

# **REPRODUCTIVE COERCION AND ABUSE**

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A guide for community legal practitioners

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**October 2025**

## **ACKNOWLEDGMENT OF COUNTRY**

SMLS acknowledges the Bunurong People and the Wurundjeri People, the traditional custodians of the lands on which we work, and First Peoples language groups and communities across Victoria and Australia. We pay our respects to Elders past and present.

We celebrate the people, traditions, culture, and strength of Aboriginal and Torres Strait Islander peoples, and the fight for survival, justice, and country that has taken place across Victoria and Australia. We thank the Traditional custodians for caring for Country for thousands of generations. SMLS recognises the ongoing impact of colonisation, dispossession, and racism experienced by Aboriginal and Torres Strait Islander peoples.

As a community legal centre, we acknowledge the violence of Australian law and its ongoing role in processes of colonisation. We recognise that sovereignty was never ceded, and that this always was and always will be Aboriginal land.

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## About this guide

South-East Monash Legal Service (SMLS) developed this guide to support community legal practitioners to better understand, recognise, and respond to reproductive coercion and abuse (RCA).

We designed this resource with input from our community legal centre lawyers who work with victim-survivors, in response to training needs identified through our project *Reproductive Coercion and Abuse: Supporting the Legal Assistance Sector to Understand and Respond*.

Through this guide, we aim to strengthen the legal assistance sector's capacity to respond safely and effectively to RCA, particularly where it intersects with family violence law, family law, immigration law, and sexual violence law. Drawing on emerging RCA evidence and sector expertise, we outline key definitions and patterns of RCA, legal and ethical considerations for lawyers, and practical strategies for legal practice. While this guide is primarily for legal practitioners, we also hope it assists social workers, advocates, and other professionals supporting clients who may be experiencing RCA.

We welcome your feedback to help us continue improving this resource. You can reach us at [info@smls.org.au](mailto:info@smls.org.au) (subject line: 'RCA Community Legal Practitioner Guide').

### Suggested citation

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### HOW TO USE THIS GUIDE

This is a practice guide, not a substitute for legal advice. It is intended to support professional judgment and inform practice development. Where criminal charges or complex legal issues arise, advice from a relevant specialist (e.g. a criminal or migration lawyer) should be sought.

### CONTENT WARNING AND SUPPORT SERVICES

In this guide, we discuss RCA, family violence, and sexual violence. We recognise that these topics may be distressing for some readers. We also acknowledge that many practitioners may have lived experience or may be affected by the experiences of their clients, colleagues, or loved ones.

We encourage you to take care while engaging with this content. Be mindful of how you are feeling and seek support if you need to.

If you would like to talk to someone, the following services are available:

- **1800RESPECT** – 24/7 sexual assault, domestic/family violence counselling service 1800 737 732
- **Lifeline** – Crisis support and suicide prevention 13 11 14
- **QLife** – LGBTIQ+ peer support and referral service 1800 184 527
- **13YARN** – Support line for Aboriginal and Torres Strait Islander people 13 92 76
- **Employee Assistance Program** – Available to community legal sector staff 1800 818 728

# Understanding RCA

## WHAT IS REPRODUCTIVE COERCION AND ABUSE?

Reproductive coercion and abuse (RCA) refers to a range of behaviours that interfere with a person’s ability to make free and informed decisions about their reproductive health (Tarzia & Hegarty, 2021; Grace & Anderson, 2018).

RCA behaviours are typically enacted to achieve one of two outcomes: (1) to promote pregnancy OR (2) to prevent pregnancy (Sheeran et al., 2022).

|                                |  <b>TO PROMOTE PREGNANCY</b>  |  <b>TO PREVENT PREGNANCY</b>                                     |
|--------------------------------|--|---|
| <b>BEFORE PREGNANCY</b> —————→ | <ul style="list-style-type: none"> <li>• Pressure, coercion, or force to conceive</li> <li>• Sabotage or interference with contraception use to cause pregnancy</li> </ul> | <ul style="list-style-type: none"> <li>• Pressure, coercion, or force to use contraception or undergo sterilisation to prevent pregnancy</li> </ul> |
| <b>DURING PREGNANCY</b> —————→ | <ul style="list-style-type: none"> <li>• Pressure, coercion, or force to continue an unwanted pregnancy</li> </ul>   | <ul style="list-style-type: none"> <li>• Pressure, coercion, or force to terminate a wanted pregnancy</li> </ul>                                    |

**RCA is about fear, power, and control - where one person seeks to dominate or undermine another’s reproductive choices**

### WHO CAN USE RCA?

RCA is most commonly used by intimate partners. However, it can also be enacted by:

- Family members (e.g. parents, in-laws, siblings)
- Carers or support workers
- Institutional actors (health providers, child protection officers etc.)

**RCA is a gender-based form of violence**

### WHO CAN EXPERIENCE RCA?

RCA is predominantly experienced by women and people capable of becoming pregnant.

This is because RCA targets reproductive decision-making, such as contraception, pregnancy, and abortion, which primarily affects those with a capacity to conceive.

Men can experience coercion around reproduction, for example, being pressured into or deceived about fatherhood, which may have emotional, financial, or legal consequences.

However, structural gender inequality plays a significant role, as power imbalances and gendered expectations disproportionately place women and gender-diverse people at greater risk.

