ANROWS 2ND NATIONAL RESEARCH CONFERENCE ON VIOLENCE AGAINST WOMEN AND THEIR CHILDREN
ACTING ON EVIDENCE
Knowledge. Response. Prevention.
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THE NEED FOR IMPROVED RESPONSES TO REPRODUCTIVE COERCION: acting on the evidence in health care settings

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PRESENTATION OVERVIEW

- An overview of trends and issues emerging from the Children by Choice data on reproductive coercion
- A comparison with empirical data
- Implications for health system responses.
- How these trends and issues shaped our Screening to Safety project

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

PREVALENCE OF REPRODUCTIVE COERCION:

13.5% of all counselling contacts

It is recommended that:

Existing population studies in Australia examining the prevalence of violence, incorporate questions on reproductive coercion.

Increase the kills and knowledge of health care practitioners about reproductive coercion.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

PREVALENCE OF REPRODUCTIVE COERCION CO-OCCURRING WITH DOMESTIC VIOLENCE:

32.5% of contacts disclosing domestic violence

It is recommended that:

Screening in health care settings includes direct questions about reproductive coercion

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

PREVALENCE OF REPRODUCTIVE COERCION IN THE ABSENCE OF OTHER FORMS OF VIOLENCE & CONTROL:

23% of contacts

It is recommended that:

- Reproductive coercion screening in health care settings is implemented as a standalone aspect of violence screening, not just where other forms of domestic violence have been disclosed.
- The temporal relationship between reproductive coercion and domestic violence be more fully explored in future research.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

PREVALENCE BY AGE:

Under 20 years 12.5%

20 to 29 year's 21.8%

It is recommended that:

Antenatal and maternity services include reproductive coercion screening as part of broader violence screening, especially with young women

Future research could explore patterns of reproductive coercion in young women with a focus on pregnancy outcomes

Reproductive coercion awareness be included in sexual health interventions with young people

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

PREVALENCE BY CULTURE:

18% of contacts from women who identified as Aboriginal and/or Torres Strait Islander

22% of contact from women from culturally and linguistically diverse backgrounds

It is <u>recommended</u> that:

That any screening or intervention measures in pregnancy care are targeted to these groups.

That future research give priority to further understanding the unique cultural dimensions to reproductive coercion here in Australia.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

ASSOCIATIONS WITH UNINTENDED PREGNANCY

11% of overall contacts involved women coerced towards a pregnancy

It is recommended that:

Screening and responding to coerced pregnancy happens in all abortion provision settings.

Removal barriers to access to safe affordable contraception, through the implementation of recommendations such as the Australian Health and Hospitals Association consensus statement of reducing UPP through increasing LARC access.

Decriminalisation of abortion in all Australian jurisdictions and removal of access barriers through improved public access and more affordable private access.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

GESTATION AT TIME OF PRESENTING FOR ABORTION ACCESS SUPPORT:

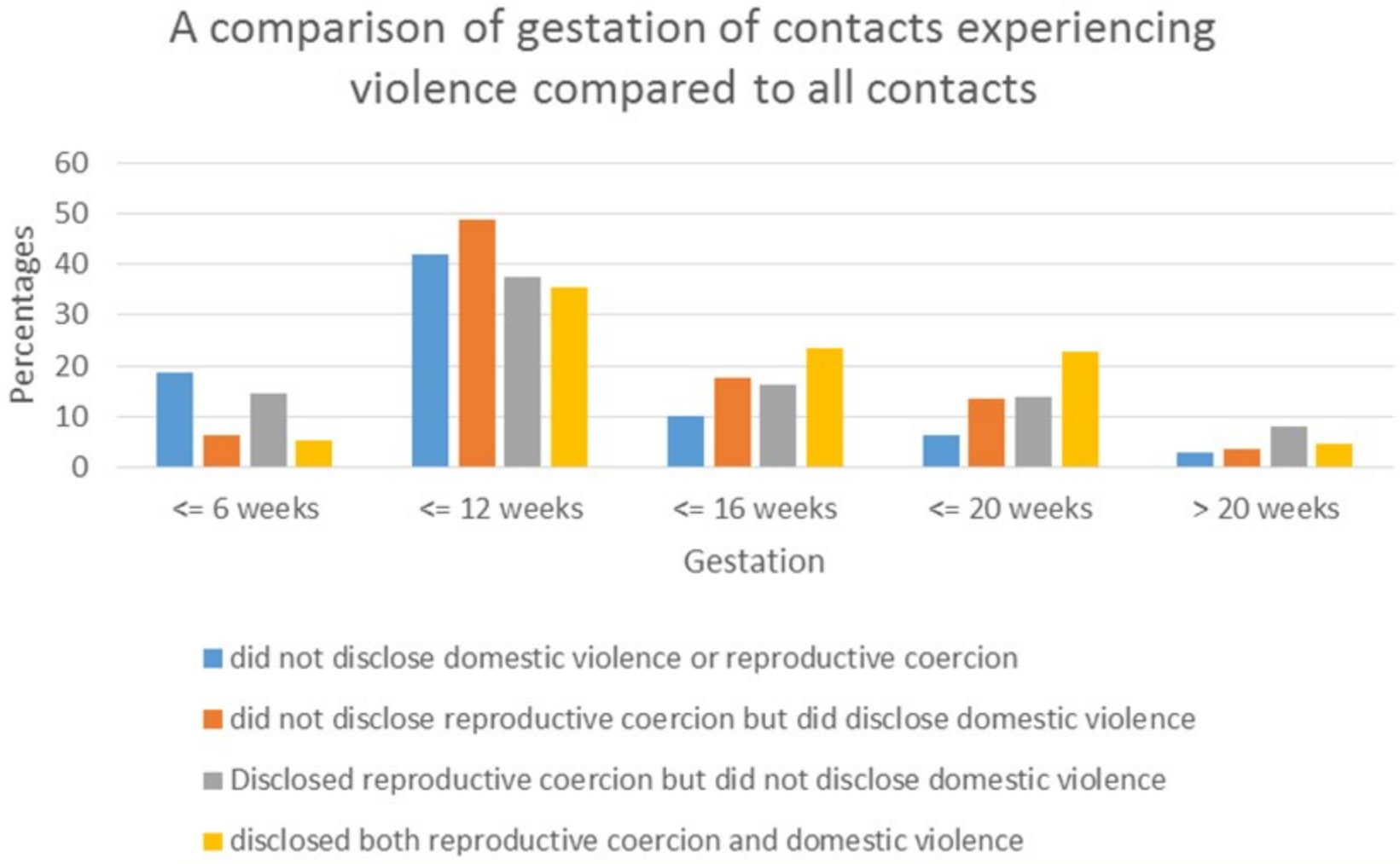
Over-represented in those presenting from 12 weeks onwards

It is recommended that:

Jurisdictions with mandatory reporting requirements around abortion provision include data collection on reproductive coercion

Facilitate reproductive justice by addressing issues of abortion provision and access in relation to second trimester procedures.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses



How have these trends and issues shaped the Screening to Safety project

Principal aim of the Screening to Safety Project:

enhance the capacity of private abortion providers in Queensland to identify and respond to the needs of women subjected to domestic violence.

How have these trends and issues shaped the Screening to Safety project

Screening to Safety project has:

- Focused on the issue of reproductive coercion
- Developed a domestic and sexual violence screening tool for Queensland abortion providers that included specific questions on reproductive coercion
- Produced awareness raising materials suitable for clinic waiting rooms and women's only spaces
- Updated our website resources for women to mainstream access to information on contraceptive options that are less detectable and less able to be sabotaged.

How have these trends and issues shaped the Screening to Safety project

Screening to Safety project has:

- Developed key practitioner resources to support the work of HCP in contraceptive counselling in the context of violence
- Educated clinical staff in abortion provision settings about reproductive coercion through training across a number of platforms
- Supported abortion providers to respond to disclosures of reproductive coercion through knowledge of referral pathways

How have these trends and issues shaped the Screening to Safety project

Screening to Safety project has:

- Supported abortion providers to respond to disclosures of reproductive coercion through the provision of suitable contraception at the time of TOP by:

1. establishing of a LARC access program in 2016 providing subsidised access to LARC at time of TOP for women subjected to reproductive coercion,
2. collaborating with not-for-profit abortion providers around LARC access for women with vulnerable contraception, encouraging clinics to review their price structures of LARC insertion at time of TOP
3. encouraging clinics to consider the role of ECP for women with no contraceptive plan at time of discharge including stocking OECP in clinic.

Trends and issues emerging from the Children by Choice data on reproductive coercion: Implications for health system responses

Health care practitioners can play a vital role in enhancing the reproductive autonomy of women subjected to reproductive coercion though:

- Screening
- Contraceptive information sensitive to issues of violence
- Provision of suitable contraception
- Provision of abortion

RECOMMENDATION: A Medicare item number for violence screening in health care settings

THE NEED FOR IMPROVED RESPONSES TO REPRODUCTIVE COERICON:
acting on the evidence in health care settings

"If you care about Intimate Partner Violence, you should care about Reproductive Justice because a woman's reproductive capacity can be used by her abuser to assert further control as a component of all possible forms of abuse—sexual, physical, emotional and economic."

- Jill C. Morrison, National Women's Law Center, USA. [2009].

CONTACT DETAILS

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