



CASESTUDY REPRODUCTIVE COERCIVE CONTROL AND LIMITED ACCESS TO SERVICES

FCC is a young mother with three children under the age of eight. Her relationship with the father (PUV) of her children is a long term one which began when she was in her teens. Throughout the relationship she has experienced significant domestic violence. The perpetrator PUV however refuses to accept that the relationship is over, despite re-partnering some weeks after the relationship ended and continues to make threats to harm her and take her out of their children' lives, have them sent into kinship care.

The perpetrator, along with stalking, harassing, threats to remove her children from her care has been making contact with her family saying that he is concerned about her. And feels she is mentally unwell and that they should all sit down together and encourage her to make contact with the mental health unit at the Townsville Hospital. Additionally, that "out of love and concern" talk to the medical staff to encourage her to have a hysterectomy. FCC and her children are linked in with our and other support services as a result of the domestic violence experienced and witnessed.

At the same time FCC found out that she was unexpectedly in the early stages of pregnancy from her new partner. After much soul-searching FCC decided to seek a termination. Because the perpetrator has repeatedly used violence, coercive control (including reproductive coercion) and gas lighting to hold power over FCC, she believes his threats and was extremely fearful that when PUV found out that she was in a new relationship and pregnant that he (PUV) come after her and her new partner.

FCC has significant health issues from previous pregnancies, two of which were as a result of reproductive coercion, by the perpetrator. She was advised that her only option was a medical termination. FCC attended the local government hospital who agreed to the procedure due to High Health risk posed by this pregnancy. FCC was informed that there would be at least a 15 Week wait for this surgery. Given the past trauma she has experienced, her present safety concerns, health and wellbeing FCC felt that she had no option but to travel to Brisbane.

The challenges before her include the care for the children while she was away. Having a safe person to care for them for the three to four days while she is away. Further costs include travel for both FCC and a required support person. Transport to and from the airport, to and from the hospital, accommodation costs as well as food costs, costs for the surgery and day stay at the hospital and any aftercare deemed necessary. The financial burden placed on women who are forced to travel outside of the local area is insurmountable and potentially places a woman and her children in even greater harm.