

Reproductive Coercion

GENERAL PRACTICE RESOURCE



Engender
Equality

Understanding reproductive coercion

Reproductive coercion is both a form of interpersonal abuse and a form of sexual violence. It is usually perpetrated against women by male partners and almost always manifests within a broader pattern of controlling behaviours known as 'coercive control'.

Reproductive coercion can be hard to identify for a variety of reasons. Firstly, because it occurs privately within intimate relationships and may not be visible to outsiders.

Secondly, because victims of controlling relationships are usually conditioned by their partner to believe their treatment is reasonable and may not recognise it as abuse.

Thirdly, because traditional gender roles reinforce men's propriety over women (remembering that rape within marriage was legal in Australia until the late 1970s), and in some families men still expect to have a degree of decision-making power over their partners.

And fourthly, because victims of reproductive coercion may feel significant shame about their experience and find it difficult to disclose.

What is reproductive coercion?

Reproductive coercion is any behaviour that interferes with a person's reproductive autonomy, including:

- Forcing or pressuring someone to become pregnant or to terminate a pregnancy
- Preventing someone from accessing contraception
- Doing things to stop contraception from working (including 'stealthing', the act of removing a condom during sex)
- Forcing or pressuring someone to undergo sterilisation
- Preventing someone from accessing reproductive healthcare, including screening tests for sexually transmitted infections and cervical cancer (pap smears)

Screening for reproductive coercion

Indicators that a patient may be experiencing reproductive coercion include:

- The patient appears intimidated by or afraid of their partner
- The patient's partner speaks for the patient, makes decisions on their behalf or is otherwise controlling
- The patient's partner insists on attending routine medical appointments, including consultations on contraception and reproductive health
- The patient appears isolated from other family members and friends
- The patient seems reluctant or regretful about their reproductive health choices, including past pregnancies or terminations

EMPATHY. INSIGHT. ADVOCACY.

Tips for becoming a reproductive coercion-informed practice

- Treat reproductive coercion with the same gravity and sensitivity you would other forms of intimate partner, sexual or family violence
- Be alert to the impacts of trauma, including anxiety, depression and PTSD, especially where other forms of abuse are co-occurring
- Update any questionnaires or risk assessments given to patients experiencing intimate partner, sexual or family violence to include questions pertaining to reproductive coercion
- Encourage practice staff to engage in professional development and training on reproductive coercion
- Where reproductive coercion is identified or suspected, advocate for non-detectable forms of contraception or methods that a partner cannot tamper with (e.g. injectable contraception)
- Ensure all practice staff understand their own role in identifying and responding to reproductive coercion, including referral and support pathways

Engender Equality provides specialist counselling, psychoeducation and support for individuals and groups affected by family violence throughout Tasmania. Engender also delivers professional training on a range of family violence topics for medical, allied health and community practitioners, services and industry groups.



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When systems contribute to reproductive coercion

Governmental policies that influence or restrict reproductive choices, including those which limit access to abortion (e.g. through cost and requirements for ultrasounds and examinations), create a climate where reproductive coercion can flourish. Laws and regulations that interfere with an individual's reproductive health decision-making cause psychological distress and material barriers. Often, these barriers are more robust for women from lower-socio economic backgrounds, women of colour and single women.

*"When state policies make contraception and abortion care inaccessible to some people, they are, in effect, replicating reproductive coercion on a structural level."*¹

¹ Dejoy G. State reproductive coercion as structural violence. *Columbia Soc Work Rev.* (2019) (1):36–53.