## RELATIONSHIP BETWEEN RCA AND OTHER FORMS OF VIOLENCE

RCA often occurs within the context of intimate partner violence (IPV) or family violence. Both the [National Plan to end gender-based violence](#) (p. 34) and the [National principles to address coercive control](#) (p. 21) recognise RCA as a form of coercive control. Most victim-survivors experiencing RCA may also be experiencing physical, sexual, or psychological violence. Importantly, other forms of violence are used to enact RCA (Tarzia & Hegarty, 2021). For example, using threats, physical force, or emotional abuse to pressure someone into pregnancy, abortion, or contraceptive use. Recognising RCA requires understanding how different types of abuse interact to undermine a person's autonomy, safety, and access to justice.

The table below is designed to support your understanding of RCA behaviours as forms of interpersonal violence. It is not a screening checklist but a guide to identifying patterns of reproductive control that may be relevant to legal strategy. The table can be used to interpret client disclosures and histories with greater nuance and contextualise reproductive decision-making within family violence frameworks.

| Behaviour   | Forced conception  | Contraceptive interference/sabotage                             | Forced pregnancy continuation  | Forced contraception                                       | Forced abortion   |
|---|--|---|--|--|---|
| <b>Physical violence</b>                            | Physically assaulted for refusing to become pregnant               | Forcibly pulling out an intrauterine device or breaking condoms | Physically restrained or confined to prevent access to abortion services | Restrained or held down to insert a contraceptive device   | Physical assault to cause miscarriage                       |
| <b>Sexual violence</b>                              | Forcing sex with the intent to cause pregnancy                     | Stealthily (non-consensual condom removal) to cause pregnancy   | Less likely to involve sexual violence                                   | Rape used as intimidation to enforce contraception         | Sexual violence that causes miscarriage                     |
| <b>Emotional/psychological abuse</b>                | Constant requests and nagging to pressure pregnancy                | Lying about being infertile to encourage unprotected sex        | Guilt-tripping or shaming for wanting an abortion                        | Accusing unfaithfulness to pressure contraception use      | Emotional blackmail ("you're ruining my life")              |
| <b>Threats</b>                                      | Threatening to cheat or leave relationship if pregnancy is refused | Threatening to harm self or others if contraception is used     | Threatening to take away existing children if abortion occurs            | Threatening violence if contraception is refused           | Threatening to disclose pregnancy out of wedlock            |
| <b>Economic abuse</b>                               | Promising financial support if pregnancy occurs                    | Refusing to pay for contraception                               | Housing conditional on not having an abortion                            | Withholding money until contraception agreed to            | Refusing financial support unless abortion occurs           |
| <b>Coercive or controlling pattern of behaviour</b> | Ongoing manipulation to ensure pregnancy and dependency            | Restricting contraception use to maintain dominance and control | Using guilt, family honour, community standing to prevent abortion       | Ongoing monitoring of menstrual cycle to prevent pregnancy | Pressuring to terminate pregnancy because of gender of baby |

### Note

- Coercive or controlling behaviours are ongoing patterns of domination that restrict a person's reproductive autonomy. They exist alongside emotional, psychological, or threat-based abuse but are listed separately above to highlight their sustained/patterned nature.
- Not all RCA involves coercive control, some RCA behaviours may reflect entitlement or self-interest rather than a desire to dominate (Tarzia & McKenzie, 2024)

# The role of community legal practitioners

RCA can affect a person's safety, decision-making, parenting, finances, and legal rights. Lawyers regularly see clients whose legal problems are linked to RCA, even when it isn't named.

## RCA is a legal and justice issue

RCA violates:

- the right to **bodily autonomy**,
- the right to **freedom from coercion and violence**, and
- the right to **make informed reproductive decisions**

These are rights recognised across criminal, family, and human rights law.

## RCA can intersect with multiple areas of law

- Family law: parenting orders, property settlements, and spousal maintenance
- Criminal law: sexual assault, threats, stalking, coercive control
- Civil law: intervention orders, tenancy, or debt
- Immigration law: partner visa applicants and dependants under visas with applicable family violence provisions
- Medical law: medical consent, coerced procedures (abortion, sterilisation, contraception)

## RCA can affect a client's legal position

- Pregnancy, parenting, or financial dependence may limit a client's ability to separate safely or act independently. RCA can explain delayed separation or ongoing contact with a perpetrator.
- Ongoing reproductive control can signal continued risk, influencing service, contact, and court participation arrangements.
- Coercion may influence a client's ability to give free and consistent instructions due to fear, retaliation, or immigration and housing pressures.

As a community legal practitioner, you may be the first person your client tells about RCA. You are also often the one who can act within the legal system to protect your client's rights and autonomy.

You don't have to be a counsellor, but you do have a role to:

- Recognise RCA when it's affecting your client's legal rights
- Respond without judgement and with empathy
- Refer appropriately when needed
- Ensure your client's safety and autonomy are respected in every legal process

It is also important to approach allegations of RCA with care and an understanding of the gendered dynamics that shape its use. Be cautious when accusing women of perpetrating RCA in court proceedings. Such allegations are sometimes used strategically to undermine a woman's credibility or parenting capacity, which can amount to gender-based violence and further entrench reproductive control. The law should not be a tool of further coercion or harm. Legal practitioners, especially in the community legal sector, can help ensure it's a tool for justice, dignity, and choice.

