

Reproductive Coercion and Abuse among clients with disabilities of an Australian pregnancy options counselling service

Kari Vallury, on behalf of Children by Choice
Association Inc.

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Abstract

Background: Reproductive coercion and abuse (RCA) serves to control or dictate the reproductive autonomy of a woman or person who can become pregnant, with both health and rights-based implications. People with disabilities face significantly higher rates of intimate partner violence (IPV) and are thus at greater risk of experiencing RCA than the general population, yet little research has explored the extent and types of RCA they experience.

Objectives: This study aimed to identify the prevalence of RCA among people with disabilities who contacted an all-options pregnancy counselling service in Australia.

Methods: Quantitative data collected during routine client support by counsellors were analysed descriptively, and using measures of association and significance, to identify the extent of RCA and IPV among a sample of 67 pregnant people with disabilities.

Results: Twenty-five clients with disabilities (37.3%) reported experiencing any form of RCA in relation to their current pregnancy. Experiences of RCA were moderately significantly associated with experiences of IPV.

Conclusions: Over a third of pregnancy options counselling clients with disabilities contacting a pregnancy-options counselling service reported experiencing RCA, more than twice the proportion of the organisation's wider client base who reported RCA. While violations of reproductive rights of people with disabilities regarding forced sterilisation and contraception is increasingly well documented, this study identified similar rates of coercion and abuse aimed at forcing clients to both continue and end pregnancies. Further research is needed to explain and expand on these findings, given the small sample size.

Ethics approval: Ethics approval was granted from Griffith University Human Ethics Research Committee (Ref No: 2020/572).

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Introduction

Reproductive coercion and abuse (RCA) is an increasingly recognised form of domestic and family violence. It involves a range of behaviours that seek to control or dictate the reproductive outcomes and autonomy of a woman or person who can become pregnant (1). From emotional pressure to contraceptive sabotage and physical abuse, RCA behaviours constrain reproductive autonomy by prohibiting, pressuring, or forcing someone to conceive or to continue or end a pregnancy (1).

The international evidence base pertaining to the prevalence, experiences and impacts of RCA in varying populations, including people with disabilities, is nascent (2,3). Even so, people with disabilities are understood to be at particular risk of experiencing RCA. Research has shown a correlation between experiences of RCA and other forms of intimate partner violence (IPV) (2), which people with disabilities face at significantly higher rates than the general population (4–6).

RCA compounds the increased risk of unintended pregnancy people with disabilities already face because of systemic and social barriers to health care, contraception and literacy, and increased exposure to domestic and family violence and sexual assault (7–10). Reproductive coercion and abuse in the general population has been found to lead to lower parenting sense of confidence at 12 months post-partum (11), escalation of IPV (12) and poorer mental health outcomes (13). Lack of access to sexual and reproductive health information and education, poor health system responses and inadequate violence screening are likely to further exacerbate the impacts of RCA on reproductive choice and autonomy for people with disabilities (8). Furthermore, the dearth of research on the experiences of RCA among people with disabilities undermines the capacity of health, violence and disability sectors, services, and practitioners to identify and respond appropriately to RCA.

This study thus aimed to identify the extent of RCA experienced (and disclosed) by people with disabilities who contacted an Australian all-options, non-directive pregnancy options counselling service. In doing so, it sought to facilitate a comparison of RCA rates between clients with and without disabilities to elucidate the relative risk people with disabilities face, and highlight priority areas for future research.

Methods

Children by Choice is an Australian organisation offering non-directive, all-options pregnancy counselling to people who are or have been pregnant in Queensland, Australia. They routinely collect a range of information about their clients' experiences of pregnancy, pregnancy decision making, experiences of IPV, family violence and sexual assault, including RCA, and demographic data, to support their service delivery.

To identify the rate of RCA experienced by their clients with disabilities, descriptive quantitative analyses were conducted on data from 67 client records relating to (all) clients who had reported they had a disability to their pregnancy options counsellors between September 2018 and March 2022.

Client data recorded in Children by Choice's client management system reflects the interpretations of counsellors based on their interactions with their clients. The counsellors are highly knowledgeable about the definitions and behaviours that constitute RCA, however, do not use formal screening questionnaires. Counsellors can choose to select one or more checkboxes related to RCA, including Sexual Assault to Pregnancy, RCA to [continue] Pregnancy and RCA to TOP [termination of pregnancy]. No selection in any of the RCA boxes could mean that either no RCA was present, or it had not been raised by either the client or counsellor. For this analysis, and given the small numbers, the 'not asked' and 'no RCA' categories were merged into a single category. Similarly, counsellors do not routinely ask about whether clients have a disability, and it is most often discussed during consults if the disability is relevant to a client's pregnancy decision making or care seeking. As such, it is likely disabilities are under-reported in their client management system.

Client files with disability marked 'yes' were selected for inclusion in the study. The qualitative case notes for these clients were assessed for any mention of RCA, intimate partner or family violence or sexual assault, and checkboxes updated as necessary. Descriptive analyses were run on the resulting quantitative data in IBM SPSS Statistics, and Pearson's Chi Square tests and associated measures of effect size were calculated to identify associations between disability type and RCA.

Results

Participants

Of 67 clients who reported disabilities to their counsellor(s), 25 (36.2%) reported having intellectual and/or learning disabilities and difficulties, 16 (23.2%) physical disabilities, and 19 (27.5%) mental health-related disabilities, many of whom were receiving or seeking the disability support pension (as shown in Table 1). For 7 others, the clients' disability types had not been recorded by counsellors.

