

Judith Lumley Centre

**Intersections of intimate partner violence,
unwanted pregnancy and terminations:
the prevalence, impact and implications
for patient care in Australia**

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Intimate partner violence

‘Behaviour within an intimate relationship that causes physical, psychological, sexual harm / coercion or controlling behaviours’ (WHO, 2013).

PERSONAL SAFETY SURVEY 2016 FACT SHEET

EXPERIENCES OF VIOLENCE

APPROXIMATELY



ONE IN FOUR WOMEN

has experienced violence by an intimate partner**

compared to one in thirteen men.



17%

APPROXIMATELY
ONE IN SIX WOMEN

has experienced partner* violence since the age of 15.



Women were more likely to have experienced violence by a **previous partner*** than a current partner.

- **Almost 3% of women** (275,000) have experienced violence by a **current partner**.
- **Compared to nearly 15% of women** (1.4 million) who have experienced violence by a **previous partner**.



92%

of women physically assaulted by a male knew the perpetrator—most commonly (41%) a former partner*.



Women are nearly **3 TIMES** more likely than men to have experienced violence by a partner*

SEXUAL VIOLENCE



18%

One in five women in Australia has experienced sexual violence.

Women are

8 TIMES more likely to experience sexual violence by a partner* than men.



ONE IN TWO WOMEN

has experienced sexual harassment during her lifetime.

STALKING



ONE IN SIX WOMEN

experienced an episode of **stalking** since the age of 15.

WOMEN WITH A DISABILITY

Women with a disability or long-term health condition were **more likely to have experienced violence** than those without.



FEELINGS OF SAFETY



Women who experienced physical assault by a male **WERE TWICE AS LIKELY** as men to have experienced anxiety or fear for their safety.

DEFINITIONS

*PARTNER

A person the respondent lives with, or lived with at some point, in a married or de facto relationship.

**INTIMATE PARTNER

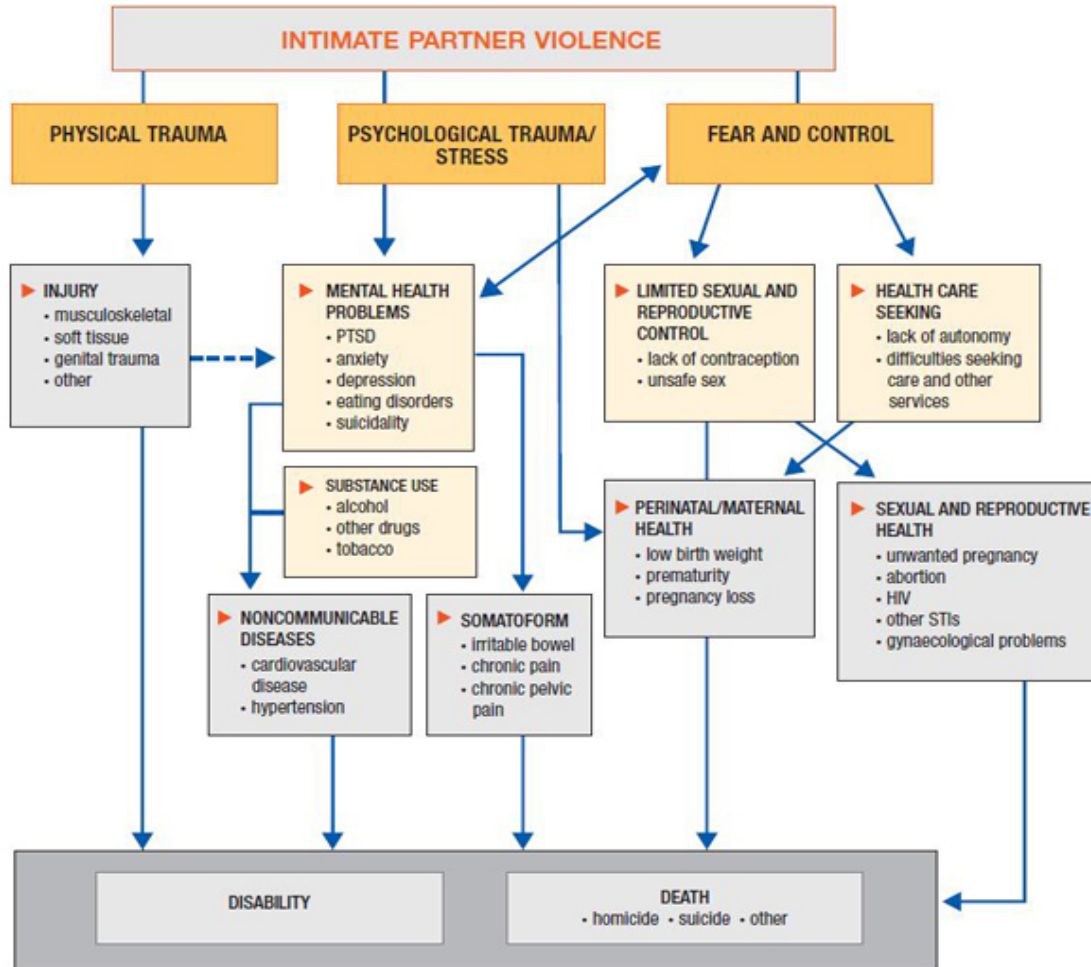
A current or previous partner with whom the respondent lived, or current or former boyfriend, girlfriend, or date with whom the respondent did not live.

