

# Evaluation of the Reproductive Coercion Mini Forum

## Introduction

Women's Health in the South East (WHISE) hosted a free lunchtime webinar on reproductive coercion, as part of our efforts to improve sexual and reproductive health and prevent violence against women. The webinar examined definitions of reproductive coercion, its impacts and priority populations or cohorts, as well as current research and evidence, projects or interventions and policy and legislation in this area. It also discussed the relevance of this work to our partners and stakeholders in health planning and policymaking, health promotion, primary prevention of violence against women and clinical care.

The aim of this webinar was to increase understanding in the following:

- Reproductive coercion, its impacts, and how it can be a form of gender-based violence
- What is structural or institutional reproductive coercion
- The current evidence base, interventions, and screening tools, and
- Some related issues including 'stealthing' as a form of reproductive coercion and sexual assault.

This webinar was offered as a collaborative project of the Good Health Down South and Promoting Respect and Equity Together partnerships. The webinar was led by WHISE and supported by regional networks to improve sexual and reproductive health and prevent violence against women.

## Who registered for and attended the forum?

A whopping 148 people registered for the webinar and completed the pre-webinar survey as part of their registration. Of these people, 58 (39%) attended the webinar. A further 54 people also attended the webinar, however, they did not register through Eventbrite and therefore, we do not have pre-webinar survey data for these attendees.

Thirty-six attendees (32%) completed the post-webinar survey.

Please note that the pre-webinar data reported in this evaluation report will include all 148 registrants (and not the 54 un-registered attendees) as we are unable to separate the responses from the 58 people who had registered and attended. Therefore, it is important to read the comparative analyses between pre and post surveys with caution because the two groups of respondents (i.e., the pre-webinar group and the post-webinar group) do not contain the same people. That is, not all people who provided pre-webinar data attended on the day and completed the post-webinar survey; and not all people who completed the post-webinar survey had an opportunity to complete the pre-webinar survey. Therefore, it is difficult to determine whether knowledge has changed as only a small proportion of people will have completed both surveys.

The majority of the registrants/attendees were women (95%, n=141), six (4%) said they identified as a man, and one person (1%) preferred not to say how they identified. Of the 36 people who completed the post-webinar survey, 32 (91%) were women, three (9%) said they identified as a man.

## Overall ratings of knowledge and understanding

As can be seen in Figure 1, there was an overall increase in understanding about reproductive coercion following the webinar with a notable increase in the proportion of people who rated their knowledge as high following the webinar.

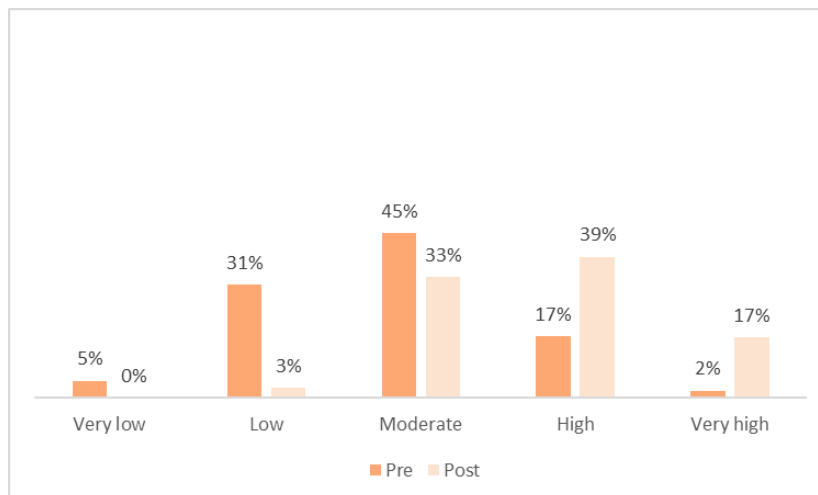


Figure 1. Pre and post webinar ratings of understanding about reproductive coercion.

Figures 2 to 9 show that there were changes in understanding from pre to post the webinar. Worth highlighting is the increased understanding of the impacts of reproductive coercion on physical and mental health and wellbeing following the webinar (see *Figure 3*). This has been a common theme in other SHR training sessions, to which mental health and wellbeing has received a high increase in knowledge. This could be because mental health has been a hot topic following the pandemic and, therefore, the general public have become more attentive to the impacts on mental health and wellbeing.

