Reproductive Abuse: A huge hidden problem

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What is reproductive abuse?

Reproductive Control

Forced pregnancy

REPRODUCTIVE ABUSE

Reproductive Coercion

Forced abortion

What is reproductive abuse?

Specific behaviour that interferes with a woman's autonomous decision-making regarding her reproductive health (Miller et al 2010).

Contraceptive sabotage

Pregnancy coercion

What is reproductive abuse?

- Primarily perpetrated by male partners
- Can also be perpetrated by other family members
- No comprehensive prevalence data from Australia (Tarzia et al 2016 suggested 10% of a primary care sample)
- Estimates from the US suggest between 8-24%

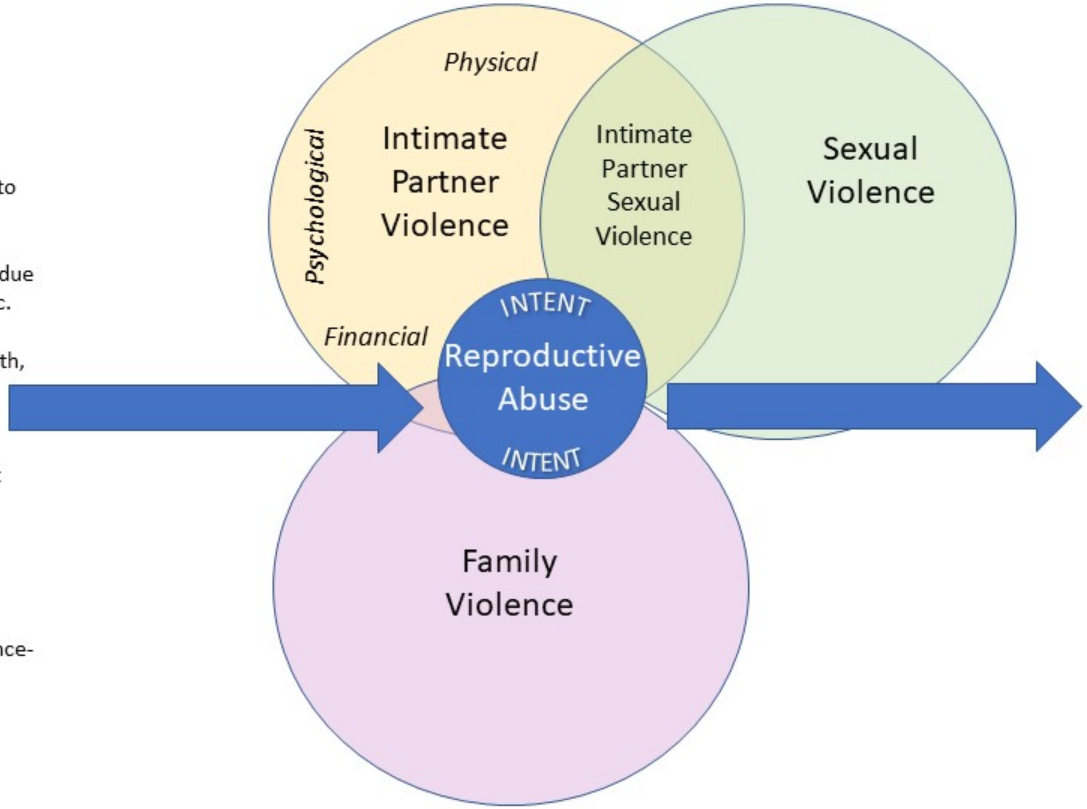
What is reproductive abuse?

- Grey area between IPV & SV
- Issues around definition and scope e.g ‘stealthing’
- INTENT is critical to distinguish RA from other sexual assault
- Term ‘abuse’ foregrounds fear & control tactics & emphasises gendered nature

What is reproductive abuse?

Contributing factors

- Government policies that prevent or impede access to abortion or infringe on women's human rights
- Lack of access to abortion due to availability, eligibility etc.
- Negative social attitudes (towards abortion, childbirth, women's role)
- Lack of sexual health education
- Religious views that do not condone abortion
- Cultural factors that limit women's autonomy
- Lack of knowledge about reproductive abuse
- Gender inequality or violence-supportive attitudes



Protective factors

- Government policies that support access to abortion and promote women's rights
- Freely available abortions in a range of settings and locations
- Social attitudes that de-stigmatise abortion, and support women's choices around reproduction and motherhood
- Sexual health education
- Community awareness around reproductive abuse
- Gender equality

Tarzia et al 2018

Reproductive abuse in the antenatal setting

- Prevalence, risk factors & associations with types of IPV
- Sub-analysis of data from the SUSTAIN project
- Screening for IPV in antenatal (including reproductive abuse)
- n=1074 women

So…. what can we do?

