you need to?

Did a doctor ever ask you about domestic violence?

Have you had any issues with a pregnancy, or other sexual health concerns as a result of the violence/assault?

Strangulation Assessment/Documentation

Has he ever prevented you from seeking medical care?

Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?

Do you feel like you are adequately able to take care of your health? Your children's health?



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**82% reported
reproductive
coercion.**



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Training Requests

- Affordable Care Act, healthcare policy, and IPV.
- Healthcare needs and experiences among racial/ethnic minorities.
- Technology and health.
- Legal issues (HIPPA, mandated reporting, etc.)
- Policies for SARTs/DVRTs.
- Content: maternal health (pregnancy), sexual and reproductive health, disabilities, children's health, chronic diseases.



Today's Presenters:



Surabhi Kukke, MPH
Health Programs Consultant
Future Without Violence
Austin, TX

Tanya Draper Douthit, MSW, LSCSW
Director of Community Programs
Rose Brooks Center
Kansas City, MO





***Reproductive Coercion Assessment
as Safety Planning:
Integrating Reproductive Health Services into
Domestic and Sexual Violence Programs***



Learning Objectives

As a result of this training, participants will be better able to:

1. Explain the impact of domestic violence (DV) on reproductive health outcomes
2. Define reproductive coercion
3. Assess the readiness of your DV program to integrate reproductive health services
4. Learn from domestic violence programs about their experiences integrating assessment, providing EC, and building partnerships.
5. Identify strategies professionals from multiple disciplines can take to build partnerships and address reproductive health of survivors.
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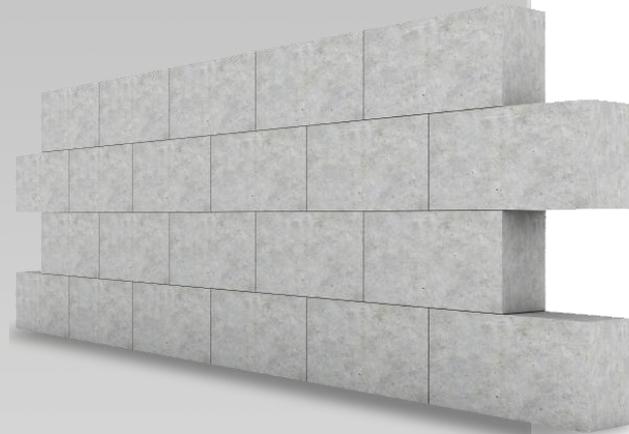
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Barriers to Addressing Reproductive Health With Survivors

Advocates identified the following barriers:

- Outside of my scope of work, how is this related?
- Discomfort with initiating conversations with clients about sexual and reproductive health
- Not knowing what to do about positive disclosures
- Lack of time

Health care providers identified the same barriers to addressing DV/SA!



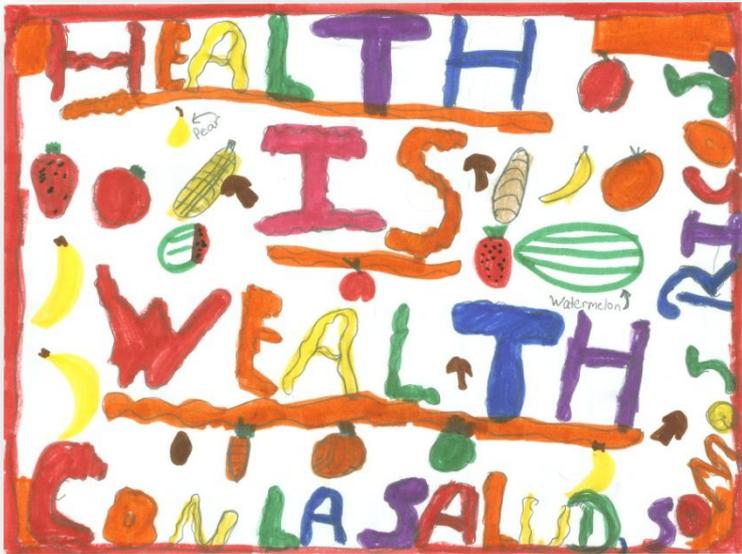
Addressing the barriers

Barrier	Potential solution
Scope of work	Reframe: Health assessment as safety planning
Discomfort	Training, resources, practice
Disclosures	On-site services &/or warm referral to health providers
Time	Simple, integrated intervention



Opportunities for DV Programs

How is this related to your work?



