

Recognising the link: Unplanned pregnancy and reproductive coercion

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Reproductive coercion is defined by Chamberlain and Levenson as “behaviours to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship”.¹

Coercive techniques may include birth control sabotage, forced sex, refusal by the man to use birth control, threats if the woman used birth control, prevention from obtaining birth control, pressure to carry the pregnancy full term or abort, and prevention from accessing abortion or ante-natal care.

Violence and abortion access in Queensland

Access to abortion remains limited in Queensland, largely due to its standing criminalisation.² Nevertheless, while the laws may be complex, it is generally accepted that a medical practitioner can lawfully provide termination of pregnancy in Queensland when he/she has formed an honest and reasonable belief that the woman's physical and/or mental health is at risk of serious harm if the pregnancy continues.

Sexual or domestic violence are not grounds in and of themselves for a termination of pregnancy (TOP).

It is estimated that around 1% of all terminations in Queensland are performed in public hospitals. The rest are provided through private clinics, the majority of which are based in the southeast corner of the state, at considerable out-of-pocket expense to women. Procedures range in cost from \$410 - \$3885 (current as at November 2014).

Domestic and sexual violence support services are provided by experienced professionals across Queensland, mostly funded by government. These services have limited financial support to offer clients, and not all with emergency relief funds provide assistance for health and medical expenses.

Additionally, some services are run by faith-based organisations and therefore have policies preventing their workers from providing abortion access support to clients.

Our research

In early 2014 we commenced a literature review in partnership with the University of Queensland Pro Bono Legal Centre, TC Beirne School of Law, to clearly articulate and define the link between unplanned pregnancy, domestic violence and reproductive coercion.

Key findings

Literature confirmed that unplanned pregnancy is more common among women who identify as being in a relationship marked by domestic violence.³

This correlation is often because of ‘reproductive coercion’ within an abusive relationship.⁴ Reproductive coercion may manifest as emotional and physical conduct, which can include:

- The male partner convincing the woman that he will leave her if she does not become pregnant;
- The male partner engaging in birth control sabotage (such as destroying birth control pills, pulling out vaginal rings etc);
- The male partner exercising financial control, so as to limit access to birth control; and
- The male partner insisting on unprotected sex or rape.⁵

These forms of behaviour can be seen as a deliberate strategy to entrench power and control by a male partner, which strongly resonates with definitions of domestic violence more broadly.⁶

The effective use of medical contraception as a strategy to retain reproductive integrity and to prevent pregnancy is not straightforward in a domestic violence context.⁷ In particular, a woman in a domestic violence relationship may be under heavy financial scrutiny which may impact upon her ability to purchase contraception and especially longer-lasting, more expensive options that may not be on the Pharmaceutical Benefits Scheme.⁸ Long-acting reversible contraception (LARC), such as the IMPLANON®, intrauterine devices (IUD) 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.⁹

There is an increased likelihood of violence towards a woman during pregnancy which poses significant health risks,¹⁰ and abortion could therefore be categorised as a safety mechanism for women in domestic violence relationships. Termination may be appropriate to prevent the woman from being further entangled with the perpetrator in a co-parenting situation or to prevent further harm to herself or her child.¹¹

Current abortion provision is particularly problematic for women in rural or isolated areas, whose physical distance may be further hindered by controlling behaviour characteristic of any domestic violence relationship. Moreover, the substantial out of pocket cost associated with an abortion at a private clinic also presents a major barrier to women, particularly to those who may be under financial control by an abusive partner.¹²

References

1. Linda Chamberlain and Rebecca Levenson, “Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings (2nd edition)” (2012) *American College of Obstetricians and Gynecologists: Futures Without Violence*.
2. Caroline de Costa, Russell, Darren and Carrette, Michael, ‘Abortion in Australia: still to emerge from the 19th century’ (2010) 375 *The Lancet* 804.
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4. Elizabeth Miller et al, ‘Recent Reproductive Coercion and Unintended Pregnancy Among Female Planning Clients’ (2014) 89 *Contraception* 122.
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6. See, for eg, Elizabeth Smith (2008) ‘Domestic Violence in Pregnancy’ 3 *International Journal of Childbirth Education* 23, 23-25; Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. (2002) *World report on violence and health* Geneva: World Health Organisation. Retrieved 1 June 2014, from <http://whqlibdoc.who.int/ha/2002/9241545615.pdf>.
7. Corrine Williams, Larsen, Ulla and McCloskey, Laura, ‘Intimate Partner Violence and Women's Contraceptive Use’ (2008) 14 *Violence Against Women* 1382.

Our client data

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

In 2013-14, we received 2724 contacts from 1841 unique clients.

The number of Children by Choice's contacts identifying domestic and/or sexual violence has risen sharply in recent years, from six per cent of contacts in 2009-10 to 17.5 per cent in 2013-14.

Women experiencing violence were much more likely to present with a pregnancy of 12 weeks or more.

In 2013-14, 20% of our total contacts were regarding pregnancies of over 12 weeks gestation, but almost one third violence cases reported pregnancies of 12 weeks or over.

These trends are consistent with data from interstate and overseas. Issues of gestation compound difficulties in abortion access, not only due to increased cost but also more limited availability and the procedure being more complex. Often, when women leave an abusive partner, the unplanned pregnancy often becomes secondary to the more immediate concerns about safety for themselves and their children.

For women seeking to access a termination without a violent partner's knowledge, cost and sometimes travel in order to reach an abortion provider can be insurmountable barriers.

Recommendations

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

Pregnancy termination and long acting reversible contraception need to be made available and accessible for women experiencing violence or reproductive coercion.

Professionals and organisations supporting women who experience violence need to be resourced to help reduce the high barriers to reproductive health choices for this cohort of women. These barriers include access to finances and a lack of ability to attend or contact services.

Professionals working in this area need support to better understand and identify reproductive coercion and its link to unplanned pregnancy and domestic violence. Professional development and tools for workers to assist them should be developed as a priority issue.

Reproductive coercion should be specifically included as an example of domestic violence in Section 8(2) of the Domestic and Family Violence Protection Act 2012 (Qld).

Abortion needs to be decriminalised in Queensland to allow equity for all women to access safe abortion services.