

## Reproductive coercion and the Australian state: A new chapter?

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*While the concept of reproductive coercion is most commonly used in understanding tactics employed by some male perpetrators of violence against women, it is also used to identify policy and legislative environments of nation states that may be supportive of reducing women's levels of autonomy and self-determination in relation to their reproductive health and family planning decisions. The offshore detention immigration policies of successive Australian governments have created several cases over the last decade where community workers in Australia have had to identify and understand how best to work with the power relations inherent in counselling work with women as asylum seekers who are making decisions about their pregnancies in the context of state-based reproductive coercion. The answer to working with this complex ethical issue lies beyond the scope of mere interpersonal and intra-psychic counselling interventions.*



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Counsellors working in the field of unplanned pregnancy and abortion in Australia often bear witness to women making choices for abortion and/or continuing a pregnancy as choices that can occur along a continuum of consent to coercion. Issues such as domestic violence, homelessness, mental health and poverty all constitute impediments to a free choice for women who of necessity must sort through and consider these imperfect contexts in order to reach their decision. However, for women who are asylum seekers and forced into offshore detention facilities by the Australian Government, the point of difference between their context of 'choice' and 'consent', compared to mainland Australian residents, is

stark. The capacity of women in offshore detention to provide 'free and full consent' to an 'autonomous choice' of either continuing their pregnancy or having an abortion is strongly compromised by their involuntary detention. It is worth remembering that this detention is mandatory and women are detained without proof of a crime being committed, the luxury of a trial or recourse to a timely appeal process, courtesy of the immigration policies of the Australian Government. The power relations inherent within such a relationship prompt the question: Does the phenomenon of women making decisions about their pregnancies in this environment herald a new chapter in a history of reproductive coercion in Australia? As social workers, psychologists, counsellors and health professionals, it also implores us to ask questions about how we make sense of our role in this context.

*From interpersonal to state violence: A continuum*

The term reproductive coercion has traditionally been used to describe a range of coercive tactics used by intimate partners and others to control a woman's reproductive decisions: a decision to either bear children or to terminate a pregnancy. A recent study by the University of Queensland Pro Bono Centre (Cheung et al., 2014) defined reproductive coercion in domestic violence as occurring where:

The male partner convince[es] the woman that he will leave her if she does not become pregnant;  
 The male partner engag[es] in birth control sabotage (such as destroying birth control pills, pulling out vaginal rings etc.);  
 The male partner exercis[es] financial control, so as to limit access to birth control;  
 The male partner insist[s] on unprotected sex or rape. (p.2)

Central to the idea of reproductive coercion is the deprivation of the conditions that constitute autonomy in women's reproductive decision making. The leading US sexual and reproductive health rights think tank, The Guttmacher Institute, thus defines the idea of reproductive coercion as 'the deprivation of voluntarism and informed consent in relation to family planning' (Barot, 2012a, np).

However, reproductive coercion exists on a continuum. It is perpetrated at one end by an individual or family then continues through to governments and the state. A Guttmacher policy analysis (Barot, 2012b) defined reproductive coercion as including policies, legislations and incentives used by governments to either prevent childbearing or compel it.

This principle applies across national borders and at all levels of government, whether it's local Chinese officials forcing women to terminate a wanted pregnancy or U.S. state legislatures passing increasingly coercive abortion restrictions to keep women from ending an unwanted one. (Barot, 2012a, p.1)

### **Chapters of reproductive coercion in Australia: a potted history**

Women's rights to reproductive autonomy have always existed along a continuum of coercion—often in relation to their socio-economic circumstances, available social supports and exposure to violence, as well as policy and legislative contexts. As a counsellor I've often assisted women to examine what levels of coercion they have to

navigate in relation to decisions about their pregnancies when confronted by individual acts of coercion and threat from intimate partners and family members. However, Australia as a nation also has a long history of dalliances with reproductive coercion, especially when it comes to women on the margins of Australian society. The intersections of ethnicity, class, (dis)ability and gender have proven fertile sites for the State to try to control particular women's reproductive choices.

#### *Aboriginal and Torres Strait Islander Women*

Earlier colonial attempts to 'breed out' Aboriginality included notorious miscegenation projects such as those promoted by A.O. Neville in Western Australia (Bashford & Levine, 2010). Up until the mid-1970s Aboriginal and Torres Strait Islander women felt the brutal impact and legacy of forced sterilisation, and historians argue that in many ways, the making and remaking of the Australian nation was founded upon projects of reproductive control in relation to race (Bulbeck, 1998; Grimshaw et al., 1996).