- Good health is part of healing
- Opportunity to address health needs
- Unique position to intervene
- Reframe: DV program as wellness center



First things first: Family Planning 101

Family Planning/Reproductive Health Programs



- Located in local health departments, free clinics, community health centers and other settings.
- Most funded through Title X Family Planning Program (enacted 1970 as part of Public Health Service Act), which, by law, gives priority to low-income families.
- Assist individuals in determining the number and spacing of their children and promote positive birth outcomes and healthy families as well as healthy reproductive and sexual health.



Available Services

- Physical exams: pelvic exams, breast exams, etc.
- Contraception and sterilization
- STI testing and treatment
- Pre-conception counseling and management
- Sexuality and healthy relationship counseling and education



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(for health care providers)



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Intimate Partner
Violence and
Reproductive
Coercion:
**Making the
Connection**



Domestic violence increases women's risk for **Unintended Pregnancies**

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



Dating Violence and Teen Pregnancy



Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non-abused girls

(Roberts et al, 2005)



Knowledge Isn't Enough



Women with high STI knowledge who were fearful of abuse were **less likely to consistently use condoms** than nonfearful women with low STI knowledge.

(Raiford et al, 2009)



“ 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. ”

(Miller et al, 2007)

Group Discussion



What are other ways a partner can interfere with a woman's birth control?

Please enter your thoughts in the chat field



Birth Control Sabotage

Tactics include:

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



Sex Used as a Tool of Power and Control

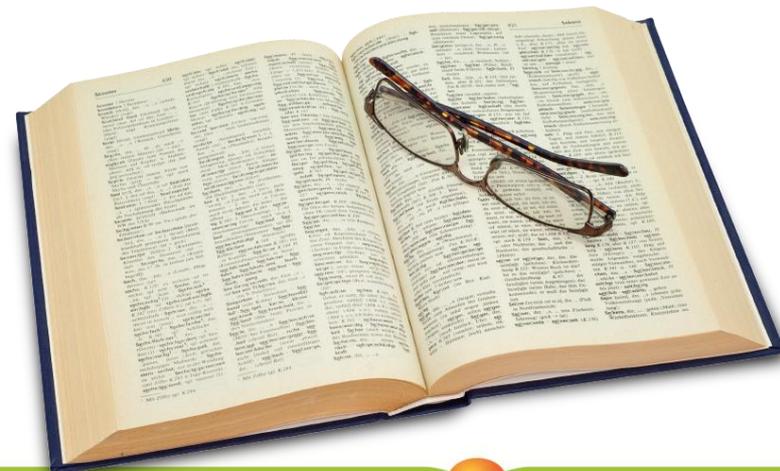
“ I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took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

(Miller et al, 2007)

Defining Reproductive Coercion

Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

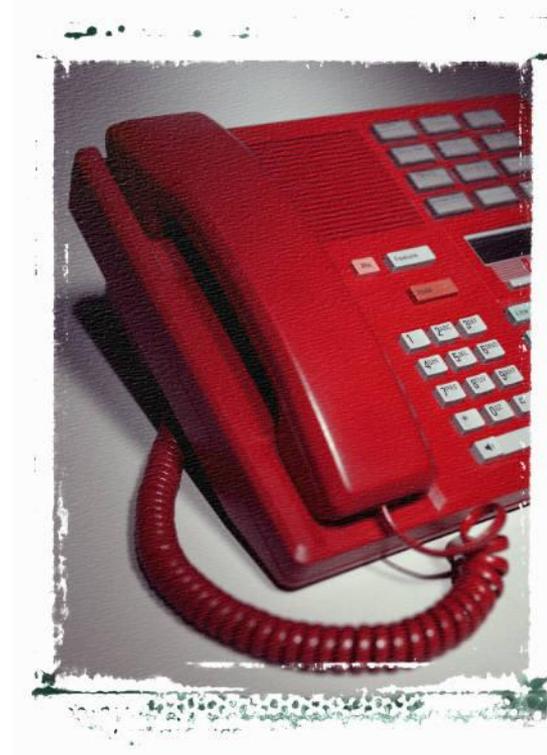
- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods



National DV Hotline Survey: Reproductive Coercion is Common Among DV Survivors

3,169 callers responded and 25% answered yes to:

- Has your partner or ex-partner ever told you not to use birth control?
- Has your partner or ex partner ever tried to force you or pressure you to become pregnant?
- Has your partner or ex partner ever made you have sex without a condom so you would become pregnant?



Hotline Callers Made the Connection



“He knows I don’t want to have another child; I’ve told him before. He says it will be ok, we will get a house soon. Thank God I got my period yesterday, but he was furious.

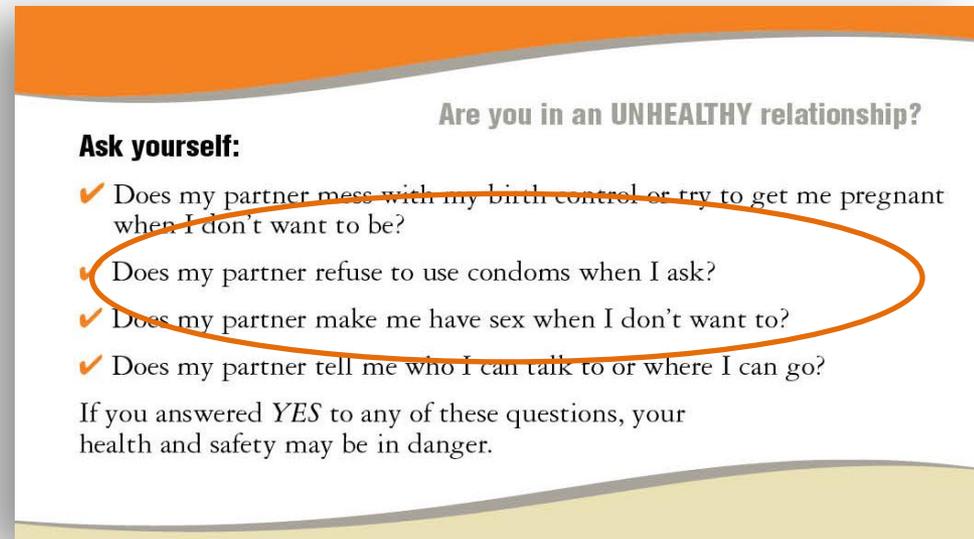
If you hadn’t asked me those questions, I wouldn’t have thought of it like that. I wouldn’t have thought that he was a manipulative person. I really wouldn’t.”



How Can Advocates Use This Card?

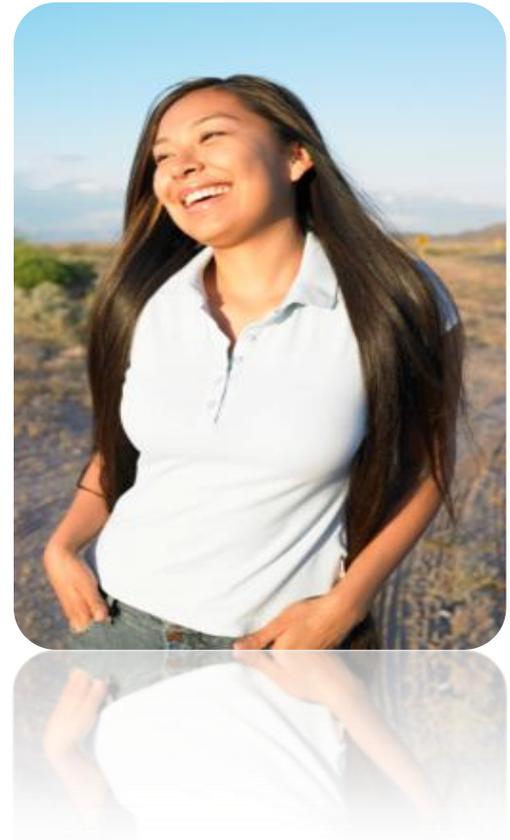
Reproductive Health Safety Card

- Modeled after DV safety cards
- Asks key questions
- Used as a prompt for staff and a safety card for clients



Women Want to Talk about Reproductive Health

- Small pilot study in in Pittsburgh, PA
- DV program **started asking all women** about recent unwanted, unprotected sex at intake
- Clients were **overwhelmingly positive** about being asked the questions and knowing that pregnancy tests and EC were available to them onsite.



