

Finding the best contraceptive options for people experiencing Reproductive Coercion and Abuse (RCA)

A guide to help people who can become pregnant, and the health professionals supporting them, to identify suitable methods of contraception

What is Reproductive Coercion and Abuse?

Reproductive Coercion and Abuse (RCA) involves behaviours aimed at controlling the reproductive choices and outcomes of a person who can become pregnant. Intimate partners, family members, carers, health providers, and others can use RCA.

Around 1 in 7 people seeking pregnancy options counselling in Australia report experiencing RCA. RCA is significantly more common among people who are experiencing other forms of domestic and family violence.

RCA INCLUDES AND CAN LOOK LIKE:

Pressure to become pregnant

- Hiding, removing or throwing away contraception.
- Physically (forcibly) removing contraception from someone's body.
- Saying things like, "if you don't have a baby, I will leave you."

RCA is more
common
than you
might think

Controlling someone's decision about/ ability to continue or end a pregnancy

- Emotional abuse or threatening harm/to end a relationship if they don't choose a certain pregnancy outcome.
- Stopping or delaying someone from getting an abortion or other health care.
- Using physical violence to control someone's decision, or to try and end a pregnancy.
- Saying things like, "You can't take care of a baby" or "You can't live here if you have a baby."

Forced use of contraception or sterilisation

- Saying things like, "if you don't go on the pill, you can't live here anymore/ I won't support you."

If you or someone you know is or might be experiencing Reproductive Coercion and Abuse, call 1800 RESPECT on 1800 737 732

This resource is intended as a guide only and should be used in consultation with a medical professional. Talk to your health professional about potential side effects, pain management, and suitability based on your needs, financial situation, medical history and conditions.

For more information about each contraceptive method or to take a quiz to explore the best methods for you visit our website:



Key considerations for health professionals

If you suspect someone is experiencing Reproductive Coercion and Abuse, consider referring them to or consulting with a specialist domestic violence service. Make sure they leave you with a plan for further support and follow up, an understanding of the safest contraceptive method(s) for them, and how they can access them.

Questions you can ask to understand if someone might be experiencing RCA

- Do you usually have control over if, when, and how you have sex?
- Do you feel controlled and/or unsafe in your relationship with your partner, family member or carer?
- Is a partner, family member or someone else pressuring, threatening, tricking, or forcing you into getting/ staying pregnant/ ending a pregnancy?
- Is a partner, family member or someone else preventing you from using contraception or interfering with your contraception or contraceptive choices?

Safety considerations

Is the person likely to have their Medicare or prescription records, access to health professionals, and/or periods monitored?

Do they have restricted access to health care professionals?

Is someone actively searching for contraceptive drugs or devices?

Practical considerations

Consider whether you need to resolve the issue for the person in a single contact – are they unlikely or unable to return for follow up?

Ensure you are referring to a pharmacist or health service known to dispense/refer to/be supportive of contraception or abortion, as appropriate.

Does violence or control impact the person's daily routine or ability to seek or talk honestly with a health professional?

Will the person benefit from access to an advance supply of emergency contraception?

Is it possible that a partner or family member might be incorrectly translating to maintain control over the person's choices/ outcomes?

To find references for the information provided in this resource, please visit:



This resource is intended to help people who can become pregnant who are experiencing Reproductive Coercion and Abuse (RCA), and the professionals supporting them, to identify:

1. Safety issues around contraceptive use,
2. Methods of contraception that might be less vulnerable to detection and sabotage.

This does not replace full medical consideration of the suitability of any contraceptive method in the context of a person's medical history and needs.


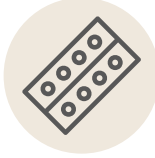
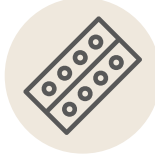
LONG ACTING REVERSIBLE CONTRACEPTION (LARCS)

