REPRODUCTIVE COERCION POLICY STATEMENT

family planning nsw
Reproductive & Sexual Health

REPRODUCTIVE COERCION POLICY STATEMENT

BACKGROUND

Family Planning NSW respects and promotes the rights of women to have the autonomy to control and decide freely on all matters related to their reproductive and sexual health. The increasing recognition and prevalence of family, domestic and sexual violence in Australia threatens these rights and is a significant public health concern.[1] The Australian National Women's Health Strategy (2020-2030) acknowledges that a "reduction in the rate of reproductive coercion" is a key measure of success in improving health outcomes for Australian women.[2]

Reproductive and sexual health rights are intrinsically linked with a range of human rights and the impact of reproductive coercion constitutes a violation of those rights. These include, but are not limited to, women being treated as equals, and being allowed to make choices about their own reproductive health such as choosing if and when to become pregnant.

WHAT IS REPRODUCTIVE COERCION?

Family, domestic and sexual violence, also known as intimate partner violence, is the use of a range of tactics by an abuser to create vulnerabilities, and to achieve power over a partner through coercive control.[3-5] Intimate partner violence is widely recognised as one of the leading causes of poor health, disability and death among reproductive-age women, and is considered to be an indicator for reproductive coercion.[6] One in six Australian women will experience physical or sexual violence in their lifetime, and one in four will experience emotional abuse from a partner or ex-partner.[7]

Reproductive coercion is a less recognised aspect of intimate partner violence, which is gaining increasing attention in the Australian context.[8] Currently, there is no agreed definition or measurement tool as to what constitutes reproductive coercion in Australia, or across the globe. Additionally, there is no current available national data on the prevalence on reproductive coercion within Australia.

Reproductive coercion can form part of the range of behaviours for someone experiencing domestic and family violence or can be an indicator of domestic and family violence occurring in the future. Despite lack of consistent definition, it is generally accepted that reproductive coercion includes behaviours which interfere with a woman's autonomous decision-making with regard to her reproductive and sexual health.[4,5] It may include behaviours such as controlling or limiting access to contraception, sabotaging contraception use and/or using violent or threatening behaviours in response to pregnancy options, including limiting access to abortion services or forcing someone to terminate their pregnancy.[5,9-12]

While reproductive coercion is most often perpetrated by a male against a female partner in the context of an intimate relationship,[13-15] it is important to acknowledge that not all those who perpetrate reproductive coercion are involved in intimate relationships. Reproductive coercion mat also be perpetrated by family members or others in a person's life.[4,10,16,17] While most evidence related to women experiencing reproductive coercion by male partners, we acknowledge that it could also occur in other types of relationships.

THE IMPACT OF REPRODUCTIVE COERCION

The relationship between family, domestic and sexual violence and poor reproductive and sexual health outcomes is well recognised.[10] Available data suggest that reproductive coercion is associated with limited reproductive control,[6,16,17] unintended pregnancy,[15,18,19] sexually transmissible infections,[20] poorer mental health,[9,21] and psychological distress for those who experience it.[22]

Additionally, reproductive coercion is associated with increased difficulty in accessing healthcare services and an increased risk to safety for women and children, as well as an increased risk of experiencing other reproductive health issues including pelvic inflammatory disease, urinary tract infections and sexual dysfunction.[6,10,18-20,22,23]

REPRODUCTIVE COERCION POLICY STATEMENT

family planning nsw
Reproductive & Sexual Health

CLINICAL PRACTICE: SCREENING IN REPRODUCTIVE AND SEXUAL HEALTHCARE SETTINGS

Reproductive and sexual health services are a particularly relevant setting for recognising and responding to reproductive coercion given that the conditions managed in these centres may be associated with or directly impacted by reproductive coercion. Examples include contraceptive choices, sexually transmissible infections, sexual assault and unintended pregnancy.[24,25] Evidence shows that some women are more likely to disclose experiences of family, domestic and sexual violence, including reproductive coercion, to primary healthcare providers rather than to domestic, family and sexual violence specific services.[26] Further research is needed to develop best practice around recognising and responding to reproductive coercion via telehealth.

