"Difficult Topics in Reproductive Health"

Supporting Sexual Assault Advocates in Making Referrals for Unintended Pregnancy

Camilla Eubanks
Sarah Cannady

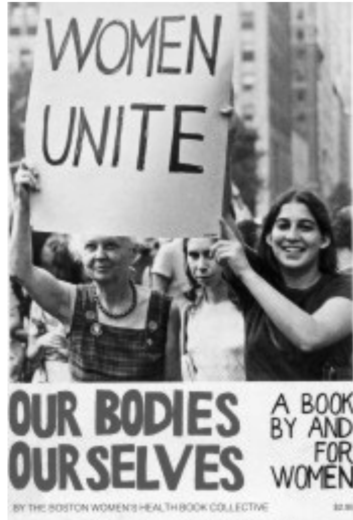
www.provideaccess.org

What does *Provide* do?

- Works directly with front-line providers
- Presents abortion as a topic within client care
- Seeks to normalize abortion, build empathy, and grow a community of support

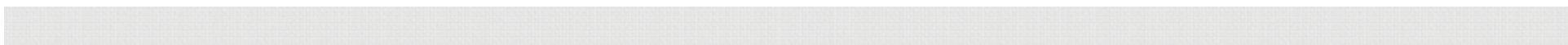
provideaccess.org

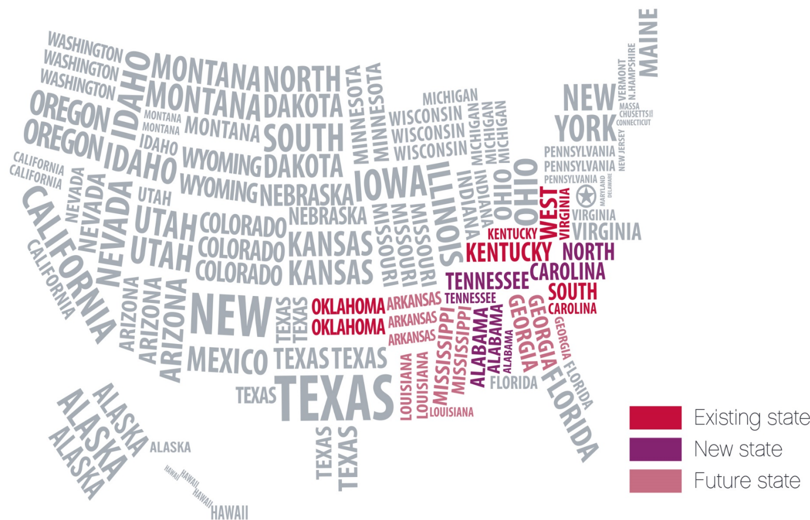
History



Provide, brings over two decades of experience supporting health care providers to address abortion. Originally known as the Abortion Access Project, was organized in 1992 by activists and clinicians concerned about the diminishing number of abortion providers. This work, spearheaded by a group of founding members that included Susan Yanow, Marlene Gerber Fried, and Judy Norsigian, was immensely successful, and the organization grew from a state-level project to a national organization.

www.provideaccess.org





www.provideaccess.org

Systems We Work In

- Health and social service services, such as:
  - Sexual Assault & Domestic Violence Centers
  - Community Health Clinics
  - Substance abuse support services
  - Primary Care Clinics
  - Other systems serving women

www.provideaccess.org

www.provideaccess.org

Making the Connection

- Women **with unwanted or mistimed pregnancies were 4 times more likely to be physically hurt** by their husband or partner as women with intended pregnancies. (Futures Without Violence- Reproductive Health and Partner Violence Guidelines)
- Unwanted and unintended pregnancies are the primary reason for seeking abortion**, abused women are thought to be more likely to experience abortion than are their non-abused counterparts.** (Silverman, American Journal of Public Health, 2010**)**
- **According to the American Journal of Obstetrics and Gynecology, at least 1-5% of sexual assaults result in pregnancy. (**Holmes, American Journal of Obstetrics and Gynecology, 1996)

www.provideaccess.org

Reproductive Coercion

- Victimization is consistently associated with increased pregnancy and sexually transmitted infection (STI), with abused women demonstrating disproportionately higher rates of seeking care at family planning and other health services related to sexual health, such as HIV and STI testing.
- Mounting evidence that unintended pregnancy occurs more commonly in abusive relationships highlights that victimized women face compromised decision making regarding contraceptive use and family planning, including condom use.
- **Forced sex, fear of violence if she refuses sex, and difficulties negotiating contraception and condom use in the context of an abusive relationship all contribute to increased risk for unintended pregnancy and STIs. (Reproductive Coercion: Connecting The Dots Between Partner Violence and Unintended Pregnancy)**

www.provideaccess.org

Responses to Requests for Abortion Information

- **"'Oh you're pregnant, let's get you into prenatal care' and not having the discussion [about options] at that point."**
- **"Not knowing enough about the services I was thinking, 'Why are you coming to *me* about this?'"**
- **"I went to the internet to get information."**
- **"...sending [the clients] to the library."**
- **"...giving clients a sheet of paper with the name of the clinic, but not giving them any real info because they didn't want to deal with it."**
- **You have to say 'I don't know, I don't have that information,' then there they are with no resources to fall back on."**

www.provideaccess.org

Referrals for Unintended Pregnancy: A Curriculum for Health and Social Service Providers

