

# REPRODUCTIVE COERCION AND ABUSE

SUPPORTING THE LEGAL ASSISTANCE SECTOR TO UNDERSTAND AND RESPOND

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## **ACKNOWLEDGMENT OF COUNTRY**

SMLS acknowledges the Bunurong People and the Wurundjeri People, the Traditional custodians of the land where 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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## **ACRONYMS**

RCA Reproductive Coercion and Abuse  
CLC Community Legal Centre  
SMLS South-East Monash Legal Service Inc.  
IPV Intimate Partner Violence  
FV Family Violence  
FAS Financial Assistance Scheme  
CPD Continuing Professional Development  
PSIO Personal Safety Intervention Order

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# OVERVIEW

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Reproductive coercion and abuse (RCA) is a violation of the fundamental human right to autonomy over one's body and reproductive choices. As a pervasive form of family violence, RCA requires a robust response from all sectors working with victim-survivors. This includes the legal sector, where lawyers supporting victim-survivors play a critical role in ensuring their voices are heard, their rights are protected, and clear pathways to safety are established.

Despite the significance of RCA, there is a lack of understanding regarding current legal responses to RCA across various criminal and civil legal frameworks. This raises critical questions: **What does the legal response to RCA look like across different areas of law? How can legal practitioners be better equipped to support victim-survivors effectively in these contexts? And what additional measures are necessary from a justice perspective to comprehensively address this pressing human rights issue?**

In 2023, South-East Monash Legal Service Inc. (SMLS) was awarded a Victoria Law Foundation Knowledge Grant to explore and enhance legal practitioners' competency in responding to RCA, as well as to identify effective strategies and interventions that ensure the legal assistance sector can support disclosures of RCA more effectively.

## KEY FINDINGS

- 1. The community legal sector plays a critical role in identifying and addressing RCA**, yet gaps remain in training, awareness, and the ability to frame RCA as a distinct form of abuse.
- 2. Legal recognition of RCA is limited**, with many areas of law addressing RCA implicitly within legislative frameworks, relegating it to a secondary concern, often overshadowed by family violence behaviours that have greater legal and societal visibility.
- 3. Legal practitioners need training to recognise and respond to RCA.** This includes building awareness of RCA, developing skills to identify it in legal consultations, using trauma-informed and culturally safe practices, enhancing cultural awareness, working with interpreters, fostering interdisciplinary collaboration, and improving knowledge of referral and support services.
- 4. Targeted legal and policy reforms needed to address RCA include:**
  - Explicit recognition of RCA in legislation
  - Integrated and holistic support for victim-survivors
  - Review of Judicial Education and Training
  - Consistent survivor-centred police responses
  - Improved immigration pathways for victim-survivors
  - Preventing the Weaponisation of RCA in Legal disputes
  - Interpreter access and training
  - Awareness and advocacy on RCA

## PART ONE

## BACKGROUND & EVIDENCE REVIEW

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The following section provides a background on RCA, including its definition, key behaviours, and evidence on RCA within the legal sector. It also introduces our research project, which focuses on evaluating and enhancing the capacity of the legal sector to effectively address RCA.

### 1.1 WHAT IS REPRODUCTIVE COERCION AND ABUSE (RCA)

RCA is broadly recognised as being perpetrated to achieve two primary outcomes: promoting pregnancy or preventing pregnancy (Sheeran et al., 2022). Perpetrators employ a range of behaviours to impose their desired reproductive outcomes, often disregarding or overriding the autonomy and choices of the individual who holds the right to make their own reproductive decisions.

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Reproductive coercion and abuse (RCA) includes behaviours that undermine an individual's autonomy in making reproductive health decisions (Grace & Anderson, 2018). These behaviours include coercion, manipulation, or force aimed at influencing decisions related to contraception, pregnancy, or pregnancy outcomes. RCA is predominantly perpetrated against women and individuals with female reproductive systems, typically by intimate partners, and is increasingly recognised as a distinct form of intimate partner violence (IPV) and gender-based violence (GBV) (Tarzia & Hegarty, 2021). While current or former male intimate partners are the most frequent perpetrators (Grace & Anderson, 2018; Silverman & Raj, 2014), other family members such as parents-in-law may also instigate or perpetrate RCA (Moulton et al., 2021). Additionally, RCA can be facilitated by individuals outside of a victim-survivors' immediate relationships, including healthcare providers and cultural or religious leaders (Humphreys & Sheeran, 2024; Boyce et al., 2020; Douglas et al., 2021; Gupta et al., 2012).

There is ongoing debate regarding the scope and definition of RCA, particularly whether structural forms of reproductive control—such as laws, policies, or social norms—should be categorised as RCA. For the purposes of this report, however, the focus is on interpersonal forms of RCA.