Introducing the Assessment: Sample Script

Many women who come to our program have experienced situations which put them at risk for unwanted or unplanned pregnancies. There is a safe medication called emergency contraception that you can take up to five days after unprotected sex to prevent pregnancy. To better understand who may need or want this medication we review this form with all our clients.



“I thought emergency contraception was the abortion pill...”

- Emergency contraceptive pills **prevent** pregnancy by delaying or inhibiting ovulation and inhibiting fertilization.
- Emergency contraceptive pills work **before** pregnancy begins.
- In fact, because emergency contraception helps women **avoid** getting pregnant when they are not ready or able to have children, it can reduce the need for abortion.



Additional information about EC

- This medication does **not cause miscarriage**
- It will **not hurt a pregnancy** if you are already pregnant
- It only helps to prevent pregnancy if you have had **recent unprotected sex.**



Visit <http://ec.princeton.edu> for additional information and resources



For Your Consideration

Levonorgestrel (common trade name Plan B) may not be as effective among overweight women.

The **Copper IUD** and **ulipristal acetate (UPA)** (common trade name Ella) are effective alternatives for women desiring emergency contraception.



The risk of being a victim of IPV in the past year was nearly **3x** for women seeking an abortion compared to women who were continuing their pregnancies.



Common Ground

- No matter where you sit on the issue of abortion...we can all agree we would like less need for them.
- Given that last slide, it is clear if we want to help reduce the need for unplanned/forced pregnancies we need to address IPV and reproductive coercion.



How do we make EC available?

- Partnerships can be critical resources
 - Eg. with pharmacies or local FP clinics who can make it available as needed to survivors
- Program can purchase EC and keep it in a lockbox onsite
- Are there any funding streams available for folks to look into regarding EC and/or other OTC meds?

Please share ideas or experiences in the chat box



ROSE  BROOKS

Breaking the cycle of domestic violence.

Rose Brooks Center

Kansas City, MO



Tanya Draper Douthit, MSW, LSCSW
Director of Community Programs

What Does This Look Like at RBC?

Reproductive Coercion screening prompts are included in:

- Shelter intake
- Bridge intake
- Psychosocial assessment
- Health assessment
- On-site clinic

Assessment

“Violence is so common in women’s lives and often affects their reproductive health. So, I ask all of my clients the following questions”:

- 1) Has a current or former partner not let you use birth control, destroyed your birth control or refused to wear a condom?
- 2) Has your partner ever tried to get you pregnant when you didn’t want to be?
- 3) Has your partner ever forced you to have an abortion or caused you to have a miscarriage?
- 4) Has your partner ever purposely given you a STI?
Would you like to be tested for gonorrhea, chlamydia or HIV?
- 5) Are you worried you might be pregnant?
Would you like to take a pregnancy test?

Improved Services for Survivors

- Incorporated information into:
 - Domestic violence education
 - Safety planning
- Pregnancy tests available
- Information about contraceptives & STIs
- Group programming
- Health education
- Connect to healthcare system

ROSE  BROOKS

Breaking the cycle of domestic violence.

