



Welcome!

We invite you to introduce yourself in the chat with your name, position, and organization affiliation.

Make sure you change the setting so you're sending the message **To: All panelists and attendees**

To: All panelists and attendees ▼

Type message here...

If you have a specific question or topic that you would like covered in this webinar, feel free to add it to the Q&A section.

ASSESSING FOR & RESPONDING TO REPRODUCTIVE COERCION

BRENISEN WHEELER, EDUCATION AND OUTREACH COORDINATOR, WOMEN'S ADVOCATES

MEGGIE ROYER, YOUTH & PREVENTION MANAGER, VIOLENCE FREE MINNESOTA



NOTE^{TO} SELF


☆ YOUR FEELINGS ARE VALID ☆

☆ YOU ARE ALLOWED TO ENFORCE YOUR BOUNDARIES ☆

☆ YOU DO NOT NEED
ANY ONE ELSE'S APPROVAL ☆

☆ YOU ARE CAPABLE OF AMAZING THINGS ☆

☆ YOU ARE ENOUGH ☆



Thank you for being here!

WE ARE HERE TO SUPPORT YOU

The topics discussed in this webinar may differently impact people depending on their respective experiences. Please do what you need to do to take care of yourself in the next 90 minutes and beyond.



We have a Crisis Resource Advocate on standby- Mary Beth, who you can directly message anytime throughout the webinar. You can also call her at 651-227-8284 and email at resources@wadvocates.org.

Overview of the Next 90 Minutes

- Overview of our agencies
- IPV definition
- COVID extending control
- Recognizing & understanding reproductive coercion
- Tactics: birth control sabotage & pregnancy pressure/coercion
- Reproductive Justice
- Screening & Disclosure --> Universal Education
- Assessments of violence
- Conversations about domestic violence
- Safety cards
- Safety planning
- Warm referrals

A little bit of background...

Women's Advocates

- ▶ Mission: Women's Advocates' walks with victim/survivors and our community to break the cycle of domestic violence
- ▶ Founded in 1974, St. Paul MN
- ▶ One of the first domestic violence shelters in the United States
- ▶ Services: prevention/education, shelter, 24-hour crisis line, aftercare/housing support
- ▶ www.wadvocates.org



