WCSAP
Washington Coalition of Sexual Assault Programs

RESEARCH & ADVOCACY REVIEW

Reproductive and Sexual Coercion Screening Comes to OB/GYN Offices

Reproductive coercion and sexual coercion are not new ideas to advocates. For decades, survivors have been sharing their stories about partners poking holes in condoms, flushing birth control pills, pressuring to get pregnant, and pressuring to have sex. These conversations are now extending beyond our advocacy sphere and into doctors' offices.

In February, the American Congress of Obstetricians and Gynecologists (ACOG) released its Committee Opinion on Reproductive and Sexual Coercion. ACOG is a nonprofit professional association of women's healthcare physicians. ACOG provides leadership and guidance on advancements in women's health, advocates for the highest standards in women's health, provides continuing education to providers, and raises awareness of women's health issues.

ACOG's committee opinion is based on research conducted by Elizabeth Miller and Futures Without Violence (FWV, formerly Family Violence Prevention Fund) (2, 3), and principles that are more fully outlined and supported in FWV's Practice Guidelines (1). ACOG recommends that obstetricians and gynecologists (OB/GYNs) routinely screen for reproductive and sexual coercion among their adult women and adolescent girl patients. This creates advocacy opportunities and the potential for stronger partnerships with healthcare providers serving women in the reproductive health setting.

ACOG's recommendations for healthcare providers on reproductive and sexual coercion:

- Routinely screen women and adolescent girls for reproductive and sexual coercion in a safe and supportive environment that respects confidentiality.
- Counsel patients on harm reduction strategies.

- Offer long-acting methods of contraception that are less detectable to partners, like intrauterine devices (IUDs), the contraceptive implant, or birth control shot.
- Participate in education events regarding reproductive and sexual coercion that cover birth control sabotage, pregnancy pressure and coercion, and the effects of intimate partner sexual violence on patients' health and choices.

In addition to these formal recommendations, ACOG also suggests providers do more than simply giving their patient a hotline number to call; they suggest that providers also offer the use of their office phones for patients to contact the area's sexual assault and domestic violence advocacy program.

Advocacy programs can take proactive steps in building these relationships instead of waiting for healthcare providers to come to them.

Practical steps for advocates:

- **Reach out to the OB/GYNs in your community** and talk about these recommendations, opportunities for partnering, and cross-referring survivors needing services. Don't forget nurse practitioners and nurse-midwives as well.
- **Educate yourself and your team on the various methods of birth control**, how they work, considerations for survivors, and "stealth" (less detectable) contraceptives. Knowing what options are available to survivors will make you more comfortable talking about reproductive coercion and sexual coercion with survivors. WCSAP is able to support you in this!
- **Ask Earlier.** Advocates will often work with survivors for a long time before the survivors start talking about the reproductive and sexual coercion they are experiencing. If we become more comfortable asking questions about reproductive and sexual coercion, we'll be better prepared to refer survivors to health care providers that can offer birth control options that work for specific situations.

- **Get FWV's safety cards.** These cards fold down to the size of a business card, with questions about healthy relationships and how reproductive health is affected by relationships. It's a great way to start a conversation with survivors about this subject. They'd also be great to bring with you when you go meet with the OB/GYNs in your community.
- **Keep an eye out for the WCSAP and WSCADV Practice Guidelines coming in August!** The coalitions have been piloting practice guidelines based on FWV's work in communities throughout Washington. A section of the practice guidelines is specifically for advocates and may help guide conversations in your community.

References

1. Chamberlain, L., & Levenson, R. (2012). Addressing intimate partner violence, reproductive and sexual coercion: a guide for obstetric, gynecologic, and reproductive health care settings. 2nd ed. Washington, DC: American College of Obstetricians and Gynecologists; San Francisco (CA): Futures Without Violence. Retrieved from http://www.acog.org/About_ACOG/ACOG_Departments/Health_Care_for_Underserved_Women/~/media/Departments/Violence%20Against%20Women/Reproguidelines.pdf.

2. Miller, E., Decker, M.R., McCauley, H.L., Tancredi, D.J., Levenson, R.R/, Waldman, J., . . .Silverman, J.G. (2011). A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. *Contraception 83,* 274–80.

3. Miller, E., Jordan, B., Levenson, R., & Silverman, J.G. (2010). Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. *Contraception 81,* 457–459.