The question that asked about their understanding of current tools for screening for reproductive coercion, received the lowest proportions of *high* (26% and *very high* respondents (6%), and the highest proposition of *low* (26%; see *figure 7*). This may be because this information is not part of the daily thoughts and practices for their role, so they are not required to draw on this information regularly and therefore maintain it in their memory. For instance, this information may be interpreted as information directed to those who are front line workers or service providers, and therefore not relevant for those who do not work face-to-face with clients.

Similarly, *Figure 8* demonstrates the ratings of understanding of current evidence base and interventions for primary prevention of reproductive coercion. This was the only question that received both *very low* (3%) and *low* ratings (6%). What could explain these results is the lack of literature and information available on reproduction coercion which could potentially impact people's knowledge in the field. However, it should be noted that one attendee highlighted that she had missed 20 minutes of the webinar, which resulted in rating a few questions *low*.

Overall, the increased proportions of people who had high or very high understanding are notable. Furthermore, looking at *Figure 6*, people overall increased in their level of understanding of different forms of reproductive coercion including structural or institutional coercion, with the proportion of people reporting high levels of understanding increasing from 8% to 40%.

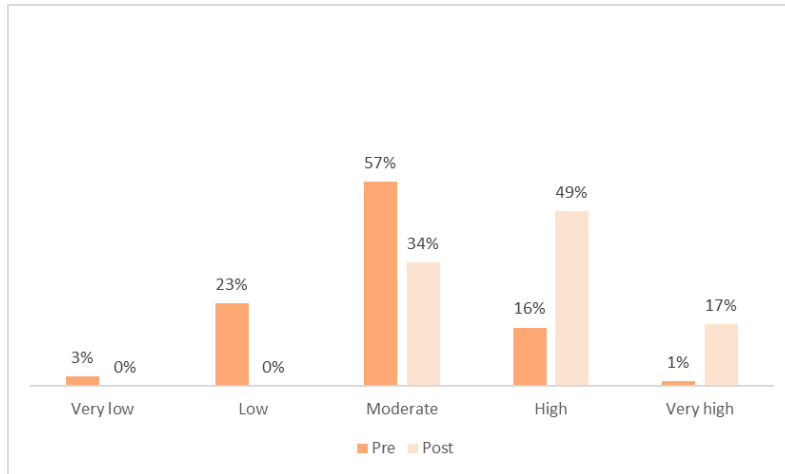


Figure 2. Pre and post webinar ratings of understanding of reproductive coercion and its impacts within an intersectional gendered framework.

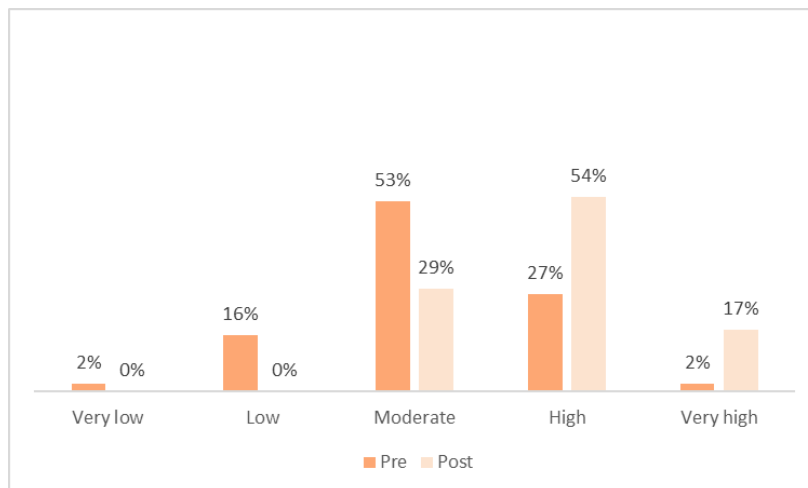


Figure 3. Pre and post webinar ratings of understanding of the impacts of reproductive coercion on physical and mental health and wellbeing, including sexual health.