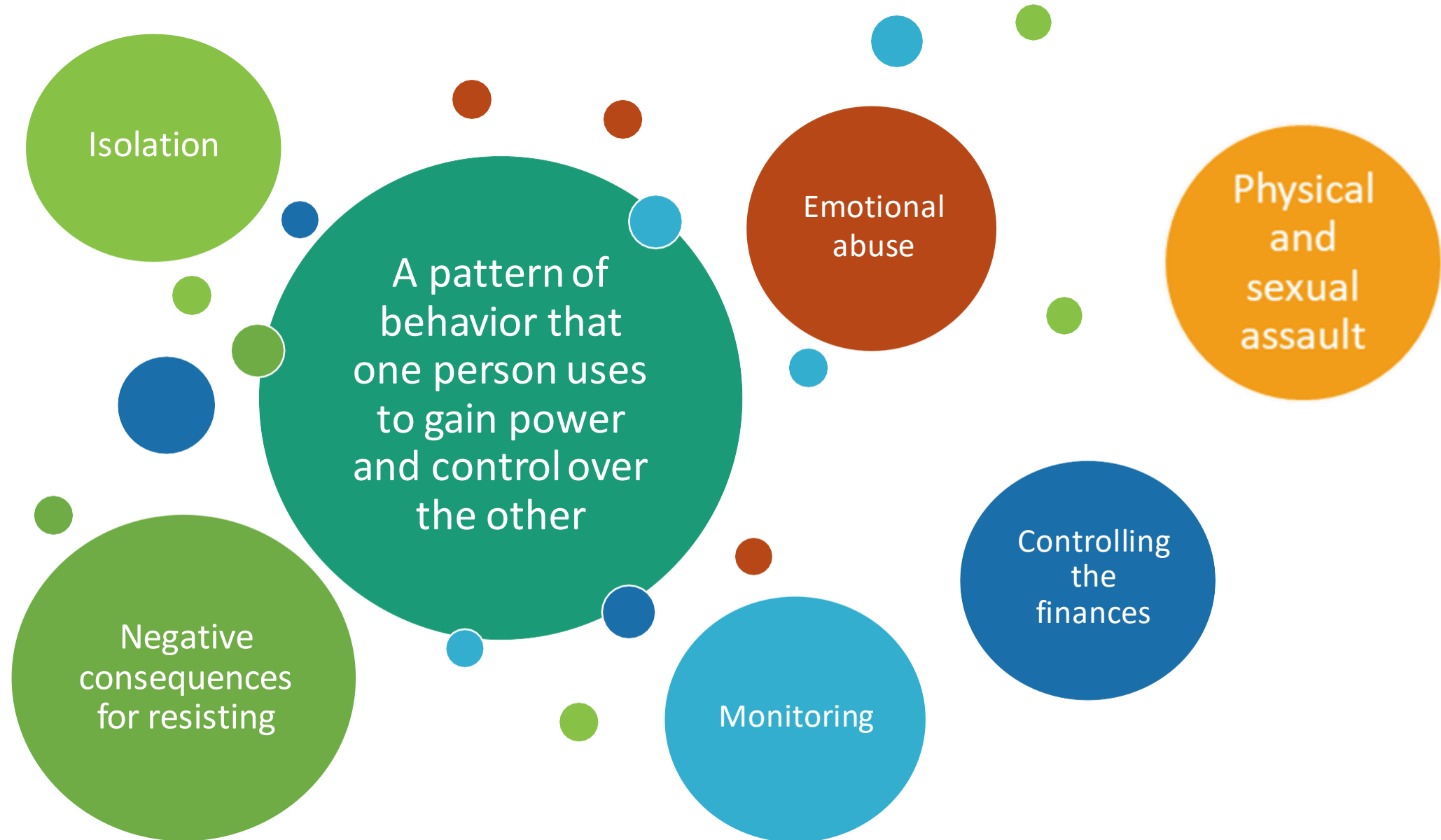
Violence Free Minnesota

- ▶ Founded in 1978, we are a statewide coalition of over 90 member programs working together to end relationship abuse, create safety, and achieve social justice for all.
- ▶ We represent victims and survivors of relationship abuse and member programs; challenge systems and institutions; promote social change; and support, educate, and connect member programs.





What is Domestic Violence or IPV?





USING COVID to extend control

- **Isolating** from sources of support
- **Exploiting** resources for personal gain
- **Regulating** a person's daily life
- **Depriving** a person of independence
- **Using children** to monitor or control a parent
- **Economic** interference
- **Minimizing** or disregarding COVID information

Poll: What do you currently associate with the term "reproductive coercion"?



Recognizing & Understanding Reproductive Coercion

**Controlling
reproductive
health is
used as a
tool for
abuse**

“

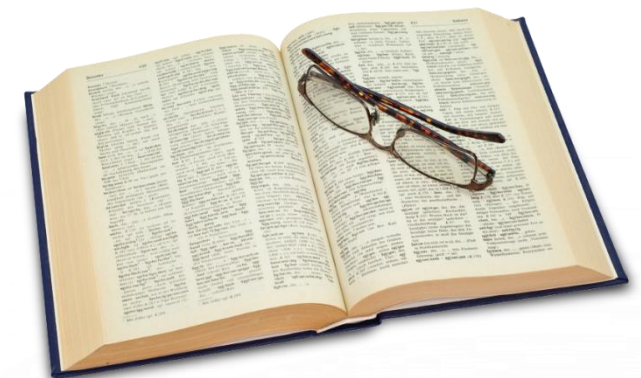
He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.”



Reproductive Coercion (RC) involves behaviors aimed to maintain power and control over someone's reproductive health and reproductive choices. Anyone of any gender identity can perpetrate or experience reproductive coercion.

Behaviors may include:

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



Birth Control Sabotage

Tactics include:

- Destroying or disposing contraceptives
- Impeding condom use (e.g., threatening to leave victim, poking holes in condoms)
- Not allowing them to obtain or preventing them from using birth control
- Threatening physical harm if they use contraceptives



Pregnancy & Abortion Pressure and Coercion



Tactics include:

- Threatening to **leave** a partner if they do not become pregnant
- Threatening to **hurt** a partner who does not agree to become pregnant
- **Forcing** a partner to carry to term against their wishes through threats or acts of violence
- Forcing a partner to **terminate** a pregnancy when they do not want to
- Injuring a partner in a way that may cause a **miscarriage**
- Forcing someone to be a **surrogate**