#### *Women with Disabilities*

Women with disabilities have also encountered and continue to encounter reproductive coercion. The 2013 Senate inquiry into the sterilisation of women and girls with disabilities in Australia documented a litany of reproductive coercion (manipulation, intimidation) and reproductive force (involuntary sterilisation procedures without any consent) (PWDA, 2013). The inquiry received submissions that detailed histories of women and girls with disabilities in foster care and other community residential settings who were subject to both coercion and force in relation to contraception and sterilization (Frohmader, 2012).

#### *State-based 'Care' Institutions*

Recent evidence given by former Victorian wards of state at the Royal Commission into Institutional Responses to Child Sexual Abuse has uncovered examples of coercion by state authorities, including the forced administration of gynaecological

examinations as well as Depo Provera contraceptive injections (Hall, 2015).

*Intimate partner violence and reproductive coercion*

For social workers and others working in the field of counselling in community services in Australia, and more specifically, women's services, the phenomenon of violence against women is not a new one. Intimate partner violence and family violence has been a perennial and powerful force: the spectre of male violence, coercion and abuse, played out at the interpersonal and social level, has been raised and heard in counselling rooms. Its dramatic impacts on women's physical, emotional and social wellbeing are well documented (VicHealth, 2004; World Health Organisation, 2013).

Similarly, for social workers counselling women in relation to unplanned pregnancy and abortion, the phenomenon of violence against women in the context of their pregnancy decision is also not a new one. As discussed previously, reproductive coercion - constituted by interpersonal threats or acts of violence in relation to women and their pregnancies (becoming a parent or ending a pregnancy) - is also not a new phenomenon; however it is one that is only beginning to be documented in research as well as included in standardised risk framework assessments in community and health services. The phenomenon of reproductive coercion in intimate relationships is beginning to be understood and discussed as a key factor in women's safety and wellbeing (Taft, 2008; Cheung, 2014).

*Risk and protective factors for abortion*

For the vast majority of women seeking an abortion (outside offshore detention) and who have reproductive autonomy, it is clear that abortion poses no greater risk to their mental health than continuing with the pregnancy. Indeed, in 2008, the American Psychological Association taskforce on mental health and abortion found that:

The best scientific evidence published indicates that among adult women who have an unplanned pregnancy the relative risk of mental health problems is

no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy. (APA, 2008, p.90)

Robust research into protective and risk factors for abortion is gradually emerging, and Australian researchers Taft and Watson (2008) have begun to document the risks of co-occurring factors such as intimate partner violence and its negative effects on women experiencing unplanned pregnancies in this context. Most notably, in relation to reproductive coercion, their research found that there is a link between women who have experienced key aspects of intimate partner violence - such as forced or pressured sex and forced or pressured abortion - and depression. Research in this area is often highly contested due to the influence of anti-choice forces seeking to demonstrate abortion as a universal 'negative' event no matter whether reproductive coercion is present or not.

Research into the area of coercion or force as a risk factor for post-termination psychological distress is a burgeoning area (Chibber et al., 2014). However, anti-choice coalitions seek to argue that distress is caused only by forced abortion, rather than 'forced maternity'. It is vital to remember that reproductive coercion can occur both ways: by coercing or forcing a woman to either continue or terminate her pregnancy. A leading US public health thinktank, Public Health Watch (PHW), argues that state-based restrictive laws that prevent termination access are a prime example of reproductive coercion or violence in relation to continuing a pregnancy:

Many health professionals and legal experts say that forcing a woman to carry an unwanted pregnancy to term is a form of reproductive coercion in itself—and a violation of their human rights. (PHW, 2008, np)

**The next chapter: 'choices' in the context of asylum seeker reproductive coercion**

The vulnerability of asylum seeker women in offshore detention has meant that the Australian state and its policies of

offshore detention now represent a significant threat to their reproductive choices. As discussed hereafter, the next historical chapter of reproductive coercion to be written must now surely include the spectre of state-based reproductive coercion in offshore detention in the early 21<sup>st</sup> Century. Women who are held in detention for lengthy periods in conditions of psychological and physical danger have inherently impaired family planning autonomy, given the unsafe conditions in which they exist.