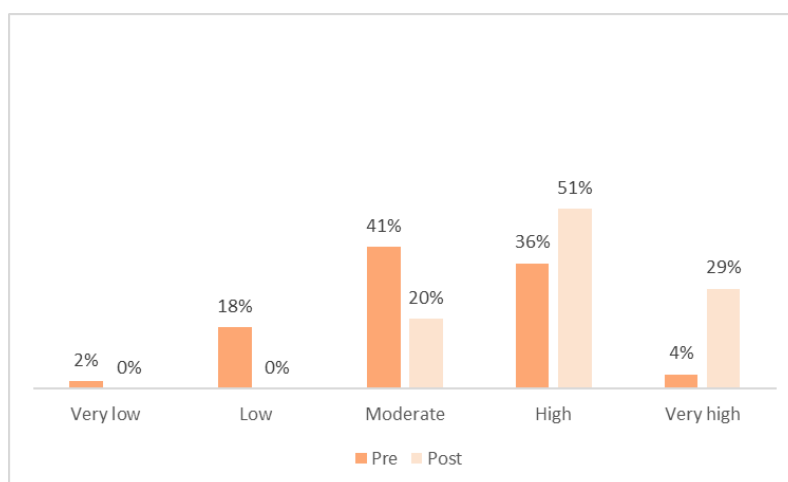


Figure 4. Pre and post webinar ratings of understanding of reproductive coercion as a form of gender-based violence.

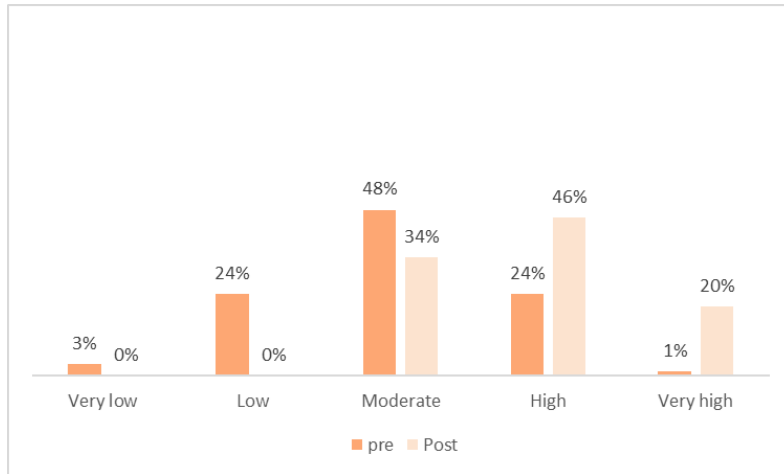


Figure 5. Pre and post webinar ratings of understanding of the key drivers of reproductive coercion.

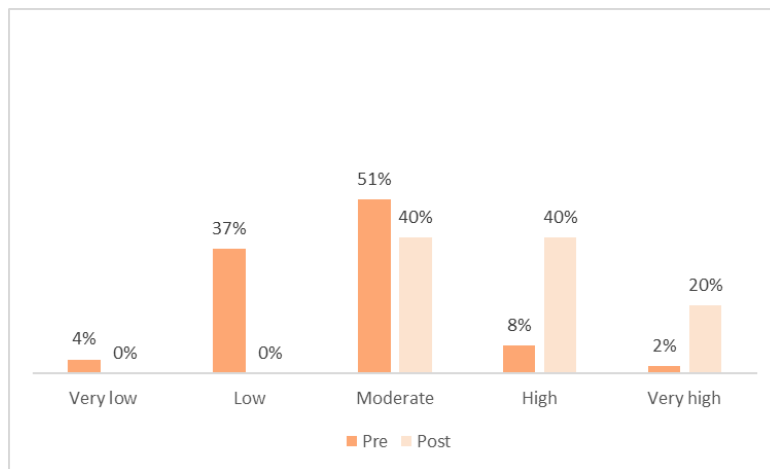


Figure 6. Pre and post webinar ratings of understanding of different forms of reproductive coercion including structural or institutional coercion.