The Who Behind Reproductive Coercion



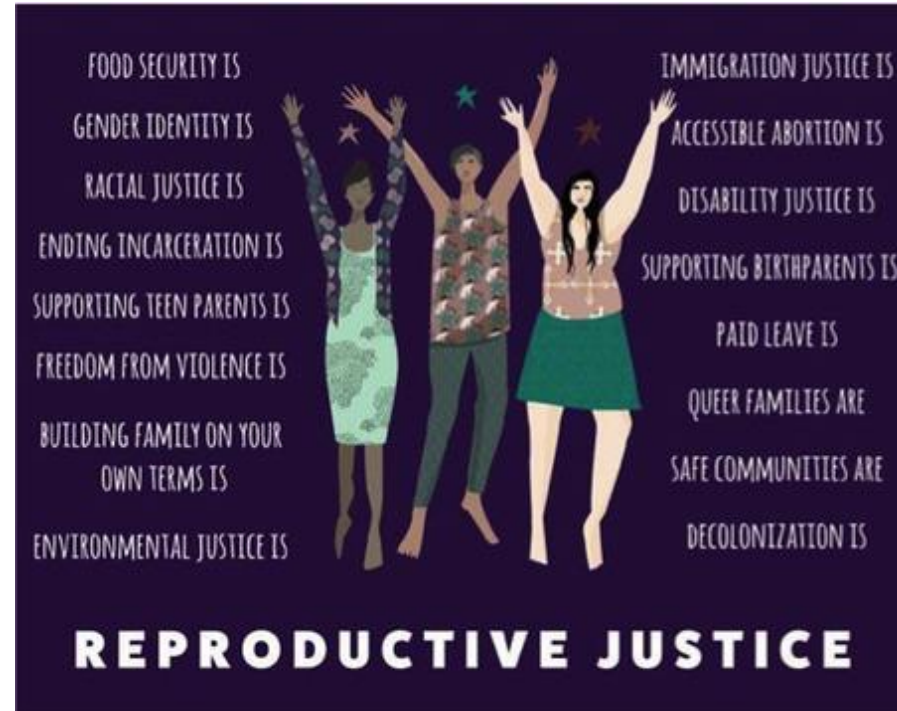
- Any and all genders can and do experience **and** perpetrate reproductive coercion
 - This includes heterosexual, LGBTQ relationships that are sexual and/or romantic, includes friends, strangers, and family members (moms specifically have been reported in instances of pregnancy and abortion pressure & coercion). Men, women, transgender, and gender non-conforming individuals can experience and perpetrate reproductive coercion.
- [Female genital mutilation](#)
- 1 in 8 sexually active high school girls had experienced reproductive coercion within the last 3 months
- Black and Latinx adolescent women are more likely to experience reproductive coercion than White adolescent women

[Source](#)

Reproductive Justice



[View a larger version of this image](#)
[+ read more here](#)



[View a larger version of this image](#)
[+ read more here](#)

Resources:

- [Black Women's Health Imperative](#)
- [More on what reproductive justice is](#)
- [National Black Doulas Association](#)
- [Sister Song Women of Color Reproductive Justice Collective](#)
- [Upstream USA](#)
- [Ancient Song Doula Services](#)
- [Ipas- international reproductive justice](#)

Moving Away from Screening & Disclosure to Universal Education

Assessments of Violence

- The use of structured screening tools at enrollment **does not promote disclosure. Disclosure is not the goal.**
- Survivors are more likely to discuss experiences of violence when providers initiate non-structured discussions focused on parenting, safety, or healthy relationships.



(Jack, 2016)

Universal
Education
opens the
door to
conversations:

- Universal education on healthy relationships
- Providing caring messages
- Supporting friends and family
- Sharing info about resources

Safety first -- Who is in the room...?



“Hi (Insert patient or survivor's name), so good to hear your voice. Is this still a good time to talk?”

“How are you (or you and your kids) doing?”

