Gippsland Family Violence Alliance

2023

Reproductive Coercion

A Community in Focus Resource

www.gippslandfamilyviolencealliance.com.au

What is Reproductive Coercion?

Reproductive coercion is a form of family violence, which is commonly under-reported and under-investigated.

Reproductive coercion may include the perpetrator:

- tampering with the preferred form of birth control to deem it ineffective (such as poking holes in condoms, switching out birth control pills, removing IUDs),
- lying about using birth control (such as not putting on a condom),
- lying about their fertility status (saying they are infertile when they are not),
- stealthing (removing the condom without the partners knowledge or consent)
- using financial control to dictate the outcome of a unprotected sex, (refusing to pay for the morning after pill)
- controlling the outcome of a pregnancy by denying their partner access to medical care which would provide them access to abortion services
- pressuring a woman to end a pregnancy, including threats of intimidation, threats of removing financial or emotional support and manipulative behaviour
- physically hurting the victim in an attempt to get them to miscarry or forcing them to take abortion medication against their will
- preventing a person from accessing medical attention for a length of time, knowing that it will prevent them from accessing abortion or pregnancy services
- any other behaviour which interferes with the autonomous decision making of a person in regards to their reproductive health, this includes preventing them from accessing the contraceptive method of their choice and accessing the preventative healthcare they need. (Miller, Jordan, Levenson, & Silverman, 2010; Miller, Decker, et al., 2010; Moore, Frohwirth, & Miller, 2010)

Perpetrators who use reproductive coercion do have differing motivations, sometimes they are;

- trying to get their victim to remain with them, in the belief that a pregnancy will ensure that the partner will remain reliant on them and therefore will not leave them.
- trying to hide their behaviour, if they have gotten a secondary partner pregnant, they may be trying hide it from their primary partner by forcing them to have an abortion.

Regardless of the reason, they are using coercive control to intimidate and cause fear within their victim/survivor. This behaviour is always a form of family violence.

Is Reproductive Coercion Sexual Assault?

The short answer is generally yes. Reproductive coercion is usually a form of sexual assault if the person has been deceived or lied to about whether contraception has been used, or manipulated to have intercourse without it against their will and without genuine consent or knowing the potential full consequences of that consent (for example the likelihood to get pregnant).

In much of the academic literature around reproductive coercion, it is referred to as 'non violent',(Dutton, Goodman, & Schmidt, 2005); this is a problematic way to refer to the experience for our victim/survivors. Because tactics of fear, intimidation and manipulation are usually present at the time of these experiences and these experiences sometimes repeat over years. These can have a real physiological effect on not only the victim/survivors of these acts, but on the resulting children of these acts.

It is estimated that between 8-16% of all studied populations experience some form of reproductive coercion (Clark, Allen, Goyal, Raker, & Gottlieb, 2014). There are significant issues identifying how common reproductive coercion is, as many parents are reluctant to talk about whether their children were 'wanted or unwanted' and the general under reported statistics around sexual assault.

Legal issues in Australia

In most cases, reproductive coercion isn't a separate crime, it falls under the Sexual Assault and Other Matters Act 2014 (Vic). In August 2022, Victoria amended it's laws to an affirmative consent model, which included making the removal of a condom without affirmative consent a crime.

Things to remember when working with clients who are victims of sexual assault:

- When working with victims of family violence, it is important to remember, that there will always be an inherent power imbalance within the relationship. Which means, true consent, which is consent which is given freely without fear of repercussions or consequences is rare. As a result, sexual assault is almost always present.
- However, not all clients will identify as a victim/survivor of sexual assault or a rape victim. It is important to be led by the client and the language they use.

Is Reproductive Coercion a Gendered Issue?

Reproductive coercion can occur to anyone, regardless of their gender, marital status, socio economic status, gender or sexual identity. However, reproductive coercion is primarily experienced by women, with men being the primary perpetrators.

For reproductive coercion to occur, the bodily autonomy of one person has to be violated. Women or people with uterus are more susceptible to that given they are likely to carry pregnancies and therefore are more likely to their bodily autonomy violated.

Is women refusing to have an abortion a form of reproductive coercion, if the man in question is not ready to be a parent?
A common discussion point by some Men's Right's Activists is if women get the right to have an abortion, then men should have the right to also opt out of financially supporting children.

This has also been called 'reproductive coercion'. This is an incorrect use of the term. If a woman gets pregnant, due to a contraception failure, or just failure on either party to use contraception then the bodily autonomy of the man in question hasn't been violated. While the man in question may feel unready to be a parent and may resent not having the choice around whether he is financially ready to parent, his bodily autonomy hasn't been violated. It's not reproductive coercion if the man's bodily autonomy was not violated.

