Exploring the gray areas between “stealthings” and reproductive coercion and abuse

Laura Tarzia^{1,2}, Sonia Srinivasan¹, Jennifer Marino³, Kelsey Hegarty^{1,2}

¹ Department of General Practice, The University of Melbourne, Victoria, Australia

² Centre for Family Violence Prevention, The Royal Women's Hospital, Victoria, Australia

³ Department of Obstetrics and Gynaecology, The Royal Women's Hospital & The University of Melbourne, Victoria, Australia

Abstract

The aim of this qualitative study was to understand and differentiate between women's experiences of “stealthings” (non-consensual condom removal) and reproductive coercion and abuse (RCA) which is defined as any deliberate attempt to control a woman's reproductive choices or interfere with her reproductive autonomy. These two experiences are often conflated within the literature, yet little is known about whether this understanding reflects women's lived reality. We recruited female participants from a large Australian metropolitan hospital who self-identified as having experienced a partner interfering with contraception or trying to force them to get pregnant or end a pregnancy against their wishes. Fourteen women (predominantly white, educated and employed) participated in an in-depth interview. Interviews were transcribed verbatim and a process of thematic narrative analysis was undertaken, focusing on the meanings women assigned to their experiences and the differences and similarities across the stories. Analysis revealed that stories about stealthings were characterized by disrespect and selfishness, whereas RCA stories highlighted control with intent. The concepts of intent and control can therefore be understood as central to defining RCA and differentiating it from stealthings. It seems likely that stealthings is primarily a form of sexual violence, as it lacks the specific reproductive intent that characterizes RCA. These findings have important implications for how RCA and stealthings are addressed and measured in research and responded to in practice.

Keywords: reproductive coercion; domestic violence; sexual violence; partner abuse; qualitative research

Introduction

Sexual violence (SV) and intimate partner violence (IPV) are prevalent global issues (World Health Organization 2013) with enormous consequences for victims' mental and physical health (Pico-Alfonso *et al.* 2006). In Australia, it is estimated that one in five women have experienced some form of SV since the age of 15, and around one in four have experienced some form of IPV (Australian Bureau of Statistics 2017). Internationally, rates from other high-income countries are similar (Black *et al.* 2010; World Health Organization 2013). The majority of SV and IPV is perpetrated by men against women, with considerable overlaps between the two phenomena (World Health Organization 2013), although women in same-sex relationships and men also experience SV and IPV victimization (Relf and Glass 2006). Research, policy and practice consistently identify both SV and IPV as urgent priorities that cause harm to individuals, families and communities (Council of Australian Governments 2010; World Health Organization 2013).

Whilst the prevalence and harms of SV (both partner and non-partner), and physical and emotional abuse have been documented (Black 2011; Logan *et al.* 2015; World Health Organization 2013), other types of SV and IPV have received less attention. Reproductive coercion and abuse (RCA) is one such neglected form of violence against women. Typically referred to as simply “reproductive coercion”, it was first named within the literature in 2010 (Miller *et al.* 2010b). It is broadly defined as any deliberate attempt to control a woman’s reproductive choices or interfere with her reproductive autonomy (Miller *et al.* 2010b). Typically, RCA includes behaviors such as pregnancy coercion (forcing a woman to become pregnant or terminate a pregnancy against her will) and contraceptive sabotage. As with other forms of SV and IPV the person using violence is typically a male intimate partner, however at times other family members can also be involved (Silverman and Raj 2014). Although there has been an increase in awareness around RCA, research in this area has been plagued by inconsistencies and a lack of theoretical attention. This has resulted in wildly varied prevalence rates (Fay and Yee 2018; Rowlands and Walker 2019) and practical challenges for practitioners and service providers (Tarzia *et al.* 2019). Elsewhere, (Tarzia *et al.* 2018) we have argued that the term “reproductive coercion” contributes in part to this lack of definitional clarity, since it fails to capture the use of fear and control tactics by perpetrators. We therefore prefer the use of the term “reproductive coercion and abuse”.