RCA is broadly recognised as being perpetrated to achieve two primary outcomes: promoting pregnancy or preventing pregnancy (Sheeran et al., 2022). Perpetrators employ a range of behaviours to impose their desired reproductive outcomes, disregarding or overriding the autonomy and choices of the individual who holds the right to make their own reproductive decisions. These behaviours can range from subtle forms of manipulation, such as guilt-tripping or emotional blackmail, to overt acts of coercion, force, and control.

Promoting pregnancy involves coercive and controlling actions designed to pressure or force an individual into conceiving or continuing a pregnancy against their will. This can include:

- **Forced Conception:** The use of violence, coercion, or pressure to cause an unwanted conception or pregnancy. This can range from persistent pressure to become pregnant to forced sexual acts that result in pregnancy (Miller & Silverman, 2010).

- **Interference with Contraception:** Actions aimed at sabotaging an individual's ability to prevent pregnancy. This includes forbidding use of contraception, deception (such as falsely claiming to be infertile), or tampering with contraceptive methods, including non-consensual removal of condoms—a practice commonly referred to as “stealthling”—

with the intent of causing pregnancy (Miller et al., 2010; Tarzia et al., 2020).

- **Pressure to Continue a Pregnancy:** Coercion or control to compel someone to carry an unwanted pregnancy to term. This may involve denying access to abortion services through violence, intimidation, or other controlling behaviours that limit the individual's ability to make autonomous decisions (Grace & Anderson, 2018).

Preventing pregnancy, on the other hand, involves coercive actions aimed at stopping conception or terminating a pregnancy, against an individual's desires. This includes:

- **Forced Contraception:** Imposing contraceptive measures, including permanent methods such as sterilisation without an individual's informed consent, thereby removing their ability to control their reproductive choices (Sheeran et al., 2022).

- **Pressure to End a Pregnancy:** Coercion, manipulation, or violence to force someone to terminate a wanted pregnancy. This may include psychological abuse, threats, physical violence, or actions intended to cause a miscarriage (Grace & Anderson, 2018).

In all RCA cases, perpetrators use strategies that aim to undermine an individual's autonomy over their reproductive decisions, often relying on various forms of violence and control to achieve their desired outcomes. This includes physical violence (e.g., assault or threats of harm), psychological abuse (e.g., intimidation, isolation, or verbal degradation), sexual violence (e.g., rape, stealthing, or forced sexual acts), economic abuse (e.g., withholding financial resources to control access to contraception or abortion), spiritual abuse (e.g., using religious or spiritual beliefs to justify control or restrict reproductive choices) and cultural or social abuse (e.g., leveraging cultural norms, stigma, or community pressure to enforce compliance) (Tarzia & Hegarty, 2021, Grace & Anderson, 2018, Marie Stopes Australia, 2020). By systematically undermining an individual's autonomy and decision-making power, RCA

represents a profound violation of personal rights and bodily integrity.

Patterns of RCA align with the broader concept of coercive control, which involves ongoing domination aimed at stripping an individual of independence, freedom, and self-determination (Douglas et al., 2021; Crossman & Hardesty, 2018). However, it is important to note that not all RCA occurs within coercive control (Tarzia & McKenzie, 2024). While some RCA reflects broader patterns of coercive control, other instances are motivated by entitlement or self-interest, rather than sustained control (Tarzia & McKenzie, 2024). Research also highlights that while individual forms of RCA can occur in isolation, victim-survivors can also experience multiple forms of RCA within a single pregnancy (Wood et al., 2020), further compounding their trauma and limiting their ability to assert control over their reproductive health.

RCA is linked to unintended pregnancies, sexually transmitted infections, poor maternal and child health outcomes, and heightened risks of physical and mental health issues, including depression, anxiety, and trauma-related disorders (Miller et al., 2010; Fay & Yee, 2020; Sheeran et al. 2025; McCauley et al. 2014). With growing research on these health impacts, RCA is increasingly recognised as a critical issue in healthcare settings such as family planning, primary care, and tertiary care services. Evidence highlights the need for healthcare providers to identify RCA and address its effects through trauma-informed care, ensuring victim-survivors receive appropriate support and interventions (Fay & Yee, 2018; Zachor et al., 2018).

From a social justice perspective, RCA is inherently a gender-based issue, as it stems from and perpetuates gender inequality. RCA enforces patriarchal control over reproductive decision-making, disproportionately affecting women and individuals with marginalised gender identities (Warling et al., 2023). This not only exacerbates cycles of poverty, educational disruption, and economic dependency (Graham et al., 2023) but also entrenches systemic



inequities that restrict autonomy. Moreover, inadequate legal protections and healthcare barriers leave victim-survivors without the necessary support or recourse (Douglas et al., 2021; Warling et al., 2023), reinforcing structural oppression. Addressing RCA is critical to advancing gender equity, safeguarding human rights, and creating a more inclusive and just society where everyone can fully exercise control over their reproductive choices.