# A trauma-informed lawyering approach to RCA

## RECOGNISING RCA AS TRAUMA

RCA includes violations of bodily autonomy and reproductive decision-making, such as forced pregnancy, pressured abortion, and contraceptive sabotage. RCA can also co-occur with other traumatic experiences such as sexual violence, family violence, child abuse, or systemic marginalisation.

Clients may present with complex or cumulative trauma. This may shape how they interact with lawyers, courts, and legal processes.

For detailed guidance on embedding trauma-informed practice in the legal assistance sector, check out the [National Legal Aid “With You” Trauma-Informed Organisational Toolkit](#).

### Apply the five trauma-informed principles when discussing or responding to RCA in legal practice

|                        |  |
|------------------------|--|
| <b>Safety</b>          | <ul style="list-style-type: none"> <li>• Always ask about RCA in private and confidential settings.</li> <li>• Avoid raising reproductive issues in front of partners, family, or support people without consent.</li> <li>• Clarify confidentiality and how information will appear in documents or court.</li> <li>• Consider courtroom dynamics and request separate waiting areas, staggered attendance, or remote appearances if a perpetrator is present.</li> <li>• Be aware that discussing pregnancy, abortion, or contraception may trigger fear, shame, or discomfort.</li> </ul> |
| <b>Trustworthiness</b> | <ul style="list-style-type: none"> <li>• Explain legal processes around family violence, parenting, or intervention orders in plain language.</li> <li>• Outline how reproductive decisions may be legally relevant (e.g. family violence findings, coercive control evidence).</li> <li>• Be transparent about timelines, risks, and what you can and cannot do.</li> </ul>   |
| <b>Choice</b>          | <ul style="list-style-type: none"> <li>• Ask permission before discussing reproductive matters: “Would you like to talk about how decisions about pregnancy or contraception have been made in your relationship?”</li> <li>• Present legal options neutrally (e.g. intervention orders, parenting changes) and respect if the client declines.</li> <li>• Reinforce that they, not you decide what happens next.</li> <li>• Allow time; coercion may make immediate decision-making difficult.</li> </ul>   |
| <b>Collaboration</b>   | <ul style="list-style-type: none"> <li>• Involve the client in every step: wording of affidavits, inclusion of reproductive history, referral decisions.</li> <li>• Ask what supports help them feel safe (e.g. female lawyer, interpreter, advocate present).</li> <li>• Work with trusted health or social workers to coordinate safety and referrals.</li> <li>• When liaising with other professionals, share only relevant, consented information.</li> </ul>   |
| <b>Empowerment</b>     | <ul style="list-style-type: none"> <li>• Treat the client as the expert in their experience.</li> <li>• Validate disclosures: “What happened to you is not your fault, and the law recognises this as abuse.”</li> <li>• Emphasise that the goal of the legal process is to help clients regain control over their choices</li> <li>• Highlight strengths, how the client has already taken steps to seek help or protect themselves.</li> </ul>   |

### BEING TRAUMA-INFORMED DOES NOT MEAN BEING TRAUMA-AVOIDANT

A common misconception is that trauma-informed lawyering means avoiding topics that may cause distress. In practice, this can lead to silence around RCA, even when it is legally or procedurally relevant. Being trauma-informed means raising difficult issues safely, sensitively, and with the client's informed consent, not avoiding them altogether. Avoidance can reinforce stigma, deny clients validation, and limit their access to appropriate legal protections. Instead, lawyers should aim to ask respectful, open-ended questions that allow clients to share what they are comfortable disclosing, at their own pace.