Another issue for RCA research includes the many overlaps with other types of abuse and violence; where the lines ought to be drawn between one form of abuse and another has yet to be clarified. A prime example of this lack of conceptual clarity is the inclusion of non-consensual condom removal during sex (or “stealthing”) under the umbrella of RCA. Stealthing has received significant media attention in recent years, but has been the focus of relatively little academic research (Ebrahim 2019). A recent Australian prevalence study suggested that 32% of women attending a sexual health center had ever experienced stealthing (Latimer *et al.* 2018), with sex workers being three times more likely than other women to have been victimized. Within the literature, stealthing has been explored mainly in the context of male same-sex relationships (Klein 2014), and in the context of how the legal system can respond to it as a consent issue (Brodsky 2017; Clough 2018). Davis (2019) has examined stealthing and non-consensual condom removal as a sexual risk factor, examining its associations with alcohol use and communication styles. However, the voices -of women victim/survivors have, to date, been mostly absent from the academic discourse. Consequently, little is known about the dynamics and context of stealthing, or its relationship with RCA, SV and IPV. Despite this, the extant literature typically includes stealthing as a form of RCA (Miller *et al.* 2010a), often irrespective of whether the perpetrator’s intent was to impregnate the woman. This has potentially led to a misrepresentation of the prevalence and context of RCA, and a conflation of two forms of abuse that may, or may not, actually be related.

In this paper, we address these gaps by exploring and unpacking women’s first-hand accounts of RCA and stealthing using narrative analysis. Our aim is to suggest some parameters by which these experiences can be properly understood and defined, with a view to ensuring that future research engages more critically and effectively with these forms of violence against women. Narrative analysis was chosen because narratives create both a space for understanding, and a site for challenging existing assumptions (Reissman 2008;

Smith and Sparkes 2009). By examining cases in detail and exploring how participants make meaning out of experiences of RCA and stealthing, we have an opportunity to understand the nuances of these forms of violence, and how they might differ. Furthermore, as Reissman (2008) notes, despite its focus on individual cases, narrative analysis allows one to generalize to “theoretical propositions” (p.13) and make conceptual inferences about social processes or lived experiences.

Materials and methods

This paper draws on narrative analysis of interviews with n=14 adult women recruited from a major metropolitan public hospital in Victoria, Australia as part of a broader project on RCA and healthcare responses (Srinivasan *et al.* 2019).

Recruitment

With the approval of the hospital, flyers were placed in women’s health clinics within the Gynecology and Women’s Cancer unit. This unit of the hospital provides services such as pregnancy and sexual assault counselling, termination of pregnancy, and hosts clinics for pelvic pain and gynecological issues. The flyers asked women whether a partner had ever: interfered with their contraception; tried to force them to have an abortion; tried to force them to stay pregnant when they did not want to be; removed a condom without consent during sex; or threatened them with something if they did/did not stay pregnant or have unprotected sex. Interested women were asked to contact the researchers directly to obtain more information.

Nineteen women contacted the research team to express interest in the study. Of these, one was ineligible, and four were unable to be reached to arrange an interview. The remaining 14 eligible women provided informed written consent and participated in an interview.

Data collection

Data were collected primarily via an interview with a member of the research team. One woman declined to be interviewed and provided her narrative via email. Interviews were conducted either in person or over the telephone and took between 20 and 60 minutes. The interviews utilized a combination of semi-structured and unstructured questioning, however, only data from the unstructured portion of the interview have been reported in this paper. Unstructured interviews generally have very few questions (Low 2007), as the aim is to encourage participants to tell stories. In this case, we asked them: “Can you tell me about a situation where you felt pressured or forced by a partner to make a choice that affected your reproductive health? For example, pressure to end a pregnancy, to get pregnant, or to use or stop using birth control?” In response to this open question, the participants were able to relate an unstructured narrative about their experiences of stealthing or RCA – with little to no interruption from the interviewer except to ask for more information or clarification. Interviews were audio-recorded and transcribed verbatim for analysis by a professional transcription service.