Consider the environment where women are brought to the mainland for pregnancy options and abortion counselling and/or to have an abortion. Health professionals working with women in these situations can encounter women's contradictory consent:

I don't want an abortion. I want to keep my baby. But I can't have a child in detention. I don't know how long I'll be there. I don't know if I'll survive. Why are they doing this to us? Please, please help me.

I write this article as a social worker with many years of experience in women's sexual and reproductive health and I write about the scenarios I have seen and heard in these roles. These include observations of steely, unflinching doctors in women's health clinics who've 'seen it all' over their twenty years in public health, yet who are unnerved and unsure in the presence of the ambivalence so apparent in the women who voice their terror and their ambiguities in their consulting rooms. Vicariously traumatised, their normally steady and authoritative voices trembling with tears, the doctors ring the social workers afterwards, sometimes to consult and sometimes to debrief: *'What can we do?' they ask. 'This isn't right'. 'Surely someone should be speaking out about this?'* Hardy nurses request not to see these patients because it's too upsetting.

Social workers are committed to respecting the dignity, autonomy and self-determination of their clients, and to social justice: we find it hard to define what professional integrity looks like in this

situation. Thoughts and feelings wash through our brains and hearts: reflections on the anguish, hardship and violence that the woman has been exposed to as well as the courage, resilience, survival and the act of protective parenting and preventative harm that the choice of abortion constitutes for her in this context. Professional self-doubt is also present:

Am I an agent of social control here? I'm certainly not an agent of social justice or social change here. Whose advocate am I - the woman's or the state's?

The Australian Association of Social Workers (AASW) requires its members to commit to three core values: respect for persons, social justice and professional integrity. Central to social work theory and practice have been ongoing debates over its ambiguous role as the 'agent of social control' versus 'agent of social change'. It is generally acknowledged that social work is in a state of flux within the current neo-liberal policy environment (Dominelli, 1999; Wallace & Pease, 2011), with increasing emphasis on managerialism (tightly managed organisations with loss of professional autonomy for workers) and risk management, including the use of gag-clauses within a neo-liberal public policy environment which propounds individualisation (social problems being asked to be solved by individuals often at the expense of advocacy or work for social change). The choice to speak up and speak out for both clients and workers is seemingly stifled at every turn, even though our professional body requires a commitment for social workers to work to 'achieve human rights...through social and systemic change' (AASW, 2010, p.7) ...and to raise awareness of 'structural and systemic inequalities' (p.8).

Social workers must reconcile the tension between the rational and the emotional when confronted with the terrors our clients convey. We seek refuge and certainty in a professional identity, including an integrity that compels us to look to the rational to continue on our work with our

clients without becoming overwhelmed ourselves. We ask ourselves ‘Which social work and counselling tools do I use to work with this woman?’

Rights-based frameworks (Ife, 2012; UNFPA, 1994) which emphasise women’s choice and legal rights seem hollow, empty and vacuous and are inoperable in this context: these women are stateless and without rights. Advocacy practices (Baines, 2011; Mullaly, 2010) to remedy or challenge the cause of the injustice are limited, as legal recourse to challenge the detention process is next to impossible to achieve. Across Australia, a woman’s capacity to understand and make an informed decision (in conjunction with the medical professional involved) constitutes a fairly common understanding of women’s consent in relation to termination of pregnancy. However these very conditions are hollow in relation to the reality of women’s arbitrary and indefinite detention. Strengths-based approaches, although generally key in this work, are useful but also have limited application (Saleebey, 2012) due to the overtly oppressive limitations on women’s resources. Anti-oppressive frameworks are laudable (Dominelli & Campling, 2002), but merely decorative in a situation as stark as this, which is imbued with power imbalance and human rights violations. Crisis pregnancy-counselling practice frameworks (Allanson, 2007) within a trauma-informed framework (Rothschild, 2011) are useful given their focus on managing the levels of anxiety that will accompany decisions that often overwhelm clients’ coping mechanisms, but they are also limited in providing answers to the client’s basic needs for seeking safety and certainty in an ongoing context of trauma that includes both physical and psychological danger.