VIOLENCE

Comprises sexual assault, sexual threat, physical assault, and physical threat.

WHO (2013) pathways for IPV impact on women's health

Figure 1. Pathways and health effects on intimate partner violence



There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

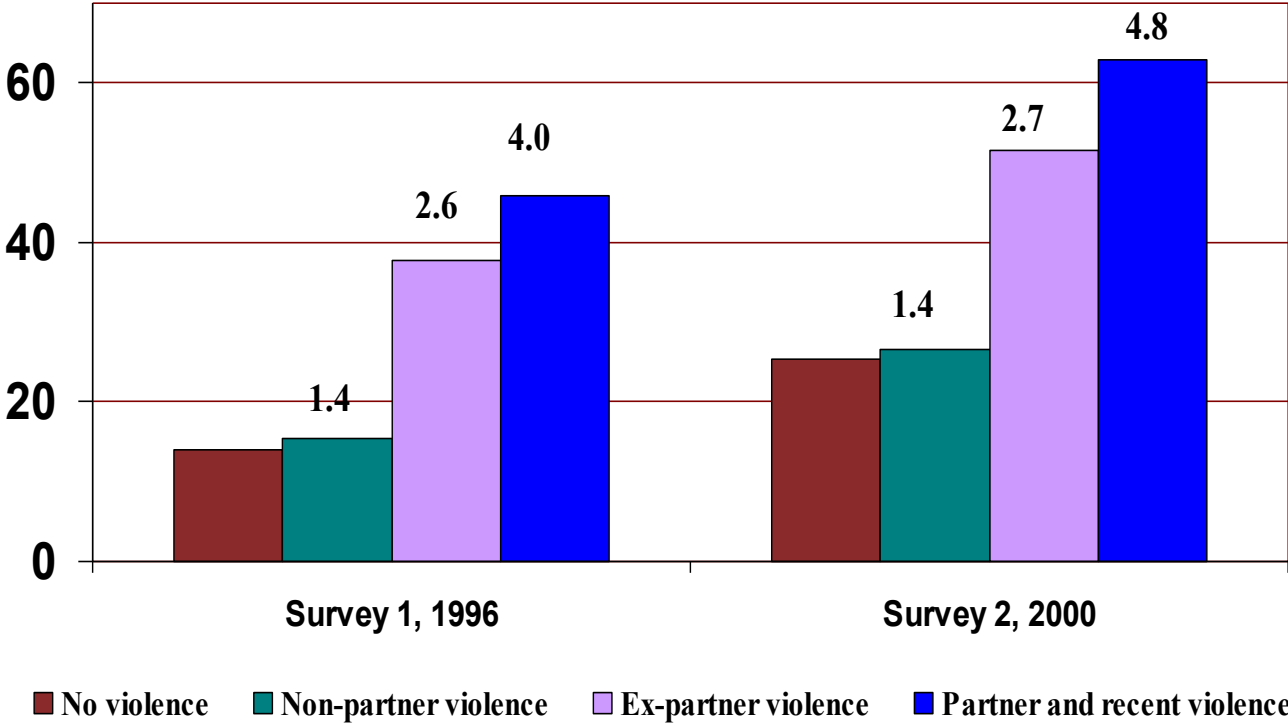
What is Reproductive Coercion?

