

Domestic Violence, Coerced Pregnancy and Abortion: Recognising Reproductive Coercion

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Domestic Violence: Behaviour used by one person towards another intended to control or dominate them.

Reproductive Autonomy: Ability to make independent decisions about reproductive health, including use of a form of contraception that is suitable to that person, access to reproductive health services, and determining whether, when and how many children to have.¹

Reproductive Coercion: Interference with reproductive autonomy that denies a woman's decision-making and access to options. This behaviour may be deliberate or indirect and can manifest in a number of different ways.

Coerced Pregnancy: A form and consequence of reproductive coercion, where a pregnancy is deliberately intended or used by the perpetrator as a tool of control over the woman, and any decision-making regarding the pregnancy outcomes are removed from her.²

Research Project:

In February 2014, Children by Choice collaborated with the UQ TC Beirne School Pro Bono Centre to undertake research into the impact of domestic violence on women's reproductive health and access to options and services.

Reproductive Coercion:

Indirect reproductive coercion includes physical or financial control which limits a woman's ability to purchase contraceptives, or access appointments for treatment or prescriptions.

Deliberate reproductive coercion explicitly seeks to **impose the perpetrator's power over the woman by impacting and impeding her capacity to make her own decisions regarding her fertility and reproduction.**

These behaviours include:³

- denial or prevention of a woman's wish to fall pregnant;
- compromising a woman's ability to provide or withdraw consent to sex;
- rape;
- threats and use of physical force if sex is refused;
- injuring his partner in a way that she may have a miscarriage;
- lying about being infertile, or having undergone a vasectomy; and
- birth control sabotage
 - disposal or destruction of birth control pills
 - refusal to wear a condom, poking holes in them, or removing the condom during sex
 - not withdrawing as agreed
 - refusing to provide money for emergency contraception
 - tearing off contraceptive patches
 - forceful removal of intrauterine devices (mirenas), vaginal rings and implanons

Coerced Pregnancy and Pregnancy Promoting Behaviours:⁴

Where the pregnancy is a tool of control and manipulation by the perpetrator, and he is resisting her decision to access an abortion, he may engage in pregnancy promoting behaviours. Such actions are intended to either pressure a partner to become pregnant or continue with a pregnancy when she does not want to:

- threats of violence if the woman does not fall pregnant, or agree to try and fall pregnant;
- refusal to assist financially or practically with access to abortion;
- repeatedly offering money for an abortion and then not giving it on the day, until the prices for the procedure increase beyond the woman's ability to afford it;
- threatening to end the relationship if she has an abortion;
- calling her on the morning of her clinic appointment to beg or threaten her not to proceed with the abortion, or calling the clinic to cancel or attempt to cancel her appointment

Statistics from Children by Choice show that the gestation at the time of service contact varied markedly between contacts who had experienced domestic violence and general contacts, with women experiencing violence much more likely to present with a pregnancy of 12weeks or more.

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Children by Choice is a Queensland pro-choice non-profit organisation providing counselling, information, and education on all options with an unplanned pregnancy – abortion, adoption and parenting – since 1972. For more information please visit www.childrenbychoice.org.au

Key Findings:

Domestic violence impacts on women's reproductive autonomy.

Unplanned, unintended or unwanted pregnancy is more common among women who identify as experiencing domestic violence, often due to the presence of direct or indirect reproductive coercion.⁵

The effective use of medical contraception as a strategy to retain reproductive autonomy and prevent pregnancy is compromised in a domestic violence context.⁶ Notably, women experiencing domestic violence may be under heavy financial scrutiny and physical surveillance, which may impact on her ability to access and purchase contraception, especially longer-lasting, more expensive options.⁷

Long-acting reversible contraception such as the Implanon, intrauterine devices or Depo Provera injection, reduces the risk of partner interference with a woman's contraceptive method, however use of such methods is low in Australia.⁸

There is an increased risk of intimate partner violence and/or controlling behaviours towards women during pregnancy.⁹ **Abortion could therefore be categorised as a safety mechanism for women in domestic violence relationships.** Abortion may prevent the woman from being further entangled with the perpetrator as co-parents or to prevent further harm to herself or her child.¹⁰

However, a decrease in a perpetrator's physical violence (and increase in other controlling behaviours) towards their partner during pregnancy is not motivated by an awareness of or care for the pregnancy or the woman, but because **the pregnancy represents a sign of the perpetrator's control and influence over the woman** and demonstrates that she is confining herself to her "proper place" of dependent wife and mother.¹¹ The perpetrator does not need to exert direct violence or control over his partner to put her in her "place" because the pregnancy itself is doing that for him.