# Recognising RCA

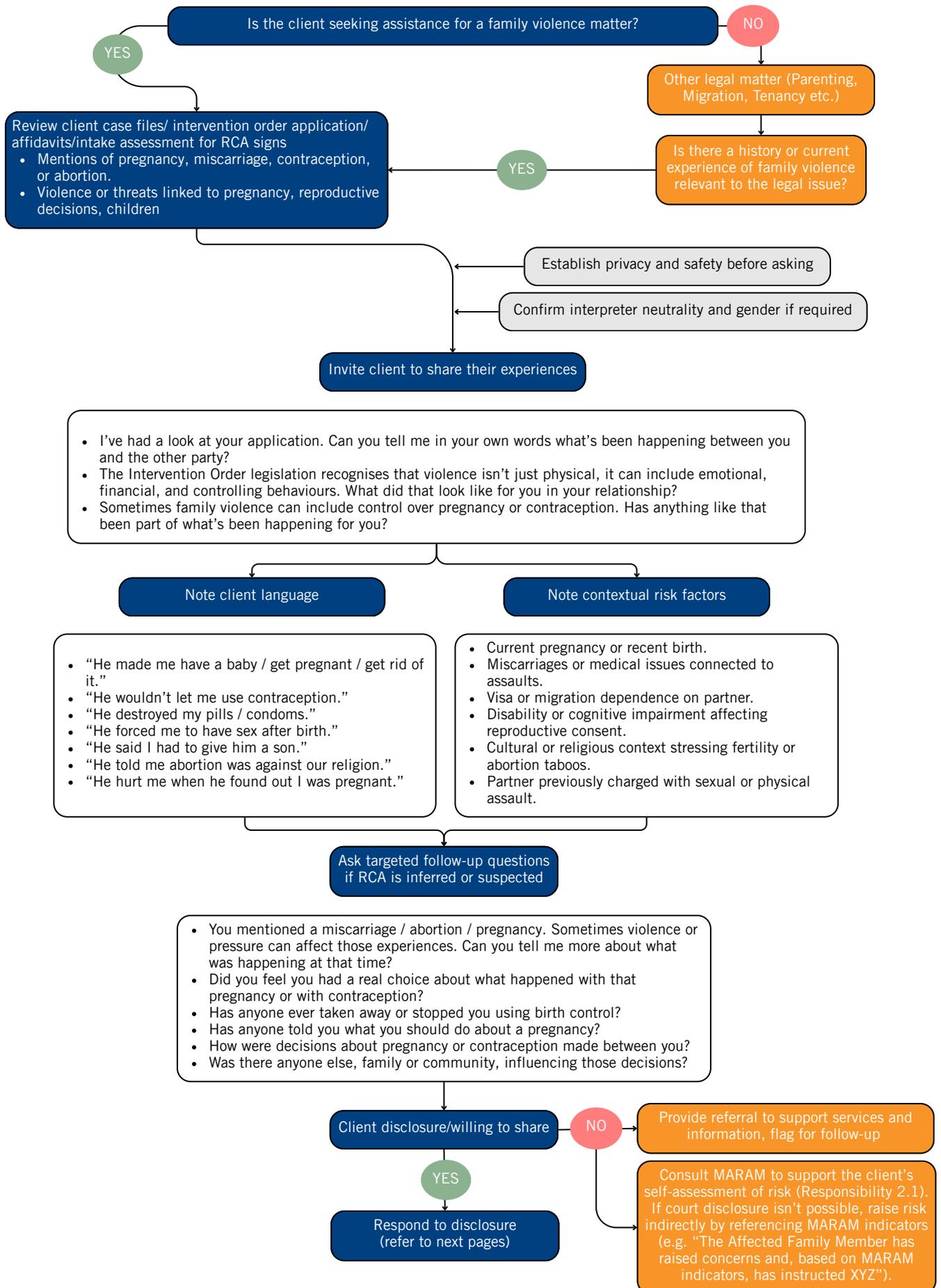
## INDICATORS FOR EXPERIENCING RCA

Existing literature identifies some factors that may increase the risk of experiencing RCA; however, evidence is inconsistent, partly due to variability in how RCA is defined and measured. The following table summarises certain indicators associated with experiences of RCA. However, it is important to note that anyone can experience RCA and the presence of these factors does not guarantee RCA presence. As RCA is a form of family violence, some indicators are also risk factors for family violence, and practitioners can refer to the [MARAM framework](#) for a comprehensive list of family violence risk factors and guidance on risk assessment and management.

| Indicator  | Explanation  |
|--|--|
| <b>Young age</b>   | Young people, especially adolescents, may be vulnerable to RCA, specifically contraceptive sabotage (PettyJohn, et al., 2021; Northridge et al., 2017). Additionally, young individuals may experience control from parents, carers, or guardians, including denial of contraception, forced contraception, or forced abortion, due to perceived vulnerability or power imbalances (Saldanha et al., 2025a). |
| <b>Aboriginal or Torres Strait Islander identity</b>     | Australian research indicates Aboriginal and Torres Strait Islander women may be at increased risk of pregnancy-promoting RCA due to structural inequalities, marginalisation, and limited culturally safe healthcare access (Price et al., 2022; Sheeran et al., 2022).   |
| <b>Migrant or refugee background</b>                     | Individuals with migrant or refugee backgrounds may face RCA risks due to isolation, unfamiliarity with local reproductive rights/services, visa insecurity, and dependency on partners or family members (Suha et al., 2022; Tarzia et al., 2022).  |
| <b>Socio-economic disadvantage</b>                       | Limited financial resources may trap women in unhealthy relationships and make it harder to negotiate contraceptive use or leave a coercive partner. Experiencing financial hardship has been associated with greater likelihood of RCA (Grace & Anderson, 2018; Wood et al., 2023).   |
| <b>Disability</b>  | People living with disabilities may be particularly vulnerable to RCA due to ableist attitudes, discrimination, and historical forced sterilisation practices, reducing reproductive autonomy. (Amos et al., 2023; Cheng et al., 2021).  |
| <b>Language</b>  | Language barriers can be exploited by perpetrators of RCA and may create significant obstacles to help-seeking and informed decision-making. When partners or family members act as interpreters, this can compromise privacy and autonomy, limiting a person's ability to make confidential reproductive choices (Sheeran et al., 2023).  |
| <b>Mental health condition</b>                           | Individuals with a mental health condition may be at increased risk of RCA including forced contraception, forced abortion, or pregnancy promotion (Cheng et al., 2021; Price et al., 2022).   |
| <b>History of sexually transmitted infections (STIs)</b> | History of STIs may indicate prior vulnerability to pregnancy-promoting behaviours (e.g., condom sabotage). For individuals with HIV/AIDS, it may also reflect experiences of forced contraception or sterilisation (Bakare and Gentz, 2020; Kraft et al., 2021).  |