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Lessons Learned

- Address advocate values & beliefs
- Enhance staff members' comfort & confidence in addressing this issue
- Prepare advocates for how to ask & how to respond to disclosures
- Support staff who may be triggered
- Formalize the initiative

Organizational Response

- Training
- Increase staff buy-in
- Human resource component
- Trauma-informed services for clients/Trauma Stewardship for staff
- Strategic plan

Building Community Capacity

- Train health care providers
- Printed materials for patients
- Partner with medical & nursing school students & instructors
- Outreach to area family planning clinics & OB/GYN practices
- Assist Bridge hospitals to develop reproductive coercion screening policies & procedures

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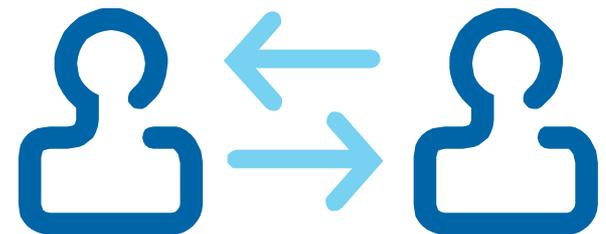
Breaking the cycle of domestic violence.

- Why We Are Doing This



Creating Partnerships

Family planning clinics and domestic violence advocacy programs play unique but equally important roles in helping achieve positive health outcomes and promoting healthy relationships. Our goal is collaboration and cross-referrals between these programs.



Advocates: Are You Ready?



***Advocates, please enter
your thoughts in the chat
field***

- What are the next steps your program can take to integrate reproductive health into its work with survivors?
- What other information or training do you need to become more comfortable with assessing for reproductive coercion?
- Do you know who your local family planning partners are?



Building relationships with local health programs



- Invitation to local DV taskforce and events
- Cross-trainings: DV 101 and healthcare 101
- Regularly stock program materials
- Program tour
- Clinic event (for patients &/or staff)



How can providers help?

- Formalized partnership
- Warm referrals
- Offer training for advocates
- Onsite services: clinical and health education
- Medical supplies donated & delivered
- Expedited appointments



***Providers, please enter
your thoughts in the chat
field***

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Stories from survivors

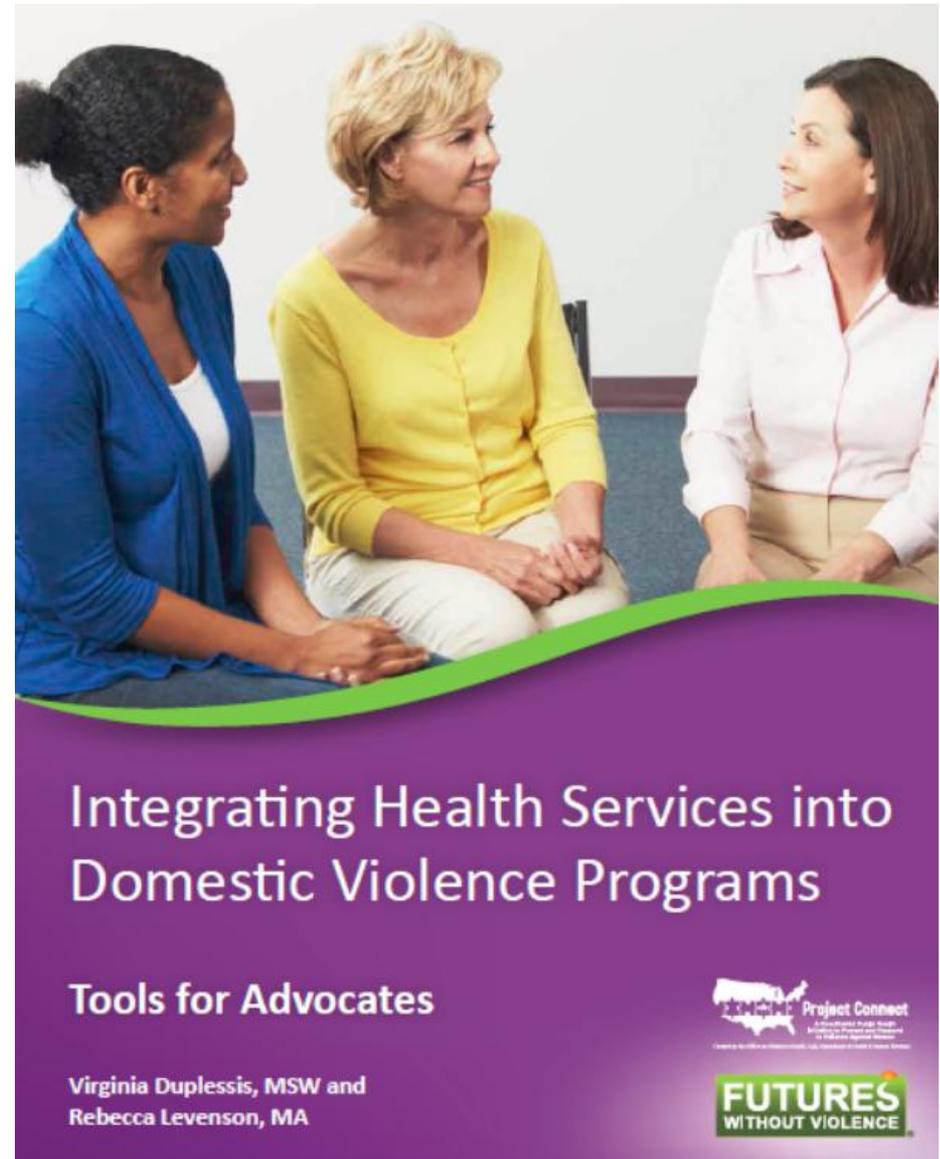
According to the client, her abuser had sabotaged her birth control method in the past, forced her to terminate a pregnancy he didn't want, then forced her to keep a pregnancy that endangered her. ...she said she felt relief to talk to someone about the coercive nature of her husband... she stated, "I'm so glad you asked me that."

