CHILDREN BY CHOICE

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Understanding reproductive coercion: implications for practice in contraceptive counselling and pregnancy care

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ABOUT CHILDREN BY CHOICE

Our vision: That all women can freely make their own reproductive and sexual health choices.

Our mission: To be the leading voice for women's reproductive choices in Queensland.

ABOUT CHILDREN BY CHOICE

State-wide, providing all options counselling, information referrals, and advocacy for Queensland women and people with uteruses experiencing unplanned pregnancy, and post-abortion counselling, through our Queensland-wide phone-line and in person at our Brisbane office.

We also provide sexuality education to young people and professional development training for health and community sector professionals. We work to advance Queenslanders' reproductive choices, and to improve access to safe and legal abortion.

We are a state-wide service and operate Monday-Friday from 9am-5pm.

CHILDREN BY CHOICE REPRODUCTIVE COERCION CLIENT DATA

2018 - 2019

Of our total contacts 18% involved Domestic or Family Violence, 10% Reproductive Coercion and 3.4% Sexual Assault.

These clients experiencing violence present later in their pregnancy for abortion care.

Some clients name reproductive coercion as their first experience of control by a male partner and as the only form of violence and control they have experienced.

Our data shows that our clients are more likely to experience coercion towards continuing the pregnancy than towards a termination.(58&v41%)

Our data shows that our Aboriginal and Torres Strait Islander and Cultural and Linguistically Diverse clients are more likely to experience reproductive coercion (Price et al 2019)

Screening and responding to reproductive coercion in pregnancy care setting and general practice

Health care practitioners can play an important role in promoting reproductive autonomy through:

- ✓ Respond to unwanted pregnancy risk
- ✓ Contraceptive counselling
- ✓ Contraception provision
- ✓ Facilitating abortion access
- ✓ Screening and responding to coerced pregnancy
- ✓ Referral to specialist support

Universal screening:

Establish a suitable clinic environment

Ask alone

Ask more than once

Ask directly:

We ask all women who visit the medical practice for pregnancy care about domestic and family violence and their safety and well-being because we know violence and abuse can start or get worse during pregnancy. Has anyone tried to get you pregnant when you did not want to be or did not feel right about it?

We can use the flags in patient presentation as a potential entry point for selective screening.

Women subjected to IPV and RC are more likely to:

- Experience rapid repeat pregnancies
- Present later in their pregnancy for pregnancy care
- Have the gestation of their pregnancy recalculated at the time of seeking care
- Have had a previous abortion
- Have had a miscarriage
- State that they are not in a relationship or that the man involved in the pregnancy does not know about the pregnancy or her plans/hopes to end the pregnancy
- Have a history of STIs and UTIs
- Report non-use or inconsistent use of contraception
- Have fertility issues
- Experience sexual dysfunction

Sources include:
CbyC (2014); Roth et al. (2011); Hall et al (2014); Miller et al (2010)

We can use the flags in patient presentation as a potential entry point for selective screening.

Children by Choice data and international research identify risk groups risk groups:

- Young women
- Culturally and linguistically diverse women and
- Those who identify as aboriginal or Torres Strait Islander

I notice you are not on any form of contraception. Are you wanting to become pregnant at this time?

There are a couple of things that stand out for me from our conversation that make me concerned for you.

HELPFUL QUESTIONS

- Do you feel confident talking to your partner/sexual partners about using contraception like condoms or the pill?
- Has anyone ever messed or tampered with your contraception to try to make you become pregnant?
- Do condoms seem to break often or your pills go missing?
- Does your partner respect your decision if you do not want to have sex?
- Do you feel okay about talking to your partner about if or when you might want to get pregnant? Would he always respect your wishes about this?
- Has anyone ever made you feel afraid if you didn't do what they wanted you to do with a pregnancy – whether forcing you to continue OR end your pregnancy?

CONTRACEPTIVE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE AND REPRODUCITVE COERCION

Research shows:

- Women subjected to IPV are less likely to use contraception than women who do are not
- This trend is further compounded by the woman's A&D use.
- Contraception request can be experienced as a trigger for violence
- Perception of fear of potential violence could limit a woman's ability and confidence to negotiate condom use. This is more pronounced in sexually coerced women.