## 1.2 RCA AND THE COMMUNITY LEGAL SECTOR

**Integrating evidence-based training into the community legal sector would not only enhance practitioners' ability to respond to RCA but also strengthen the community legal sector's ability to provide meaningful accountability and holistic support for those affected.**

RCA extends beyond being a health and social justice concern; it is also a legal issue. RCA infringes upon fundamental human rights, including bodily autonomy, freedom from violence, and reproductive choice (United Nations, 1979). The behaviours associated with RCA intersect with various criminal and civil violations, such as sexual violence, physical assault, and coercion, as well as extreme cases of forced sterilisation or abortion. These acts contravene legal protections against gender-based violence and exploitation, underscoring the necessity of legal accountability (Douglas et al., 2021). Despite its serious implications, RCA remains under-recognised within many areas of the legal system, which limits victim-survivors' access to justice and comprehensive support (Douglas et al., 2020).

The community legal sector in Australia plays a role in addressing human rights violations like RCA (Noone, 2001; Charter of Human Rights and Responsibilities Act (Vic), 2006). Community legal centres (CLCs), which are not-for-profit organisations, provide free or low-cost legal assistance to individuals who face systemic barriers to accessing mainstream legal services (Giddings & Noone, 2004). These centres frequently engage with issues such as family violence (FV), family law, and human rights violations. Community lawyers within CLCs may serve as the first point of contact with

the justice system for individuals experiencing RCA. Their expertise provides an opportunity for them to identify patterns of coercive control, including RCA, and assist victim-survivors in seeking legal remedies such as FV intervention orders, family law interventions, and immigration support. Moreover, CLC work extends beyond individual cases, as they engage in systemic advocacy to address legislative and policy shortcomings related to RCA. However, prior research conducted with community legal practitioners in Melbourne and Brisbane has highlighted that RCA remains insufficiently recognised within existing legal frameworks (Douglas et al., 2020; Douglas et al., 2021).

Significant gaps persist in how RCA is addressed within the community legal sector, mirroring challenges seen in other sectors that support victim-survivors of family and gender-based violence. Legal practitioners often lack training and resources specific to RCA, leaving them underprepared to identify and respond to its nuanced dynamics. Existing legal frameworks and response protocols rarely consider RCA as a distinct form of violence (Douglas et al., 2021), which can lead to victim-survivors struggling to have their experiences acknowledged and validated within the justice system if they wish to do so. RCA also frequently intersects with other legal matters, including FV, family law and parenting dis-

putes, but these intersections are often overlooked in standard legal education and practice (Douglas et al., 2020). Without adequate guidance, legal practitioners may fail to recognise the distinct harms of RCA in legal matters, potentially overlooking its impact on victim-survivors and responding in ways that are inconsistent or retraumatising, ultimately compromising their access to justice and appropriate support.

Addressing these gaps requires a concerted effort to build a legal response that is both trauma-informed and survivor-centred, one that fully recognises and responds to the complexities of RCA. Central to achieving this is the development of evidence-based training programs tailored to the unique needs of legal practitioners within their Continuing Professional Development (CPD) requirements. Such training would equip lawyers with the knowledge and tools to identify RCA, understand its intersections with broader legal issues, and provide compassionate and effective support to victim-survivors. Integrating evidence-based training into the community legal sector would not only enhance practitioners' ability to respond to RCA but also strengthen the community legal sector's ability to provide meaningful accountability and holistic support for those affected. Recognising this critical need provided the foundation for our research project, which aimed to explore how RCA is currently addressed in the community legal sector and to identify gaps in training and resources for legal practitioners.

*In all RCA cases, perpetrators use strategies that aim to undermine an individual's autonomy over their reproductive decisions, often relying on various forms of violence and control to achieve their desired outcomes.*

### 1.3 OUR RESEARCH PROJECT – RESPONDING TO RCA WITHIN THE VICTORIAN COMMUNITY LEGAL SECTOR

The ultimate goals of the project are to improve the experiences of RCA victim-survivors engaging with the legal system, enhance justice outcomes, and contribute to a more coordinated, holistic response to RCA. By equipping legal practitioners with a deeper understanding of RCA and its complexities, the research aims to foster a more survivor-centred and effective legal framework.

The Reproductive Coercion and Abuse (RCA) Project aimed to evaluate and strengthen the capacity of the Victorian community legal sector to effectively address RCA. Recognising the unique challenges faced by community legal practitioners in identifying and responding to RCA, the project sought to build a comprehensive understanding of the sector's current capabilities and identify gaps in knowledge, skills, and resources that hinder effective responses.

