Condom Control: Reproductive Coercion as Adolescent Dating Abuse

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Women’s Advocates is a domestic violence shelter for women and children that provides housing, mental health therapy, support groups, legal help, childcare, and other services. We are based out of Minnesota.

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On September 29, 2018, comedian and actor Pete Davidson returned to *Saturday Night Live*.

Davidson, who at the time was dating Ariana Grande, quipped “Last night I switched her birth control with tic-tacs. I believe in us and all, but I just want to make sure that she can’t go anywhere.”

Both Davidson and Grande are 25.
In September 2017, *Vampire Diaries* actor Ian Somerhalder revealed on a pregnancy podcast that he had popped wife Nikki Reed’s birth control pills out of the pack and videotaped her panicking when she found it empty.

“It is a lot of work,” he said, “especially after a little bit of sangria.”
Dating abuse is a pattern of behavior that an individual uses to maintain power and control over an intimate partner or ex intimate partner, not solely limited to heterosexual relationships.

- It can be physical
- It can include reproductive and/or sexual assault and control
- It can be emotional
- It can be financial

Dating abuse is a public health issue that impacts everyone, regardless of age, race, gender identity, religion, sexual orientation, or culture. 1 in 3 women and girls has experienced DV.
Females ages 18-24 and 25-34 experience the highest rates of intimate partner violence. More than half of all sexual violence survivors, including male and female adolescents and LGBTQ+ adolescents, report that the violence was caused by an intimate partner.4

Some warning signs of adolescent dating abuse include:5

- Excessive jealousy and possessiveness
- Isolation and control of an adolescent’s daily activities and friends
- Frequent monitoring of someone’s cell phone or computer usage
- Threats to harm oneself or someone else
- Verbal abuse and constant criticism
- Framing of abuse as “for the victim’s own protection”
- Financial control
The Power and Control Wheel is a tool developed in Duluth, Minnesota that is used to describe and illustrate various abusive behaviors as examples of power and control. Here is a version of the wheel adapted for teens.
Reproductive coercion is any behavior intended to maintain power and control over an individual’s reproductive health & decisions. It is commonly perpetrated by intimate partners, and can occur in both adolescent and adult relationships.

- Adolescent girls in physically abusive relationships are 3.5x more likely to become pregnant.
- Girls who experience physical dating abuse are 2.8x more likely to fear the consequences of negotiating condom use.
- 75% of women and girls who report reproductive coercion also report a history of intimate partner violence.
Just like the original Power and Control Wheel, here is an example of a Reproductive Power and Control Wheel for teens. Both dating abuse and reproductive coercion involve power and control. Reproductive coercion is dating abuse.
There are three main forms of reproductive coercion:¹¹

Birth control sabotage: interference with an individual’s birth control methods in order to force a pregnancy

Pregnancy pressure/coercion: threats, pressure, or behavior intended to force an individual to become pregnant, continue a pregnancy, or terminate a pregnancy against their wishes

Sexual coercion: coercive behavior intended to influence an individual’s sexual decision-making
“He kept stopping it [the abortion]…He kept track of when the appointments were, saying the car wouldn’t work…saying, ‘I can’t come because of this and that but I have to be there for the abortion, but I have to work this day,’ so he kept dragging it out.”

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In November 2018, pregnant 18-year-old Madison Anthony of Ohio went to the doctor after a fight with her boyfriend, Joseph Smith. During the altercation, Smith punched Anthony in the stomach and told her she should have gotten an abortion and he wished she would get hit by a brain.