Data analysis

Analysis was guided by an adapted form of Emden’s (1998) process of core story creation and Reissman’s (2008) thematic narrative approach. Thematic narrative analysis is

primarily focused on *what* is said, rather than on how it is told. It has much in common with traditional thematic analysis in that it seeks common themes across participant accounts, however, it prioritises the narrative elements and preserves a story sequence rather than coding segments of text (Reissman 2008). As Reissman puts it, narrative thematic analysis celebrates “the wealth of detail in long sequences” (Reissman 2008, p. 74).

In terms of process, transcripts were first read and re-read multiple times by the first author. We then extracted each woman’s response to the interviewer’s initial open question from the transcripts, along with any explanatory information that was volunteered later in the interview. All unnecessary words were deleted, leaving only the essential components and key ideas, while still preserving the participant’s “voice”. The text was then re-read repeatedly for sense, and events were reorganized if necessary into a chronological sequence. Using this process, a “core story” (Emden 1998) was constructed for each participant by the first author. Core stories are essentially shorter forms of the longer narrative which should capture the key meanings and assumptions.

The core stories were examined for similarities and differences, particularly focusing on what women perceived to be the perpetrator’s intent, and the impact of the behavior on their own mental health and sense of bodily autonomy. The aim was to “read between the lines” and figure out what each story was really *about* (Reissman (2008) refers to this as the “point” of the story). Where common plotlines were found across the stories, they were grouped together into categories, which were reviewed by the last author. Stories that were inconsistent or anomalous were also identified (Fraser 2004) and have been included in the analysis.

Ethical and safety issues

Women’s safety and privacy were paramount in this research. All communication about the study came from a generic contact email address relating to women’s health and a private contact phone number was used for the study (in case of an abusive partner monitoring her communication). Any woman who experienced distress during the interview was offered opportunities to take a break, stop the interview or withdraw from the study. All participants were provided with discreet, wallet-sized cards with contact details for relevant services in case they needed to debrief at a later date. All women received a gift voucher as a token of appreciation for their time. Pseudonyms have been used in all reporting to protect the women’s identities. Approval for the study was received from the hospital’s human research ethics committee.

Results

Fourteen women participated in the study. Women were aged between 18 and 44 years, and predominantly spoke English as a first language. The majority were born in Australia and had completed some higher education. Although most were engaged in either full or part-time work, eight of the women’s main source of income was a pension or benefit. See Table 1 for further participant details.

Table 1. Participant demographics

	n/14
Age	
18-24	4
25-34	5
35-44	4
First language other than English	2
Aboriginal and/or Torres Strait Islander	1
Living with a disability	4
Currently in adult intimate relationship	9
Currently living with:	
No one else	3
Partner	4
Children	3
Friends	3
Other relatives	1
Marital status	
Never married	9
Married	1
Separated	1
Divorced	2
Highest level of schooling	
Finished degree/higher degree	8
Completed traineeship	2
Completed Year 12	2
Did not complete school	1
Occupational status	
Full-time employment	4
Part-time/casual employment	3
Working unpaid (including home duties)	3
Unemployed	2
Income	
Wages or salary	5
Pension or benefit	8

Using thematic narrative analysis, women's core stories were categorized as relating to RCA and stealthing. These have been outlined below. Seven of the stories relate to RCA and six to stealthing. One woman's experience was unable to be classified as either RCA or stealthing; instead it related to multiple unwanted pregnancies caused by intimate partner sexual violence. Her story has been outlined as an area for further exploration.

