



The Intersection of Reproductive Health and Sexual Assault: Practical Guidelines for Advocates

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WORKSHOP OBJECTIVES

1. Participants will be able to describe how the experience of sexual abuse or assault affects reproductive health and behaviors related to reproductive health for survivors.
2. Participants will be able to identify the barriers for sexual assault/abuse survivors to obtaining effective reproductive healthcare throughout the lifespan, with a particular focus on contraceptive access, pregnancy, and childbirth.
3. Participants will be able to describe specific strategies for helping survivors to overcome barriers to obtaining needed care, including developing a plan for approaching healthcare providers in their own communities to increase the availability of trauma-sensitive care.

WORKSHOP OUTLINE

Definition of reproductive health

Impact of sexual abuse and assault on reproductive health

- Lack of accurate information

- Issues of shame and avoidance

- Reproductive coercion in intimate partner relationships

- Trauma triggers in OB/GYN care, pregnancy, childbirth

Barriers to obtaining appropriate reproductive healthcare

- Partner may block access

- Few healthcare providers have trauma-specific training

- Survivors may avoid all healthcare settings

- Healthcare settings may contain elements that increase re-traumatization

Specific strategies for helping survivors obtain appropriate healthcare

- Psychoeducational strategies

- Referrals to therapy

- Assistance in regaining a sense of control through self-advocacy, engagement of supportive others, etc.

- Need for ongoing medical advocacy and accompaniment

Working to improve healthcare responses to survivors

- Understanding what trauma-sensitive care looks like

- Effective advocacy in the healthcare environment

- Offering training to healthcare providers

- Connecting and collaborating with system partners

Resources for *The Intersection of Reproductive Health and Sexual Assault*

Futures Without Violence (formerly the Family Violence Prevention Fund) is an organization that has pioneered work on reproductive coercion. Their booklet *Reproductive Health and Partner Violence Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion* is available free and would be an excellent item to give to health practitioners as you build systems partnerships. www.futureswithoutviolence.org

Healthy Teen Network is an organization that offers lots of great resources on teen health issues, including reproductive health. www.healthyteennetwork.org

Meeting the Long-Term Health Care Needs of Survivors, a publication from the Washington Coalition of Sexual Assault Programs, discusses how advocates can assist survivors with health care issues beyond the immediate aftermath of sexual assault. <http://www.wcsap.org/meeting-long-term-health-care-needs-survivors>

Quick Info Cards for Rape & Sexual Abuse Survivors from the survivor support website Pandora's Project are a highly practical resource for survivors. They can print out cards that explain their concerns and needs for a variety of health care situations, in order to facilitate communication with medical care providers. Reading these cards is a great way for advocates to increase their understanding of survivors' concerns. <http://pandys.org/quickinfocards.html>

Sexual Violence Against Women: Impact on High-Risk Health Behaviors and Reproductive Health by Sandra L. Martin and Rebecca J. Macy is a highly readable report on the research about this topic, with implications for action. http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVReproConsequences.pdf

When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women, a book by Penny Simkin and Phyllis Klaus, is essential reading for advocates working with women who are pregnant, newly parenting, or who have concerns about childbearing (search at www.bastyr.edu/bookstore).

When Teen Pregnancy is No Accident, an article by the National Sexual Violence Resource Center that discusses Dr. Elizabeth Miller's research on reproductive coercion (<http://www.nsvrc.org/news/2810>)

**Ten Facts to Consider – Reproductive Health & Sexual Assault
What Are the Implications for Sexual Assault Advocacy?**

1. 1 in 4 women who agreed to answer questions after calling the National Domestic Violence hot line said a partner had pressured them to become pregnant, told them not to use contraceptives, or forced them to have unprotected sex (www.thehotline.org).
2. 31% of sexually active teen girls have been pregnant, and 13% of sexually active teen boys have caused a pregnancy. Among girls who are sexually active before age 15, half have been pregnant. “The difference in the proportion of teen girls versus teen boys who report being involved in a pregnancy is generally attributed to the fact that, on average, teenage mothers are 3.3 years younger than the men who father their children. This means that 65% of girls aged 15-19 become pregnant from men who are over the age of 20. (http://www.thenationalcampaign.org/resources/pdf/SS/SS23_ExpTeens.pdf).
3. “Women exposed to CSA [child sexual abuse] experienced gynecologic examinations as anxiety-provoking significantly more often and sought more treatment for acute gynecologic problems; 43.5% of these women experienced memories of the original abuse situation during gynecologic consultations. Gynecologic care is particularly distressing for women exposed to CSA” (Brigitte Leeners and colleagues, <http://psy.psychiatryonline.org/cgi/content/full/48/5/385>).
4. “A substantial number (no fewer than one-fourth and as many as 50-80%) of adolescent mothers are in violent, abusive, or coercive relationships just before, during, and after their pregnancy, according to several studies” (*Interpersonal Violence and Adolescent Pregnancy*, www.healthyteennetwork.org).
5. “74 percent [of women with a history of intimate partner violence] reported having experienced some form of reproductive control, including forced unprotected intercourse, failure to withdraw as promised or sabotaging of condoms. Women who became pregnant were coerced to proceed in accordance with the wishes of their partners, who in some cases threatened to kill them if they had an abortion (*When Teen Pregnancy is No Accident*, <http://www.nsvrc.org/news/2810>)
6. “53% women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner” and “approximately one in five young women said they experienced pregnancy coercion and one in seven said they experienced active interference with contraception (also called birth control sabotage)” (www.knowmoresaymore.org).
7. According to a study in Connecticut by Kapur & Windish, individuals with a sexual assault history were less likely to have seen a physician in the last 12 months for a routine health care checkup (<http://www.ncbi.nlm.nih.gov/pubmed/21222047>).
8. According to a study by the ACLU, fewer than 40 percent of emergency care facilities in eight of eleven states surveyed provide EC [emergency contraception] on-site to rape victims (www.aclu.org).
9. In a study of nurse managers in Ohio hospital emergency departments, only 34% had specialized sexual assault training (www.ipas.org).

HOW ADVOCATES CAN ADDRESS **The Long-Term Health Care Needs of Survivors**

- 1.** Recognize that stress and trauma can contribute to a wide variety of long-term physical and emotional ailments.
- 2.** Identify providers in your community who provide sensitive, culturally relevant, knowledgeable medical and mental health care.
- 3.** Learn about challenges survivors face so you can provide adequate support. For example, pregnancy and the postpartum period are often very difficult for sexual abuse survivors.
- 4.** Educate survivors about the general connections between sexual abuse or assault and long-term consequences. Do not attempt to make the connection for or about a specific survivor – “Your migraines are probably caused by your abuse history.” This is inaccurate and is overstepping the advocacy role.
- 5.** Familiarize yourself with resource information, such as details about the Crime Victims Compensation Program and children’s health care initiatives.
- 6.** Inform local health care providers about these issues and communicate with them to increase their capacity to respond to survivors’ long-term needs.
- 7.** Work with survivors to consider the practical implications of addressing health care issues. For example, a client may need to carefully consider the health care insurance offered by potential employers when making job choices.
- 8.** Advocate on a local, statewide, and national level for adequate and appropriate care, financial support, and research to address the long-term recovery needs of survivors.

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