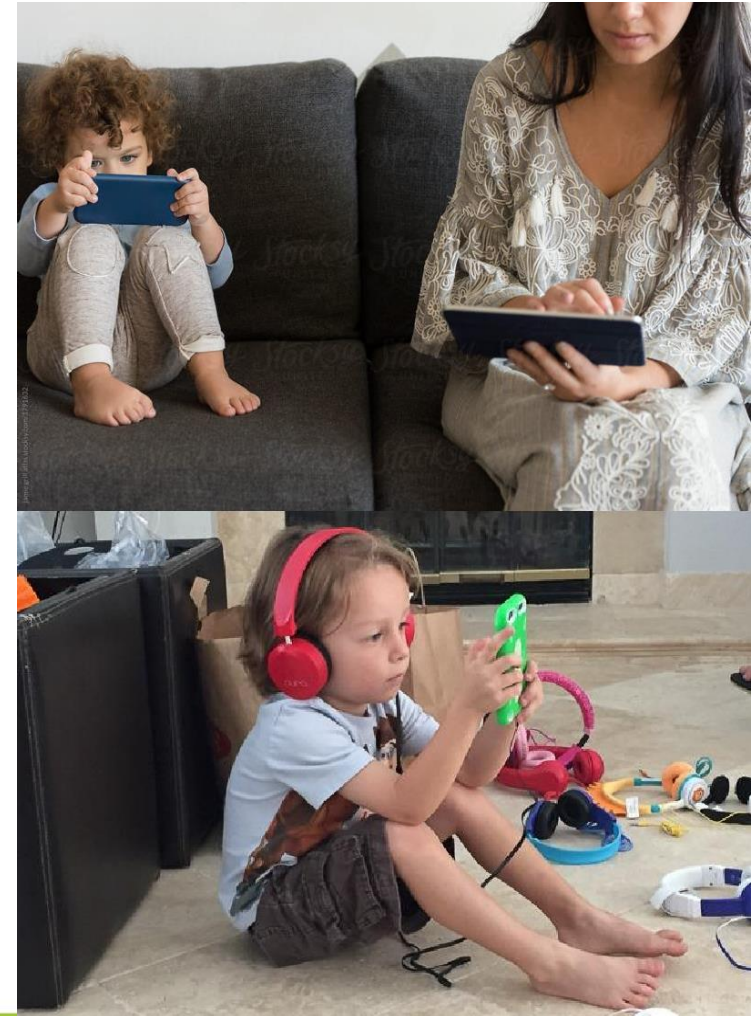


Always Ask - Can We Talk Privately?

“Is there any chance you can take yourself out for a walk while we talk?” If not, no worries, sometimes it’s just nice to have another adult one on one to talk with.”

Ideas for privacy:

- ✓ **Locations:** the closet, garage, in the car, basement, on the roof, in the bathroom)
- ✓ **If older children present:** Or “can someone in the house watch the kids while you and I talk?” Or “do the kids have a headset they can use?”





Universal Education & Conversations on Domestic Violence



Conversations About Domestic Violence

“COVID-19
has
made things
harder for
everyone.”



“While we are all isolated, stuck at home, it is even harder to find ways to keep our children busy (maybe you are also trying to help other children with school) and keep everyone fed, calm and happy. With all that is going on, parenting support can be harder to get . . . and when we are hurting or feeling stressed, we may hurt each other or our kids.”



“The question is what can help and where can we go to find out how to get support?”



Education about Domestic Violence Advocacy Services



“The reason I’m sharing this with you today is because we all know someone in a complicated relationship, but maybe don’t know what is available to help.”



“There is a confidential national 24-hour hotline that has great ideas to help, and can connect people to local supports like counseling, ways to be safer at home, and even hotel vouchers when people need to get away from home to be safe. If you would like, I can share the number. What is comfortable for you?”



Universal Education & Conversations on Reproductive Health & Coercion

Universal Education Safety Card on Reproductive Health



Conversations About Reproductive Health & Coercion



“We have started talking to all of our patients about how you deserve to be treated in a relationship, and we give them this card – it’s kind of like a magazine quiz – Are you in a HEALTHY relationship?”

Conversations About Reproductive Health & Coercion

Are you in an **UNHEALTHY** relationship?

Ask yourself:

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

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

“Before I review all of your birth control options, I want to understand if your partner is supportive of your using birth control. Has your partner ever messed or tampered with your birth control or tried to get you pregnant when you didn't want to be?”

Provider Tip: Use this panel with pregnancy test visits

"Congratulations" doesn't always apply...

Who controls PREGNANCY decisions?

Ask yourself. Has my partner ever:

- ✓ Tried to pressure or make me get pregnant?
- ✓ Hurt or threatened me because I didn't agree to get pregnant?

If I've ever been pregnant:

- ✓ Has my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction—continuing the pregnancy or abortion)?

If you answered *YES* to any of these questions, you are not alone and you deserve to make your own decisions without being afraid.

“Because this happens to so many people, we ask all of our patients who come in for a pregnancy test if they are able to make decisions about pregnancy and birth control without any threats or fear from a partner. Who makes these decisions in your relationship?”

Intervention

These methods are less vulnerable to tampering by a sexual partner—but may be detectable due to loss of period/irregular bleeding.

Intrauterine Device



Injection



Implant





Safety Planning and Responding to a Disclosure

“Connection is the antidote to isolation”

Jill Davies

6 Steps for Responding to Disclosures



1. Validate survivor's experience.
2. Offer a safety card for them to review and keep if it is safe to do so.
3. Discuss where they can go/do to learn more about and obtain birth control options.
4. Ask if they have immediate safety concerns and discuss options.
5. Refer to a domestic violence advocate for safety planning and additional support.
6. Follow up at next visit.