At the other end of the reproductive continuum to women considering termination of pregnancy, women who continue their pregnancy in detention have also spoken of their ambivalence:

“We are very worried about the birth. There are no specialists in the hospital at Nauru. I saw the

hospital, it is very dirty...no hygiene. I can't think about that. I can't," said Fairuza, who has already suffered a miscarriage in detention. "I can't feel happy about this baby. In the tent it's hot, with the mice...how can I look after a small baby?" (Hasham, 2015, np)

Equally, their partners can’t find joy in the idea of another child, having witnessed the impacts of the detention environment on the children they’ve already had:

"We have two kids and the new baby coming also, [they have] no future. My kids have lost their life," he said. My daughter has very bad mental health: she is very depressed and she is very stressed. Always she cries, and asks me 'Why Dad, why are we here?' My son when he wakes up from his sleep in the morning, asks me 'Dad, are we going to Australia today?' Sometimes I ask them please, don't ask me, please leave me alone, because I don't have any answers." (Hasham, 2015, np)

*State-based reproductive coercion: we're not really like that, are we?*

In the late 1980s in my suburban Catholic school in Melbourne, and courtesy of my Year Ten geography teacher Miss Hockey, I recall learning about the one child policy in China. I remember being thoroughly confused and alarmed about the idea of a nation or ‘the state’ having so much power that it could influence a woman’s life so intimately, to the point of deciding for her if she did or didn’t have any more children. Whilst I’m quite sure that the notion of ‘forced’ or ‘coerced abortions’ probably wasn’t raised directly as a concept at this time—given the unseemly implications of mentioning such a topic in this particular religious context—I’m fairly sure that it sat there as an elephant in the room. It constituted an implied understanding of what could happen when the state over-reached its mandate to intervene in its citizens’ lives.

China, it seemed and I presumed from this education, was the antithesis of a commitment to an exemplary human rights framework: the western liberal-democratic notions of pro-natalist or maternalist reproductive autonomy to which Australian democracy proudly hoisted its flag.

Twenty-five years ago, I doubt I could have dreamed that, in the second decade of the twenty-first century, this ‘proud Australian democracy’ might have progressed to the point where it could invite a comparison of its own human rights policies and infringements of liberty in any uncomfortable proximity to China’s established record of coercion in relation to reproductive autonomy. However, in the last decade in Australia, successive Australian governments’ commitments to the policies of offshore detention have raised disconcerting questions around the predicaments of women seeking asylum in Australia and the role of the Australian state in relation to reproductive coercion.

*From consent to coercion in the offshore detention context*

As social workers counselling vulnerable asylum seekers, it seems incumbent upon us to ensure that such uncomfortable questions about women’s experiences in detention—in relation to their experiences of reproductive health and autonomy—see the light of day. For counsellors working with women who are asylum seekers and who have unplanned pregnancies, reproductive coercion is becoming an omnipresent threat due to the compromised level of autonomy and consent available to such women in offshore detention. Such decisions invoke a complex ethical minefield for women, their counsellors and their doctors. Women who are pregnant and do not want to abort, but are only deciding to have an abortion because they fear for safety of their children due to the oppressive environment of detention, are articulating the impact and influence of ‘compromised consent’ or ‘reproductive coercion’ by the Australian state.

A key tenet of immigration policies of successive Australian governments over the

last decade has been to arbitrarily force people who arrive by boat and seek asylum in Australia into offshore detention immigration centres (Fleay & Briskman, 2013). Subsequently, women and men who are detained in immigration detention centres like Manus Island and Nauru live for prolonged periods of involuntary detention in locations that have a range of inherent, well-documented, safety and health risks. The mental, physical, social and emotional illness due to this prolonged detention is well-documented (Silove, Austin & Steel, 2007). Recent case studies of offshore detention arrangements have also highlighted women’s vulnerability to sexual assault, and to pregnancy as a result of such assaults (Doherty, 2016). Such cases have encompassed women seeking abortion and stating they have been denied timely access to the procedure, while other cases have involved women stating they felt unhappy about having to have an abortion but feeling there was no other choice available due to their arbitrary detention (Wordsworth, 2014). This oppressive context of detention is thus a major factor that women consider when deciding whether they might be ready, able and willing to parent a child.

