Support, Help, & Empowerment (SHE) Inc.

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Submission to Inform Reproductive Coercion Policy White Paper

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About Support, Help and Empowerment (SHE)

Established in 1989, Support, Help, & Empowerment (SHE) is the leading non-government agency in Tasmania supporting people who have experienced domestic and family violence (DFV). SHE advocates for an end to all violence against people. SHE is a dynamic and evolving professional feminist organisation with philosophies, practice and resources founded on current research. SHE has a high level of skill, knowledge and experience working with and on behalf of women, children, families, and communities affected by violence.

Services we offer include trauma-informed and evidence-based counselling, education and support for groups and individuals affected by violence, information and referral, community training and education, production of innovative and evidence-based resources, and advocacy for systemic change to gender equity and violence against women.

Executive summary

Reproductive coercion is one of many tactics that may be used by a perpetrator of intimate partner violence to maintain control over the victim. SHE's staff routinely hear of:

- Sexual assault with the intention of causing pregnancy
- Deprivation of access to birth control
- Birth control sabotage
- Emotional coercion to not use birth control
- Financial and social control to constrain the ability to make reproductive choices

SHE recommends community education to raise awareness of reproductive coercion and of services available to help people who are experiencing such coercion, as well as the development and promotion of professional training and resources to help improve the ability of doctors, social workers and other professionals to assess and support women and girls who have experienced reproductive coercion.

Women's Experience of Reproductive Coercion

Reproductive coercion—whether in the form of enforcing pregnancy or enforcing termination of pregnancy—is a significant, often under-recognised aspect of intimate partner abuse and violence (Miller et al. 2010; Bagwell-Gray, Messing and Baldwin-White 2015). Over SHE's twenty-nine years as a service focused on domestic and family violence, SHE staff routinely

hear that women in abusive relationships at best have limited ability to negotiate reproductive choices, and at worst face overt or covert coercion by abusive partners using pregnancy and child-rearing as mechanisms of control.[1] An abusive partner can try to make his partner pregnant in order to tie her to him emotionally, to make her financially dependent, or to gain access to Family Tax Benefits. Indeed, at any given time, some 10% of SHE clients on average are experiencing reproductive coercion in one or more ways.

In SHE's experience, women's experiences of reproductive coercion in abusive relationships can take several forms:

- A woman may be forced by an abusive partner to have a pregnancy termination when she wished to continue the pregnancy.
- A woman may be at greater risk of pregnancy as a consequence of an abusive partner's insistence on the non-use of contraception.
- A woman may be overtly or covertly coerced into an unwanted pregnancy as a result of:
    - Violent rape, including with the threat of weapons.
    - Sexual intercourse without consent, including sex initiated when the woman is asleep or has been drugged.
    - Sabotaging contraception.
    - Refusal to use and removal of contraception.
    - Financial control preventing purchasing contraception or pregnancy termination.
    - Social control (monitoring, social or physical isolation, lack of transport) preventing access to contraception, medical appointments, friends or counselling, and/or pregnancy termination.
    - Emotional abuse and threats (e.g. threatening abandonment or infidelity) when discussing sex and reproductive choices.
    - Pressure (guilt, anger) to carry an unwanted pregnancy to full term

[1] Reproductive coercion can be defined in a number of different ways. In particular, some definitions focus on women's experience of coercion by male perpetrators; others are gender-neutral (e.g. Sutherland, Fantasia and Fontenot 2015, cf. Chamberlain and Levenson 2012). SHE's clients who have experienced reproductive coercion are overwhelmingly women in heterosexual relationships, and this submission reflects the experience of these clients, while acknowledging that other groups may face their own risks and experiences.

- Prevention from having a pregnancy termination.

Reproductive coercion can be in the form of:

- Physical abuse, in the physical and longer-term health consequences of pregnancy and childbirth or a termination.
- Financial abuse, in that women can be left financially dependent on an abusive partner and economically disadvantaged in the longer run through interrupted career paths.
- Emotional abuse, for instance through the stress of protecting a child from an abusive partner or of a forced termination.

Identification of reproductive coercion is complicated by the fact that many women are uncomfortable discussing it, due to a sense of shame or a misassumption that sexual coercion is acceptable in an intimate relationship. In addition, beyond verbal attacks and emotional manipulation, abusive partners often draw on social narratives of gendered identity—the need to be a 'good/real woman'—to pressure women into pregnancy and motherhood. In some cases, religious norms—the need to be a 'good/real believer'—are also invoked as arguments against contraception, for large families, or for a woman's 'natural' role as mother. Such subtle manipulation is often accepted as 'normal' or minimised by the individual experiencing it. Beyond women themselves, health and social welfare professionals may not always identify reproductive coercion due to lack of awareness, a reluctance to take conversations into personal territory, or even internalisation of norms around gendered identity, and may not know what services are available to help.

Recommendations:

- Increase public awareness of reproductive coercion. For example, family violence services could include specific information about reproductive coercion on their websites and brochures.
- Encourage professionals to engage women in discussions about their reproductive rights and choices.
- Increase the provision of training for health and social welfare professionals in regards to assessment and support for reproductive coercion.

- Increase the awareness of the importance of assessment of reproductive coercion and promote the use of validated assessment tools, for example the Sexual Coercion in Intimate Relationships Scale (Goetz and Shackleford 2010).
- Increase the availability of safe, legal, affordable and assessable options to allow females increased reproductive choice (e.g. emergency contraception).

References

Bagwell-Gray, M, J Messing and A Baldwin-White (2015). Intimate Partner Sexual Violence: A Review of Terms, Definitions, and Prevalence. *Trauma, Abuse & Violence*, *16* (3). 316-335

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