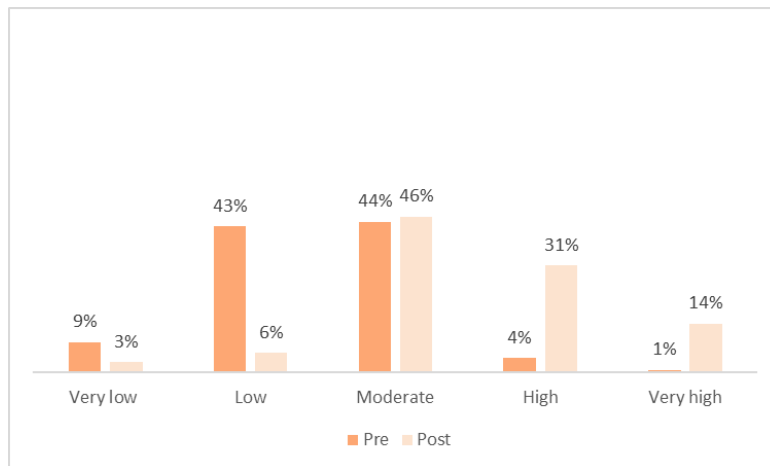


Figure 7. Pre and post webinar ratings of understanding of current evidence base and interventions for primary prevention of reproductive coercion.

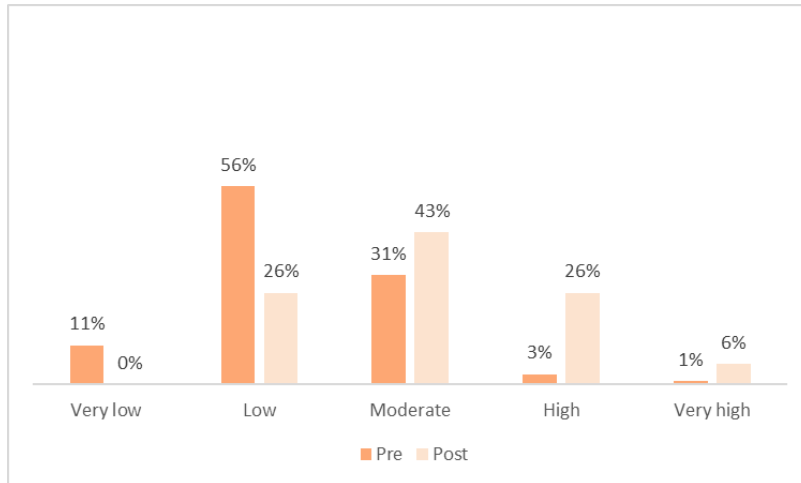


Figure 8. Pre and post webinar ratings of understanding of current tools for screening for reproductive coercion.

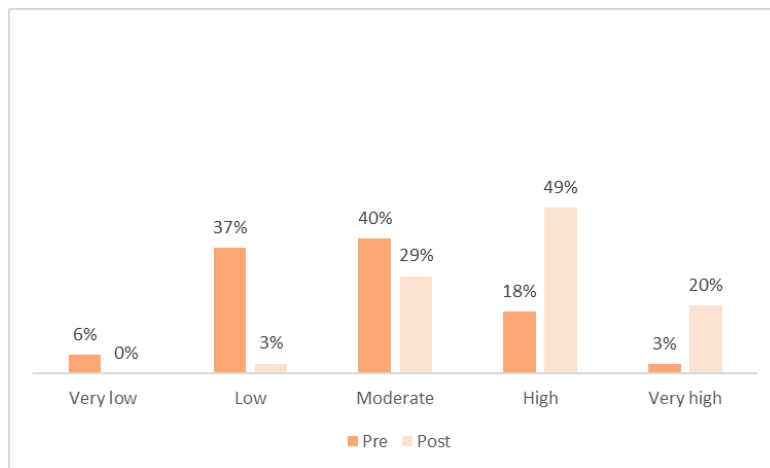


Figure 9. Pre and post webinar ratings of understanding of stealthing as a form of reproductive coercion and sexual assault.

Levels of knowledge of intersectionality and the linkages between gender and cultural diversity was only measured in the post webinar survey. However, looking at Figure 10, we can see that the pattern of responses mirrors the post-webinar responses for the other questions with most people feeling they have a high level of understanding.