An unplanned pregnancy, of course, will expedite the need for women to consider the vexed question of whether or not to parent in an inherently harmful environment: an environment that is imposed upon them by their involuntary detention according to Australian immigration law. The conditions imposed upon these women thus forms a paradox for asylum seekers who face unplanned pregnancies while in state-imposed detention. The daily deprivation of liberty and autonomy in the detention centres means that the idea of consent is necessarily diminished. To ‘consent’ to continuing a pregnancy in inherently harmful conditions or to terminating an unplanned, but perhaps wanted, pregnancy entails huge psychological, physical and social risks. To ‘consent’ to requesting an abortion of an unplanned, but perhaps wanted, pregnancy is also a huge risk for such women. The factors for reproductive coercion are thus

established, and although this concept is usually applied to threats to safety made by another individual (usually an intimate partner or relative), in this context it is arguable that the immigration detention policies of the Australian state form a threat to a woman's safety, security and autonomy, and indeed to her ability to fully consent. *Neo-liberalism, choice theory and power: why it matters in the case of state-based coercion*

I argue that understanding neo-liberalism is central to understanding how state-based reproductive coercion can exist in this contemporary historical epoch. Issues of state power, its relationship to the idea of 'unfettered choice' and the impact on state subjects are inextricably linked. Indeed, while feminist activists in the area of reproductive rights have long used the term 'choice' as central to campaigns for women's unfettered access to abortion, the concept of choice itself has also been critiqued. In the last decade in Australia and internationally (Baker, 2008; Fraser, 2013), researchers have questioned the neo-liberal individualist notion of choice, arguing that it can obscure the structural and material barriers to a range of choices that marginalised and disadvantaged women may experience:

The lauded concept of choice plays [a role] in overstating women's advancement and disguising socially generated inequality. In particular, young women in this study comprehend domestic violence, unequal parenting and housework as matters of choice, while also implicitly understanding that they do not live up to the imagined unencumbered rational choice individuals of liberalism. (Baker, 2008, p.53)

Political theorist Nancy Fraser has made similar observations about the co-option of feminism by neo-liberalism: 'Neoliberalism turns a sow's ear into a silk purse by elaborating a narrative of female empowerment' (Fraser, 2014).

The rhetoric of power, choice and

control has often been employed disingenuously by the Australian Government when pertaining to women in offshore detention seeking adequate perinatal healthcare for their pregnancies. In a 2015 radio interview, Immigration Minister Dutton described women's apparent power as such:

If people believe that they're going to somehow try and blackmail us into an outcome to come to Australia by saying we're not going to have medical assistance and therefore we put our babies at risk—that's a judgement for people to make... But we're not going to bend to that pressure... I believe very strongly that we need to take a firm stance, provide the medical support that's required, but if people think they're going to force our hand to come to Australia – that is not going to happen. (15 October, 2015, np)

Such a reversal in the description of the actual personal, systemic and structural power available to women and their families in offshore detention serves to obscure the reader's view of the refugee 'other': seeking perhaps to invoke fear, scorn and even jealousy of 'such' women in their ability to command government services at will.

Further to this narrative of the 'power' inherent to women in offshore detention, Minister Dutton discussed the 'generous' provision of government-funded services available to a woman who it seemed was 'supported', at every turn, to make a 'decision': a situation that appeared to concern only her individual inability to make a rational, informed and timely decision:

We provided assistance to airlift this lady which showed our clear intent to provide support... We provided that support, she came to Australia, saw numerous doctors, mental health nurses, and then made a decision... after the health professionals consulted with the lady, the lady

made a decision and was sent back to Nauru. (Moody, 2015, np)

However, we must look more deeply at the language of ‘decisions’ and ‘individual support’ being proffered as proof of women’s autonomy in such government narratives. Indeed the truth of the matter lies in a fuller analysis of the materialist conditions that precisely prevent autonomy in this context.