NAME	HORMONAL IUD	COPPER IUD	IMPLANT
	 HORMONAL IUD <i>Brand names: Mirena or Kyleena</i>	 COPPER IUD <i>Also works as emergency contraception</i>	 IMPLANT <i>Also called 'the rod' and 'the bar' Brand name: Implanon</i>
WHAT IS IT?	Small plastic device put into the uterus by a nurse or doctor. Releases low levels of hormone Progestogen.	Small plastic and copper device put into the uterus by a nurse or doctor. Hormone free.	Small rod put under the skin by a nurse or doctor. Releases hormone Progestogen.
HOW IT WORKS	Stops sperm from reaching the egg. Might also stop eggs from being released.	Makes lining of the uterus unsuitable for a pregnancy, and stops sperm from reaching the egg.	Stops sperm from reaching the egg. Stops eggs from being released.
HOW EFFECTIVE	>99% Works 7 days after it is put in.	>99% Works straight away.	>99% Takes up to 7 days to work.
ADVANTAGES	Lasts for at least 5 years. Cost effective over time. Can be used to manage periods.	Lasts 5–10 years. Cost effective over time. Highly effective as emergency contraception. Periods continue each month.	Lasts for 3 years. Cost effective over time. Can be used to manage periods.
DISADVANTAGES	Not all nurses and doctors are trained to put them in. May need a 6 week checkup with your health professional. Having it put in may have an upfront cost. Does not protect against STIs. Periods might change or become lighter.	Not all nurses and doctors are trained to put them in. May need a 6 week checkup with your health professional. Having it put in may have an upfront cost. Does not protect against STIs. Periods continue but might become longer/ heavier.	Not all nurses and doctors are trained to put them in. Having it put in may have an upfront cost. Does not protect against STIs. Periods might change.
WILL SOMEONE ELSE KNOW I'M USING IT?	Strings might be detectable – can be cut short by nurse/doctor putting it in. This can make it harder to remove/ you might need to have it removed in hospital. If put in correctly stem should not be detectable.	Strings might be detectable – can be cut short by the nurse/doctor putting it in. This can make it harder to remove/ you might need to have it removed in hospital. If put in correctly stem should not be detectable.	You/someone else might be able to feel it once in place – it is usually placed in the upper arm.
COULD SOMEONE ELSE TAMPER WITH IT?	Yes. Someone could remove it by force, especially if the strings are not cut short.	Yes. Someone could remove it by force, especially if the strings are not cut short.	Yes. Someone could remove it by force. If it is cracked while in place, it might not work for as long. Might not be the best choice for people experiencing/ at risk of physical violence.



EMERGENCY CONTRACEPTION can be used as a backup whenever a method hasn't been used properly.

HORMONAL CONTRACEPTION


NAME	INJECTION	COMBINED PILL	PROGESTOGEN ONLY PILL
	 INJECTION <i>Also called 'depo' or 'DMPA'**</i>	 COMBINED PILL <i>Often called 'the pill'</i>	 PROGESTOGEN ONLY PILL <i>Also called the 'mini pill' or POP</i>
WHAT IS IT?	<p>Injection given by a nurse or doctor every 3 months/ 12 weeks.</p> <p>Contains hormone Progestogen.</p>	<p>Pill contains hormones Oestrogen/ Estrogen and Progestogen.</p> <p>Must be taken at the same time each day.</p>	<p>Pill contains hormone Progestogen.</p> <p>Must be taken at the same time each day.</p>
HOW IT WORKS	<p>Stops sperm from reaching the egg. Stops eggs from being released.</p>	<p>Stops eggs from being released.</p>	<p>Stops eggs from being released.</p>
HOW EFFECTIVE	<p>Perfect use: 99% Typical use: 94%</p> <p>Takes up to 7 days to work.</p>	<p>Perfect use: 99% Typical use: 91%</p> <p>Takes up to 7 days to work.</p>	<p>Perfect use: 99% Typical use: 91%</p> <p>Takes up to 7 days to work.</p>
ADVANTAGES	<p>Each injection lasts 12 weeks. Can be used to manage periods.</p> <p>Can be used while waiting to start another method.</p>	<p>Easily available at pharmacies with a script.</p> <p>Can be used to manage periods.</p>	<p>Alternative to the combined pill for people who can't take oestrogen due to medical conditions. Easily available at pharmacies with a script.</p> <p>Can be used to manage periods.</p>
DISADVANTAGES	<p>Have to visit a health professional every 12 weeks. Once injected it cannot be stopped for 12 weeks.</p> <p>Does not protect against STIs. Can lead to weight gain. Periods might change.</p>	<p>Must remember to take it around the same time every day.</p> <p>Does not protect against STIs.</p>	<p>Must remember to take it around the same time every day.</p> <p>Does not protect against STIs.</p>
WILL SOMEONE ELSE KNOW I'M USING IT?	<p>Might be able to see a mark at the injection site on the day of each injection.</p> <p>Periods might change or become irregular.</p>	<p>Pills in their packets can be easily recognisable.</p> <p>Can be removed from packaging and hidden to reduce this risk. Can be less effective if kept near/exposed to heat, light or moisture.</p>	<p>Pills in their packets can be easily recognisable.</p> <p>Can be removed from packaging and hidden to reduce this risk. Can be less effective if kept near/exposed to heat, light or moisture.</p>
COULD SOMEONE ELSE TAMPER WITH IT?	<p>No. Once injected it cannot be tampered with for 12 weeks.</p>	<p>Yes. Pills can be easily found and thrown away by other people.</p> <p>Instructions about what to do if a pill is missed are available online. You might need emergency contraception</p>	<p>Yes. Pills can be easily found and thrown away by other people.</p> <p>Instructions about what to do if a pill is missed are available online. You might need emergency contraception.</p>