To achieve these objectives, the project employed a multi-method approach:

- **Statute and Case Law Review:** Examining legislation, legal cases and interpretations to assess how RCA is addressed within the existing legal framework.

- **Case Study Analysis:** Reviewing cases of RCA involving anonymised clients of SMLS to evaluate current legal practices and identify areas for reflection and improvement.

- **Mapping Review of Existing Training:** Assessing RCA-related training resources available in other sectors to inform the creation of tailored resources for legal practitioners.

- **Focus Groups:** Engaging with community legal practitioners to explore existing gaps in knowledge, skills, and confidence, as well as to identify specific training and resource needs.

This research project addresses a critical gap in how RCA is understood and managed within the community legal sector. By providing a justice-focused adaptation of existing RCA knowledge, it aims to empower legal practitioners with the tools and insights needed to approach RCA cases with sensitivity, competence, and a trauma-informed perspective. The ultimate goals of the project are to improve the experiences of RCA victim-survivors engaging with the legal system, enhance justice outcomes, and contribute to a more coordinated, holistic response to RCA. By equipping legal practitioners with a deeper understanding of RCA and its complexities, the research aims to foster a more survivor-centred and effective legal framework.

This report presents key findings from the project, offering valuable insights into the current challenges and capabilities of the legal sector in addressing RCA. The research serves as a foundation for developing targeted training and resources that enhance the legal sector's ability to provide compassionate, effective support for victim-survivors.

## PART TWO

## RESEARCH DESIGN AND APPROACH

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This section outlines the research setting, describes the types of data collected—including focus group discussions, case study analyses, case law reviews, and training mapping—and details the process of data collection and analysis undertaken to identify the training needs of Victorian community legal practitioners.

### 2.1 PROJECT SETTING

For this project, SMLS collaborated with researchers from the University of Melbourne, including Professor Laura Tarzia and Professor Heather Douglas. Together, this partnership combined academic expertise with SMLS’s practical, on-the-ground experience in supporting clients facing complex legal and social challenges.

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**S**MLS is a CLC based in South-East Melbourne and operates within Australia’s extensive network of 151 CLCs, providing free legal advice, casework, and community education to individuals experiencing disadvantage and/or systemic challenges. SMLS has a longstanding history of assisting community members facing vulnerability and disadvantage, offering support across various legal areas, including FV. During the 2023–24 financial year, SMLS assisted over 5,653 clients.

For this project, SMLS collaborated with researchers from the University of Melbourne, including Professor Laura Tarzia and Professor Heather Douglas. Prof Tarzia is a leading expert in gender-based violence, with a focus on improving responses to sexual violence, IPV and RCA in healthcare and broader social systems. Her research is deeply informed by the voices of victim-survivors, generating novel theoretical insights that can be directly applied to practice. Prof Douglas is a distinguished scholar in the field of law, with extensive experience in researching legal responses to domestic and family violence, including coercive control and RCA. Her

work has contributed to shaping legal policy and practice through her focus on survivor-centered, trauma-informed legal approaches. Together, this partnership combined academic expertise with SMLS’s practical, on-the-ground experience in supporting clients facing complex legal and social challenges. This synergy bridged critical gaps between research, policy, and practice, ensuring that the development of any RCA training and resources for legal practitioners were both theoretically and evidentially grounded and practically applicable.

## 2.2 PROJECT METHODOLOGY

This research employed a multi-method approach, integrating qualitative, review-based, and case-based methodologies to explore the challenges and training needs of legal practitioners addressing RCA cases. The specific methods are detailed below.

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### LEGISLATIVE REVIEW

A review of Victorian state and Federal legislation, spanning both criminal and civil law, was conducted to examine how RCA behaviours are addressed under existing legal frameworks. This included an analysis of statutory provisions intersecting with RCA, such as those within FV, migration law, and criminal law.

A systematic review of case law was conducted to assess how RCA is interpreted and managed in legal cases. Using WestLaw Australia, an advanced search with Boolean operators and keywords identified cases involving coercion, violence, abuse, or pressure related to reproduction (contraception, abortion, or pregnancy). The search query was: (Coerc\* OR Violen\* OR Abus\* OR Pressur\* OR Forc\*) AND (Contra\* OR Abort\* OR Pregnan\*), limited to full-text cases published in the year 2024. The search returned 342 results, which were screened for relevance. Inclusion criteria focused on cases explicitly addressing violence and reproductive issues, excluding those unrelated to reproduction. 23 cases met the criteria and were included in the review.

### CASE STUDY ANALYSES

Anonymised client scenarios were developed into case studies to illustrate the ways in which RCA victim-survivors engaged with the community legal sector and relevant areas of law. These analyses provided a contextualised understanding of RCA within legal frameworks, identifying recurring themes and areas requiring targeted interventions.