Reproductive coercion and abuse

As indicated in Table 1, 25 (37.3%) of the 67 clients reported experiencing any form of RCA in relation to their current pregnancy. The proportion of clients experiencing the three forms of RCA assessed were similar (see Table 1). Six (9%) clients in the sample reported experiencing multiple forms of RCA in relation to a single pregnancy.

Chi-Squared tests revealed no significant differences between people with varying types of disabilities and likelihood of experiencing RCA: $\chi^2 (3, N=67) = .856, p=.836$, likely due to the small sample size.

Table 1: Proportion of clients experiencing RCA by disability type

Violence & RCA Types Reported	Physical Disability (n=16)	Intellectual or Learning disability (n=25)	Mental Health (n=19)	Other/ Unknown (n=7)	Total (n=67)
Any IPV reported (historical, recent or current)	7 (43.8%)	8 (32%)	6 (31.6%)	2 (28.6%)	23 (34.3%)
Any RCA	7 (43.8%)	10 (40%)	6 (31.6%)	2 (28.6%)	25 (37.3%)
RCA to continue Pregnancy	4 (25%)	4 (16%)	5 (26.3%)	2 (28.6%)	15 (22.4%)
RCA to TOP	3(18.8%)	4 (16%)	4 (21.1%)	0 (0%)	11 (16.4%)
Sexual Assault to current pregnancy	1 (6.3%)	3 (12%)	1 (5.3%)	1 (14.3%)	6 (9%)
RCA in multiple directions	1 (6.3%)	1 (4%)	3 (15.8%)	1(14.3%)	6 (9%)

Table 2: IPV reported by disability type

RCA and Intimate Partner Violence

Twenty-three clients (34.3%) reported having ever experienced intimate partner violence (IPV), with 8 (11% of clients) experiencing current IPV at the time of contacting the service.

	IPV No	IPV Yes (n=23)	Total
RCA No	33 (78.6%)*	9 (21.4%)	42 (100%)
RCA Yes	11 (44%)	14 (56%)	25 (100%)

*%s = proportion of clients experiencing/not experiencing RCA

As is shown in Table 2, 56% of the clients who reported experiencing RCA in the context of their current pregnancies also reported experiencing any IPV, compared with 21.4% of clients who didn't report experiencing RCA. Chi2 and effect size analyses show the relationship with RCA and IPV experiences was significant (χ^2 (1, N= 67) = 8.308, $p=.004$) with a moderate effect size (Phi = .352, $p=.004$)¹⁴.

Of the 8 clients experiencing 'current' IPV at the time of contacting the service, 6 (75%) were also experiencing RCA. This association was approaching significance: χ^2 (2, N= 67) = 5.522, $p=.063$.



Discussion

Over a third of clients of Children by Choice who reported living with disabilities also reported experiencing RCA in relation to their 'current' pregnancy. This is more than twice the rate of RCA experienced by the wider Children by Choice client group (which was 15.2%) (3), and higher than rates of RCA identified by studies of the clients of other sexual and reproductive health service (15). We also found that clients experiencing RCA were more than twice as likely as those not experiencing RCA to report any IPV, in line with the extant literature which has consistently identified meaningful positive associations between RCA and IPV (12,16–18).

Experiences of coerced and forced sterilisation, contraception and abortion are increasingly well understood and documented among people with disabilities (19,20). In contrast, we are aware of limited empirical research describing experiences of coerced pregnancy (continuation) among this population. Interestingly, our analysis identified similar proportions of Children by Choice clients with disabilities experienced coercion towards continuing and to ending pregnancies. Research on able-bodied samples has described the ways RCA can be used as a form of asserting power, dominance, and relationship control, and whether this can explain the high level of coercion to pregnancy seen in our data warrants qualitative exploration.

This study was limited in the quantity and quality of data available. A key limitation was the potential for missing data regarding primary variables, as counsellors didn't routinely screen for RCA nor disability, due to the different priorities and needs of diverse clients. However, the findings are directly comparable with a larger study published using the same (expanded) dataset (3), for which data was collected and reported in the same way, and thus offers important observations about the relative proportion of pregnant people with disabilities who experience RCA. The data collected primary measured point prevalence, with lifetime prevalence anticipated to be significantly higher.

Conclusion

This study identified a very high rate of RCA among Children by Choice clients with disabilities, particularly relative to rates reported among the wider client population (3).

Despite the small sample, the findings suggest that larger studies are not only warranted but greatly needed to improve our understandings of extent, types, mechanisms and impacts of RCA among people with disabilities.

Qualitative research with people with a range of disabilities is also needed to improve our understanding of the drivers and perpetrators of, and behaviours associated with RCA among people with varying disability types to inform prevention and response efforts that are tailored and effective. Seeking an improved understanding of RCA among this population is crucial to the realisation of human, disability, and reproductive rights.

CHILDREN BY CHOICE

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Conflicts of interest

The author declares no conflicts of interest.

Declaration of funding

The research did not receive any specific funding.

Keywords

Intimate partner violence; reproductive coercion; disability; reproductive health; women's health; pregnancy; contraception; pregnancy options counselling.

Data Availability Statement

The data that support this study cannot be publicly shared due to ethical or privacy reasons and may be shared upon reasonable request to the corresponding author if appropriate.

Summary text for Table of Contents:

Reproductive coercion and abuse (RCA) is a form of violence used to control whether someone conceives and/or continues a pregnancy. This brief report provides some of the first published data regarding the rate of RCA among people with disabilities, finding clients of an Australian pregnancy-options counselling service with disabilities are over twice as likely as clients without disabilities to report experiencing RCA. More research is needed into the extent, types, and impacts of RCA among people with disabilities.

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