** DMPA means Depot medroxyprogesterone acetate, found in 'the injection'/Depo Provera.

Like all medication, contraception can have side effects that are different for every person. Contact your health provider to discuss. It is good to have a 3-month check-up even if you have not noticed any side effects. You can try different methods until you find one that is right for you.





HORMONAL CONTRACEPTION

BARRIER METHODS

	HORMONAL CONTRACEPTION		BARRIER METHODS	
NAME	 <p>EMERGENCY PILLS</p> <p><i>Also called 'the morning after pill' and 'plan b'</i></p>	 <p>VAGINAL RING</p> <p><i>Brand name: NuvaRing</i></p>	 <p>DIAPHRAGM</p> <p><i>Also called 'the cap'</i></p>	 <p>CONDOMS</p>
WHAT IS IT?	A pill that contains either Progesterone or Ulipristal Acetate.	Flexible plastic ring put into the vagina for 3 weeks at a time. Releases hormones Oestrogen/Estrogen and Progesterone.	Soft silicone dome put into the vagina to cover the cervix.	External condoms are a thin pouch that is put over the penis before sex. Internal condoms are a thin pouch that is put into the vagina before sex.
HOW IT WORKS	Delays the egg from being released. Does not stop pregnancy if you are already pregnant.	Stops egg from being released and stops sperm from reaching the egg.	Stops sperm from reaching the egg.	Stops sperm from reaching the egg.
HOW EFFECTIVE	85% Depending on the type, must be taken within 1, 3 or 5 days after sex.	Perfect use: >99% Typical use: 91% Takes up to 7 days to work.	Perfect use: 92–96% Typical use: 71–88% Works straight away.	Condom for penis – Perfect use: 98% / Typical use: 92% Condom for vagina – Perfect use: 95% / Typical use: 79% Works straight away.
ADVANTAGES	Can be used as a backup for other methods. Some types can be taken up to 5 days after sex. Easily available at pharmacies and sexual health clinics.	You can put it in yourself. You don't need to remember to take a pill every day or use a condom every time you have sex. Can be used to manage periods.	Can be put in ahead of time. Can be more effective if spermicide is used.	Penis condoms are easily available. Vaginal condoms come with lubricant on them. Protect against STIs.
DISADVANTAGES	Does not protect against STIs. Pharmacist may ask you to answer some questions about your sexual experiences.	Can cost more than other methods. Does not protect against STIs.	Must be left in vagina for at least 6 hours after sex. Must be washed every 24 hours. Does not protect against STIs.	Condoms for vaginas can be harder to find and cost more than condoms for penises. Condoms for vaginas can be hard to put in and take out.
WILL SOMEONE ELSE KNOW I'M USING IT?	Is available as a single pill that can be taken as soon as you get it. This makes it hard for others to know about. Doesn't need a script so will not be on your medical record.	Is easily detected. It can be removed for short periods of time (up to 3 hours) without becoming less effective. You could take it out just before sex and put back in immediately after sex.	Someone else might be able to feel it with their fingers. It is harder to feel with a penis. It is easy to recognise when it is in its shape.	Condoms for vaginas are easy for the person you are having sex with to see and feel. Anyone can easily remove, or choose not to use a condom.
COULD SOMEONE ELSE TAMPER WITH IT?	No, it cannot be tampered with.	Yes. Can be taken out easily by another person. Might not be suitable for people who do not have control over if, when or how sex happens.	Yes. Can be taken out easily by another person. Might not be suitable for people who do not have control over if, when or how sex happens.	Yes. The person with a penis can easily control condom use or damage condoms. Might not be suitable for people who do not have control over if, when or how sex happens.

