

Piloting an
approach to
**clinical healing
and reproductive
justice (CHARJ):**

Addressing
reproductive
coercion as an
explicit, integral
part of mental
health support

SVRI, Cancun, Mexico
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Background & significance

- Estimated lifetime prevalence of RC is 8-30% (Rowlands & Walker, 2019)
- Women of color in U.S. are disproportionately affected (Holliday et al, 2017)
- Interventions have focused on
 - ✓ Health care settings (e.g. ARCHES [Miller et al, 2017, Uysal et al, 2020]; WHO, 2019)
 - ✓ Front line SGBV advocates (Futures without Violence, 2014; FWHC et al, 2014)

Common Forms



Context & aims

Our team of mental health practitioners at a local survivor-serving NGO in Maryland, USA, aimed to

- ✓ Strengthen our capacity to address reproductive coercion
- ✓ Explore impact on quality of care and healing experienced by SGBV survivors
- ✓ Ground our approach in reproductive justice (RJ)



Reproductive justice

Sister Song defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

SisterSong

<https://www.sistersong.net/reproductive-justice>

ACRJ, 2005

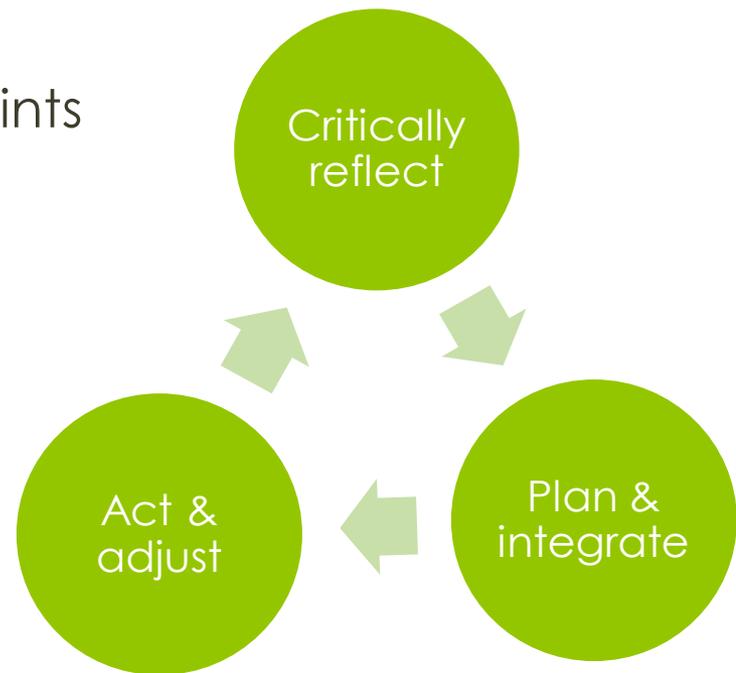
L. Ross, 2006/2011, 2017



Methodology:

Participatory learning & action

- Introduced RC/RJ & explored our provider experiences
- Identified mental health entry points
 - ✓ 4 intake questions for counseling
 - ✓ Psycho-education in support group
 - ✓ Referrals for SRH care
- Semi-structured reflections
 - ✓ 3 monthly meetings + 1 focus group discussion over 9 months
 - ✓ Based on provider interactions with approximately 85 survivors
 - ✓ Iterative co-analysis
 - ✓ IRB approval through University of Maryland, Baltimore County



Questions added to intake

1. Has a partner (current or past) ever pressured or forced you to have **unprotected sex (sex without a barrier)** when you didn't want to?*
2. Do you think a partner (current or past) has **messed with your birth control** or tried to get you pregnant when you don't want to be? *
3. Has a partner (current or past) ever **made you get pregnant when you didn't want to be, or made you terminate a pregnancy** when you didn't want to?*
4. Have you experienced **disrespect, abuse, or coercion related to your sexual and reproductive choices when you have sought health care** (for instance being pressured to use a certain form of birth control, to continue or terminate a pregnancy against your will, being treated with disrespect and abuse while pregnant or birthing, or being treated in ways that have undermined your sexual and reproductive decisions and well-being)?

*Adapted from Futures without Violence, 2014.

What we learned

4 themes emerged

- Survivors welcomed the naming of previously un-named experiences
- Complexities include children birthed within RC
- Naming discrimination in health care settings matters
- RC & RJ is a vital arena for healing and reclaiming survivor wellbeing



1. Labeling RC is important

Survivors experienced relief and validation upon learning that 'reproductive coercion' was a form of power and control. This provided language to name experiences they had felt "were not right."

- *"That realization like, 'Wow, no one's ever told me that before.' You know, I think that's a common theme."*
- *"Survivors want to talk about it. Giving them a name for what is going on and naming it as abusive has really been empowering, where it's this light-bulb moment where 'I didn't know it was a thing. I thought it was just me. I thought it was just my relationship. I didn't know I could do anything about it.'"*

2. Complexities include children birthed as a result of RC

Survivors recognized that RC produced some pregnancies. There's a need to further explore survivors' "guilt" at naming such violations while caring for children birthed in this context.

- *"One client said, 'I don't want to feel like I don't like my children. I love them, but I didn't want 3 kids. You know, you can't leave the house (and avoid abuse) when you have a newborn'."*
- *"That was part of our group conversation too. One of the clients said, 'I don't want to feel like I don't like my children.'"*

3. It matters to name health care discrimination & liberation

Especially survivors of color experienced discrimination in health care institutions, including denial of contraceptive options. Supportive institutions are key for healing.

- *“A Black client’s provider said, ‘I hope that I don’t see you come back here having anymore babies’. And that was very hurtful to her (because) she wasn’t done having children. That’s very insulting for somebody to be saying something like that.”*
- *“A Black client in her late thirties (had) seven or eight kids, but had been advocating for herself to get her tubes tied and had been being told like, ‘no, you’re too young.’ And I’m pretty sure the provider had an understanding that there had been several abusive partners.”*
- *I think about one client where she couldn’t get birth control (when married to her abuser). The first thing she did literally the first or second day of leaving her abuser husband was going to Planned Parenthood and getting birth control and having the ability to do that.”*

4. RC is an integral area for mental health & wellbeing

Exploring RC appears to help survivors and providers identify a previously undervalued dimension of trauma. It helps explore more fully reclaiming reproductive and sexual health wellbeing as an integral dimension of survivor healing.

- *“It was a long time ago. I knew sexual coercion, but not reproductive coercion. And that person got pregnant and an STI. So I wish I had the language back then to name that. I think it may been helpful (for the survivor).”*
- *“(I would like GBV-focused mental health practitioners to know) this is an important conversation to tackle. But what is your comfort level? How can you be aware of your own comfort level when talking to clients -- and also the different takes on it from survivors coming from their cultural and religious backgrounds?”*

Some implications

- RC/RJ is a core arena of survivor trauma and healing → deserves explicit integration within mental health & emotional support programs
- Entry points & adaptable tools do exist, yet require
 - Capacity strengthening
 - ✓ critical reflection & learning for transformation
 - ✓ including RC/RJ, further knowledge of our bodies r/t SRH info, and support for addressing sexual pleasure
 - A systems approach
 - ✓ trusted referrals
 - ✓ explicit linkages with RJ movement & resources
- Critically reflecting on our frameworks matters

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¡Gracias!

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