Reproductive Coercion is behaviour that interferes with the autonomy of a person to make decisions about their reproductive health. It includes any behaviour that has the intention of controlling or constraining another person's reproductive health decision-making.

Examples include:

- Contraceptive sabotage including 'stealthing'
 - Pressuring another person into pregnancy
 - Forcing another person to have an abortion or continue a pregnancy
 - Forcing a person into sterilisation.
-
- Hidden Forces, White Paper on Reproductive Coercion, Marie Stopes Australia 2018.
 - <https://www.mariestopes.org.au/advocacy-policy/reproductive-coercion/>

Evidence from our analysis of ALSWH Young women, violence and % pregnancy



Violence against young Australian women and pregnancy outcomes

Young Australian women reporting partner violence are:

- Almost three times as likely to report a miscarriage
- Twice as likely to report a birth and miscarriage
- Four times as likely to report a birth, miscarriage and induced abortion
- Five times as likely to report miscarriage and induced abortion only

(Taft, Watson and Lee, 2004, Taft and Watson, 2007)

IPV, pregnancy and reproductive coercion

- 4-8% IPV average rates during pregnancy (*Gazmararian et al, 1996*)
- Abuse occurring before, or during and/or after pregnancy (*Goodwin et al, 2000; Stewart and Cecutti, 1993*)
- Unwanted and unplanned pregnancies and more frequent terminations among women experiencing IPV (*Goodwin et al, 2000; Glander et al, 1998*)
- Possible contraceptive sabotage, forced impregnation (*Silverman J et al, 2011*)

Reproductive coercion, unwanted pregnancy and abortion- more recent Australian studies

- 26% of 1390 parous women had unintentional pregnancies of which 26% were unwanted. 80% of unwanted pregnancies were terminated. *(Taft et al, Med J Aust 2018)*
- Reproductive coercion poorly studied, gaining research interest, after prevalence study in US family planning clinics found of 53% IPV, 19% pregnancy coercion and 15% contraceptive sabotage and greater prevalence of unintended pregnancy *(Miller et al, Contraception 2010)*
- 3117 women contacting Qld pregnancy counselling about unwanted pregnancy between 2015-2017, Overall, experience of current domestic violence was significantly more likely to co-occur with reproductive coercion (21.1%) compared with reproductive coercion identified in the absence of other domestic violence (3.1%).*(Price et al, J Interpers Viol, 2019)*
- *Laura Tarzia*

What are IPV risks to maternal, fetal and child health?