- As reported by an advocate with a Virginia DV program



Hot off the press!

- Quality Improvement tool
- Sample forms, protocols and policies
- PowerPoint presentation with trainers notes
- Video vignettes, role plays and group activities
- Links to resources



Upcoming Events



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Health and Domestic Violence

March 19-21, 2015

FUTURES
WITHOUT VIOLENCE[®]

Registration opens Fall 2014

Abstract Submission Deadline tomorrow!

Read [more...](#)



National Health Resource Center on Domestic Violence

- For free technical assistance and tools including:
 - Safety cards
 - Training curricula
 - Clinical guidelines
 - State reporting law information
 - Documentation tools
 - Pregnancy wheels
 - Posters
 - Online toolkit:
www.healthcaresaboutipv.org



Questions?



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Strangulation in the Pediatric Population

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Tuesday, August 18th @ 10-11:30am PDT

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Surabhi Kukke has worked in the field of women’s health and human rights for 15 years. She is based in Austin, Texas where she was Director of Prevention Programs at the Texas Council on Family Violence and led statewide efforts to improve the public health response to intimate partner violence. Prior to arriving in Texas, she worked in the international development sector providing operational and evaluation support to community-based HIV/AIDS and reproductive health programs in Southern Africa and South Asia. She has also provided technical and research support to international agencies including UNDP, UNIFEM and Action Aid. Currently, she serves as a Health Programs Consultant to Futures Without Violence, focusing on capacity building and resource development for health care workers on screening and response to IPV and the intersections between IPV and HIV. Kukke has a master’s degree in public health from Harvard University

Tanya Draper Douthit, MSW, LCSW

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Tanya Draper Douthit, MSW, LCSW, has eleven years of experience in the violence against women field. As the Director of Community Programs at Rose Brooks Center (RBC) in Kansas City, Missouri, Tanya oversees both the Bridge Program, which serves the major metro-area hospitals and clinics, as well as the on-site health services provided to persons served by RBC. She also supervises the agency's legal advocacy team and the training and safety assessment programs. Tanya has worked to enhance services around intimate partner sexual violence (IPSV), including reproductive coercion, at RBC. She has provided training on IPSV and reproductive coercion to advocates, health care providers, law enforcement officers, and prosecutors. She has also shared her agency's work at a national and international conferences.



National Family Justice Center Alliance
Webinar Training

Reproductive Coercion

Presented by Tanya Draper Douthit & Surabhi Kukke

June 26, 2014

Certificate of Attendance

1 Hours

Gael Strack

Gael Strack, JD
Co-Founder and CEO
Family Justice Center Alliance

Natalia Aguirre

Natalia Aguirre
Director of Technical Assistance
Family Justice Center Alliance

Date of Issue: June 26, 2014