

## **Experience of reproductive coercion routine screening in Family Planning NSW clinics**

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### **Background:**

Reproductive coercion occurs when a person's autonomous decision-making regarding reproductive health is compromised by another person, including intimate partners or family members. Reproductive coercion screening, that is, the use of routine, non-invasive screening questions asked of service users/clients, is one strategy that can be implemented in response to reproductive coercion. Routine screening for reproductive coercion was introduced at Family Planning NSW (FPNSW) in December 2018. A study was undertaken to review the implementation and explore the outcomes of screening in order to assess the feasibility of routine screening in a family planning setting.

### **Methods:**

A retrospective review of medical records of eligible women attending FPNSW clinics between 1 January and 31 December 2019 was undertaken. Modified Poisson regression was used to estimate prevalence ratios and assess associations between binary outcomes and client characteristics.

### **Results:**

Of 7,943 women eligible for screening, 5,497 were screened for reproductive coercion (69%). Number of visits, clinic attended, age group, region of birth and education status were associated with completion of screening. In all, 127 women (2.3%) disclosed reproductive coercion. Reproductive coercion was more likely to be disclosed among clients who were unemployed, had a disability or had more visits. Women who disclosed reproductive coercion were also more likely to have discussed issues relating to domestic violence in their consultation.

### **Conclusion:**

Although routine screening may not be appropriate in all health settings, given associations between reproductive coercion and sexual and reproductive health, a routine screening program is appropriate in sexual and reproductive health clinics and appears to be feasible in the family planning setting. Routine screening for reproductive coercion could be expanded to other sexual and reproductive health and family planning services in Australia to support identification and early intervention for women affected by reproductive coercion.

### **Disclosure of Interest Statement:**

The authors declare no conflict of interest.