

Public Health – Intimate Partner Violence Scenario

Definitions

Emergency Contraception: A contraceptive method that can be used up to 120 hours after intercourse to prevent a pregnancy.

Intimate Partner Violence: Physical, sexual, or psychological harm by a current or former partner or spouse including reproductive control behaviors such as birth control sabotage. This type of violence can occur among heterosexual or same-sex couples and does not necessarily involve sexual intimacy.

Long Acting Reversible Contraceptives (LARC): LARCs refer to methods of contraception that can last for several years. Examples are intrauterine devices (which range from 3-10 years) or a hormonal implant called Nexplanon (3 years). Some people also consider the Depo-provera injection (which lasts for 3 months) to be a LARC.

Oral Contraceptive Pills: Daily hormonal pills taken by women to prevent pregnancy.

Preconception Health Risks: Health risks in the preconception period that can affect health during pregnancy and influence maternal and fetal health outcomes post pregnancy.

Primary/Secondary/Tertiary Public Health Prevention: Different stages of prevention that work together to promote health and prevent disease. Each stage can work at an individual level or population level. Generally, primary prevention is seen as preventing the onset of disease, secondary prevention is seen as screening for disease, and tertiary prevention is treatment of disease.

Reproductive Coercion: The American College of Obstetricians and Gynecologists describes reproductive and sexual coercion as involving behavior that includes “explicit attempts to impregnate a partner against her will, control outcomes of a pregnancy, coerce a partner to have unprotected sex, and interfere with contraceptive methods.”

Unintended Pregnancy: An unintended pregnancy is a pregnancy that is mistimed, unplanned, or unwanted at the time of conception.

Orienting Facts

- Several states have laws that allow pharmacists to refuse to fill prescriptions for emergency contraception.¹
- In 2011 the CDC reported an estimated 19.3% of women and 1.7% of men had been raped during their lifetimes. An estimated 43.9% of women and 23.4% of men experienced other forms of sexual violence during their lifetimes, including being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences.²
- Reproductive coercion and co-occurring intimate partner violence are prevalent among patients seeking obstetrics and gynecology care and should be routinely screened so conversations and recommendations can be tailored appropriately to their needs.³
- Emergency contraception varies in terms of cost, availability, and Medicaid coverage depending on the state, and Medicaid will sometimes pay for Emergency Contraception without a prescription.

¹ Guttmacher Institute. *State Policies in Brief: Emergency Contraception*. Retrieved from: http://www.guttmacher.org/statecenter/spibs/spib_EC.pdf

² Centers for Disease Control and Prevention. *Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011*. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm?s_cid=ss6308a1_e

³ Clark, L.E., et al. (2014). Reproductive Coercion and Co-occurring Intimate Partner Violence in Obstetrics and Gynecology Patients. *American Journal of Obstetrics and Gynecology* 210(1), 42.e1-42.e8.

Clinical Scenario – Carolyn

Carolyn is a 34-year-old woman who is G4 P2 2012 (2 term, 0 preterm, 1 abortion, 2 living) and her children are 10 and 12 years old. She works full-time, and is partnered with the father of her children. She and her partner disagree about preventing pregnancy - she has been using oral contraceptive pills to prevent pregnancy but when her partner finds her pills he throws them away and at times this has resulted in physical violence.

Carolyn has been using Emergency Contraception (EC) as her primary method of contraception. Recently a pharmacist noticed that she has purchased EC through her insurance 5 times in the last 2 months and tells her that it is his policy not to provide her with more EC. The pharmacist says that she might become sick from overuse.

After missing her period, Carolyn took a home pregnancy that was positive. She came to see you because she is unsure what to do. She is not ready to leave her abusive partner because she loves him, she cannot support her children on her own, and wants him to be a part of her children's lives. She says that he is a good father to their kids and preventing pregnancy is the only thing that they fight over.

PREGNANCY TEST HISTORY

Name: Carolyn Age: 34

I identify as: **Female** Male Transgender Specify: _____

Gender pronoun: **She** He Specify: _____

Would you like a companion in the room with you for your visit? Yes **No**
If so, whom? _____

With whom can you talk with for support?
 Partner(s) Parent(s) Family Member(s) Friend(s) **No One**

Pregnancy History:
Pregnancies 3
Births 2
Miscarriages 0
Abortions 1

Have you already taken a pregnancy test? **Yes** No
What were the results Positive

When was the first day of your last menstrual period? 6 weeks ago

Are you using any form of birth control? **Yes** No
If so, what are you using? Sometimes pills, sometimes EC

If you are pregnant, which options would you like to discuss?
 Adoption **Abortion** **Parenting**

Case: Carolyn is a 34-year old woman with two children, 10 and 12 years old, at home. She has been using oral contraceptive pills but when her partner finds them he throws them away. At times this has resulted in physical violence. Recently she has been using emergency contraception as a method of birth control and has taken it 5 times in the past 2 months.

Common Concern: "I don't know if having a baby is a good idea, but I know he wants one."

Personality: Loves watching her kids play soccer on the weekends.