


Disclosures



We have no disclosures

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Background



- Unintended pregnancy confers significant adverse consequences for women, their children, and society, and is closely associated with intimate partner violence (IPV), sexual assault (SA), and reproductive coercion (RC).
- Native American women are at particularly high risk for experiencing both unintended pregnancy and IPV/SA
- How IPV/SA/RC influence Native women's reproductive decision making and health is not known

Research methods



Sample: Native victim service advocates from four U.S. tribes recruited Native American women ages 18-50 with known histories of IPV (intimate partner violence) and sexual assault (SA)

Setting: In-person interviews took place in safe, private locations designated by the advocates

Procedures: Confidential computer-based survey and in-depth interviews (about 60-90 minutes) to examine Native American women's experiences with unintended pregnancy, IPV/SA and reproductive coercion

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Research methods



Narrative Interviews:

USE OF "LIFE HISTORY TIMELINE"

"Where would you like to start with your story?"

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Overall Results



Total Sample (n=56) across 4 sites

- **91%** of women reported a lifetime experience of physical or sexual violence by a partner.
- **21%** reported a recent (past 3 month) experience of physical or sexual violence by a partner.
- **14%** reported recent (past 3 months) reproductive coercion.
- **43%** reported a lifetime experience of abortion coercion by a partner.

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Violence Victimization



- **91%** of survivors had experienced physical or sexual violence from a partner at some point during their lifetime
 - having ever been hit, pushed, slapped, choked or otherwise physically hurt by someone you were dating or going out with
 - someone you were dating or going out with used force or threats to make you have sex (vaginal, oral, or anal sex) when you didn't want to
 - someone you were dating or going out with made you have sex (vaginal, oral, or anal sex) when you didn't want to, but didn't use force or threats

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Condom Use Self Efficacy



- In the past 3 months:
 - **20%** report having sex without a condom at least once when they wanted to use one.
 - **13%** have been afraid to ask their sex partner to use a condom; been afraid to discuss birth control with their sex partner; or been afraid to refuse sex with a sex partner.

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Pregnancy conflict



- 55% reported having ever been pregnant when she did not want to be
- 43% reported having ever experienced conflict with a partner about whether to continue or terminate a pregnancy
- 40% -- partner ever argued about whether or not she should have an abortion or keep a pregnancy
- 30%-- partner ever tried to make her get an abortion when she wanted to keep the pregnancy
- 11% --partner ever used violence or threats of violence to try to make her get an abortion
- 7% -- partner ever tried to stop her from getting an abortion when she wanted to get an abortion

Reproductive Coercion



Multiple examples emerge in the interviews:

- Birth control sabotage -- hiding pills, manipulating condoms
- Pressures to get pregnant
- Pressure to continue a pregnancy she did not want
- Pressure to terminate a pregnancy she wanted to keep

--These are stories similar to reproductive coercion heard from non Native women as well

--Additional themes of feeling pressure/need to get pregnant to qualify for a place to live

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Experiences as a Native woman



Specific examples of racism, discrimination

Women's experiences of partner violence, sexual violence and reproductive coercion are compounded by experiences of being on reservation, or being tribal

- being discriminated against
- feeling like no one would help
- being told that the laws won't help them

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Challenges with disclosure



Stories also included not disclosing about childhood sexual and physical abuse

- feeling that no one was paying attention
- being told that they would get in trouble or be hurt more if they told anyone
- not knowing who would be safe to tell

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Challenges with law enforcement



Many stories about limited response from law enforcement

- unable to get a protective order served
- perceptions that tribal law enforcement are not interested in helping
- challenges in smaller communities where the abuser or perpetrator is either in or connected to tribal law or other powerful institutions

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Limited health care response



Almost all of the women had not been asked during clinical encounters

Also perceived that their health care provider didn't know what to do

Most women were talking to friends or family about their experiences, not to health care providers (or advocates, counselors)

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What would have helped



Overwhelmingly, women stated the most helpful would have been to have information early on about what constitutes abuse

- not recognizing abusive behaviors
- not knowing they have a right to say 'no' to sex
- not knowing there are people to talk to about experiences of partner violence or sexual violence who can help

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What would have helped



Education about sexuality and reproductive health was almost nonexistent

- not recognizing sexual violence
- not knowing about sexual consent
- not having information about how to prevent pregnancy

Need information and education tailored to Native women

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What would have helped



- wanting people to have noticed sooner
- multiple times of seeking health care and no one asking about partner violence
- recognizing what constitutes abuse
- knowing that if you asked for help, that it would have made a difference

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What we have heard



- severe physical and sexual violence is common and often began in childhood
- such violence affects a woman's ability to control her birth control, her choices about being or becoming pregnant
- isolation (not being able to seek help) is a common thread

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What we have heard



- Experiences of IPV/SA and reproductive coercion were common
- Women described conflicting emotions towards their pregnancies and a lack of control around when to have sex, attributed both to substance use and to relationship power dynamics
- Cultural and structural factors impede care seeking
- Consequences of partner violence and sexual assault on women's reproductive and mental health

Limitations of study



- Small sample, not generalizable
- Biased towards women who were already connected to DV advocate (i.e., could be more severe experiences or have different motivations for seeking care)

Conclusions



Further study is needed to understand how, for Native American women, traditional values around pregnancy, intergenerational norms to bear children, and access to mental health, substance abuse treatment, and reproductive health services contribute to unintended pregnancy and poor reproductive and sexual health outcomes

Next steps



- continue to increase women's options for safety and to increase opportunities for "storytelling"
- more community awareness on Historical Trauma to reduce shame and isolation (sense of being alone in this)
- increase opportunities to connect women to information and safety
- continue to educate and dispel myths with law enforcement and health care providers
- social service responses should recognize historical impact of child welfare
- supporting prevention efforts/sexual health education



Questions?

DISCUSSION

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