Existing evidence examining what women experiencing reproductive coercion want from healthcare providers highlights the importance of focusing on patient priorities, preserving autonomy and agency as well as ensuring women's feelings and experiences are recognised and validated.[12] Reproductive and sexual health services are well positioned to address women's sexual health and autonomy concerns and to refer women to additional community and social services to provide further support. There is, however, a lack of adequate referral services particularly in rural, regional and remote areas.[27] To support women's autonomy, particularly for women who are experiencing, or at risk of experiencing, reproductive coercion it is important to offer opportunity for women to be seen independently, and face-to-face where possible. Where appropriate, women should be offered counselling and access to discreet methods of contraception such as intrauterine devices and injectables.

EDUCATION AND TRAINING TO ENSURE APPROPRIATE RESPONSE

Some Australian clinicians have reported feeling ill-equipped to identify and respond to reproductive coercion.[27] Clinicians must feel confident in sensitively enquiring about reproductive coercion and in recognising and responding to disclosures. It is essential that reproductive coercion is included in domestic, family and sexual violence curricula within clinical training programs beginning with undergraduate studies and continuing throughout the professional development process. Additionally, best practice training for reproductive coercion recognition and response should be defined within a global framework that is women-centred and focuses on a whole of system approach.[28,29]

RECOMMENDATIONS

To address the prevalence of reproductive coercion in Australia, Family Planning NSW makes the following recommendations:

1. develop a nationally recognised definition of reproductive coercion
2. develop evidence-based guidelines for health practitioners around the recognising and responding to reproductive coercion in appropriate settings
3. implement trauma-informed approaches to recognising and responding to reproductive coercion in relevant health settings by appropriately trained staff
4. implement ongoing domestic, family and sexual violence training, which includes reproductive coercion, in all primary healthcare organisations professional development programs and undergraduate education
5. ensure consistent implementation of evidence-based comprehensive sexuality education to address family, domestic and sexual violence across the lifespan, including through schools, community programs and primary healthcare organisations
6. design, implement and evaluate community-based domestic, family and sexual violence prevention campaigns
7. improve access contraceptives for women, particularly those in regional, rural and remote areas