### MAPPING OF EXISTING RCA TRAINING AND RESOURCES

The project also conducted a mapping review (Tran et al., 2014) to identify and assess existing training programs and resources related to RCA available to service providers who support victim-survivors. A grey literature search was performed using general search engines (Google, Google Scholar) to locate current RCA training offerings in Australia. Each resource was evaluated based on its content focus, target audience, and learning outcomes. This mapping exercise aimed to highlight gaps in the availability of professional development opportunities and inform the creation of tailored training modules and practical tools to enhance legal practitioners' capacity to address RCA cases effectively.

## FOCUS GROUP DISCUSSIONS

This project employed a qualitative focus group methodology (Plummer-D'Amato, 2008) to explore the experiences and perspectives of community legal practitioners in identifying and supporting victim-survivors of RCA. The focus groups were designed to gather rich, in-depth data about practitioners' knowledge, tools, and training needs related to RCA within the legal sector.

The project targeted a purposive sample (Li-amputtong, 2020) of approximately 30 Victorian community legal practitioners, including lawyers and paralegals, with expertise in FV law, family law, sexual violence, or immigration. Participants were recruited via targeted emails sent to CLCs across Victoria, who were asked to share the project details with legal practitioners in their organisations. Additionally, the project was also advertised on professional networks, including SMLS' LinkedIn platform, to reach practitioners with an interest in or experience with RCA. These invitations included a plain language project information statement outlining the project's objectives, procedures, and expected commitment. Recruitment materials also emphasised that participation was voluntary, confidential, and allowed for withdrawal at any stage without consequences.

Focus groups were conducted between September and November 2024 and were held either in person at accessible community venues, such as legal offices, or online via Zoom videoconferencing platform to accommodate participants' preferences and schedules. Focus groups lasted approximately 90 minutes, offering sufficient time for detailed discussion while respecting participants' professional commitments.

Ms Susan Saldanha, the research project officer, facilitated each focus group using a semi-structured question guide to ensure consistency across sessions while providing the flexibility to explore emergent themes. Key discussion topics included:

- Participants' experiences with RCA cases.
- Challenges in identifying and responding to RCA disclosures.
- Recommendations for tools, training, and resources to enhance legal practitioners' capacity to support RCA victim-survivors effectively.

To maintain integrity of the data, all discussions were audio-recorded with participants' consent. These recordings were transcribed verbatim by an external transcription service to ensure accuracy and consistency in capturing participants' contributions.

The data were analysed using qualitative content analysis, as outlined by Hsieh and Shannon (2005), to identify patterns, categorise information, and interpret findings. Themes were generated inductively and iteratively to capture participants' shared experiences and insights. NVivo software was used to organise and analyse the data systematically. Collaborative discussions among researchers further enhanced the reliability and validity of the analysis, refining themes to reflect the nuanced insights shared by participants.

## 2.3 PROJECT ETHICS AND CONSENT PROCESSES

The project received ethical approval from the University of Melbourne Human Research Ethics Committee (ID: 2024-30480-56090-2). A robust ethical framework underpinned the study, emphasising informed consent, confidentiality, and voluntary participation.

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### CONSENT

Focus group participants provided written informed consent, ensuring they fully understood the project's purpose and their involvement. Consent forms, distributed and collected by the research project officer, outlined participants' rights and reiterated that participation was voluntary, with no repercussions for withdrawal at any stage.

### RISK MANAGEMENT

Recognising the nature of RCA discussions, several measures were implemented to mitigate potential risks:

- Participants were briefed on the importance of maintaining client confidentiality and avoiding the disclosure of identifying information.
- Support resources, including contact details for 1800 Respect and the Employee Assistance Programme (EAP), were provided.
- Discussions were conducted in a respectful and supportive environment to minimise distress and encourage open dialogue.

### DATA SECURITY

All data were stored on password-protected servers at SMLS and the University of Melbourne, accessible only to the authorised researchers. Data will be retained for five years and securely destroyed thereafter, in line with institutional policies. Personal information was de-identified as early as possible, and pseudonyms were used in all transcripts and notes. Contextual information that could indirectly identify participants was anonymised further to protect confidentiality without compromising data integrity.

## PART THREE

**FINDINGS**

This section outlines the findings from our research across the different phases of data collection.

**3.1 LEGISLATIVE PROVISIONS FOR RCA UNDER STATUTORY LAW**

While there is no specific Victorian statute addressing RCA as a distinct legal category, several behaviours constituting RCA can be captured under existing criminal and civil legislation. RCA behaviours manifest in various forms, including physical, psychological, sexual, financial, and emotional abuse.