| Indicator   | Explanation   |
|---|---|
| <b>Being pregnant</b>   | Pregnancy itself may increase RCA vulnerability, including coercion to continue or terminate a pregnancy against one's wishes (MacDonald et al., 2023).   |
| <b>Multiple pregnancies, miscarriages, or abortions</b>                           | Frequent or closely spaced reproductive events (pregnancies, miscarriages, abortions) may suggest RCA involving forced conception or contraceptive sabotage (Saldanha et al., 2025b).   |
| <b>Number of children</b>   | Having a higher number of children may indicate pregnancy-promoting coercion (Gupta et al., 2012), while fewer children may reflect forced contraception or pregnancy prevention behaviours (Hill et al., 2023).  |
| <b>Lower power in relationships</b>   | Individuals with lower power (financial, physical, sexual, or age-related) within relationships may be more susceptible to RCA (Lévesque et al., 2021)  |
| <b>Relationship instability/conflict around reproductive decisions</b>            | Relationship instability or frequent breakdowns may increase RCA vulnerability, with perpetrators potentially using pregnancy or contraception to maintain control. Conflicts, pressure, or disagreements regarding contraception, pregnancy continuation, abortion, or sterilisation may signal RCA risk (Lévesque et al., 2021; Clark et al., 2014) |
| <b>Concurrent intimate partner and family violence</b>                            | Experiencing concurrent or historical intimate partner and family violence (physical, sexual, psychological) may increase vulnerability to RCA (Grace and Anderson et al., 2018; Tarzia et al. 2025)  |
| <b>Restricted access to reproductive healthcare</b>                               | Barriers such as geographic isolation, poverty, transportation limitations, healthcare affordability, or limited health literacy may increase RCA risk by reducing reproductive autonomy and choice (Sheeran et al., 2023; Saldanha et al., 2025a).   |
| <b>Belonging to cultural/religious groups with restrictive reproductive norms</b> | Individuals from cultural or religious groups enforcing strict reproductive norms (e.g., son preference, prohibitions on contraception or abortion) may face increased RCA vulnerability (Saldanha et al., 2025a)   |

## ASKING ABOUT RCA IN A LEGAL CONSULT: FLOWCHART



# Responding to RCA

## RELEVANT STATUTE LAW

**Family violence legislation** in all states and territories (e.g. Family Violence Protection Act 2008 (Vic), Domestic and Family Violence Protection Act 2012 (Qld)).

- These frameworks can be used to include reproductive control behaviours (e.g. sabotaging contraception, pressuring pregnancy, coercing abortion) in intervention order applications.
- South Australia explicitly lists coercing someone to terminate or not terminate a pregnancy as family violence.

**Criminal Law** across jurisdictions capture RCA behaviours through existing offences, including:

- Sexual offences such as rape and stealthing (e.g. Crimes Act 1958 (Vic) s 36AA; Criminal Code (Qld) s 349; Criminal Code (WA) s 325).
- Assault and injury offences (e.g. Crimes Act 1900 (NSW) s 35–59; Criminal Code (Qld) s 317–320).
- Threats, stalking, and intimidation (e.g. Crimes (Domestic and Personal Violence) Act 2007 (NSW) s 13–14; Criminal Code (Qld) s 359B).
- Administering substances without consent (e.g. abortion or contraceptive drugs: Crimes Act 1958 (Vic) s 19).
- Coercive control offences, recently introduced or pending in NSW, Qld, and SA, capture patterns of reproductive coercion as part of ongoing abuse.

**Family Law** Act 1975 (Cth) recognises family violence as behaviour that coerces or controls a family member (s 4AB). RCA is included as part of that pattern. Relevant for parenting orders (s 60CC), injunctions (s 114), and cross-examination protections (s 102NA). RCA may inform court assessments of risk, capacity to parent, and best interests of the child.

**Migration** Act 1958 (Cth) and Migration Regulations 1994 (Cth) provide family violence exemptions for applicants of partner visas and dependants of certain permanent visas. RCA may be raised as part of evidence of family violence or coercive control when an applicant seeks to rely on these provisions. Victim-survivors may also access protection visas on the basis of gender-based persecution.

**Victims of Crime** (Financial Assistance or Support) Schemes in each state and territory provide financial assistance for acts of violence related to RCA, such as forced abortion, rape, or physical violence during pregnancy.

Charter of **Human Rights** and Responsibilities Act 2006 (Vic) and Human Rights Acts in the ACT and Qld protect rights to privacy, bodily integrity, and freedom from degrading treatment.

### Health Law

- Abortion and reproductive health laws (state-based) protect bodily autonomy and informed consent in reproductive decision-making (e.g. Abortion Law Reform Act 2008 (Vic); Termination of Pregnancy Act 2021 (SA); Reproductive Health (Access to Terminations) Act 2013 (Tas)).
- Assisted Reproductive Treatment Acts (e.g. Assisted Reproductive Treatment Act 2008 (Vic)) require informed consent for fertility procedures, safeguarding against coercive use.
- Guardianship laws (e.g. Guardianship and Administration Act 2019 (Vic); Guardianship and Administration Act 1990 (WA)) prevent sterilisation or contraception without tribunal authorisation.
- Health Records and Privacy Acts (state and federal) protect confidentiality around reproductive health and can be used to challenge unauthorised access to medical information.

**Note:** The application of law will depend on the specific RCA behaviour and legal context. Lawyers may need to assess the facts and apply relevant family violence, criminal, or civil laws to determine the most suitable legal response.

## CASE LAW EXAMPLES

### Metaxas v Sargent [2022] FedCFamC1F 97

**Federal Circuit and Family Court of Australia (Div 1), McEvoy J, 3 March 2022**

**Facts:**

- The mother alleged serious family violence and coercive control by the father, including conduct during pregnancy and after birth. She reported that the father pressured her not to terminate a pregnancy, stalked and verbally abused her, called her a “murderer,” and controlled her movements. After birth, he prevented her leaving the house with the baby, took her keys, and once absconded with the breastfed infant for eight hours, refusing to return him until she withdrew police involvement.