REPRODUCTIVE COERCION POLICY STATEMENT

family planning nsw
Reproductive & Sexual Health

REFERENCES

1. Signorelli M, Taft A, Pereira P. Intimate partner violence against women and healthcare in Australia: Charting the scene. Ciência & saúde coletiva. 2012;17:1037-48.
2. Department of Health. National Women's Health Strategy 2020-2030. Australian Government; 2018.
3. Dutton MA, Goodman LA. Coercion in intimate partner violence: Toward a new conceptualization. Sex roles. 2005;52(11-12):743-56.
4. Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. Trauma, Violence, & Abuse. 2018;19(4):371-90.
5. Tarzia L, Wellington M, Marino J, Hegarty K. "A Huge, Hidden Problem": Australian Health Practitioners' Views and Understandings of Reproductive Coercion. Qualitative Health Research. 2019;29(10):1395-407.
6. Coker AL. Does Physical Intimate Partner Violence Affect Sexual Health?:A Systematic Review. Trauma, Violence, & Abuse. 2007;8(2):149-77.
7. Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia, 2018. Canberra: AIHW; 2018.
8. McGirr SA, Bomsta HD, Vandegrift C, Gregory K, Hamilton BA, Sullivan CM. An examination of domestic violence advocates' responses to reproductive coercion. Journal of interpersonal violence. 2020;35(9-10):2082-106.
9. Price E, Sharman LS, Douglas HA, Sheeran N, Dingle GA. Experiences of Reproductive Coercion in Queensland Women. Journal of Interpersonal Violence. 2019:0886260519846851.
10. Clark LE, Allen RH, Goyal V, Raker C, Gottlieb AS. Reproductive coercion and co-occurring intimate partner violence in obstetrics and gynecology patients. American journal of obstetrics and gynecology. 2014;210(1):42. e1-. e8.
11. Bagwell-Gray ME, Thaller J, Messing JT, Durfee A. Women's Reproductive Coercion and Pregnancy Avoidance: Associations With Homicide Risk, Sexual Violence, and Religious Abuse. Violence Against Women.0(0):10778012211005566.
12. Srinivasan S, Marino J, Hegarty K, Tarzia L. Women's expectations of healthcare providers in the context of reproductive abuse in Australia. Culture, health & sexuality. 2020;22(5):489-503.
13. Miller E, Decker MR, McCauley HL, Tancredi DJ, Levenson RR, Waldman J, et al. Pregnancy coercion, intimate partner violence and unintended pregnancy. Contraception. 2010;81(4):316-22.
14. Silverman JG, McCauley HL, Decker MR, Miller E, Reed E, Raj A. Coercive forms of sexual risk and associated violence perpetrated by male partners of female adolescents. Perspectives on sexual and reproductive health. 2011;43(1):60-5.
15. Grace KT, Decker MR, Alexander KA, Campbell J, Miller E, Perrin N, et al. Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy Among Latina Women. Journal of interpersonal violence. 2020:0886260520922363.
16. Bergmann JN, Stockman JK. How does intimate partner violence affect condom and oral contraceptive Use in the United States?: A systematic review of the literature. Contraception. 2015;91(6):438-55.
17. Gee RE, Mitra N, Wan F, Chavkin DE, Long JA. Power over parity: intimate partner violence and issues of fertility control. Am J Obstet Gynecol. 2009;201(2):148.e1-7.
18. Samankasikorn W, Alhusen J, Yan G, Schminkey DL, Bullock L. Relationships of Reproductive Coercion and Intimate Partner Violence to Unintended Pregnancy. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2019;48(1):50-8.
19. Miller E, McCauley HL, Tancredi DJ, Decker MR, Anderson H, Silverman JG. Recent reproductive coercion and unintended pregnancy among female family planning clients. Contraception. 2014;89(2):122-8.
20. Northridge JL, Silver EJ, Talib HJ, Coupey SM. Reproductive Coercion in High School-Aged Girls: Associations with Reproductive Health Risk and Intimate Partner Violence. Journal of Pediatric and Adolescent Gynecology. 2017;30(6):603-8.

21. McCauley HL, Falb KL, Streich-Tilles T, Kpebo D, Gupta J. Mental health impacts of reproductive coercion among women in Côte d'Ivoire. Int J Gynaecol Obstet. 2014;127(1):55-9.

22. Willie TC, Callands TA. Reproductive coercion and prenatal distress among young pregnant women in Monrovia, Liberia. Health Care for Women International. 2018;39(9):968-74.

23. Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McNamee K, et al. Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. Australian and New Zealand journal of public health. 2016;40(2):104-9.

24. Miller E, Jordan B, Levenson R, Silverman JG. Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. Contraception. 2010;81(6):457-9.

25. Decker MR, Miller E, McCauley HL, Tancredi DJ, Anderson H, Levenson RR, et al. Recent partner violence and sexual and drug-related STI/HIV risk among adolescent and young adult women attending family planning clinics. Sex Transm Infect. 2014;90(2):145-9.

26. Cox P. Violence against women in Australia: additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012: Australia's National Research Organisation for Women's Safety; 2015.

27. Wellington M, Hegarty K, Tarzia L. Barriers to responding to reproductive coercion and abuse among women presenting to Australian primary care. BMC Health Services Research. 2021;21(1):424.

28. World Health Organization. Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva; 2007.

29. World Health Organization. Caring for women subjected to violence: A WHO curriculum for training health-care providers. Geneva; 2019.

REPRODUCTIVE COERCION POLICY STATEMENT