

## Position Statement

### Reproductive Coercion and Abuse

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*Sexual Health Quarters (SHQ) acknowledges reproductive coercion and abuse as a form of intimate partner violence, and advocates for improved research, awareness, and laws to support people affected by it. Reproductive coercion and abuse violate SHQ's core values around human rights, autonomy, and choice.*

Reproductive coercion and abuse (RCA) refer to a range of behaviours that interfere with the autonomy of a person to make decisions about their reproductive health (1,2).

Typically, RCA is believed to encompass the following three types of behaviour (1,2,3):

- **Contraception Sabotage** (with the intention to cause pregnancy)
- **Pregnancy Pressure or Coercion** (pressure to become pregnant)
- **Controlling the outcome of a pregnancy** (pressure to terminate a wanted pregnancy or continue an unwanted pregnancy).

In this context, perpetrators can use pregnancy as a tool of control. This control can be gained in a range of ways including physical, psychological, sexual, and other coercive tactics also used in the perpetration of intimate partner violence.

Fear, control, and the intention of causing reproductive impacts are all central to RCA (4).

RCA is an emerging area of research, increasingly recognised as a public health issue that negatively impacts on mental health (5, 6), sexual and reproductive health (7). RCA is also often associated with family violence, intimate partner violence and sexual violence (3).

SHQ advocates for:

- Increased research around RCA, especially in relation to other types of violence.
- Improved data collection around RCA, to allow a wider understanding of the issue, and support service providers in ensuring they are responsive to client needs.
- Improved confidential access to termination services, emergency contraception and pregnancy tests to increase levels of safety for women experiencing RCA.
- Increased access to contraception that is less susceptible to detection and tampering.
- National policies and strategies addressing reproductive health or domestic violence that include RCA.
- National sexuality education programs that address gender, rights and power in intimate relationships.
- RCA to be considered in domestic violence and antenatal screening tools.

- RCA to be considered in termination service delivery models.
- People experiencing RCA having increased access and support to specialist services that support their specific needs.
- Increased awareness of the surrounding issues and ramifications of RCA.
- Improved laws to support victims of RCA.

SHQ will continue to monitor emerging information and data around RCA and update this position statement accordingly.

## References

1. 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.
2. Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. *Trauma, Violence, & Abuse*. 2018;19(4):371-90.
3. Tarzia, L. How can we improve the health systems response to reproductive coercion in the Australian context? Safer Families Centre of Research Excellence Discussion Paper #1. Safer Families Centre of Research Excellence Discussion Paper Series. 2018.
4. Tarzia L, Hegarty K. A conceptual re-evaluation of reproductive coercion: centring intent, fear, and control. *Reproductive Health*. 2021;18(1).
5. 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.
6. Alexander KA, Willie TC, McDonald-Mosley R, Campbell JC, Miller E, Decker MR. Associations Between Reproductive Coercion, Partner Violence, and Mental Health Symptoms Among Young Black Women in Baltimore, Maryland. *Journal of Interpersonal Violence*. 2021;36(17-18):NP9839NP63.
7. Miller E, Silverman JG. Reproductive coercion, and partner violence: implications for clinical assessment of unintended pregnancy. *Expert Review of Obstetrics & Gynaecology*. 2010;5(5):511–5.

*Information current as of July 2022*

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