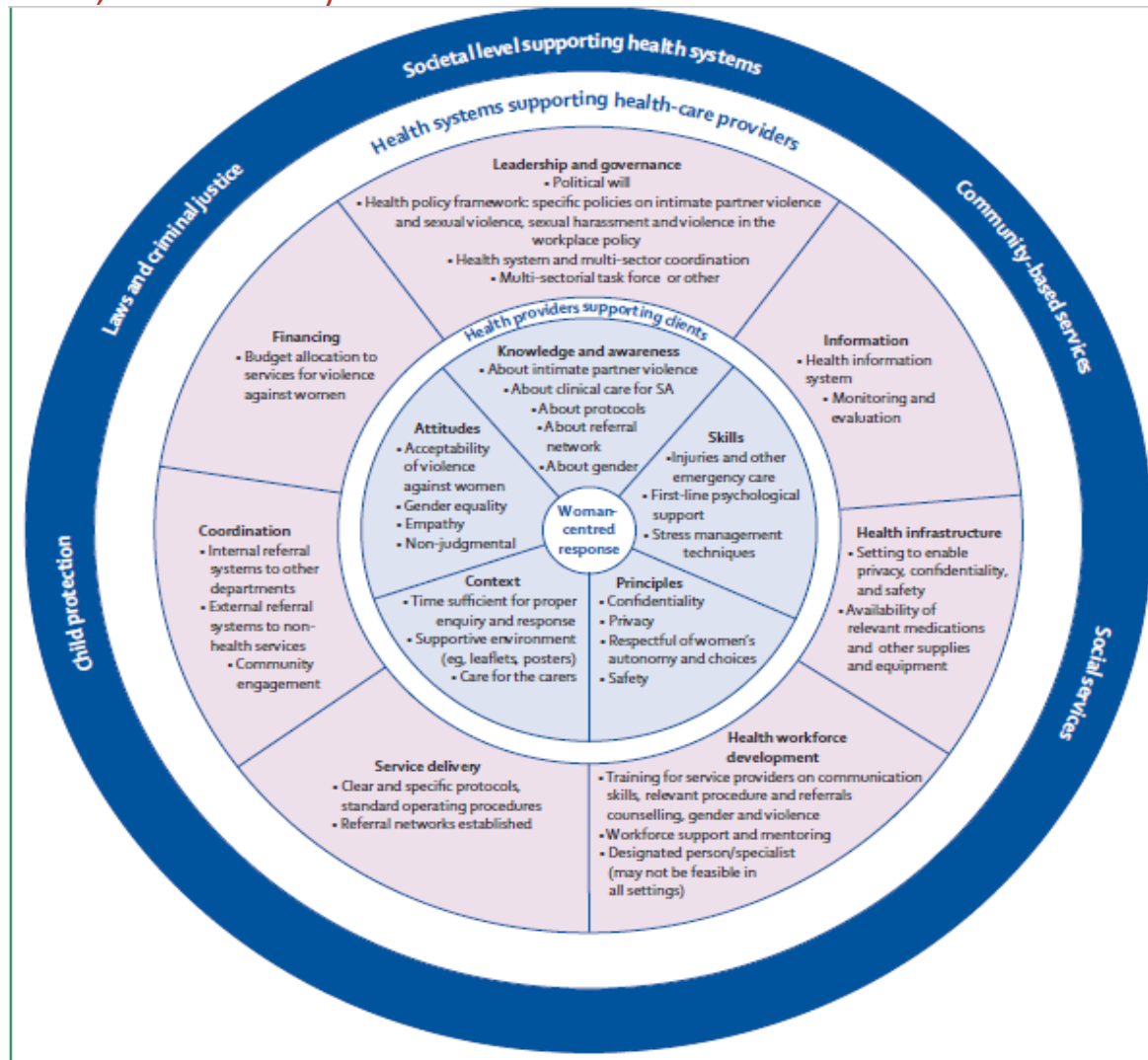
- Delayed antenatal care
- Poorer obstetric outcomes (abortions, miscarriage, premature labour, low birth-weight etc)
- Higher rates of poor maternal physical health (e.g.incontinence)
- Higher levels of maternal psychological distress
- Parenting stress
- Risk of child abuse by both abuser and victim
- Risk of maternal, fetal homicide, infanticide

REPORT OF THE ROYAL COMMISSION ON FAMILY VIOLENCE: RECOMMENDATION 96

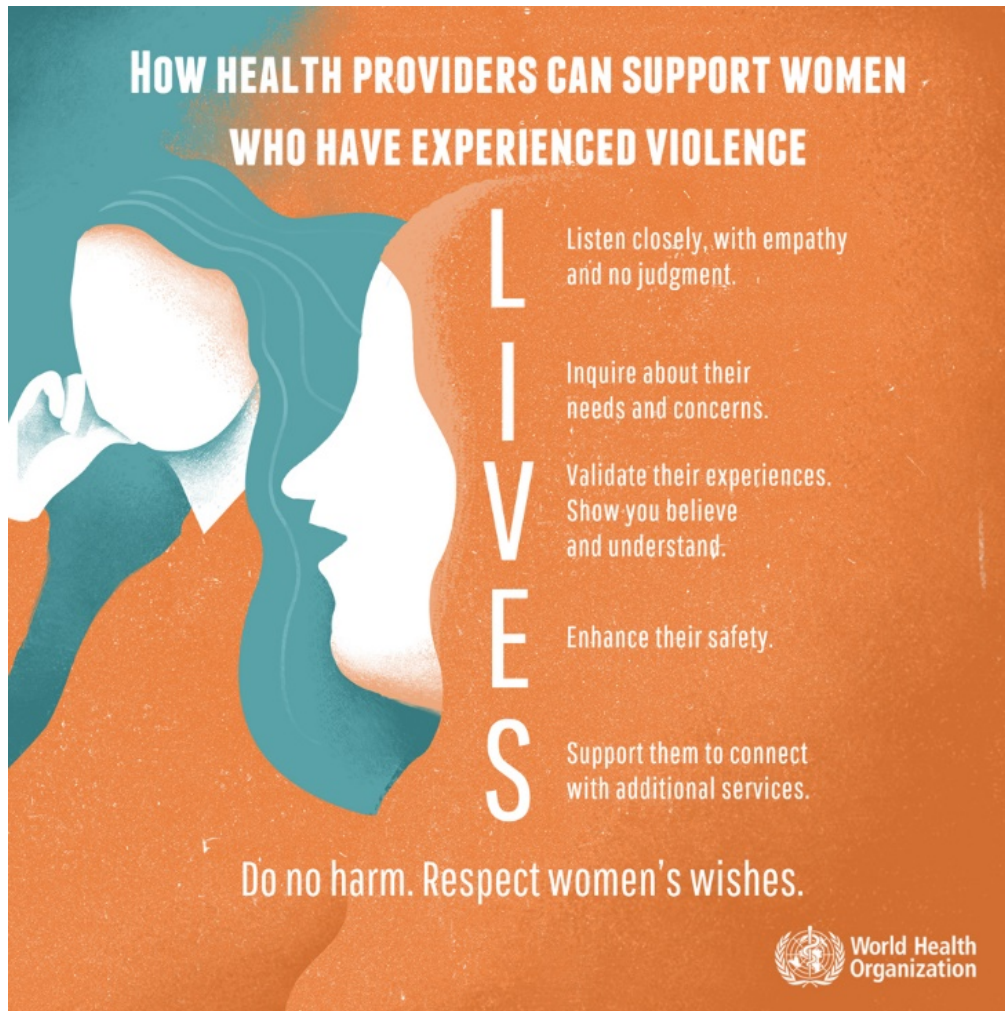
- The Department of Health and Human Services require **routine screening for family violence in all public antenatal settings.**
- The screening guidance should be aligned with the revised Family Violence Common Risk Assessment and Risk Management (CRAF) Framework (the MARAM).
- Implementation will require targeted and continued training, the development of specific guidelines, and clinical support.