**CHARTER OF HUMAN RIGHTS AND RESPONSIBILITIES ACT 2006 (VIC)**

The Victorian Charter of Human Rights and Responsibilities Act 2006 provides an overarching legal framework to address RCA, which violates several human rights protected under the Charter. It can be used alongside other legal claims, such as breaches of FV or sexual assault legislation, to strengthen the case while framing RCA as a human rights violation. Key sections include:

**Section 10 - Protection from Torture and Cruel, Inhuman, or Degrading Treatment:** RCA behaviours amount to degrading treatment, e.g. forced sterilisation. Psychological abuse, such as threats or manipulation around reproductive choices, can also meet the threshold of degrading treatment.

**Section 10(c) - Right to Protection from Medical Experimentation without Consent:** Forcing medical procedures related to fertility or pregnancy without informed consent breaches this protection.

**Section 13 - Right to Privacy and Family:** RCA interferes with personal decisions about contraception, pregnancy, and family planning, violating privacy and autonomy.

**Section 14 - Freedom of Thought, Conscience, Religion, and Belief:** Coercing individuals to act against their beliefs about reproduction may breach this right.

**Section 17 - Protection of Families and Children:** RCA undermines family well-being by disrupting family dynamics and exposing children to abusive environments.

**CRIMES ACT 1958 (VIC)**

Several sections of the Crimes Act 1958 (Vic) may potentially apply to RCA, depending on the specific circumstances of the coercive behaviour. We focus on the behaviour used to enact RCA - such as physical violence, threats, or administering substances—that are relevant under legislation, rather than the reproductive outcome (e.g., pregnancy, termination, or pregnancy loss). Below is an explanation of relevant provisions and how they may apply to RCA.

**OFFENCES AGAINST THE PERSON**

**Section 18 – Causing Injury Intentionally or Recklessly:** Physical harm caused through coercive acts, such as sabotaging contraception or violence during pregnancy.

**Section 19 – Offence to Administer Certain Substances:** Administering drugs or substances without consent to affect reproductive capacity, such as forcing someone to take contraceptives or abortion-inducing drugs.

**Section 21 – Threats to Inflict Serious Injury:** Threats of physical harm designed to influence reproductive decisions (e.g., forcing someone to continue or terminate a pregnancy).

**Section 21A – Stalking:** Persistent harassment, intimidation, or surveillance aimed at controlling reproductive decisions, such as pressuring someone to continue or terminate a pregnancy.

**Section 22 – Conduct Endangering Life:** Any act



of violence that endangers a person's life, such as severe physical assault or strangulation, to enforce or prevent reproductive outcomes.

**Section 23 – Conduct Endangering Persons:** Non-lethal but severe physical violence, such as throwing objects or physical restraint, intended to cause harm to influence reproductive decisions.

**Section 31 – Assaults:** Physical acts of violence, such as hitting, restraining, or physical intimidation, used to compel or prevent reproductive decisions (e.g., continuing or terminating a pregnancy).

### SEXUAL OFFENSES

**Section 36AA – Circumstances in which a Person does not Consent:** Coercion, intimidation, deception, or abuse of power related to reproductive decisions that invalidates consent, potentially resulting in sexual offences.

**Section 38 – Rape:** Sexual penetration without valid consent, including threats or intimidation linked to reproductive choices.

**Section 39 – Sexual Assault:** Non-penetrative sexual acts intended to manipulate or control reproductive decisions.

**Section 45 – Procuring Sexual Act by Fraud:** Applies to RCA where deception (e.g., falsely claiming infertility or a vasectomy) is used to obtain consent for unprotected sex, invalidating consent.

### FV CONTEXT

**Section 34AD – Non-Fatal Strangulation:** Non-fatal strangulation, a common tactic in IPV, may be used to instil fear or compliance in reproductive decision-making.

**Section 322J – Evidence of Family Violence:** Allows evidence of FV to be introduced in the context of self-defence to explain the dynamics of coercion and control, highlighting why a person may have appeared to respond in a particular way to reproductive demands.

**Section 322M – Family Violence and Self-Defence:** Acknowledges that victim-survivors of RCA in an FV context may act in self-defence, including using force in response to coercive control.

### INTIMIDATION AND EXPLOITATION

**Section 27 – Extortion:** Using threats or manipulation to force compliance with reproductive demands, such as pressuring someone to terminate a pregnancy by threatening their livelihood.

**Section 87 – Blackmail:** Threats to expose personal information or inflict financial harm to control reproductive decisions.

### KIDNAPPING AND DETENTION

**Section 47 – Abduction or Detention for a Sexual Purpose:** Detaining someone to coerce sexual activity or control reproductive choices.

**Section 63A – Kidnapping:** Forcibly confining or removing someone to control their access to reproductive healthcare (e.g., preventing an abortion).