**Held:**

- The Court found the father perpetrated serious family violence, including coercive and controlling behaviour that created an unacceptable risk of psychological harm to the child. His behaviour during the pregnancy and postnatally, controlling reproductive decisions, isolating the mother, and using the child to exert control was recognised as family violence under s 4AB of the Family Law Act 1975 (Cth).

**Orders:**

- Mother granted sole parental responsibility.
- Father allowed only limited supervised contact (six times per year).

### Bergeron v Bergeron [2022] FedCFamC2F 644

**Federal Circuit and Family Court of Australia (Div 2), Jarrett J, 29 July 2022**

**Facts:**

- The mother alleged a long history of family violence, sexual assault, and coercive control by the father during their relationship.
- She described a specific incident in late 2016 in which the father sexually assaulted her while she was sedated and asleep, holding her by the hair and forcing intercourse despite her repeatedly saying “no.”
- Following the assault, she contacted her GP in distress, reporting non-consensual sex and fear of pregnancy. She stated she could not obtain or store contraception safely because she feared her husband would find out.
- The GP provided emergency contraception hidden inside a repurposed container, with instructions to take it covertly. Despite this, she later returned with a positive pregnancy test and the notes recorded “Pregnancy, unwanted.”
- The mother’s evidence indicated that this pregnancy resulted from the assault, causing her severe psychological distress, depression, and suicidal thoughts.

**Held:**

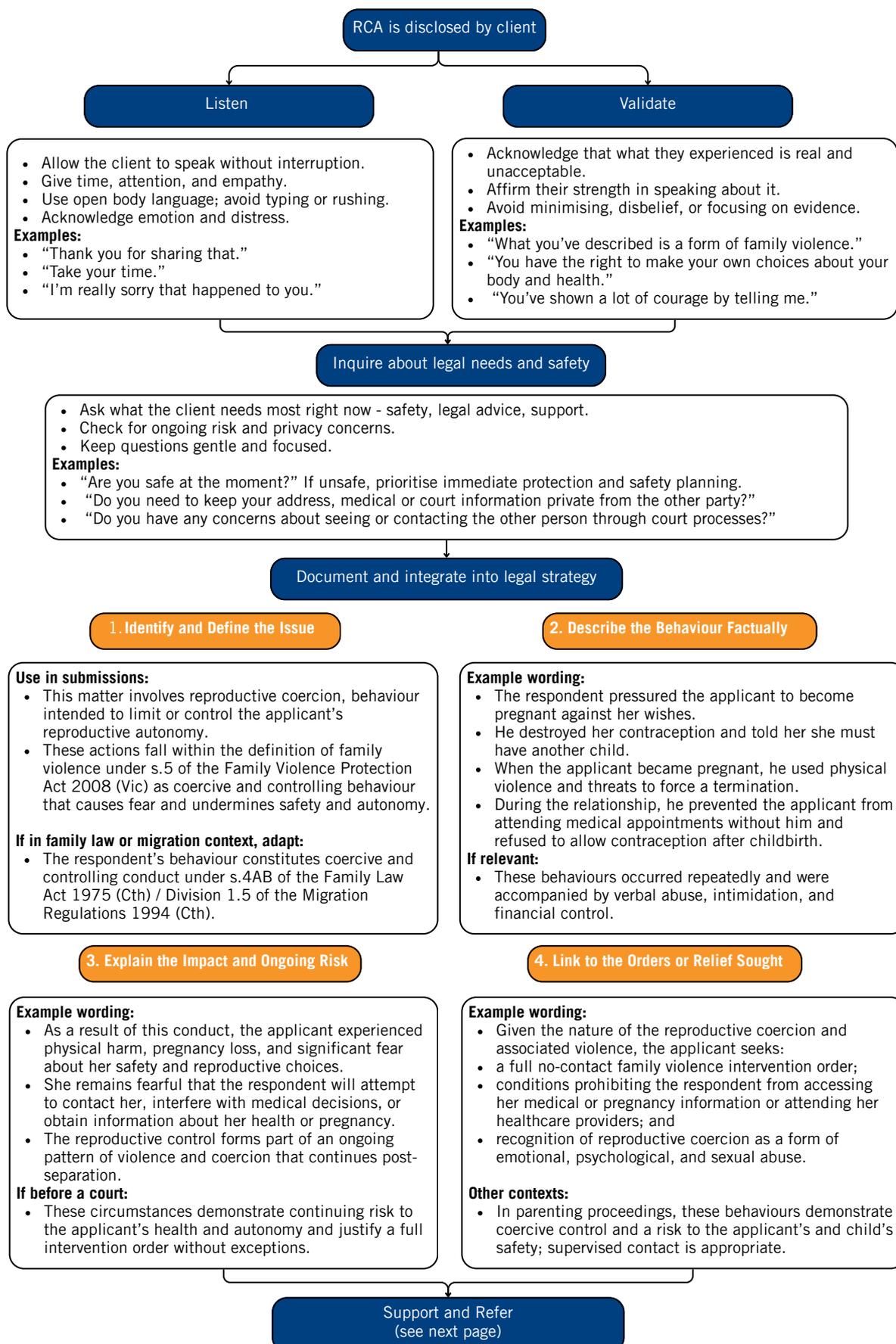
- The Court accepted that the father’s conduct amounted to serious family violence within the meaning of s 4AB of the Family Law Act 1975 (Cth).
- The judge found that the mother’s account was supported by contemporaneous medical records, including her GP’s notes documenting sexual assault, covert emergency contraception, and unwanted pregnancy.
- The father’s pattern of surveillance, intimidation, and control reinforced the coercive context of the relationship and created an unacceptable risk of psychological harm to the children if exposed to him.

