Working with Women Alliance

POLICY BRIEF

REPRODUCTIVE COERCION AND ABUSE

NOVEMBER 2025

Submitted by:
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Acknowledgement of Country

The National Women's Safety portfolio, as part of the Working with Women Alliance (WwWA), acknowledges the Traditional Owners of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land. We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.

About Us

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact. We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.

About the Artist
Sheri Skele, also known as Bigi Nagala, a proud Bidjara woman and contemporary Aboriginal artist, explores an d shares her rich cultural tapestry, personal experiences, and healing aspirations.

Hailing from South West Queensland's vast Bidjara land, rich Indigenous cultural heritage, healing sites, pristine bushlands, lagoons, wildlife, and ancient waterways, Sheri's art captures this sacred landscape.

Executive Summary

Reproductive coercion and abuse (RCA) is a prevalent but underrecognised form of family, domestic and sexual violence (FDSV) that undermines reproductive autonomy and contributes to unintended pregnancy, unsafe or unsupported pregnancy outcomes and widening health inequities, particularly for women facing structural disadvantage and those in rural and regional areas with limited access to services. Although national strategies acknowledge RCA, Australia has no national definition, standardised screening or prevalence data, and responses across health, justice and community systems remain fragmented and inconsistent. RCA includes contraceptive sabotage, pressure to become or remain pregnant, pressure to terminate a pregnancy, threats linked to pregnancy decisions, and withholding access to healthcare, money or transport needed to exercise reproductive choice.[1] It is primarily perpetrated by men against women,[2] frequently cooccurs with intimate partner violence[3] and financial abuse and carries heightened risks for Aboriginal and Torres Strait Islander women, migrant and refugee women, young women, women with disability, gender diverse people and those experiencing socioeconomic disadvantage.

The paper identifies four main system gaps: inconsistent service responses (across DFV, health, police, courts and guardianship systems), workforce knowledge and training deficits, uneven abortion access compounded by unregulated conscientious objection, and the absence of national data and monitoring on RCA. These gaps leave people navigating disconnected systems while experiencing coercion that restricts their ability to seek timely, safe reproductive healthcare and protection

To address this, the Working with Women Alliance (WwWA) proposes five national reforms: establishing national leadership and standards for reproductive healthcare and RCA responses; guaranteeing safe, timely abortion and reproductive healthcare, including regulated conscientious objection, stronger referral pathways, expanded workforce and interpreter access; embedding RCA in coercive control, family violence and related legal frameworks; building workforce capability across health, legal and frontline sectors through mandated training and bestpractice guidelines; and creating national data and evidence systems, including RCA measures in the ABS Personal Safety Survey and funded qualitative research to support monitoring and practice improvement.

Purpose and Principles

This policy position outlines the Working with Women Alliance's (WwWA) priorities for addressing reproductive coercion and abuse (RCA) as a significant barrier to safe and equitable reproductive healthcare in Australia. RCA is a distinct form of family, domestic and sexual violence that undermines reproductive autonomy and bodily integrity. It includes behaviours that pressure, force or manipulate reproductive decisions, including pregnancy continuation, termination and contraceptive use.

The purpose of this brief is to strengthen national clarity, coherence and accountability in preventing and responding to RCA through evidence informed reforms and a systems approach that centres the rights and safety of those most affected.

This brief is guided by four principles:

1. **Person centred care**

Reproductive healthcare must uphold autonomy and dignity.

2. **Trauma informed practice**

Responses must acknowledge the impacts of violence and avoid re-traumatisation.

3. **Reproductive justice**

Individuals must have the resources, rights and power to make reproductive decisions free from coercion.

4. **Human rights and accessibility**

Safe, timely reproductive healthcare must be available regardless of postcode or circumstance.

Disclaimer

This policy brief specifically recognises reproductive coercion and abuse (RCA) as a critical component to accessing reproductive care in Australia. The focus reflects the intent to provide clear, actionable recommendations within these areas, acknowledging that comprehensive reproductive health requires attention across a wider range of topics beyond the scope of this brief.

Key Issues

Inadequate and fragmented systems and services

Current systems do not provide consistent responses to RCA. Domestic and family violence services often focus on physical violence and do not consistently integrate reproductive abuse into screening or safety planning. Some health services can identify RCA but lack clear referral pathways, particularly in rural and regional areas where reproductive healthcare is limited.[4]

Police responses are inconsistent across jurisdictions. Legal practitioners note limited tools for raising RCA in court, and judicial outcomes often depend on individual understanding of coercive control. People are left navigating disconnected systems such as healthcare, Centrelink, child support and social services while experiencing coercion that restricts their ability to seek help.