Things you can say to support someone

Things to say to people who have experienced harm:

I believe you.

**I am so sorry
this is
happening
to you.**

**Thank you for
sharing this.**

**I don't even
know what to
say right now,
but I am so
glad you told me.**

**You don't
deserve this.**

**Thank you for
telling me.**

**It's not
your fault.**

**You are
not alone.**

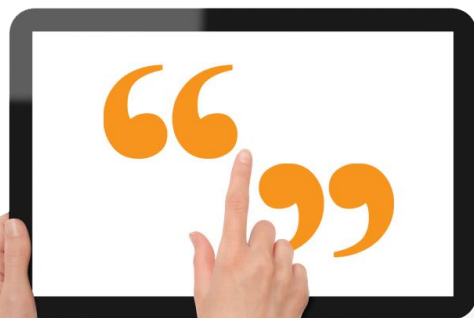
**You get to
choose what
you do next.**

Providing a “Warm” Referral



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

“If you are comfortable with this idea, I would like to call my colleague at the local program, (fill in person's name), they are really an expert in what to do next and they can talk with you about a plan to be safer.”





Safety planning starts
with understanding the
survivor's risk
analysis

Remember

- Leaving may be *a strategy* but not *the* only strategy
- Understand the survivor's perspective and priorities
- Working with survivor to strengthen their safety plan
- **Connect with DV/SA advocates for system and individual advocacy**

[Find Safety Plans here](#)

Resources Available

<https://www.wadvocates.org/our-services/violence-prevention-education/safetyresources/>



International Resources:

<https://www.hotpeachpages.net/>

Resource Categories include:

- Domestic Violence Service Programs/Survivor Support Groups
- Sexual Assault/Stalking/Sex Trafficking Victim Resources
- Legal Services
- Medical & Mental Health Services
- Emergency Shelters/Supportive Housing
- Emergency Assistance Services
- Child Services, Youth Services, Senior Citizens/Older Adults
- Disability Services, LGBTQ+ Services, Services for Men,
- Transportation, Furniture, Childcare Resources,
- Clothing Resources, Community Advocacy
- Family Support Services, Employment Services, Debt Management
- And more!



Comprehensive Searchable Resource Guide

100+ PAGES :
CONTINUALLY
UPDATED

National Sexual Assault
Hotline 800-656-4673

Downloadable Resources

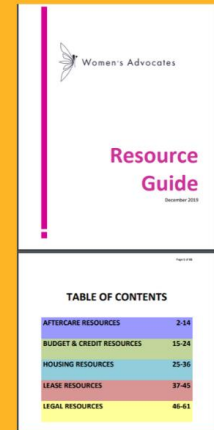
Specific to Minnesota



Minnesota Resource Tri-Fold



YOUTH Specific Tri-Fold



60 Page Resource Guide

Downloadable Resources SPECIFIC TO WOMEN'S ADVOCATES



Women's Advocates Flyer



Women's Advocates
Tri-Fold



Women's Advocates
Crisis Cards



August Webinar Series

- **8/6:** Assessing for & Responding to Reproductive Coercion
- **8/12:** Domestic Violence 101
- **8/19:** Supporting Children through Trauma
- **8/25:** Navigating when a Survivor is in Crisis



Women's Advocates
Breaking the cycle of domestic violence

Register here:

<https://www.wadvocates.org/our-services/violence-prevention-education/online-education-and-webinars/>



Connect with us!

Women's Advocates

- ▶ Our website: www.wadvocates.org
- ▶ Social Media:
 - ▶ Instagram & Twitter: @womensadvocates
 - ▶ Facebook: @wadvocates
 - ▶ YouTube Channel: "[Women's Advocates](#)"
- ▶ 24-hour Crisis Line: 651-227-8284
- ▶ Register for more webinars [here](#).
- ▶ Brenisen Wheeler, Education and Outreach Coordinator
 - ▶ Email: bwheeler@wadvocates.org to request a certificate of attendance
- ▶ Crisis Resource Advocate: resources@wadvocates.org

Violence Free Minnesota

- ▶ Website: www.vfmn.org
- ▶ Instagram: @violencefreemn
- ▶ Facebook: @ViolenceFreeMN
- ▶ Twitter: ViolenceFreeMN
- ▶ Youth Board Instagram: @realloveiscampaign
- ▶ Meggie Royer, Youth & Prevention Manager
- ▶ mroyer@vfmn.org