

# 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.<sup>1</sup>

**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.<sup>2</sup>

## Children by Choice Client Data:

Children by Choice is a pro-choice community organisation funded by the Queensland Department of Communities. Children by Choice has been supporting Queensland women since 1972, providing non-directive counselling, information and referrals for all options with an unplanned pregnancy.

**The number of Children by Choice's contacts identifying domestic violence and/or sexual violence has risen sharply in recent years, from 6% on contacts in 2009-10 to 17.5% in 2013-14**

Women experiencing violence are much more likely to present with a pregnancy of 12 weeks or more. Only 20% of Children by Choice's total contacts regard pregnancies of over 12 weeks gestation, but almost one third of clients experiencing domestic violence reported with pregnancies of 12 weeks or over.

## 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.

## Acts of Reproductive Coercion:

Indirect reproductive coercion includes physical or financial control which limits a woman's ability to purchase contraceptives, or access appointments for treatments 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:<sup>3</sup>

- the denial or prevention of a woman's want to fall pregnant;
- compromising a woman's ability to provide or withdraw consent to sex;
- forced sex and rape;
- threats and use of physical violence if sex is refused;
- pregnancy promoting behaviours including threats of violence or to end the relationship if she does not fall pregnant, or the perpetrator's refusal to assist with access to an abortion;
- injuring a 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

## Strategy of Reproductive Coercion:

Restricting a woman's reproductive autonomy is an effective, easy and cowardly way of establishing and maintaining long-term power and control over the woman, particularly when access to abortion is restricted or limited.<sup>4</sup> Consequently, a pregnancy can be an impetus to end or leave an abusive relationship when considering the possibility of a child being exposed to his violence and control; or, it may inform a decision to terminate when considering the life-long connection that a child would create between them.

## 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.<sup>5</sup>

The effective use of medical contraception as a strategy to retain reproductive autonomy and prevent pregnancy is compromised in a domestic violence context.<sup>6</sup> 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.<sup>7</sup>

Long-acting reversible contraception (LARC) 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.<sup>8</sup>

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

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.<sup>11</sup> 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.<sup>12</sup> Violent and controlling behaviour is then used to re-establish power over her.

## Key Recommendations:

Further dedicated research should be undertaken into the experiences of Australian women regarding reproductive coercion and its impact on reproductive choices.

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

Professions and organisations supporting women experiencing violence must be resourced to reduce the existing high barriers to reproductive health choices: including financial support to access abortion and contraception, and assistance in attending or contacting services.

Professionals supporting women in the women's health or domestic violence sector need support to better understand and identify reproductive coercion and its link to unplanned, unintended or unwanted pregnancy and domestic violence. 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.**

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