[Maxwell et al, Bergmann and Stockman]

CONTRACEPTIVE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE AND REPRODUCITVE COERCION

Research indicates that male perpetrators of IPV are:

- more likely to negatively view condom use requests,
- less likely to use condoms,

- more inconsistent with condom use,

- more likely to engage in forced unprotected sex, even if in concurrent sexual relationships.

[Bergmann and Stockman]

REPRODUCTIVE COERCION VERSUS OTHER BARRIERS TO CONTRACEPTIVE USE

If we can open up a conversation to supporting women to discern whether they are at risk of RC AND/OR experiencing the interactions of IPV and contraceptive use this impacts on how we support them around contraceptive choice.

"Do you think he is trying to get you pregnant or is it more your worry of his reaction to talking about contraception?"

SCREENING AND RESPONDING TO UNPLANNED PREGNANCY RISK

EMERGENCY CONTRACEPTION

Copper IUDs can be used as emergency contraception and are 99% effective up to 120 hours (five days) after sex, which also provides very effective long term contraception.

EllaOne®. Containing ulipristal acetate (UPA) is an oral emergency contraceptive that is available over the counter and is 98% effective up to 120 hours (five days) after sex.

EllaOne®. It is more effective over a longer period of time than the previous oral emergency contraceptive options (levonorgestrel) which is 95% in the first 24 hours, 85% in the first three days.

Don't assume women know about EC options

Some women may benefit from advanced supply and scripted OECP

SCREENING AND RESPONDING TO UNPLANNED PREGNANCY RISK

PREGNANCY TESTING

Remember that women subjected to violence and control, including reproductive coercion, present later for pregnancy care so pregnancy testings can play an vital role in facilitating early confirmation of pregnancy

For those subjected to financial control or heavy monitoring accessing a pregnancy test may be difficult so in-clinic pregnancy testing can be vital

ASSISTING WOMEN TO ACCCESS CONTRACEPTION LESS VULNERABLE TO DETECTION AND SABOTAGE

STRATEGIES

Ensure that her unique circumstances are explored thoroughly.

Explore the woman's knowledge of her own situation, and allow her to assess the degree of comfort with the options presented.

As patterns of violence shift and change arrangements around contraception may need to be reviewed. Encourage the woman to recontact if she becomes concerned about the safety of the option she chooses.