Reproductive coercion and abuse: Control with intent

Seven women described RCA perpetrated by a partner in relationships that were established. One woman had experienced RCA perpetrated by her partner's mother, under whose guardianship she was living as a minor. For all of the women, the stakes were high – either the relationship itself was at risk, or women were fearful for their or their children's safety or dependent on the perpetrator for financial security. Tracey, whose abusive husband tried to force her to keep two pregnancies that she wanted to terminate, highlights this:

The first pregnancy, we sort of planned it, and then during the pregnancy I got antenatal depression, and that was really severe. And I wanted to terminate the pregnancy. My husband got more abusive, and wanted to continue with [the pregnancy], and he said that he would leave me if I terminated the pregnancy, yeah and all these other things. I wasn't allowed to do it because it was *his* child too, it's not my decision because it's not my body, because I'm his wife so it's his body as well... We talked about having another child and I was ready, and then I fell pregnant and I took the pregnancy to him...and all he said was, "Oh, fuck". And, it was kind of instantly just going, I've done the wrong thing... I wanted to terminate the pregnancy and I looked into it...a large part of it was, I didn't want my second child to be abused by him either. My first [child] one was [abused] after she was born, and, I didn't want that to happen, and that's why I wanted to end the pregnancy. But then I sort of went, oh, you know, I guess I could either end the pregnancy or leave him. And so, instead of ending the pregnancy, after he was saying, you know, "You can't end it", you know, "I'll never forgive you", and "I'll leave you", and "I'll take the eldest one off you", I just left him, and then had the two children.

Similarly, Madeleine, whose husband attempted to force her into an abortion, described how he threatened to kick her out of home and refused to support her financially if she kept the baby. Celine's partner also threatened to leave her if she did not get an abortion. For Adeline, the abuse from her partner and his mother did not involve violence or threats, but rather, the manipulation of her position as a minor and her isolation from her own family to force her to undergo an unwanted termination.

I fell pregnant at the young age of 15, and I was in a relationship for 2 years. I was living in Western Australia 3000 kilometers from my mother and we were living under the care of my ex's mother.... At the time we were in a healthy relationship, he wasn't an abusive man, we were just young, and I was diagnosed with endometriosis at quite a young age so I knew that what I wanted was a baby... Obviously it wasn't a planned baby [but] it was very much against all my beliefs to have an abortion. But they went ahead, and because I was under 18, his mum... she signed the consent to make me have an abortion. On the day, he didn't come, only his mother took me, and he avoided me like hot coals, and I still stayed with him for 12 months after but it was not a very nice relationship to be in after...I hated him. I despised him, that he wasn't there to support me through. And then he would mentally make me feel bad for going through with the abortion even though it was what he had wanted and what his mother had wanted, he would throw it back in my face... He just made me feel like it was all my fault, and I chose what I wanted. When in fact it wasn't, and I never felt like I was mentally strong enough to stand up to him or his mother.

The perpetrators in the women's stories used a variety of tactics to carry out the abuse, ranging from threats through to physical violence. Kira's story provides an example of how the physical violence was specifically targeted to overcome her reproductive choices. After

an unplanned pregnancy, she recounted how she decided to keep the baby, despite her partner trying to force her to have a termination:

I decided to keep it. He wasn't happy with this decision; we split up. He then followed me home from work one day and grabbed me in the driveway bashing me and pushing me to the ground, I was hospitalized and I lost the baby.

Two of the women had experienced an unintended pregnancy and a termination which they had ambiguous feelings about. For various reasons, both of them had wanted – at some point - to continue with the pregnancies, whereas their partners had felt very strongly that they should terminate. Although their partners did not overtly force them to undergo a termination, the subtle emotional blackmail that occurred was clearly coercive and intended to influence their decision about the pregnancy. The stories the women told about this experience were predominantly ones of sadness and betrayal. Although they understood that having a child might have complicated their lives to some extent, the women spoke with some degree of surprise about their partner's negative reaction. Anna's story highlights the complex emotions that accompany this experience:

With my ex-husband... I had been married to him for 3 months when I accidentally fell pregnant. [It was] the first time we'd had unprotected sex, and he completely like, when he found out, he was in catatonic shock... Didn't want it to happen, was just like, morose, and severely influenced my decision to have, to abort the pregnancy. It's [abortion] not something that I would have seriously considered prior to that situation happening. But because of his reaction to the whole experience, I didn't feel prepared to kind of, go down that path by myself, the way he was, kind of behaving in that state... we had discussed about having kids and being on the same page prior to being married, I just don't think he was expecting the situation to come up as fast as it did... So when he found out he literally like, fell on the floor, and was like in the fetal position, rocking back and forth, and was like, crying, and just like saying his life was over and he couldn't do this. And then basically for the next several weeks before I'd started to follow through with aborting, he was just completely depressed. Just like a zombie, wandering around like a zombie, like [it] basically completely impeded his ability to rationally sit down and look at the decisions... I think it was basically the breakdown of our entire marriage. It led to trust issues, and it was kind of like the trust had been broken at that point in time, but a bridge was never built to re-build the trust on his part. Like he never kind of met me half way with that. It was kind of like a slow break down.

Stealth: Disrespect and selfishness

For most of the women who experienced stealth, it took place in the context of a casual encounter or a new or short-term relationship. Women described stealth primarily as an experience that left them feeling disrespected and exploited, with a sense of things being done "to" them instead of "with" them. In commencing their narratives, most women articulated that they had been very clear about their desire to use condoms prior to the sexual encounter. As Eleanor explained, "I had explicitly said to him before having

intercourse, ‘You need to wear a condom. I’m not on the pill.’” Ida similarly recounted that the conversation about condom use had been an ongoing one in her relationship: “There were definitely lots of conversations about I wanted to use a condom, and he didn’t want to use them...”

Women’s narratives then shifted to focus on the realization that their partner had contravened their wishes and either removed the condom during sex or attempted to have unprotected sex. Most of the women realized immediately or very soon afterwards that the condom had been removed. As Astrid described, “Part way through having sex I put my hand down and felt the condom on the bed and realized that he had taken it off.” Ida, who experienced non-consensual unprotected sex, recounted, “I definitely remember falling asleep, or at least when I noticed him again I was half-dazed...And then I felt him trying to insert himself into me, and he definitely didn’t have a condom.” Although the act of penetrating Ida while asleep could be considered sexual assault, she did not experience this as violence until she realized that her partner was not using a condom.

Women described feeling violated, upset, fearful and angry after being stealthed. Many felt disempowered at having had the choice to use contraception taken completely out of their hands, as well as concerned about contracting a sexually transmissible infection. Eleanor articulated this particularly clearly:

I remember feeling scared at the time. I was in an apartment that a couple of his other friends were at and it was just the two of us in the room... When he seemed to be okay, and went to sleep, I then think I was really angry. Really pissed off that, you know, what I had very clearly said, and an aspect that I had been very responsible in terms of my reproductive health and sexual health and something I took pride in knowing I was well-educated about, and could control it, that that control had been taken away completely, and that he had almost tried to trick me because it was dark, thinking I wouldn’t be aware of it!

A key element across the stealthing narratives was a belief that the male partner was acting out of selfishness, with a complete disregard for the woman’s wishes, her sexual health and autonomy. Critically, most of the women mentioned that their partner did not like wearing condoms and that – in their view – this was the primary motivation for removing the condom. Alice’s story below illustrates this:

He’d wear it to start with and then, if he was out of my line of sight he’d take it off. Like really quickly [so I] didn’t even notice until afterwards. And then I’d complain because I wasn’t on birth control, and he just didn’t care. He didn’t like wearing it...He just didn’t seem to care. It was like he thought it was funny that I was upset. And because I had to go and get emergency contraceptives that made me really sick, I have quite a reaction to contraceptives, he just didn’t care, like he didn’t want to see me while my mood was off. And it was basically, ‘You go deal with that and come back when you’re done.’

