Reproductive Coercion Policy White Paper
Terms of Reference

Purpose
To develop a policy White Paper on the issue of reproductive coercion in Australia that outlines a national, holistic, cross-sectional approach.

Background
The ability of a woman to control her own reproductive health and outcomes improves her quality of life. Yet, for a proportion of women, autonomy over whether they become pregnant is not a lived reality. This experience is referred to as reproductive coercion and defines a range of male partner pregnancy-controlling behaviours.

Reproductive coercion is too often an innate feature of intimate partner violence\(^1\), reflecting the controlling and abusive behaviours of the male, to force the female to either become pregnant or progress with a pregnancy she does not want, or to terminate a pregnancy she wishes to continue. Reproductive coercion by male partners is a causal factor in the link between family violence, unplanned pregnancy and abortion, with unplanned pregnancy and abortion more likely to be associated with violence than planned pregnancies\(^2\).

A 2016 Systematic Review of 27 reproductive coercion studies\(^3\) found that prevalence of reproductive coercion within different populations ranged from 8-19%, with higher rates (up to 32%) associated with co-occurring partner violence and among some racial and sexual groups. While women aged 16 -29 years old are more likely to experience reproductive coercion than other women, the experience of reproductive coercion affects women across all ages, socioeconomic levels and educational backgrounds.

Reproductive coercion is an understudied and hidden form of control that requires a whole-of-sector understanding and response. This White Paper aims to raise its profile and put forward meaningful recommendations for tackling the issue.

Call for Participation
Marie Stopes Australia is seeking submissions from stakeholders who have appropriate knowledge of and/or a demonstrated strong interest in supporting women experiencing reproductive coercion, especially those involved in:

- Health, particularly women’s health, abortion care and broader sexual and reproductive health services
- Family violence prevention and response including social workers, policy makers and advocates
- Academics and researchers with a professional interest in women’s health, prevention of violence against women, family violence and law reform.

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\(^2\) IBID

Submissions
Submissions are being sought that include information on:

Existing knowledge, practices, networks that address reproductive coercion including:

- International examples, models, screening tools
- Existing local referral pathways, support networks
- Existing research (local or international) on reproductive coercion

Key recommendations and actions to address the gaps in:

- Research including compilation of data to assess the scope, scale and concentration of across the nation
- Policy that is evidence-based and provides for practical actions that will address the issue throughout the health system and community sector
- Service delivery, particularly with abortion providers so that women requiring assistance have clear, supportive and consistently quality referral pathways.

Future opportunities including:

- Cross-sectoral collaboration
- Application of innovative models, approaches from other fields

Submission Format
Marie Stopes Australia will accept written and/or verbal submissions in line with the above criteria. Your submission should be in word format and suggestions listed under the topic headings. Submissions and enquiries can be directed to the White Paper Secretariat.

Timeline

- Stakeholder consultation: 1 August – 1 March 2018
- Public Submission deadline: 1 March 2018
- White Paper drafted: March 2018
- Stakeholder consultation on White Paper draft: March/ April 2018
- White paper released: May 2018

Secretariat Contact

Jacquie O’Brien, Director Public Affairs, Marie Stopes Australia
E: jacquie.obrien@mariestopes.org.au Ph: 03 9658 7534

Sarah Gafforini, Head of Strategy, Population and Global Health
E: sarah.gafforini@mariestopes.org.au Ph: 03 9658 7538