ASSISTING WOMEN TO ACCCESS CONTRACEPTION LESS VULNERABLE TO DETECTION AND SABOTAGE

CONSIDER IF THE PERPETURATOR

Monitors Medicare or Pharmaceutical Benefits Scheme records

Restricts or monitors access to health care professionals

Monitors menstruation and fertility patterns

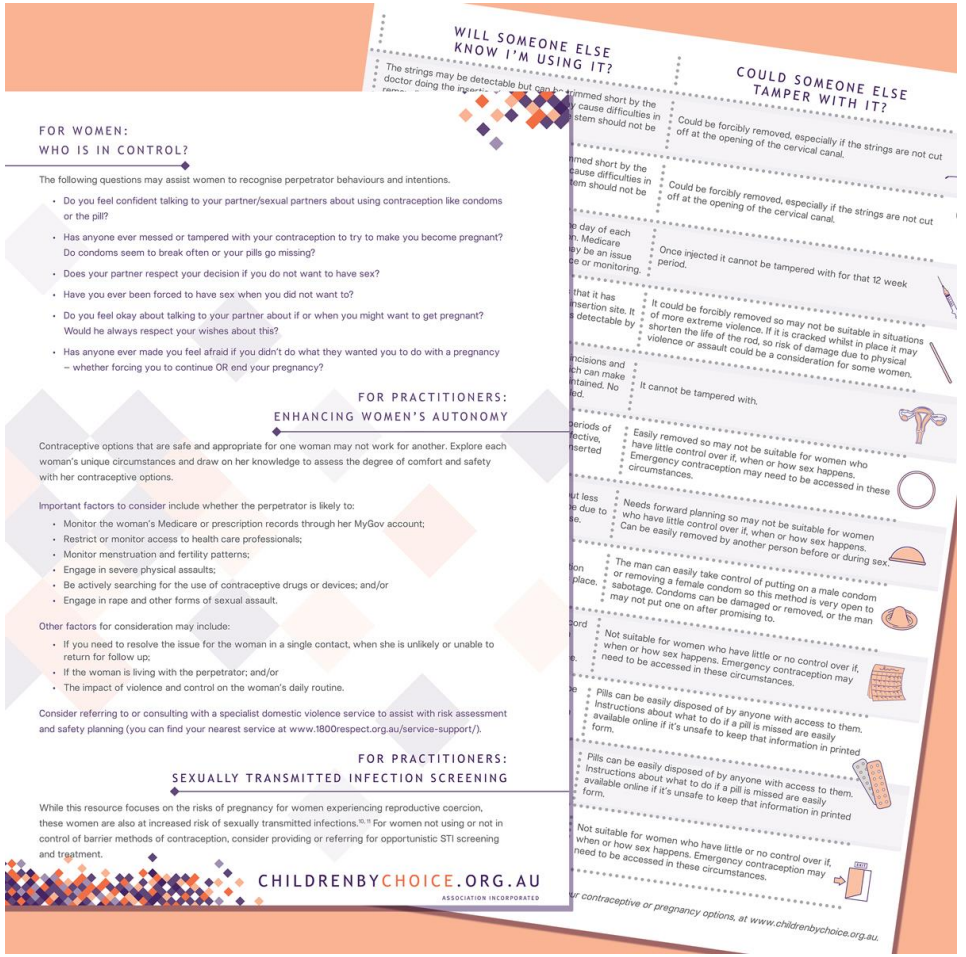
Engages in severe physical assaults

Actively searches for the use of contraceptive drugs or devices

Engages in rape and other forms of sexual assault

ASSISTING WOMEN TO ACCESS CONTRACEPTION LESS VULNERABLE TO DETECTION AND SABOTAGE

Resource to help with this



FOR WOMEN:
WHO IS IN CONTROL?

The following questions may assist women to recognise perpetrator behaviours and intentions.

- Do you feel confident talking to your partner/sexual partners about using contraception like condoms or the pill?
- Has anyone ever messed or tampered with your contraception to try to make you become pregnant? Do condoms seem to break often or your pills go missing?
- Does your partner respect your decision if you do not want to have sex?
- Have you ever been forced to have sex when you did not want to?
- Do you feel okay about talking to your partner about if or when you might want to get pregnant? Would he always respect your wishes about this?
- Has anyone ever made you feel afraid if you didn't do what they wanted you to do with a pregnancy – whether forcing you to continue OR end your pregnancy?

FOR PRACTITIONERS:
ENHANCING WOMEN'S AUTONOMY

Contraceptive options that are safe and appropriate for one woman may not work for another. Explore each woman's unique circumstances and draw on her knowledge to assess the degree of comfort and safety with her contraceptive options.

Important factors to consider include whether the perpetrator is likely to:

- Monitor the woman's Medicare or prescription records through her MyGov account;
- Restrict or monitor access to health care professionals;
- Monitor menstruation and fertility patterns;
- Engage in severe physical assaults;
- Be actively searching for the use of contraceptive drugs or devices; and/or
- Engage in rape and other forms of sexual assault.

Other factors for consideration may include:

- If you need to resolve the issue for the woman in a single contact, when she is unlikely or unable to return for follow up;
- If the woman is living with the perpetrator; and/or
- The impact of violence and control on the woman's daily routine.

Consider referring to or consulting with a specialist domestic violence service to assist with risk assessment and safety planning (you can find your nearest service at www.1800respect.org.au/service-support/).

FOR PRACTITIONERS:
SEXUALLY TRANSMITTED INFECTION SCREENING

While this resource focuses on the risks of pregnancy for women experiencing reproductive coercion, these women are also at increased risk of sexually transmitted infections.[10, 11] For women not using or not in control of barrier methods of contraception, consider providing or referring for opportunistic STI screening and treatment.