**Orders:**

- The mother was granted sole parental responsibility for the children.
- The father was denied unsupervised contact, with only limited supervised time permitted each year.

## RESPONDING TO RCA IN A LEGAL CONSULT: FLOWCHART

The flowchart below has been adapted from the World Health Organization (2014) LIVES framework for responding to disclosures of violence against women.



# Referrals

## Before referring:

- Ask: “Would you like me to connect you with a service that can help with support, counselling, or safety planning?”
- Check:
  - Is it safe to call or email the client?
  - Is the perpetrator monitoring phones, emails, or appointments?
  - Is an interpreter required? (Confirm language and gender preference.)
- Offer options, empower client choice.

## SEXUAL ASSAULT AND FAMILY VIOLENCE CRISIS SUPPORT

1800 RESPECT: National 24/7 counselling, information, and referral for sexual assault, domestic, family, and reproductive coercion.

☎ 1800 737 732 🌐 [www.1800respect.org.au](http://www.1800respect.org.au)

Full Stop Australia: Specialist trauma counselling and resources for sexual, domestic, and family violence survivors, including reproductive coercion.

☎ 1800 385 578 🌐 [www.fullstop.org.au](http://www.fullstop.org.au)

### State & Territory Services

#### VIC

- Centres Against Sexual Assault (CASA) House ☎ 1800 806 292 🌐 [www.casahouse.com.au](http://www.casahouse.com.au)
- Safe Steps ☎ 1800 015 188 🌐 [www.safesteps.org.au](http://www.safesteps.org.au)
- The Orange Door 🌐 [www.orangedoor.vic.gov.au](http://www.orangedoor.vic.gov.au)

#### NSW

- Sexual Violence Helpline (Full Stop NSW) ☎ 1800 424 017
- Domestic Violence Line ☎ 1800 65 64 63

#### QLD

- Sexual Assault Helpline ☎ 1800 010 120
- DVConnect ☎ 1800 811 811 🌐 [www.dvconnect.org](http://www.dvconnect.org)

#### SA

- Yarrow Place Rape & Sexual Assault Service ☎ (08) 8226 8777
- Domestic Violence Crisis Line ☎ 1800 800 098

#### WA

- Sexual Assault Resource Centre (SARC) ☎ 1800 199 888
- Women’s Domestic Violence Helpline ☎ 1800 007 339

#### TAS

- ARCH Statewide Sexual Assault Support 🌐 [www.arch.tas.gov.au](http://www.arch.tas.gov.au)
- Family Violence Counselling & Support Service ☎ 1800 608 122 🌐 [www.safeathome.tas.gov.au](http://www.safeathome.tas.gov.au)

#### ACT

- Canberra Rape Crisis Centre ☎ (02) 6247 2525
- Domestic Violence Crisis Service ☎ (02) 6280 0900 🌐 [www.dvcs.org.au](http://www.dvcs.org.au)

#### NT

- Sexual Assault Referral Centre (Darwin & Alice Springs) 🌐 [www.health.nt.gov.au](http://www.health.nt.gov.au)

## GENERAL HEALTH AND MATERNITY CARE

Local GP clinics: First point of contact for contraception and pregnancy care  
Contact via [healthdirect.gov.au](http://healthdirect.gov.au)

Hospital antenatal / maternity clinics: Support for clients pregnant or recently postpartum; can link to perinatal mental-health and FV teams.

## MENTAL HEALTH SUPPORT

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Lifeline Australia: National 24/7 crisis support and suicide prevention for anyone in emotional distress.

☎ 13 11 14 🌐 [www.lifeline.org.au](http://www.lifeline.org.au)

Beyond Blue: National support for anxiety, depression and related mental health concerns.

☎ 1300 22 4636 🌐 [www.beyondblue.org.au](http://www.beyondblue.org.au)

Headspace: Youth mental-health support for people aged 12–25.

☎ 1800 650 890 🌐 [www.headspace.org.au](http://www.headspace.org.au)

Suicide Call Back Service: National 24/7 telephone and online counselling for people at risk of suicide, carers and those bereaved by suicide

☎ 1300 659 467

Mind Australia: Community mental-health services, psychosocial recovery, and counselling.

☎ 1300 286 463 🌐 [www.mindaustralia.org.au](http://www.mindaustralia.org.au)

Relationships Australia: Counselling, mediation, and family-support services including family-violence recovery.

☎ 1300 364 277 🌐 [www.relationships.org.au](http://www.relationships.org.au)

PANDA: Perinatal Anxiety & Depression Australia – helpline and counselling for new or expectant parents.

☎ 1300 726 306 🌐 [www.panda.org.au](http://www.panda.org.au)

Medicare Mental Health Centres: Free walk-in hubs offering information, support, and connection to local mental-health services.

☎ 1800 595 212 🌐 [www.medicarementalhealth](http://www.medicarementalhealth)

## SPECIFIC POPULATIONS

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Men's Referral Service (No to Violence) – for men using violence/worried about behaviour; info for affected family

☎ 1300 766 491 🌐 [www.ntv.org.au/mrs](http://www.ntv.org.au/mrs)

Kids Helpline: Free, confidential 24/7 phone and online counselling for young people aged 5-25.