We train health and social service providers on how to make high quality abortion referrals for clients who wish to end a pregnancy. We emphasize empathy, professional and a non-biased approach to client-centered care.

Abortion Referrals Competencies

- Knowledge about all options
- Knowledge about where clients can get quality abortion care
- Adherence to the belief that abortion referral is proper and that it is called for by professional norms
- Awareness of barriers clients face and what is needed to overcome these barriers
- Skill in nonjudgmental counseling
- Skill in carrying out a full spectrum of referral behaviors.

www.provideaccess.org

7 Facts about Abortion

Knowledge is Power!

We're all entitled to our own opinions. But we're not entitled to our own facts.

www.provideaccess.org

FACT

EC & Medication Abortion are Different

- EC is a form of birth control that prevents a pregnancy after unprotected sex. It can be taken up to 5 days after unprotected sex. EC does not end a pregnancy and will not work if you are pregnant. EC can be purchased over-the-counter. Medication abortion ends a pregnancy. It works in early pregnancy, up to 10 weeks. Unlike EC, the medication is not over-the-counter and can only be dispensed by a clinician.

Reproductive Health Access Project: Emergency Contraception and Medication Abortion: What's the Difference, http://www.reproductiveaccess.org/fact_sheets/downloads/Difference.pdf

www.provideaccess.org

www.provideaccess.org

1 in 3 women in the United States will have an abortion.

provideaccess.org

STAR Quality Referrals

Supportive

- "Supporting my client's decision is the best way I can do my job helping her."

Thorough

- "I actively assess her needs for, and help connect her to, supportive services such as childcare or transportation—to help her to utilize the referral she is seeking."

Active

- "I have the correct information about the service she needs."

Referral Quality

- "I follow up, asking about her experience accessing this provider and if there is anything else she needs."

www.provideaccess.org

Lack KNOWLEDGE (of where to go)	PRIVACY fears	LANGUAGE
FINANCES	LEGAL obstacles	SCORN, INTIMIDATION
TRANSPORT/ DISTANCE	AGE (e.g., teens)	DISCRIMINATION (real or perceived)

What are some of the barriers to care that my client may be experiencing?

www.provideaccess.org

Evidence of Practice Change - Individual

"Almost two weeks from the training I had a lady come in and talk with me about abortion. She didn't have any information, didn't know where to go. I pulled up the stuff from the training and gave her a referral to Charleston. It wasn't even two weeks since the training, and it came in quite handy. A lot of places don't talk about it [abortion], so you have to say "I don't know, I don't have that information," then there the client is with no resources to fall back on. I spoke with the client last Tuesday, and she had gone through with the procedure, said she was doing great and that she was going to move but if not she wanted to come back to our facility for housing. She was doing good, said they were very nice and treated her well, and wanted to thank us for the information."

-West Virginia

www.provideaccess.org

Institutional Change

"Using the resources they provided, we were able to create a standard folder of information we offer to people who have an unintended pregnancy, and we have implemented that more specifically into our integrated behavioral health."
(Oklahoma)

Institutional Change

"We made some changes in our policies on adding referrals in there for case workers and doing an inter-agency referral. The inter-agency referral form has all these checkboxes on it. Right after the training we added checkboxes for unplanned pregnancy options and resources. It doubled the chances our clients are getting all the referrals they need."
-West Virginia

"The role of an advocate is to provide options, and the more options our advocates have on their menu list, the better they can respond to the needs of victims and survivors. We work with people who have experienced reproductive coercion. They may have been forced to carry a pregnancy to term or they may have been forced to have an abortion. It is critical that we can help them in whatever way they need. "

- West Virginia

provide
EVERYONE HAS A ROLE

" A lot of the women I work with have been told their entire lives they don't have the ability to make decisions for themselves, that they aren't smart enough or *enough* in general. I work every day to reverse that, and this training tied in with that philosophy: that **you *do* have a choice and there are alternatives.** A lot of the time my clients feel very trapped and that they don't have ownership over what happens to themselves or their own bodies, so **I want to empower them** and encourage their self-determination as much as possible.

Help us start a conversation about abortion.

provideaccess.org