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WILL SOMEONE ELSE KNOW I'M USING IT?

COULD SOMEONE ELSE TAMPER WITH IT?

Could be forcibly removed, especially if the strings are not cut off at the opening of the cervical canal.

Could be forcibly removed, especially if the strings are not cut off at the opening of the cervical canal.

Once injected it cannot be tampered with for that 12 week period.

It could be forcibly removed so may not be suitable in situations of more extreme violence. If it is cracked whilst in place it may shorten the life of the rod, so risk of damage due to physical violence or assault could be a consideration for some women.

It cannot be tampered with.

Easily removed so may not be suitable for women who have little control over if, when or how sex happens. Emergency contraception may need to be accessed in these circumstances.

Needs forward planning so may not be suitable for women who have little control over if, when or how sex happens. Can be easily removed by another person before or during sex.

The man can easily take control of putting on a male condom or removing a female condom so this method is very open to sabotage. Condoms can be damaged or removed, or the man may not put one on after promising to.

Not suitable for women who have little or no control over if, when or how sex happens. Emergency contraception may need to be accessed in these circumstances.

Pills can be easily disposed of by anyone with access to them. Instructions about what to do if a pill is missed are easily available online if it's unsafe to keep that information in printed form.

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Not suitable for women who have little or no control over if, when or how sex happens. Emergency contraception may need to be accessed in these circumstances.

contraceptive or pregnancy options, at www.childrenbychoice.org.au.

PROVISION OF CONTRACEPTION:

Given the important role that LARCs can play in promoting reproductive autonomy consider adding IUD/IUS and Implanon rod insertion to your scope of practice

For now know your referral options

Remember that many LARCs can be done at time of Termination of Pregnancy

ASSISTING WOMEN TO ACCESS ABORTION CARE

Abortion was decriminalised in Queensland effective as of December 2019, with abortion available on demand under 22 weeks gestation.

Each of Queensland's Hospital and Health Services (HHSs) have been required to develop and implement abortion access pathways for disadvantaged women in their geographic area

Each HHS has its own pathway and many are still in a state of flux

Private pathways through clinics and GP providers are available by self referral

ASSISTING WOMEN TO ACCESS ABORTION CARE

For now:

Children by Choice can assist by providing detailed up-to-date information about the pathway process.

Most HHSs have information on their websites and available to GPs through the Health Pathways portal.

Where a GP referral is needed for public provision or public funding (remember to include information about contraception preferences and requirements in the referral)

We may provide a letter of support to a pregnant person to take with her to her GP appointment where we assess her as having significant vulnerabilities.

For HHSs that still have inadequate pathways for access we are still giving direct support.

ASSISTING WOMEN TO ACCESS ABORTION CARE

Some where in the future we hope:

You become a MTOP provider if you are not already

All HHSs will have reliable abortion access pathways

To have an interactive map to assist in accessing information about the pathways across Queensland

REFERRAL FOR SPECIALIST SUPPORT

KNOW THE LIMITS OF WHAT YOU CAN SAFELY OFFER

CRISIS SUPPORT

- DV CONNECT: Helps Queenslanders escape domestic, family & sexual violence by providing emergency transport and safe accommodation, as well as crisis counselling and information Phones lines available 24/7.

  Call 1800 811 811

FINDING LOCAL SPECIALIST SERVICES

- The 1800Respect website has a service finding function to assist in locating specialist DV services close to your patient https://www.1800respect.org.au/services/
  OR
  Download their Daisy APP to your desk top for easier access to this function

TAKE HOMES

- ✓ Reproductive coercion can have a far-reaching effect on the lives of women
- ✓ Pregnancy pressure, contraceptive sabotage and pregnancy outcome control are key strategies in this form of violence and control
- ✓ Health and community professionals can play an important role in enhancing women's reproductive autonomy through screening and responding to risks of unwanted pregnancy, contraceptive counselling sensitive to issues of violence, safety planning around contraception, facilitating access to contraception and abortion, and referring on to specialist services where necessary.

GET IN TOUCH

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SOCIAL MEDIA

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“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].