

CHILDREN BY CHOICE REPRODUCTIVE HEALTH & DOMESTIC VIOLENCE PROJECT

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August 2014

“No woman can call herself free who does not control her own body.”
— Margaret Sanger

Children by Choice (CbyC) is a small not-for-profit feminist organisation that offers pro-choice, all options pregnancy counselling, information and referrals for women experiencing unplanned pregnancy in Queensland. CbyC’s vision is that all women have the knowledge and power to take control of their sexual health and reproductive choices.

The project, coordinated by the UQ Pro Bono Centre and supervised by Professor Heather Douglas, involved preliminary research in relation to the role and impact of domestic violence as a barrier accessing reproductive health choices. The aim was for CbyC to ultimately utilise this research in order to develop tools (such as a briefing paper and factsheets) that could be implemented to increase support from key stakeholders for victims of domestic violence to access an abortion. The first stage of research involved a literature review of international and Australian research, with a particular focus on current scholarship from the United States and Scandinavia. The second stage involved researching four main areas:

1. How key terms such as “domestic violence” and “reproductive coercion” are defined and understood in research;
2. Australian data on “forced pregnancy” as a form of domestic violence;
3. Barriers to reproductive health in circumstances of domestic violence; and
4. Whether abortion is a form of safety planning in the circumstances of domestic violence.

A number of key findings were made during the course of the research and are outlined below.

There were variations of the term “domestic violence” (such as “intimate partner violence” and “family violence) as well as a variety of definitions. However, it was found that there was a central element of ongoing power and control and behaviour that included both physical and non-physical conduct in all of these definitions.¹

During the initial stages, it became apparent that there was a somewhat lack of Australian literature on the links between domestic violence and unplanned pregnancy. Nevertheless, literature from other jurisdictions, particularly from USA, confirmed that not only are there strong links between domestic

¹ See, for eg, Australian Law Reform Commission, ‘Family Violence and Commonwealth Laws – Improving Legal Frameworks’ (ALRC Report 117, November 2011).

violence, reproductive coercion and unplanned pregnancy, but that unplanned pregnancy is more common among women who identify as being in a relationship marked by domestic violence.²

Further research confirmed that this correlation is often because of 'reproductive coercion' within an abusive relationship.³ 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.⁴

These forms of behaviour to coerce a woman to become pregnant could 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.⁵

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.⁶ 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.⁷ 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. Yet, the reported prescription of such methods is low in Australia due, in part, to insufficient knowledge and training on the part of health care professionals, as well as the high costs of such methods.⁸

² Elizabeth Miller et al, 'Reproductive Coercion: Connecting the Dots between Partner Violence and Unintended Pregnancy' (2010) 81 *Contraception* 457.

³ Elizabeth Miller et al, 'Recent Reproductive Coercion and Unintended Pregnancy Among Female Planning Clients' (2014) 89 *Contraception* 122.

⁴ Elizabeth Miller et al, 'Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy' (2010) 81 *Contraception* 316.

⁵ 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/hq/2002/9241545615.pdf>>

⁶ Corrine Williams, Larsen, Ulla and McCloskey, Laura, 'Intimate Partner Violence and Women's Contraceptive Use' (2008) 14 *Violence Against Women* 1382.

⁷ Amanda Dennis and Grossman, Daniel, 'Barriers to Contraception and Interest in Over-the-Counter Access Among Low-Income Women: A Qualitative Study' (2012) 44(2) *Perspectives on Sexual and Reproductive Health* 84; Lucke, Jayne, et al, 'Unintended pregnancies: Reducing rates by improving access to contraception' (2011) 40(11) *Australian Family Physician* 849.

⁸ Kirsten Black, Bateson, Deborah and Harvey, Caroline, 'Australian women need increased access to long-acting reversible contraception' (2013) 19(5) *MJA* 317; Heidi Fantasia et al, 'Chronicity of partner violence, contraceptive patterns and pregnancy risk' (2012) 86.

There is an increased likelihood of violence towards a woman during pregnancy which poses significant health risks.⁹ As such, it was suggested that abortion could 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.¹⁰

There remains limited access to abortion in Queensland, largely due to its standing criminalisation.¹¹ Nevertheless, while the laws may be complex, it is generally accepted that a medical practitioner can still 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. However, as a result, abortion in Queensland is predominantly provided through private termination clinics, the majority of which are based in the South East corner of the state. This 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 (the procedure itself and potential travel expenses), like contraception, also presents a major barrier to women, particularly to those who may be under financial control by an abusive partner.¹²

The research team favoured the term "coerced pregnancy" over terms such as unplanned or unwanted pregnancy as it highlighted reproductive coercion as its cause. It was also suggested that coerced pregnancy or 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). Finally, it was noted that the continuing criminalisation of abortion creates significant barriers for women in general and that such barriers are intensified for women in domestic violence relationships.

Whilst the link between domestic violence and a woman's ability to exercise reproductive health choices appears to be an obvious one, this research project clarified and allowed for a more nuanced consideration of these issues. The research is just a stepping stone for more awareness, appreciation and conversation.

⁹ Karuna Chibber et al, 'The Role of Intimate Partners in Women's Reasons for Seeking Abortion' (2014) 24(1) *Women's Health Issues* e131; Lynn Meuleners et al, 'Maternal and foetal outcomes among pregnant women hospitalised due to interpersonal violence: A population based study in Western Australia, 2002-2008' (2011) 11(70) *BMC Pregnancy and Childbirth* 1.

¹⁰ Karuna Chibber et al, 'The Role of Intimate Partners in Women's Reasons for Seeking Abortion' (2014) 24(1) *Women's Health Issues* e131, e133-e134.

¹¹ Caroline de Costa, Russell, Darren and Carrette, Michael, 'Abortion in Australia: still to emerge from the 19th century' (2010) 375 *The Lancet* 804.

¹² Rose Durey, 'Women and Abortion' (Issues Paper No 6, Women's Health Victoria, May 2010).