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The Role of the Physician in Historical Reproductive Coercion

Reproductive coercion and abuse are currently understood as the interference in another person's reproductive choices—forced termination of pregnancy, forced continuation of pregnancy, prohibiting contraceptive use, or imposing contraceptive use. Scholarly works often focus on highlighting the correlation between intimate partner violence and coercive practices, but this research focuses on the role of the physician. Reproductive coercion and abuse sits at a curious intersection between sexual consent and medical consent, as it was and still remains enacted by intimate partners in sexual relationships and by medical authorities in institutional spaces. Although these two concepts are distinct in their positionality, both socially and legally, they overlap considerably when examining ideas of autonomy in sexed bodies. It is this idea of autonomy that is the impetus for understanding coercion and abuse in reproductive circumstances. Looking to Australia's past, this paper will trace the evolution of consent and reproductive coercion since the"contraceptive revolution" of the 1960s and 1970s, where the rapid increase in medical interventions into birth control saw aparallel rise in the use and abuse of these technologies. The relative availability of these methods was beneficial for many who wanted to space out births or to avoid them altogether, but access to new forms of pregnancy prevention also saw increased rates of control over reproducing bodies, particularly for those most vulnerable. This paper explores doctors' involvement infacilitating reproductive healthcare for patients who were willing participants and, more significantly, for those who were uninformed or unaware.