

REPRODUCTIVE COERCION POLICY

POLICY STATEMENT

Family Planning NSW respects and accedes to the rights of women to have autonomy to control and decide freely on all matters related to their reproductive and sexual health.

Reproductive and sexual health rights are intrinsically linked with a range of human rights and the impact of reproductive coercion includes a violation of those rights. These include but are not limited to women being treated as equals, being allowed to make choices about their own reproductive health such as planning if and when they become pregnant. Reproductive coercion is a violation of those rights.

Reproductive coercion is a less recognised but important aspect of domestic violence which is gaining increasing attention in the global and Australian context. Reproductive coercion can form part of the range of behaviours for someone experiencing domestic and family violence or can be an indicator of domestic and family violence occurring in the future.

SCOPE

All Family Planning NSW.

POLICY DETAILS

Reproductive coercion includes behaviours such as controlling access to contraception, sabotaging contraception use and/or using violent or threatening behaviours in response to pregnancy options, including limiting access to abortion services or forcing someone to terminate their pregnancy. This is most often perpetrated by a male against a female partner in the context of an intimate relationship.

Reproductive coercion can lead to:

- increased risk to safety for women and children
- limited reproductive control (e.g. unsafe sex or lack of contraception)
- difficulties accessing care and services
- poor reproductive and sexual health outcomes including sexually transmitted infections (STIs), gynaecological issues, unintended and/or unwanted pregnancy, pregnancy complications, abortion, pelvic inflammatory disease, urinary tract infections and sexual dysfunction.

Family Planning NSW maintains an ongoing commitment to acknowledging the negative impact of violence against women and implementing a range of programs to endeavour to address this issue:

- improving access to long-acting reversible contraceptives long-acting reversible contraceptives
- domestic violence routine screening
- incorporating questions pertaining to reproductive coercion into current domestic violence routine screening protocol (pending implementation)
- training and policy provisions to ensure all of our work is carried out within a framework of trauma-informed care
- Information pertaining to domestic violence incorporated into a range of medical, nursing and professional education courses delivered by Family Planning NSW

Office of the High Commissioner, United Nations, 'Sexual and reproductive health and rights' A/61/338.

WHO, 2012, 2013; Moore et al., 2010; Miller et al., 2010; Taft et al., 2004.

Hunter, T., Botfield, J.R., Estoesta, J., Markham, P., Robertson, S., & McGeechan, K. (2016). Experience of domestic violence routine screening in Family Planning NSW clinics. *Sexual Health*, 14(2), 155-163.