FAMILY PLANNING
ALLIANCE AUSTRALIA

Reproductive Coercion Position Statement

Family Planning Alliance Australia's Position

FPAA's position is:

- Reproductive coercion often takes place in the context of coercive control[1]
- Because of the known link between reproductive health and violence, health care providers should screen women and adolescent girls for intimate partner violence and reproductive and sexual coercion at periodic intervals such as annual examinations, new patient visits, and during obstetric care (at the first prenatal visit, at least once per trimester, and at the postpartum check-up).
- Understanding the effect of reproductive and sexual coercion and intimate partner violence on patients' health and choices can assist providers to offer advice on harm-reduction strategies, and prevention of unintended pregnancies by offering long-acting methods of contraception that are less detectable to partners.
- Reproductive coercion prevention must be a visible and required component of clinical education and of comprehensive relationships and sexuality education in schools.
- Access to free and anonymous reproductive and sexual health services, including pregnancy counselling can assist victim/survivors.
- Legislation related to reproductive coercion must be nationally consistent whilst enabling full access and equity in every jurisdiction.

FPAA advocates for reproductive coercion prevention in Australia by advocating for:

- The inclusion of reproductive coercion prevention as a visible and required component of health and social care professionals undergraduate education, as well as in ongoing professional development.

Released May 2024

- Improved access to comprehensive relationships and sexuality education for children and young people
- Improved access to affordable reproductive and sexual health services, including abortion, especially for the most marginalised women, including free provision of services.
- Greater investment in nation-wide awareness and education campaigns regarding coercive control, abortion access and options including emergency contraception in conjunction with information about contraceptive choices.
- National processes for consistent and regular data collection on reproductive coercion for the purpose of informing policy, workforce and service development
- Supporting nationally consistent data collection and evaluation to inform policy, workforce and service development.
- Increased research around reproductive coercion, and ramifications for victims, to facilitate a greater understanding of this complex issue.

Background

Reproductive coercion is any deliberate attempt to dictate a woman's reproductive choices or interfere with her reproductive autonomy. It comprises a range of behaviours, from psychological pressure through to threats of (and actual) physical and sexual violence. This behaviour includes explicit attempts to impregnate a partner against their will, control outcomes of a pregnancy, coerce a partner to have unprotected sex, and interfere with contraceptive methods.

Sabotaging contraception, not allowing the victim-survivor to use contraception, refusing to wear a condom and/or secret non-consensual condom removal during sex with the intention to cause pregnancy (the latter is known as 'stealthing')

Those at risk of reproductive coercion are often also at risk of intimate partner violence.

People exposed to reproductive coercion may have to resort to covert use of services and of contraception. It is commonly seen in Australia's pregnancy counselling services.[2] A recent study found reproductive coercion and abuse (RCA) was identified in 15.4% of clients, with similar proportions disclosing RCA towards pregnancy (6%) and towards pregnancy prevention or abortion (7.5%), and 1.9% experiencing RCA towards pregnancy and abortion concurrently.[3]

FAMILY PLANNING
ALLIANCE AUSTRALIA

While there is a lack of evidence, in Australia reproductive coercion may disproportionately affect women particularly Aboriginal and Torres Strait Islander Women, women with disabilities,[4] young women, women of recent migrant and refugee backgrounds[5], socially and financially marginalised women, and women living in rural and remote areas. Access to and information about reproductive autonomy (including abortion) in Australia varies across states and territories. This variation can present a significant hurdle for women in situations of reproductive coercion seeking to regain reproductive autonomy and to maintain their reproductive and sexual health.

There is no routine national data collection on reproductive coercion in Australia. Data must be pieced together from a variety of sources making it difficult to reliably determine national abortion rates and trends. In addition to data gaps, there are significant gaps in the provision of guidelines, education and training, and professional development. Each state and territory has different legal requirements with different levels of complexity.

For futher information see the Institute of Family Studies Practice Guide on Reproductive Coercion.[6]

---

[1] Rowlands S & Holdsworth R (2022) How to recognise and respond to reproductive coercion BMJ 2022; 378 doi: https://doi.org/10.1136/bmj-2021-069043
[2] Sheeran N, Vallury K, Sharman LS, Corbin B, Douglas H, Bernardino B, Hach M, Coombe L, Keramidopoulos S, Torres-Quiazon R, Tarzia L. Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions. Reprod Health. 2022 Jul 30;19(1):170. doi: 10.1186/s12978-022-01479-7. PMID: 35907880; PMCID: PMC9338495.
[3] As above.
[4] Amos V, Lyons GR, Laughon K, Hughes RB, Alhusen JL. Reproductive Coercion Among Women With Disabilities: An Analysis of Pregnancy Risk Assessment Monitoring Systems Data. J Forensic Nurs. 2023 Apr-Jun 01;19(2):108-114. doi: 10.1097/JFN.0000000000000421. Epub 2023 Jan 14. PMID: 37205617; PMCID: PMC10220289.
[5] Suha M, Murray L, Warr D, Chen J, Block K, Murdolo A, Quiazon R, Davis E, Vaughan C. Reproductive coercion as a form of family violence against immigrant and refugee women in Australia. PLoS One. 2022 Nov 3;17(11):e0275809. doi: 10.1371/journal.pone.0275809. PMID: 36327211; PMCID: PMC9632814.
[6]