A good health system response to violence against women

(Garcia-Moreno et al, Lancet 2014)



WHO Clinical Handbook



Learn to listen with your



Eyes – giving her your undivided attention



Ears – truly hearing her concerns



Heart – with caring and respect

https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1

Who is at risk and what to look for

- Unintended or unwanted pregnancy
- Substance misuse in woman or partner
- Economic, social, physical, intellectual disadvantage
- Late attender
- Jealous partner
- Fear or discomfort with intimate examination
- Depression, anxiety, suicidal ideation
- Eating disorders, poor weight gain
- Unexplained injuries, bruising
- Fetal injuries or death

Recommended management of victimised women

- ask directly, believe and support her
- emphasise your confidentiality within legal boundaries
- check her safety and discuss a safety plan if appropriate
- inform her about support services, discuss her goals and options, do a 'warm' referral if she is willing and ready
- support her decision
- document everything in her words as much as possible, otherwise in your clinically objective language
- monitor her progress (checking in)

Safety Planning

Safety planning	
Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential?
	Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

WHO Clinical Handbook 2014 - www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/

Starting the conversation

<https://www.youtube.com/watch?v=IloMFmHz9Wg>

Caring for yourself

- Be responsible about your needs
- You can experience vicarious trauma
- Managers should ensure debriefing opportunities for staff
- Mentors and supervisors ensure discussion about difficult cases
- Safety procedures for staff

Apps to help women to help themselves


<https://www.1800respect.org.au/help-and-support/safety-apps-for-mobile-phones/>

List of safety apps

Daisy 

Daisy is an app made by 1800RESPECT to connect women to support near them. Daisy can link to service phone numbers and websites, which you can access from within the app so they don't show in browser history. There is also information on what to expect when contacting a service.

Download from [iTunes](#) or [Google Play](#)

SmartSafe+ 

Girls Gotta Know 

SARA 

Buzz News 

Help Me 

Aurora 

Re-focus 

iMatter 

Live Free 

SERVICES TO HELP YOUR PATIENTS

- **Nationwide**
- Call 1800 RESPECT (**1800 737 732**)
24-hour, national sexual assault, family and domestic violence counselling line.

- **Victoria-wide**
- Safe Steps Family Violence Response Centre:
1800 015 188 or **(03) 9322 3555**
- Sexual Assault Crisis Line: **1800 806 292**
- Men's Referral Service: **1800 065 973**
- In Touch Multicultural Centre Against Family Violence **www.intouch.org.au**
- <http://www.thelookout.org.au/> for providers

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Thank you

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<http://www.latrobe.edu.au/jlc/research/reducing-violence-against-women-and-children>

<http://www.latrobe.edu.au/jlc/research/sexual-and-reproductive-health>