

Understanding the risk factors of experiencing reproductive coercion

Saldanha S^{1 2}, Botfield JR^{1 2}, LaGrappe D^{1 3}, Moradi M⁴, Mazza D^{1 2}

¹SPHERE, NHMRC Centre of Research Excellence; ²Department of General Practice, Monash University, Australia; ³Judith Lumley Centre, La Trobe University, Australia; ⁴Global Women's Health Unit, Monash University, Australia

Background

- Reproductive coercion (RC) refers to a range of behaviours that interfere with individual reproductive autonomy and decision-making¹⁻³



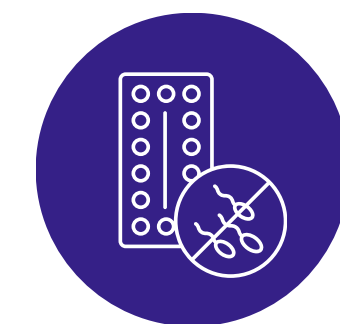
Pregnancy coercion



Contraceptive sabotage



Coerced continuation of pregnancy



Forced contraception



Coerced abortion

- Can be imposed by intimate partners, family members, health providers, coercive structures, and social systems⁴⁻⁶
- Currently, there is limited understanding on the risk factors of experiencing RC across interpersonal and structural domains, limiting efforts to inform future prevention and intervention.

Aims

- To explore the scope of evidence on the risk factors of experiencing reproductive coercion
- To contextualise identified risk factors from the perspective of health and social providers within the Australian setting



Results

Scoping review

- 101 included articles reviewed across 27 countries
- Most were cross-sectional surveys (n=67)
- Most focused on pregnancy coercion (n=79) and contraceptive sabotage (n=73)
- Common perpetrators identified were male partners (n=61)

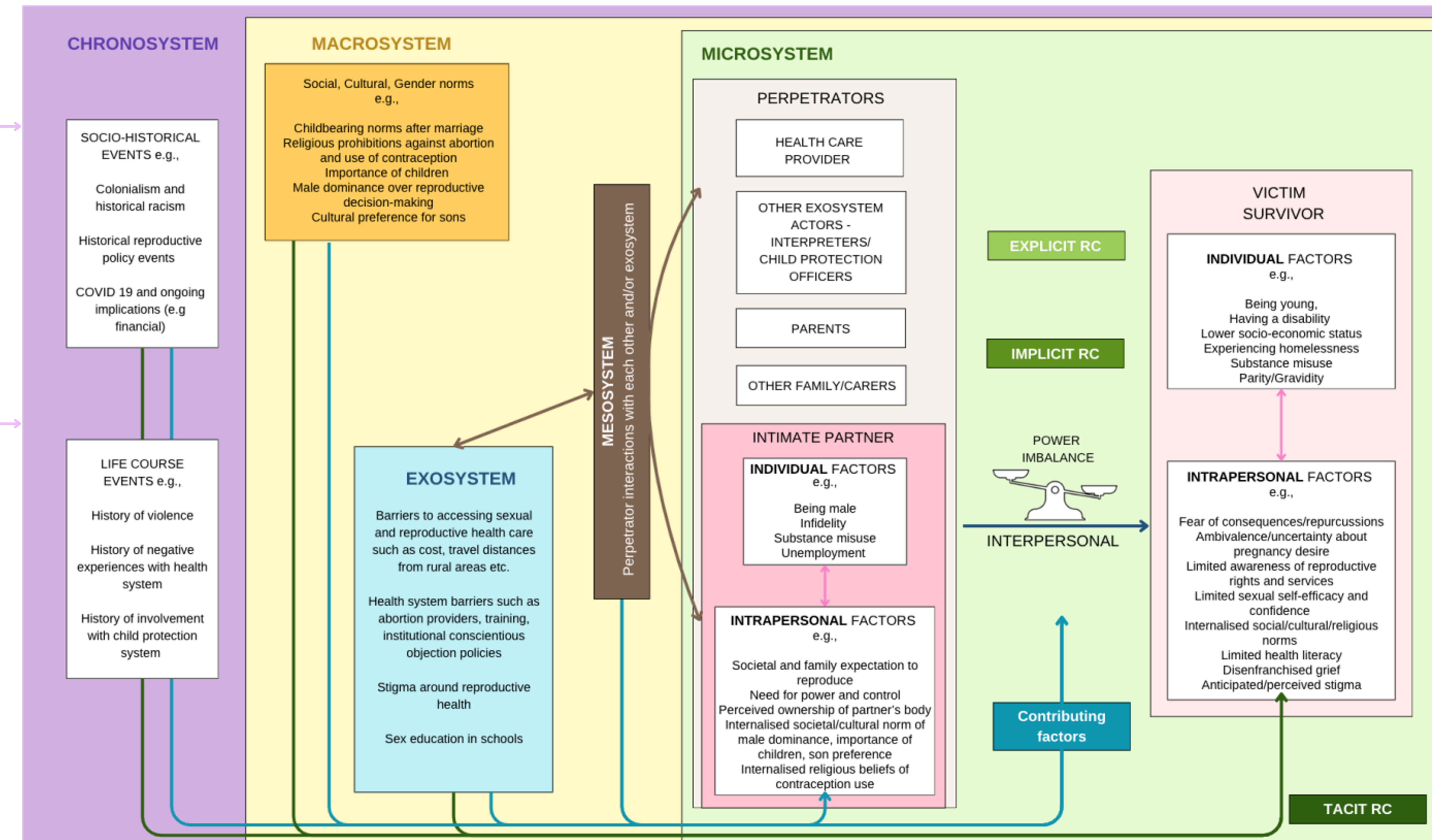
Risk factors for experiencing RC identified based on an **adapted socio-ecological model**