For women who experience an increase in physical violence during pregnancy, the pregnancy may represent her independence from the perpetrator through her body's ability to grow and change beyond his ability to control her.¹² Violent and controlling behaviour is then used to re-establish power over her.

For women who choose to terminate the pregnancy, there are many barriers to current abortion provision in Queensland which are compounded for women experiencing domestic violence.

- sections 224, 225 and 226 of the *Criminal Code* (Qld) criminalise the provision of, assistance in, and undergoing of an abortion
- Small number of private clinics and practitioners performing abortions
- Prices between \$450 - \$4500

Key Recommendations:

- Abortion and long-acting reversible contraception must be made available and accessible for women, particularly those experiencing violence and/or reproductive coercion.

- A simplification of both the process and access to abortion services would address many of the current barriers to abortion, and which make abortion almost impossible for many women experiencing domestic violence – addressing finances, information, efficiency of process, and discretion of services.

- Professionals supporting women in the women's health or domestic violence sector need support to better understand, identify and respond to reproductive coercion and its link to unplanned, unintended or unwanted pregnancy and domestic violence, including financial support to access abortion and contraception, and assistance in attending or contacting services. Professional development and tools for workers should be developed as a priority.

- Abortion must be decriminalised in Queensland, and other jurisdictions where abortion remains in criminal legislation, to allow equity for all women to access safe abortion services.

- 1 Moore, Frohirth and Miller, 'Male reproductive control of women who have experienced intimate partner violence in the United States' (2010) 70 *Social Science and Medicine* 1737; Akyuz, Yavan, Sahiner and Kilic, 'Domestic Violence and Women's Reproductive Health: A Review of the Literature' (2012) 17 *Aggression and Violent Behaviour* 514.
- 2 Miller, Decker, McCauley, Tancredi, Levenson, Waldman, Schoenwald and Silverman, 'Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy' (2010) 81 *Contraception* 316; Miller, Jordan, Levenson and Silverman, 'Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy' (2010) 81 *Contraception* 457.
- 3 Miller, Jordan, Levenson and Silverman, 'Reproductive coercion: Connecting the dots between partner violence and unintended pregnancy' (2010) 81 *Contraception* 457; Chamberlain and Levenson, *Addressing partner violence, reproductive and sexual coercion* (2012) Futures Without Violence (online).
- 4 Miller, Decker, McCauley, Tancredi, Levenson, Waldman, Schoenwald and Silverman, 'Pregnancy coercion, intimate partner violence and unintended pregnancy' (2010) 81 *Contraception* 316.
- 5 Williams and McCloskey, 'Intimate partner violence and women's contraceptive use' (2008) 14 *Violence Against Women* 1382; Moore, Frohirth and Miller, 'Male reproductive control of women who have experienced intimate partner violence in the United States' (2010) 70 *Social Science and Medicine* 1737.
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- 7 Black, Bateson, and Harvey, 'Australian women need increased access to long-acting reversible contraception' (2013) 19(5) *Medical Journal of Australia* 317; Fantasia, Sutherland, Fontenot and Le-St. John, 'Chronicity of partner violence, contraceptive patterns and pregnancy risk' (2012) 86 *Contraception* 530.
- 8 Bacchus, Mezey and Bewley, 'A qualitative exploration of the nature of domestic violence in pregnancy' (2006) 12(6) *Violence Against Women* 588.
- 9 Ibid.
- 10 Durey, 'Women and abortion' (Issues Paper No. 6) Women's Health Victoria, May 2010.
- 11 n 9; Dempsey and Day, 'The identification of implicit theories in domestic violence perpetrators' (2011) 55 *International Journal of Offender Therapy and Comparative Criminology* 416.
- 12 n 6