None of the women who experienced stealthing or non-consensual unprotected sex had an unplanned pregnancy; most of them accessed emergency contraception following the experience to prevent this from happening. Nearly all of the women described ending the relationship with their partner either immediately after the stealthing incident, or shortly afterwards. None of the women reported strong attachments or feelings of love for the perpetrator, instead reflecting back on their own lack of experience or awareness that a sexual partner might be so deceptive.

Pregnancy in the context of intimate partner sexual violence

One woman, Jane, had experienced ongoing SV at the hands of her ex-partner, as well as physical and psychological abuse. She described how her partner would repeatedly rape her without condoms, causing her to experience multiple unplanned pregnancies. On the other hand, he willingly took her to a clinic to obtain a termination, suggesting that the pregnancies were side effects of the rape rather than the intent. Fear and control were central to Jane's narrative; she described how the children resulting from the rapes were repeatedly used as pawns to ensure her compliance.

When I was sixteen, I was with my ex...We fell pregnant. I had a miscarriage. He started becoming abusive... He would take on several different personalities, and then apparently not remember what he did when he was, you know, these other personalities. While that was going on, both himself and one of the personalities would choke, beat and rape me. I fell pregnant with my first child. Whilst she was young, I was slowly gaining the courage to know that it was an unhealthy relationship and to try and get out. The more I wanted to leave, the more manipulative he would become. He would go into great detail about how he would hunt me down if I ever left him, and [that] he would torture me, kill me as well as kill our daughter. During this time he was still beating me, raping me. I had a few more pregnancies, I can't even tell you how many. I had my son, and it still continued on. I then had further pregnancies because he wouldn't wear protection when he was raping me. And also I had abortions because I already knew how difficult it would be to get away from him with two children...I wasn't permitted to take contraception. And he refused to wear condoms. In regards to the abortion, the very last one I had, he was aware of, and he actually took me to the appointment.

Discussion

This study is the first to attempt to conceptually disentangle stealthing from RCA. Drawing on women's stories, our findings highlight the gray areas and overlaps between these behaviors, and the challenges inherent in distinguishing one from the other. These behaviors are complex, complicating current discourses around consent and raising questions about what characteristics define coercion. What is clear, however, is that the women whose stories were categorized into RCA narratives clearly described situations where the perpetrator resorted to emotional blackmail, threats, exploitation or violence used for the *specific goal* of obtaining a desired reproductive outcome. There were differing degrees of severity to this behavior, but all demonstrated a sense of entitlement to dictate the woman's

reproductive choices. Many of the stories were consistent with the limited qualitative work in this area (e.g. Moore et al (2010)), where RCA occurs in a context of power and control, although others were far more subtle. Overall, the RCA narratives confirm our previous suggestion (Tarzia *et al.* 2018) that reproductive *intent* ought to be considered a critical component of RCA that distinguishes it from sexual violence or IPV.

On the other hand, women in this study described the experience of stealthing as one of disrespect and selfishness, noting that the perpetrator's motivation was predominantly a dislike of condoms rather than seeking to promote pregnancy. Existing research confirms that reduced sensation can be a motivator for non-consensual condom removal amongst young men (Davis *et al.* 2014). These factors are important because they contextualize the dynamics of the behavior. Stealthing, at least for the women in our study, was a clear violation of their autonomy and undermined their reproductive choices and sexual health, but only as a side-effect of the perpetrator's pursuit of his own pleasure. This distinguishes it from other forms of contraceptive sabotage such as pricking the condom with a pin or forcibly removing an intrauterine device, where the intent is more clearly to impregnate the woman. Furthermore, stealthing in our sample occurred primarily in the context of a casual encounter or short-term relationship; the women were not dependent on the perpetrator. Unlike with RCA, the women who had been stealthed were able to regain some level of control over their reproductive choices by accessing emergency contraception after the incident. Although stealthing certainly *could* be used as a form of RCA, we suggest that the majority of this behavior is probably *sexual* in nature rather than *reproductive*. We therefore argue that it is far more useful to consider stealthing as a form of SV, unless it is intentionally used to get a woman pregnant. Where stealthing is included in measures of RCA, it is important to specify the motivation for the behavior so as to exclude women who have experienced SV rather than RCA.