Qualitative interviews

25 interviews conducted: 10 general practitioners, 6 nurses, 6 social workers/domestic violence workers, 2 obstetrician/gynaecologists, 1 specialist women's health professional

Qualitative analyses contextualised the interplay between interpersonal and structural risk factors of experiencing RC. Findings revealed three mechanisms of RC influence:

- Explicit RC:** Overt threats or violence impacting reproductive decisions
- Implicit RC:** Subtle pressures like manipulation or emotional control
- Tacit RC:** Stemming from deeply internalised societal norms restricting reproductive autonomy.



Methods

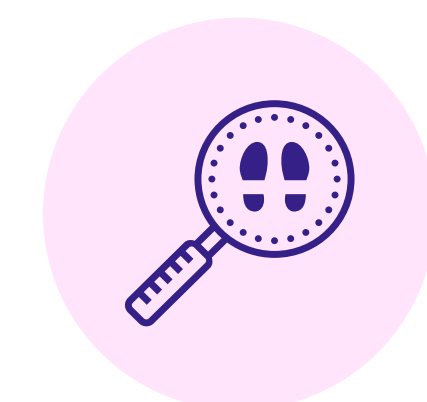
1 Scoping review

- Five databases searched: MEDLINE, Embase, Scopus, CINAHL, PsycINFO
- English language, peer-reviewed articles searched from 1 Jan 2010 to 2 June 2024

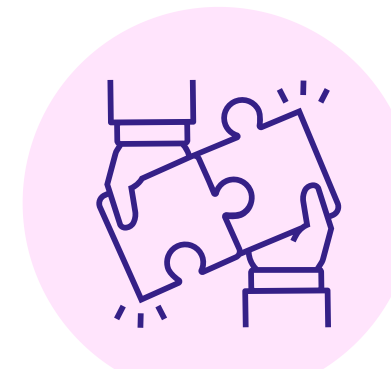
2 Qualitative interviews

- Semi-structured interviews conducted with Australian health and social service providers
- Reflexive thematic analysis⁷ within narrative constructivist approach⁸

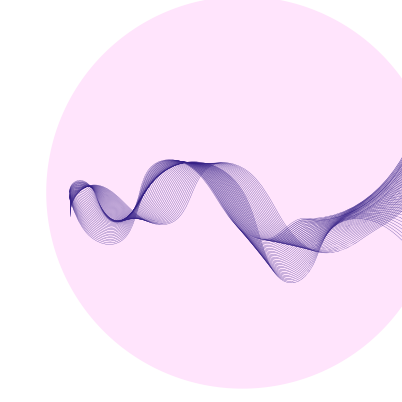
Conclusion and recommendations



Findings illustrate how interpersonal RC risk factors are rooted in broader societal and structural conditions that enable its occurrence.



Strengthening understanding of covert and structural RC is key to improving recognition and fostering informed, respectful responses.



RC was described as spanning a spectrum—from explicit acts to implicit pressures and tacit RC shaped by societal norms.



Future research should focus on victim-survivor experiences to further refine this conceptualisation and explore the intersection of RC with systems of oppression

References

1. Tarzia L, Hegarty K. Reprod Health. 2021;18(1):87.
2. Grace KT, Anderson JC. TVA. 2018;19(4):371-390.
3. Sheeran et al. Reprod Health. 2022;19(1):170
4. Graham et al. BMC Pub Health. 2023;23(1):1371.
5. Warling et al. J Mid Wom Health. 2023;68(6):697-701.
6. Coleman et al. J Trauma Diss. 2023;24(4):471-488.
7. Braun et al. Springer. 2023;19-38.
8. Creswell J, Poth CN. Sage Publ. 2018.