

Study finds asking about pregnancy coercion and intimate-partner violence can reduce their incidence

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Specifically asking young women during visits to family planning clinics whether their partners had attempted to force them to become pregnant — a type of intimate-partner violence called reproductive coercion — dramatically reduced the likelihood that the women would continue to experience such pressures, according to a new pilot study led by researchers at the UC Davis School of Medicine.

Young [women](#) who recently experienced partner [violence](#) had a 70 percent reduction in the odds that they would continue to experience pregnancy [coercion](#) following the questioning, which is called a brief intervention, the study found. The study participants also were 60 percent more likely to report ending a relationship with a partner because they felt unsafe or the relationship felt unhealthy.

"This pilot study was focused on how we might better identify intimate-partner violence and reproductive coercion in clinical settings and offer women specific strategies to reduce their risk of an unwanted pregnancy and increase their safety," said Elizabeth Miller, associate professor of pediatrics at the UC Davis School of Medicine and the study's lead author. "These findings are extremely encouraging, and suggest that such clinical interventions may be useful in reducing both partner violence and unintended pregnancy."

Published online in the journal *Contraception* the study, "A Family

Planning Clinic Partner Violence Intervention to Reduce Risk Associated with Reproductive Coercion," assessed the effectiveness of what the authors said is the first step toward a harm-reduction health-care protocol for reducing women's risk of becoming pregnant by abusive partners, a widespread public-health problem.

Reproductive coercion involves both pregnancy coercion, in which partners verbally pressure women to become pregnant, and birth-control sabotage. Birth-control sabotage involves partners' interference with contraception, including secretly or overtly damaging condoms to force a woman to become pregnant or throwing away or preventing her from using birth control pills.

The study was conducted in four Northern California family-planning clinics between May 2008 and October 2009. The intervention was designed collaboratively with the Family Violence Prevention Fund and reproductive health experts. Family planning counselors and clinicians were trained to implement the intervention at two of the four sites. Two control sites provided standard domestic violence and sexual assault screening. Participants included approximately 900 English- and Spanish-speaking women between 16 and 29 years old, with the vast majority of the women, 76 percent, aged 24 or younger.

The intervention involved assessing for [partner violence](#) and reproductive coercion during a reproductive health visit, discussing harm-reduction strategies to reduce risk for unintended pregnancy and connecting women to violence-related resources. In the context of inquiries about the reason for the clinic visit, the participants who received the intervention were asked straight-forward questions about pregnancy coercion and birth-control sabotage integrated into their reproductive health visit. A positive response to any of these inquiries was considered reproductive coercion. The inquiries included:

- "Have you hidden birth control from your partner so he wouldn't get you pregnant?"
- "Has your partner tried to force you to become pregnant when you didn't want to be?"
- "Does your partner mess with your birth control?"
- "Does your partner refuse to use condoms when you ask?"
- "Has your partner ever hurt you physically because you didn't agree to become pregnant?"

Study participants at control clinics who did not receive the intervention received standard-of-care questionnaires that asked: "Have you ever been hit, kicked, slapped or choked by your current or former partner?" and "Have you ever been forced to have sex against your will?" Follow-up surveys with all participants were conducted between 12 and 24 weeks from the date of the initial interviews.

While the odds of pregnancy coercion dropped by 70 percent for women who received the intervention, there was no significant change in the odds of pregnancy coercion for women who had not reported experiencing intimate-partner violence within the past three months, or for women who did not receive the intervention. However, awareness of intimate-partner violence-related resources increased in both the intervention group and the control group, the authors said.

"Given recent reports that question the usefulness of screening for intimate-partner violence in clinical settings and the current critical need for effective low-cost unintended- and teen-pregnancy prevention, it is extremely encouraging that this combination of screening for reproductive coercion and abuse and providing simple educational

information significantly reduced women's pregnancy coercion," said Jay Silverman, senior author of the study and associate professor of society, human development and health at the Harvard School of Public Health.

"There is a strong, indisputable link between domestic and dating violence and [unintended pregnancy](#). This study is extremely important because it identifies an effective solution that can be implemented relatively easily," said study author Rebecca Levenson, of the Family Violence Prevention Fund. "We need to build on these results by making this intervention the norm in health-care settings throughout the nation as quickly as possible."

Provided by University of California - Davis

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