Such a discussion of power in this context does not seek to deny women’s agency, nor the need for women to make a final decision about their pregnancy no matter what their circumstances. I do not seek to co-opt the critique of ‘choice’ by ‘anti-choice’ abortion activists who seek to situate all women’s choices for abortion as inherently coercive—as ‘non-choices’—yet who simultaneously position continuing a pregnancy as a ‘natural choice’ for women. Indeed I concur with pro-choice ethicist Leslie Cannold (2002), who warned of the dangers of discrediting women’s ability to choose:

By arguing that women are fundamentally incapable of mustering the rationality and autonomy necessary to make decisions about unplanned pregnancies (or presumably anything else) that are worthy of respect, women-centred strategy absolves women of moral responsibility and thus culpability for abortion. (p. 174)

My position is certainly not one where women are incapable of making decisions and where all abortions are automatically considered harmful and fundamentally coerced, such as that of anti-choice activist Melinda Tankard Reist (cited in Baker, 2008), who argued that:

[Those] asserting a woman's ‘right to choose’ have obscured its harmful effects and the constraints and coercion which so commonly characterise the circumstances of pregnancy and subsequent ‘choice’ of abortion. (p.62)

What I do argue for, however, is a fuller analysis of the way the broader structural

conditions of oppression and power inherent in mandatory offshore detention ensure that women’s choice is without doubt impacted by state power. Despite these important cautions on the co-option of the choice critique as used by anti-choice activists, I strongly agree with Baker’s (2008) directive: to implore feminist researchers to consider instead and to scrutinise the neo-liberal co-option of ‘choice’ as a mantra that obscures structural inequality:

[It is] vital that the ways in which women's choices are variously compelled, burdened, impaired and limited in a male dominant culture are acknowledged and challenged. Its function in the masking of unfairness and exploitation when inequality and polarisation are deepening must be exposed. (p. 63)

In addition to Baker’s analysis of male dominant culture in relation to women’s choice and coercion, I argue it is essential to analyse other social and political power relations that affect and constrain women’s choices, such as those constituted by policies of offshore detention orchestrated by successive neo-liberal governments in Australia, both Labor and Coalition. To analyse the socio-political contexts of forced detention and its impacts on women’s reproductive choices is by no means an argument intended to diminish the need for both maternity and abortion facilities to be made available to women in offshore detention. To further restrict women’s control over this ultimate decision, one way or the other, is not the intention of this essay. Women’s ultimate self-determination over these complex decisions must be maximised so that even limited ‘control’ is available in this context.

However, just as paramount is our duty to scrutinise government immigration policies that engender social-political inequity for asylum seekers in detention centres and dictate the very conditions that create such a ‘thin’ reproductive choice context for women who are pregnant. For



women and families, this context means that in relation to family planning decisions they feel they are ‘damned if they do and damned if they don’t’.

### What is to be done?

Clearly, a simplistic reliance on individual, interpersonal counselling frameworks will fail to meet the basic needs of asylum seeker women in offshore detention. The indignity and scale of injustice is so great and so powerful that it is painfully clear that a focus on ‘individual agency and choice’ alone only tells part of the story. So what do we, as social, counselling, community workers and academics, do? How do we ensure that a commitment to human rights for all of our clients in relation to sexual and reproductive rights is adhered to, for everyone our government has responsibility for? It is timely to remind ourselves of the human rights context that we must return to:

[There is a] basic right of all couples and individuals to decide freely and responsibly the number and spacing and timing of their children. And to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. (United Nations Family Planning Association, 1994, np)

In addition to our ability to provide (limited and flawed) psycho-social interpersonal support for our clients who experience symptoms of ongoing trauma in the face of their arbitrary detention, I argue that we have an ethical responsibility to speak up and speak out about what our clients are telling us—for the world to hear. When the clients have left our waiting rooms, we must analyse the discourse of choice as co-opted by neo-liberal governments who seek to disavow their human rights responsibilities to asylum seekers.

In the last two years the area of violence against women has commanded hitherto unknown public awareness, media attention and even public policy change on the back of decades of campaigning by feminist services and the feminist movement. Largely,

however, the forms of violence against women exposed have been interpersonal violence and family violence. It is now up to community, counselling and social workers who work with the most marginalised women in our care to now expose the ‘hidden’ state violence that we are witness to. For a truly intersectional feminism to exist in relation to violence against women we must speak out and resist the silence that has been enforced upon our clients and ourselves. We are witness to how the policy of offshore detention compromises women’s health, including their reproductive health and autonomy, in a myriad of ways. We must agitate for change and hold the powerful to account, to the truths of the women who speak so cogently when we choose to listen.

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### Disclosures

As a social worker in women's health services for nearly fifteen years I have changed the details in the case examples I refer to in this article to protect the privacy of the women and health professionals involved. Other than the details that are already made publicly available via documented primary sources, such as media reports, narratives included here may involve single or multiple scenarios amalgamated to ensure this anonymity.

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