At the doctor’s office, Anthony was told that the baby no longer had a heartbeat as a result of the punch. Her unborn child died.¹³
We can’t always know. We do know that abuse is always about **power and control**. And we do know that:\(^\text{14}\)

- For some abusers, a pregnancy gives the victim more **power**
- This power may come in the form of controlling the abuser’s future through his **new financial obligation**
- This is where we see a greater likelihood of **forced abortions** or violence to **induce a miscarriage**
- Or, some abusers may believe that **getting a girl pregnant** will get her to stay with him
Interventions for Reproductive Coercion
 Warning Signs of Reproductive Coercion

• “Losing” birth control pills, patches, rings

• Condoms breaking repeatedly during sexual activity

• Missing or “forgetting” appointments for birth control injections

• Partner always present with victim at OBGYN appointments; may refuse to leave; may talk for victim

• Frequent pregnancy testing

• Frequent abortions

• Frequent miscarriages
Confidential verbal assessment in private location – be sensitive to the language you use\textsuperscript{17}

Is your partner ok with you using birth control?
Has your partner ever threatened you because you did not wish to become pregnant?
Has your partner ever refused to wear a condom?
Do your condoms break a lot during sex?
Have you ever had to hide your birth control?
Have you ever been pressured to have an abortion?
Warm Referrals

After a positive disclosure, respond with validation, belief, support, and caring, followed by:

- What can I do for you next?
- Ask permission to share strategies
- Encourage individual to meet with an on-site advocate, or have an advocate come to the clinic
- Allow them to use an office phone to speak with an advocate
- Schedule a return visit
- Ask about their safety once pregnancy is diagnosed
Shown here is a portion of a recently developed Reproductive Autonomy Scale from Dr. Ushma Upadhyay of the University of California San Francisco.¹⁹

Reproductive Autonomy Scale

The next questions are about you and your main partner or a recent sexual partner. The questions ask about who has the most say in different types of decisions. “Most say” means if there was a disagreement, the person who would have final say. If you have more than one partner, think about your main partner. If you don't have a partner, think about a previous partner. If you have not had to make any of the following decisions, please think about who would have the most say in the decision. For these questions, please select one of the following response choices:

- My sexual partner (or someone else such as a parent or mother-in-law/father-in-law)
- Both me and my sexual partner (or someone else such as a parent or mother-in-law/father-in-law) equally
- Me

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<th>My partner</th>
<th>Both me and my partner</th>
<th>Me</th>
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<td>1. Who has the MOST say about whether you use a method to prevent pregnancy?</td>
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<td>2. Who has the MOST say about which method you would use to prevent pregnancy?</td>
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<td>3. Who has the MOST say about when you have a baby in your life?</td>
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<td>4. If you became pregnant but it was unplanned, who would have the MOST say about whether you would raise the child, seek adoptive parents, or have an abortion?</td>
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Recommend that individual keep emergency contraceptives in a small, thin envelope\textsuperscript{20}

Offer to notify a partner(s) anonymously about any STI diagnoses

Discuss how to negotiate condom use with abuser, if safe

Provide information on adoption services

Provide information on where to obtain a safe, legal abortion

Discuss the importance of prenatal care
If a patient does not want to become pregnant, it may help to suggest contraceptive methods that are more difficult to see or tamper with:

- Implanon
- Depo Provera
- IUD (Mirena or Paraguard) – consider cutting the strings for more difficult detection
If a patient was recently forced to engage in unprotected sex and does not wish to become pregnant, it may help to suggest:

Taking Plan B while still at the clinic, or send the patient home with the pill in an unmarked envelope.

Inform the patient that a copper IUD can act as an emergency contraceptive if inserted within a week, and can continue to protect against pregnancy.
The impacts of reproductive coercion range from emotional and sexual to reproductive and financial. These impacts include:

- Girls who have experienced intimate partner abuse are more likely to use emergency contraceptives\(^{23}\).
- Substance abuse struggles and hyper-sexualized behavior.
- Feelings of isolation, loneliness, and low self-esteem\(^{24}\).
- Higher rates of ovary removal\(^{25}\).
- Pelvic pain, vaginismus, dysmenorrhea.
- Fears related to sexual pleasure and orgasm\(^{26}\).
Non-Hispanic black and multiracial women are most likely to report reproductive coercion. Black women are also more likely than white women to attribute a pregnancy to reproductive coercion, and women of color are less likely to report satisfaction with their family planning clinic visits.
It is also crucial to develop an understanding of racism and domestic violence as public health issues, and to practice the provision of trauma-informed care to all patients, victim/survivors, and clients.
Thank you for attending this presentation!

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For other training opportunities, please visit www.wadvocates.org/our-services/
Sources


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