### CRIMINAL DAMAGE AND TAMPERING

**Section 197 – Destroying or Damaging Property:** Tampering with birth control pills, piercing condoms, or damaging property to sabotage reproductive choices.

### OTHER RELEVANT PROVISIONS: ADDITIONAL SECTIONS THAT MAY APPLY TO RCA-RELATED BEHAVIOURS INCLUDE:

**Section 65 – Abortion Performed by Unqualified Person:** Forcing someone to undergo an abortion by an unqualified person.

**Section 321G – Incitement:** Encouraging or coercing someone to commit illegal acts, such as undergoing an unqualified abortion or denying contraception.

### SUMMARY OFFENCES ACT 1966 (VIC)

The Summary Offences Act 1966 (Vic) addresses less serious but still harmful forms of conduct, which can overlap with RCA behaviours in certain situations. Summary offences are prosecuted in the Magistrates' Court and may serve as alternatives or supplement more serious indictable offences in the Crimes Act 1958 (Vic).

**Section 9 – Wilful Destruction, Damage etc. of Property:** Intentional damage to property, such as destroying contraceptives or breaking a phone to prevent contact with reproductive health services.

**Section 17 – Obscene, Indecent, Threatening Language and Behaviour in Public:** Use of threatening, abusive, or intimidating language in public, such as outside a family planning clinic to pressure them into continuing or terminating a pregnancy.

**Section 23 – Common Assault:** Physical intimidation or minor acts of violence, such as grabbing or restraining a partner to stop them from accessing contraceptive services.

### FAMILY VIOLENCE PROTECTION ACT 2008 (VIC)

The Family Violence Protection Act 2008 (Vic) provides a legal remedy to address a wide range of abusive behaviours within families, including RCA. The Act defines FV as behaviour that is coercive, controlling, or causes fear in a family member (Section 5). RCA behaviours, such as pressuring someone to terminate or continue a pregnancy, sabotaging contraception, or denying reproductive autonomy, may fall within this definition. These behaviours can manifest in physical, sexual, psychological, emotional, financial abuse or coercive control. For instance, physical violence may involve assault causing a miscarriage and sexual abuse could include pressuring or coercing someone into unwanted sexual activity to achieve pregnancy. The Act also explicitly recognises non-physical forms of abuse, such as emotional manipulation or intimidation, as FV. This ensures that behaviours like undermining a partner's reproductive autonomy or using threats to control their decisions are acknowledged

**Section 24 – Aggravated Assault:** More serious forms of assault, such as physical violence following an argument over reproductive decisions.

**Section 49A – Loitering with Intent to Commit an Indictable Offence:** Loitering near healthcare facilities or family planning clinics to monitor or intimidate someone to ensure they comply with coercive reproductive demands.

**Section 49B – Use of Surveillance Devices Without Consent:** Using tracking devices or covert surveillance to monitor the victim-survivor's movements and access to reproductive health services.

as serious and harmful.

Victim-survivors of RCA can apply for FV intervention orders under the Act (**Part 4**). As a civil remedy, these orders are designed to safeguard individuals from further abuse and may include specific conditions to prevent harmful behaviours. For example, an intervention order could prohibit the abuser from engaging in coercive actions related to the victim-survivor's reproductive choices, sabotaging contraception, or accessing their medical information. It could also require the abuser to allow the victim-survivor to access essential services, such as medical appointments, with breaches constituting an offence under **Section 37** and **Section 123** of the Act.

Under **Part 3, Division 2 (Sections 24–40)**, the Act also includes notice provisions that ensure parties are properly informed about intervention order

applications, hearings, and conditions. These provisions enhance procedural fairness and protection by guaranteeing that respondents receive sufficient notice of proceedings and are aware of their obligations under any intervention order. Failure to comply with notice requirements can affect the validity and enforceability of orders.

The Act also protects victim-survivors from direct cross-examination by their abuser in court (**Section 70**). This measure helps to minimise the trauma associated with court proceedings and promotes a safer environment for giving evidence. When RCA affects children—such as when they are exposed to or impacted by controlling behaviours directed towards a parent—the Act prioritises their safety and includes provisions to address these wider harms.

#### PERSONAL SAFETY INTERVENTION ORDERS ACT 2010 (VIC)

The Personal Safety Intervention Orders Act 2010 (Vic) (PSIO Act) protects individuals from harmful behaviours in non-familial contexts. While RCA is often associated with family or intimate relationships, the PSIO Act extends its protections to victim-survivors where the person using RCA is not a family member or partner (Section 4).