☎ 1800 55 1800 🌐 [www.kidshelpline.com.au](http://www.kidshelpline.com.au)

InTouch Multicultural Centre Against Family Violence: FV services for migrant and refugee women, interpreters, immigration advocacy.

☎ 1800 755 988 🌐 [www.intouch.org.au](http://www.intouch.org.au)

Djirra: Aboriginal women's FV legal, cultural, and community support.

☎ 1800 105 303 🌐 [www.djirra.org.au](http://www.djirra.org.au)

13YARN: 24/7 confidential support for Aboriginal and Torres Strait Islander peoples.

☎ 13 92 76 🌐 [www.13yarn.org.au](http://www.13yarn.org.au)

QLife: LGBTIQ+ peer support and referral for relationship, identity, and family-violence issues.

☎ 1800 184 527 🌐 [www.qlife.org.au](http://www.qlife.org.au)

## COURT AND LEGAL-SUPPORT NETWORKS

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Court Network (Victoria, Queensland): Volunteers provide emotional support, information, and referrals before, during, and after court.

☎ 1800 571 239 🌐 [www.courtnetwork.com.au](http://www.courtnetwork.com.au)

Women's Legal Services (all states/territories): Free legal advice, advocacy, and safety planning.

🌐 [www.wlsa.org.au](http://www.wlsa.org.au)

Legal Aid Commissions (state/territory): Family violence and family-law legal assistance.

🌐 [www.nationallegalaid.org](http://www.nationallegalaid.org)

Applicants or Respondent Support Workers: Assist clients attending FV lists with information, safety planning, and court navigation. Available through Magistrates' Courts – ask registrar.

## REPRODUCTIVE AND SEXUAL HEALTH SERVICES

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Marie Stopes Australia: Reproductive healthcare, abortion, contraception, telehealth, counselling sensitive to RCA and family violence

☎ 1300 003 707 🌐 [www.mariestopes.org.au](http://www.mariestopes.org.au)

Sexual Health Victoria (SHV): Contraception, abortion, STI testing, nurse and GP services, professional training in RCA awareness.

☎ 03 9257 0100 🌐 [www.shvic.org.au](http://www.shvic.org.au)

Family Planning NSW: Sexual and reproductive health services, contraception, abortion, pregnancy options, sexuality education.

☎ 1300 658 886 🌐 [www.fpnsw.org.au](http://www.fpnsw.org.au)

Sexual Health Quarters (SHQ), Western Australia: Contraception, abortion, pregnancy options, education, counselling, RCA training for practitioners.

☎ 08 9227 6177 🌐 [www.shq.org.au](http://www.shq.org.au)

Sexual Health & Family Planning ACT: Reproductive and sexual health clinical care, pregnancy counselling, education, professional training.

☎ 02 6247 3077 🌐 [www.shfpact.org.au](http://www.shfpact.org.au)

True Relationships & Reproductive Health, Queensland: Pregnancy options, contraception, reproductive coercion training, sexual health clinics, inclusive education.

☎ 07 3250 0240 🌐 [www.true.org.au](http://www.true.org.au)

SHINE South Australia: Sexual health clinics, contraception, abortion, pregnancy options, RCA training, diversity-inclusive care.

☎ 1300 794 584 🌐 [www.shinesa.org.au](http://www.shinesa.org.au)

Family Planning Welfare Association, Northern Territory: Reproductive and sexual health, contraception, pregnancy options, health education in remote communities.

☎ 08 8948 0144 🌐 [www.fpwnt.com.au](http://www.fpwnt.com.au)

1800 My Options, Victoria: State wide information and referral line for contraception, pregnancy options, abortion care, and sexual health services. Confidential, non-directive, RCA-sensitive.

☎ 1800 696 784 🌐 [www.1800myoptions.org.au](http://www.1800myoptions.org.au)

1800 4 CHOICE Western Australia: Telephone information and referral for contraception, abortion, pregnancy options, and sexual health care.

☎ 1800 4 246 423

Children by Choice, Queensland: Independent, non-directive pregnancy options counselling, abortion information, reproductive coercion education, advocacy.

☎ 1800 177 725 🌐 [www.childrenbychoice.org.au](http://www.childrenbychoice.org.au)

## HOUSING AND FINANCIAL SUPPORT

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Launch Housing: Crisis accommodation, homelessness prevention, women's and family programs.

☎ 1800 825 955 🌐 [www.launchhousing.org.au](http://www.launchhousing.org.au)

Women's Housing Ltd / Women's Property Initiatives: Safe and affordable housing for women and children escaping violence.

☎ 03 9412 6868 🌐 [www.womenshousing.com.au](http://www.womenshousing.com.au)

Centrelink Social Workers: Assistance with crisis payments, income support, and safety referrals.

☎ 132 850 (ask for a social worker)

NILS (No Interest Loan Scheme – Good Shepherd): Interest-free loans for essential needs, including relocation and medical costs.

☎ 13 64 57 🌐 [www.goodshep.org.au](http://www.goodshep.org.au)

Financial Counselling Australia: Free financial advice and advocacy for people experiencing family or economic abuse.

☎ 1800 007 007 🌐 [www.financialcounsellingaustralia.org.au](http://www.financialcounsellingaustralia.org.au)

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