Health sector response

- Reproductive abuse associated with negative health impacts (unwanted pregnancy, STIs, poor mental health)
- Women utilise health services more frequently when experiencing RA
- BUT little is known about how HPs respond, what women expect from HPs, or what best-practice might look like

What women expect from health practitioners

CULTURE, HEALTH & SEXUALITY
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Women's expectations of healthcare providers in the context of reproductive abuse in Australia

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ABSTRACT

Reproductive abuse is a poorly understood form of violence against women. It is defined as a deliberate attempt to interfere with or control a women's reproductive choices and is usually perpetrated by a male intimate partner. Reproductive abuse is associated with a range of poor health outcomes for women, increasing the likelihood that they will visit a healthcare provider. Despite this, there is a dearth of evidence to inform best practice in health settings, particularly research that highlights the voices of survivors. Qualitative studies to date have focused on intimate partner or sexual violence more broadly, yet it is likely that reproductive abuse presents its own nuance in terms of a supportive response. In this paper, we address this gap by reporting qualitative data from 14 women who self-identified as survivors of reproductive abuse. Findings suggest that healthcare providers have an important role to play in responding to reproductive abuse, focusing on taking the problem seriously, reinforcing that the behaviour is wrong, asking about other forms of violence and addressing women's needs and priorities for contraception and reproductive autonomy. This study has important implications for the development of best practice guidelines for healthcare providers responding to reproductive abuse in female patients.

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KEYWORDS
Reproductive health; sexual violence; domestic violence; women; health services

Qualitative study with n=14 women who self-identified as having experienced reproductive abuse

What women expect from health practitioners

Themes:

- Take my concerns seriously
- Reinforce that the experience was wrong
- Ask me about other forms of violence
- Address my sexual health and autonomy

How do health practitioners in a large Australian public hospital identify and respond to reproductive abuse? A qualitative study

Laura Tarzia,[1,2] Molly Wellington,[1] Jennifer Marino,[3] Kelsey Hegarty[1,2]

Reproductive abuse is a form of violence against women that has only recently been identified in research, policy and practice.[1] Defined as a deliberate attempt to influence or interfere with a woman's reproductive autonomy and decision-making,[2] it is also known within the literature as 'reproductive coercion'.[1] Reproductive abuse typically takes one of three forms: the use of violence or coercion to force a woman to become pregnant against her will (pregnancy coercion); tampering with, or removing a woman's birth control (contraceptive sabotage); and attempting to control a pregnancy outcome (forcing a woman to terminate a wanted pregnancy, or to continue an unwanted one).[1] It is usually perpetrated by a male intimate partner or ex-partner, although other family members can also be perpetrators.[3,4] Although the term 'reproductive coercion' is more commonly used in the extant literature, we have argued that 'reproductive abuse' is a

Abstract

Objective: Reproductive abuse is defined as a deliberate attempt to control or interfere with a woman's reproductive choices. It is associated with a range of negative health outcomes and presents a hidden challenge for health practitioners. There is a dearth of research on reproductive abuse, particularly qualitative research. This study aims to address this gap by exploring how health practitioners in a large Australian public hospital identify and respond to reproductive abuse.

Methods: We conducted semi-structured interviews with n=17 health practitioners working across multiple disciplines within a large metropolitan public hospital in Victoria. Data were analysed thematically.

Results: Three themes were developed: Figuring out that something is wrong; Creating a safe space to work out what she wants; and Everyone needs to do their part.

Conclusions: Practitioners relied on intuition developed through experience to identify reproductive abuse. Once identified, most practitioners described a woman-led response promoting safety; however, there were inconsistencies in how this was enacted across different professions. Lack of clarity around the level of response required was also a barrier.

Implications for public health: Our findings highlight the pressing need for evidence-based guidelines for health practitioners and a 'best practice' model specific to reproductive abuse.

Key words: reproductive coercion, health practitioners, qualitative methods, violence against women

Practitioner identification & response

- Qualitative study with n=17 health professionals at The Women's

- Themes:
  - Figuring out that something is wrong
  - Creating a safe space to work out what she wants
  - Everyone needs to do their part

Practitioner identification & response

- Study highlights the need for evidence-based guidelines for HPs
- Need to encourage cross-disciplinary collaboration (eg CASAs)
- Screening or case finding?
- Whose role is it?
- Managing complex ethical dilemmas
- When services are not co-located???

Future directions

- Greater understanding around the nuances of RA (lived experience)
- Proper measurement
- Develop evidence base for effective identification (eg. RCT of screening)
- Comprehensive evidence-based guidelines for practitioners across various disciplines

Thankyou!

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