So in what instance would a man experience reproductive coercion?
There would need to be an ongoing pattern of coercive control for reproductive coercion to occur, but some examples would be:

- a man's specimen was used without his consent (for example if it was removed from a condom after intercourse for the purpose of insemination)
- if the man's form of contraception was tampered with (for example, if holes were poked in a condom, by the woman/uterus owner)
- if the man was pressured to give specimen for the purposes of IVF and there were threats, intimidation involved

A man choosing not to use a condom, is not considered a form of reproductive coercion, because even if a woman is on a form of contraception there is no guarantee it is 100% effective. There would need to be an coercive control involved.

Practice Considerations

Some common signs that someone may have experienced or be experiencing reproductive coercion:

- They may be having consecutive pregnancies or may have a lot of children in the family.
- Repetitive STI's/STD's
- They may be experiencing a lot of health issues relating to sexual and reproductive health such as multiple miscarriages, tearing, bleeding.
- They may be experiencing migraines, stomach issues and other pain conditions.
- They may have issues relating to getting their choice of contraception, such as accessing a constant supply of pills or be constantly seeking to have an IUD being put in if it's being removed without their consent
- They may be constantly seeking abortions.

We can work with these clients be assisting them to access the services which they need to gain control of their bodily autonomy.

Therapeutic Counselling

Educating our clients on what they are experiencing is a large part of our role as family violence practitioners.
While case managers and intake workers may recognise some of the signs of reproductive coercion or sexual assault, to unpack and health from the trauma involved, it is recommended that you refer your client to sexual assault counselling.

For many of our clients, they may have had children as a result of reproductive coercion. Sometimes our clients may experience issues related to the trauma with bonding to their children. Children who find out that they were conceived as a result of assault may also have some issues processing that information. In these instances, Family violence counselling is a good option as it can help strengthening the bond between parent and child as well as assist them with moving beyond the trauma.

Talking about Reproductive Care: Abortion

Clients wanting an abortion are needing a time sensitive referral. Clients wanting to have a medical abortion only have 9 weeks to access that service before needing to access surgical services which are often more expensive and harder to access.

1800 My Options 1800 696 789 is the best way to ensure you client is directed to a service where they are guaranteed to get the service they need.
If you send them to their regular GP there is no guarantee the GP will assist them.

Unfortunately there are still many doctors who will morally opt out of supporting their client through an abortion. Legally they are supposed to refer to a doctor who will assist, but that doesn't always happen. Even if a GP is sympathetic, not all GP's are able to prescribe the medical abortion medication. **So it's best to call 1800 My Options**, its going to ensure your clients is getting the service they need without multiple appointments.

Whether it is medical or surgical, it can be expensive to access abortion services. It can cost anywhere from $300-$1500. We recommend accessing brokerage where possible.

Talking about Reproductive Care: Contraception

It's not really the role of a family violence worker to discuss the sorts of contraception options on offer with clients. It is however their role to assist clients to get referrals to services which can assist clients to access contraception.

However, there is a helpful resource your clients might want to read: https://www.thewomens.org.au/health-information/contraception/your-contraception-choices/

We can also reassure clients that there are forms of contraception that their partners can't find or locate. Even traditional forms of contraception which are usually inserted in the arm can be inserted in different parts of the body to lesson the likelihood of a partner locating it, if your client is looking for something that is discrete.

Who Can You Refer to for Contraception

Ideally the first option is a GP the person is already seeing. If they are are not engaged with a GP, or their GP does not prescribe contraception (some will not), 1800 My Options 1800 696 789.

Why it is Important to Talk About Sexual and Reproductive Health as a Family Violence Practitioner

Talking about sexual and reproductive health can be uncomfortable. Information around the topic isn't something everyone feels well versed in and it can take time to learn.

There are two important reasons family violence practitioners should discuss sexual and reproductive health:

1. To assist our clients to address their immediate needs.
2. As a preventative mechanism to ensure clients have the information needed to keep themselves safe for in the future.

Talking about sexual and reproductive health can be just as important as discussing a safety plan, because it is about providing the information and referral pathways to ensure that we support our clients needs. There are long term impacts on clients who are sexually assaulted over a long period of time and their are also impacts on children who are conceived as a result of these assaults.

Gippsland Family Violence Alliance

We would like to thank the input of Gippsland Women's Health in the creation of this resource.

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