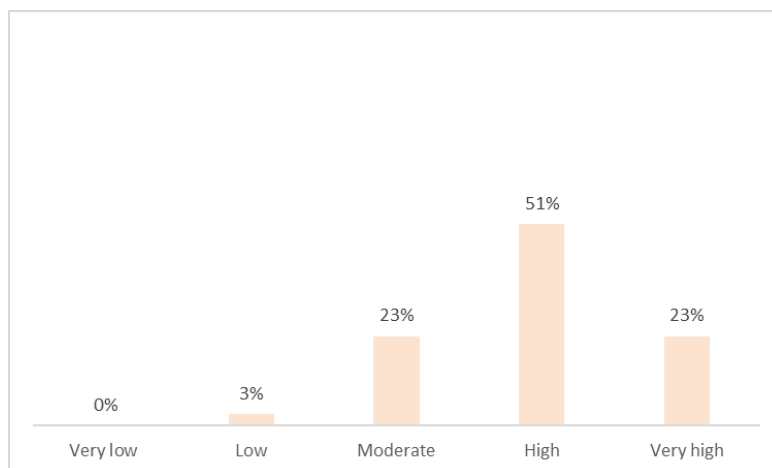


Figure 10. Pre webinar ratings of understanding of intersectionality and the linkages between gender and cultural diversity.

## Key learnings from the webinar

Of the 36 people who answered the quantitative question, 32 people (88%) answered this short answer question on key learnings. By far, the vast majority of people (n=11) reported key learnings on general content based reproductive coercion. Four respondents spoke about how the session increased their understanding how reproductive coercion as a form of gender-based violence, and how it also can be a form of domestic violence. One person said key definitions of reproduction coercion was a key learning. Two respondents spoke about how this session helped them to understand how to apply learnings of reproductive coercion to their clients:

*Broader understanding of the whole topic the community I support. My role is to support school families and other members the local community however I mainly support women from Afghanistan and unfortunately family violence is prevalent and/or sexual coercion might be an issue too.*

*A better understanding of what RCC actually is and feeling comfortable speaking to a client about this. I work in the perinatal mental health sector. It would be valuable to hear a presentation on how to work with women who have a pregnancy due to coercion and how this affects the mother/infant bond.*

Seven respondents specifically spoke about family violence and gendered violence. One respondent stated how this session helped them understand how to apply these learning to family violence. Seven people provided insight related to content based on intersectionality and CALD women. Some women pointed out that the session increased understanding in the varied experiences of women and the intersectional lens for CALD women. Another person wrote how *"The knowledge from today's lessons enabled me to work better in the field of mental health and reproductive health of migrant and refugee women."* One person specified the ways in which the session increased her understanding:

*All speakers were amazing and really provided informative presentations, language barriers probably the most informative, making sure the women decides when she understands and she decides if a translator or required, not the doctor/ police etc. And barriers that migrants with visa face, just highlighting that fact. Very informative. Thank you all.*

Two people wrote how this session increased their understanding overall, while two people reported on *"structural and policy impacts."* While one respondent reported an increase in knowledge in this area, another stated content on reproductive coercion will *"inform future policy, advocacy and program design for primary prevention."*

One person reported key learnings were around what WHISE is and the work that is done locally. Two people reported how information from the session was help in how they respond to clients. For instance, *"Applicable to how we screen, and risk assess women"* and *"Dealing with clients and starting conversation."*

## Additional comments or feedback

Of the 36 people who answered the quantitative question, 29 people (81%) answered this short answer question on feedback. By far, the vast majority of people (n=15) reported that the length of the webinar was too short. Some attendees expressed how in some ways it seemed rushed and would have liked to hear more about the presenting topics with a QnA. Three attendees suggested solutions. One attendee stated, *"Maybe 1.5 hours would have been better."* Two attendees were more detailed in their responses:

*Please review presenter's information so that there are no double ups. We had a couple of explanations of what this is which took time away from the different areas of impact.*

*It would be great if cutting down the presenters in a limited time or extending time for appropriate presenting time in future. So, the attendees might be able to cope with the information.*

Saying this, the consensus was that attendees thought this was an important topic and appreciated the session. One attendee wrote *"well run event, speakers going over time was well managed."*

Five respondents spoke about how they thought there were too many speakers. One respondent specifically stated there were too many speakers, in a heavy content session. She further stated that it became too much to take in within an hour session. She suggested that in the future one or two speakers at the max would be ideal. Another attendee simply stated, *"Too many presenters and short times."*

One attendee suggested to continue presenting free events, as they are very useful for those who work in the sector. Another attendee stated that they would *"I would really love for the sessions to be longer and more interactive."* One other attendee stated they would like more content on how the concepts are used in practice.

Additional comments:

*Great work, keep it coming! Thank You*

*Very interesting- great webinar*

*The session was great.*

*Thanks for a wonderful important session!*