STERILISATION

OTHER METHODS

	STERILISATION		OTHER METHODS	
NAME	 <p>TUBAL LIGATION OR OCCLUSION</p>	 <p>VASECTOMY</p>	 <p>FERTILITY AWARENESS</p> <p><i>Also known as 'natural family planning'</i></p>	 <p>WITHDRAWAL</p> <p><i>Also called 'pulling out' or 'the pull out' method</i></p>
WHAT IS IT?	Surgical procedure to permanently clip, block, or tie the fallopian tubes.	Surgical procedure to cut, block or seal the tubes that allow the sperm to leave the testicles.	Person with a uterus monitors their fertility cycle through temperature and vaginal discharge to identify fertile days.	The penis is taken out/ withdrawn from the vagina before ejaculation.
HOW IT WORKS	Stops sperm from reaching the egg.	Stops sperm from leaving the penis/ reaching the egg.	By avoiding sex, using alternatives to penis-in-vagina sex, or using a barrier method during fertile days.	Stops sperm from entering the vagina.
HOW EFFECTIVE	>99% Works straight away.	>99% Takes up to 3 months to work.	Perfect use: 75 – 99% Typical use: 76% Works straight away.	Perfect use: 96% Typical use: 80% Works straight away.
ADVANTAGES	Is permanent and cost effective over time.	Is permanent and cost effective over time. Does not stop the production of semen.	Does not require any device or access to medical care. Can have no cost. Can be used in combination with any other method.	Can be used in combination with any other method. No scripts or devices needed. No cost.
DISADVANTAGES	It can have a higher upfront cost. In the public health system, wait lists are long and criteria, such as age, are often strict. Does not protect against STIs.	Will need a semen test after 3 months to make sure it has worked. Does not protect against STIs.	Requires practice for greatest effectiveness. Does not protect against STIs.	There is a risk of pregnancy even if the person with the penis pulls out before ejaculation as sperm can be in pre-ejaculation fluid. Might need emergency contraception as back-up.
WILL SOMEONE ELSE KNOW I'M USING IT?	Might require incisions/ small cuts and anaesthesia. You might need to see a doctor to check you after 3 months. Periods will continue. Once cuts heal it won't be obvious it has been done.	Might have some bruising, pain or swelling for a few days after the procedure. After this is will not be obvious it has been done. You will continue to produce semen.	Fertility awareness methods, when used properly, require record keeping about bodily changes. These could be concealed in code in a diary or on a fertility app, but might still be risky for people experiencing high levels of monitoring and surveillance.	This method relies on the person with a penis's motivation and skill. They will have full knowledge and control over this method of contraception.
COULD SOMEONE ELSE TAMPER WITH IT?	No, it cannot be tampered with.	No, it cannot be tampered with.	Yes. Not suitable for people who do not have control over if, when or how sex happens.	Yes. Not suitable for people who do not have control over if, when or how sex happens.

To find a sexual health service in your state:

Queensland

True Relationship and Reproductive Health - (07) 3250 0200 or to talk about reproductive coercion or pregnancy options, call Children by Choice - (07) 3357 5377

Tasmania

Family Planning Tasmania - (03) 6273 9117

South Australia

SHINE SA - (08) 8300 5300 or the Pregnancy Advisory Centre on (08) 7117 8999

Western Australia

Sexual Health Quarters - (08) 9227 6177

Australian Capital Territory

Sexual Health and Family Planning ACT - (02) 6247 3077

Victoria

Sexual Health Victoria - 03 9257 0100 or 1800 My Options on 1800 696 784

Northern Territory

Family Planning Welfare Association of NT Inc - (08) 8948 0144

New South Wales

Family Planning Australia - 1300 372 372

To find an Aboriginal and Torres Strait Islander sexual health service, ask your local sexual health/ family planning clinic, or visit:



For more information about contraception and RCA, Easy English information, and information in other languages, visit:



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