Women with disability face additional barriers, particularly within guardianship and substitute decision-making systems where decisions regarding contraception and sterilisation may occur without meaningful consent.[5]

Workforce Gaps and Inconsistent Professional Practice

Health practitioners frequently report limited awareness and confidence in recognising or responding to RCA.[6] Legal professionals similarly report uncertainty regarding how RCA fits within existing frameworks such as family law, child protection and coercive control.[7]

Existing practice guides[8] are not consistently embedded into routine practice. Without nationally consistent training and clear guidance, RCA is treated as peripheral rather than central to violence against women. Inconsistent or misleading information about reproductive rights further compounds barriers to safe care.

Conscientious Objection

When abortion services are difficult to access, the impact of RCA is amplified. People living outside metropolitan areas face significant travel, cost and availability barriers that can delay or entirely prevent access to reproductive healthcare.

Conscientious objection is inconsistently regulated and poorly enforced. Some people report being turned away without information or support. Western Australia explicitly permits institutional conscientious objection,[9] creating uncertainty for other jurisdictions. International evidence shows that high rates of conscientious objection significantly restrict access to lawful abortion.[10] Unregulated refusal of care can amount to practitioner or institution enabled reproductive coercion.

Evidence and Monitoring Gaps

Australia does not collect national data on reproductive coercion. The ABS Personal Safety Survey does not include items that capture reproductive coercion. Qualitative research remains essential to capture lived experience, particularly among priority populations.

Recommendations

The Working with Women Alliance (WwWA) identifies five priority reforms that will strengthen national responses to reproductive coercion and support safer reproductive decision-making.

1. Establish National Leadership and Standards

Create a national body responsible for leading national reform on reproductive healthcare and reproductive coercion. This body should coordinate policy development, support implementation across jurisdictions, and ensure that reproductive coercion is consistently recognised within health, justice and social service systems. It should set national standards for service delivery, develop best practice guidelines and work with states, territories and peak bodies to ensure reforms are sustained over time. Centralised leadership is essential so that women and pregnant people do not face different levels of protection depending on where they live or which service they access.

2. Guarantee Safe and Timely Access to Abortion and Reproductive Healthcare

Access to abortion and contraception must not depend on location, income or individual provider discretion. Strengthening and enforcing referral pathways is essential so that people seeking care receive timely, accurate information and are not blocked or delayed. Regulation of conscientious objection must be clear, transparent and enforceable with consequences for non-compliance. Access can be significantly improved by expanding the trained workforce, including nurses, midwives and ACCHOs, and by ensuring that interpreter services are available and appropriately funded in all reproductive healthcare settings. These changes will reduce barriers that are often exploited in situations of reproductive coercion.

3. Embed Reproductive Coercion in National Legal and Policy Frameworks

Reproductive coercion should be explicitly recognised within coercive control legislation, family violence law, and related national policy frameworks. Embedding RCA strengthens the ability of police, courts and legal practitioners to identify and respond to it, and ensures that it is considered in decisions relating to protection orders, parenting matters and victims' compensation. National consistency will prevent the current uneven responses across jurisdictions and ensure that people experiencing RCA can access protection regardless of where they live or which legal pathway they enter.

4. Build Workforce Capability Across Health, Legal and Frontline Sectors

All practitioners who intersect with reproductive decision-making need clear skills and guidance to identify, respond to and prevent reproductive coercion. Mandatory training, supported by national best practice guidelines, should be embedded across health, legal, policing and frontline services. Training must include risk assessment, trauma informed communication, referral pathways and an understanding of how reproductive coercion intersects with cultural, economic and social factors. Improved professional capability will ensure that people experiencing RCA receive consistent and safe responses wherever they seek help.

5. Establish National Data and Evidence Systems

Australia requires reliable national data to understand the scale, nature and impacts of reproductive coercion. Including RCA measures in the ABS Personal Safety Survey will allow policymakers to track prevalence nationally and monitor changes over time. Funding for qualitative research, particularly for priority populations, is essential to capture lived experience and the diverse ways RCA occurs. National definitions and service standards will support consistent data collection across jurisdictions and services. A stronger evidence base will guide effective policy responses and ensure accountability for progress.

References

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