

Asking Questions about Intimate Partner Violence and Reproductive Coercion: Guidance and Sample Scripts

For Medical Professionals

While assessment questions for Intimate Partner Violence (IPV) may be embedded in self-administered questionnaires or computerized interviews, asking questions about IPV and reproductive coercion also needs to be part of the face-to-face assessment between the provider and the client.

The client's responses to these questions will help to inform the provider about the best way to proceed relative to the treatment plan, potential complications, compliance considerations, other health risks, and safety concerns. If the client says it is not safe to talk with her partner about birth control or she discloses birth control sabotage, the provider should focus the discussion on long-acting, reversible birth control methods that are less vulnerable to partner detection and interference. This conversation can also open the door for more in-depth assessment about IPV as the client recognizes that the provider understands her concerns and validates her experiences.

Some clients may not feel safe or comfortable disclosing IPV or reproductive coercion when asked. Regardless of whether a client discloses abuse or not, assessment is also an opportunity to educate clients about healthy relationships, indicators of reproductive and sexual coercion, and how to get help.

Before you ask – discuss limits of confidentiality and normalize:

“So we’ve started talking to all our clients about healthy relationships and this card is a self-administered quiz I want to go over with you ...”

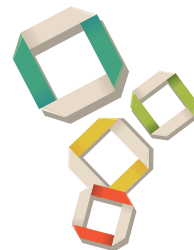
What to ask:

“Has your partner ever messed with your birth control or tried to get you pregnant when you didn’t want to be?”

“Does your partner refuse to use condoms when you ask?”

“Has your partner ever tried to force or pressure you to become pregnant when you didn’t want to be?”

“Are you afraid your partner will hurt you if you tell them you have an STI and he needs to be treated?”



What to do if you get a “yes” to pregnancy pressure or birth control sabotage:

“I’m really glad you told me about what is going on. It happens to a lot of women and it is so stressful to worry about getting pregnant when you don’t want to be. I want to talk with you about some methods of birth control your partner doesn’t have to know about... like the IUD, Implanon, and emergency contraception.”

What to do if you get a “yes” to difficulty negotiating condoms:

“I’ve had many girls talk to me about condoms breaking or coming off during sex. It’s awful when you have to worry about getting pregnant when you don’t want to be.”

“Even though condoms can prevent sexually transmitted infections, the safest and most reliable birth control method for you may be one that that the person you are sleeping with can’t mess with. Have you ever thought about using the IUD, or Implanon?”

“I want to make sure you know about the morning after pill and emergency contraception so that you have back up if the other methods don’t work.”

What to do to regarding partner notification of a positive STI:

“I know it can be hard to talk about this—especially if you are worried your partner will blame you for the STI. What do you think will happen when he hears that he needs to get treated? Are you worried that he might hurt you?”

“As you may know, we have to tell the people that you have slept with about the infection. There are a couple of ways we can do this to help you be safer:”

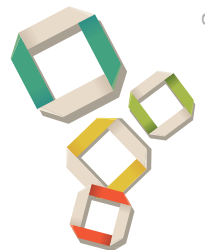
“We can talk to him about it in clinic and explain about transmission in case he gets angry or blames you.”

“We can have someone call him anonymously from the health department saying that someone he has slept with in the past year has (name of STI) and he needs to come and be treated.”

“If you decide you want to tell him yourself, you may want to tell him in a public place with lots of people around where you can leave easily if you need to.”

Ask about other control and abuse in the relationship:

“What you are telling me about your relationship makes me wonder if there are other



things that make you uncomfortable. Has there ever been a situation where he has hurt you or pushed you to have sex when you didn't want too?"

If client says yes to relationship problems but doesn't disclose more than something vague:

"You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but I am going to give you a card with a hotline number on it. You can call the number anytime. They really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. The hotline staff has contact with lots of women who have experienced this or know about it in a personal way."

What to say when you hear: "No, this isn't happening to me."

"I'm really glad to hear nothing like this is going on for you. We are giving this card to all of our clients so that they will know how to help a friend or a family member having difficulties in their relationship."

How often should you ask?

Annually and with each new partner

When should you ask?

During any reproductive health appointments—(Pregnancy tests, STI/HIV tests, initial and annual visits, abortions, birth control options counseling)

Where should you ask?

When the client is by herself without parents, partners, or friends present

Futures Without Violence. (2013). Healthy moms, happy babies: A Train the trainers curriculum on domestic violence, reproductive coercion, and children exposed. Prepared by: Chamberlain, L. & Levenson, R. Retrieved from: <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Healthy%20Moms%20Happy%20Babies%203-7-13.pdf>

VIDEO: SAMPLE INTERACTION

To watch a video clip of a sample interaction between a medical provider and patient, please click here or visit:

http://www.youtube.com/watch?feature=player_embedded&v=kv6dH8NQM1w