Both RCA and stealthing are clearly harmful to women's health and wellbeing (Grace 2016; Grace and Anderson 2016; Latimer *et al.* 2018); consequently, our intention is not to create a hierarchy of harm. Rather, we suggest that it is important to distinguish between these behaviors for two main reasons. First, it is critical that we move towards conceptual clarity around RCA in order to facilitate robust and meaningful data collection on its prevalence, impacts and associations. Second, it is highly likely that RCA and stealthing require different responses from clinicians or service providers. Women who have experienced stealthing may need: education or support to move to using female-led methods of contraception; testing for sexually transmitted infections; and referrals to a sexual assault support service. On the other hand, women presenting with RCA occurring in the context of a long-term relationship are more likely to require: assistance with safety planning; sensitive enquiry about other types of violence and abuse (Srinivasan *et al.* 2019); and advice about contraceptive options that are undetectable to a partner (Children By Choice 2017). Until there is a theoretical understanding of the nuances between these different types of abuse and their impacts on women's health, we cannot hope to develop useful guidelines to assist practitioners with early engagement and response.

Lastly, the case of intimate partner sexual violence-related pregnancy presents another definitional challenge for RCA research. It is both clearly abusive and has reproductive

consequences, and so fulfils some of the criteria of RCA. However, at least in Jane's case it was not clear that the perpetrator's intent was to get Jane pregnant. Rather, the pregnancies seemed to be a side effect of the relentless use and abuse of Jane's body in the context of a controlling relationship. Although she was not allowed to use contraception, and was subjected to repeated rapes, her partner willingly took her to have an abortion, suggesting that children were not the desired outcome of the SV. Jane's story highlights a mechanism between IPV and unintended pregnancy that is repeatedly identified in cross-sectional survey studies (Bauleni *et al.* 2018; World Health Organization 2013). Basile *et al.* have also found specific associations between intimate partner sexual violence-related pregnancy and reproductive abuse (Basile *et al.* 2018). Yet, few studies have sought to unpack whether the pregnancies are intentional or simply a result of forced unprotected sex with a controlling partner. Further research is needed to understand this.

There are several limitations to this work. First, and most importantly, our sample represents a predominantly white, educated group of women recruited from a single metropolitan public hospital. Exploration of the experiences of a more diverse group of participants – particularly those from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds – is strongly recommended. Second, the women who participated in our study had mainly experienced forced termination, with only one participant being forced to keep a pregnancy against her will. It is likely that there are differences between pregnancy coercion and coerced abortion; again, further research is needed to unpack these nuances. Lastly, all of the participants had left the relationships in which the stealthing or RCA had occurred and were recounting events that had happened some time ago. Their stories therefore represent the recollections of women who have had the benefit of time and hindsight to reflect upon their experiences.

Implications for research and practice

By addressing the nuances in the women's accounts, key points of difference have emerged between stealthing and RCA that enable us to begin to distinguish between the two types of abuse. Stealthing for the women in this study primarily occurred in the context of a casual or dating relationship and was motivated by selfishness and disrespect on the part of the perpetrator. On the other hand, RCA was characterized by deliberate intent to impregnate a woman in the context of a long-term or high-stakes relationship where coercion and control were more effective. From this analysis, it seems likely that stealthing is primarily a form of sexual violence, as it lacks the specific reproductive intent that characterizes RCA. Separating RCA from stealthing in this way has important implications for how RCA is measured, researched, and responded to in practice. As a qualitative study, our aim was to generate insights into experience rather than to generalize about the broader population. We therefore invite quantitative researchers working in this area to reflect upon our findings and to similarly consider the dynamics and context of these behaviors when addressing RCA in future work.

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Declaration of Interest

The authors declare that they have no conflict of interest

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Author/s:

Tarzia, L;Srinivasan, S;Marino, J;Hegarty, K

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