The PSIO Act is specifically designed to address behaviours that are ongoing, repetitive, or pose a serious threat to an individual's personal safety. The Act is particularly relevant in cases where RCA involves perpetrators outside the bounds of family or intimate relationships. Examples include:

- New partners of former partners and their family members who may not meet the legal definition of a familial relationship under FV legislation but continue to harass, stalk, or coerce victims regarding their reproductive decisions.
- Leaders in religious or cultural communities who leverage their authority to pressure or coerce individuals into making specific reproductive choices. For instance, religious leaders may use their influence to discourage or prohibit the use of contracep-

*While RCA is often associated with family or intimate relationships, the PSIO Act extends its protections to victim-survivors where the person using RCA is not a family member or partner (Section 4).*

tion, abortion, or sterilisation, effectively restricting reproductive autonomy.

Under the PSIO Act, breaching the conditions of an intervention order is an offence under Section 100, punishable by fines or imprisonment.

**VICTIMS OF CRIME (FINANCIAL ASSISTANCE SCHEME) ACT 2022 (VIC)**

The Victims of Crime (Financial Assistance Scheme) Act 2022 (Vic) establishes the Financial Assistance Scheme (FAS) to support victims of violent crime in Victoria with their recovery by providing financial assistance. Like the Crimes Act 1958 (Vic), behaviours used to enact RCA may constitute criminal acts covered under the Act. Using the special financial assistance table from the FAS Guidelines (Williams, 2024), RCA- related behaviours could fall under various criminal categories.

Category	Violent Act	RCA Related Behaviours	Single Violent Act Compensation	Related Acts Compensation
A	<ul style="list-style-type: none"> <li>Sexual penetration (rape)</li> <li>Attempted murder</li> </ul>	<ol style="list-style-type: none"> <li>Rape to impregnate someone</li> <li>Attempting to harm or kill someone to prevent access to influence reproductive decisions</li> </ol>	Minimum: \$9,334 Maximum: \$20,000	Minimum: \$11,668 Maximum: \$25,000
B	<ul style="list-style-type: none"> <li>Sexual assault</li> <li>Non-fatal strangulation</li> <li>Kidnapping</li> <li>Deprivation of liberty for the purpose of sexual penetration</li> </ul>	<ol style="list-style-type: none"> <li>Sexual assault tied to RCA (e.g., unwanted sexual activity without contraception).</li> <li>Non-fatal strangulation during an argument over reproductive decisions</li> <li>Holding someone against their will to force a pregnancy decision</li> </ol>	Minimum: \$2,600 Maximum: \$6,500	Minimum: \$3,250 Maximum: \$8,125
C	<ul style="list-style-type: none"> <li>Threat of death</li> <li>Threat to commit a sexual offense</li> <li>Conduct inflicting serious injury</li> </ul>	<ol style="list-style-type: none"> <li>Threatening to kill someone if they seek an abortion</li> <li>Threatening sexual violence to force compliance with reproductive demands</li> <li>Physical violence (e.g., punching) causing serious injury related to reproductive decisions</li> </ol>	Minimum: \$1,300 Maximum: \$2,600	Minimum: \$1,625 Maximum: \$3,250
D	<ul style="list-style-type: none"> <li>Threat of injury</li> <li>Assault against a person</li> <li>Deprivation of liberty</li> <li>Offense involving an intimate image</li> </ul>	<ol style="list-style-type: none"> <li>Threatening injury to pressure someone into continuing or terminating a pregnancy</li> <li>Slapping, grabbing, or restraining someone during disputes about contraception.</li> <li>Sharing intimate images to coerce reproductive choices</li> </ol>	Minimum: \$650 Maximum: \$1,300	Minimum: \$812.50 Maximum: \$1,625

## **KEY APPLICATIONS**

- **Single Violent Acts:** If a single behaviour related to RCA (e.g. rape) meets the criteria of a Category A, B, C, or D violent act, the victim-survivor can receive the compensation specified for single violent acts.
- **Related Acts:** In cases where multiple instances of RCA (e.g., repeated sexual assaults) are connected, victim-survivors may qualify for the related acts compensation, which provides higher maximum payouts.
- **Additional Assistance:**
  - **Medical Expenses:** Costs for treatment of physical injuries resulting from RCA-related violence (e.g., emergency care, surgery).
  - **Counselling and Psychological Treatment:** Coverage for therapy to address trauma and mental health impacts.
  - **Safety and Security:** Funding for measures such as relocation or home security, if safety is at risk.
  - **Loss of Earnings:** Compensation for income lost due to inability to work because of RCA-related harm.

## **ABORTION LAW REFORM ACT 2008 (VIC)**

The Abortion Law Reform Act 2008 (Vic) contains provisions that, while not explicitly addressing RCA, carry significant implications for how health professionals respond to such behaviours. For example, Section 8 of the Act ensures access to abortion services even in the face of conscientious objection by healthcare providers. If a provider refuses to perform an abortion due to personal beliefs but fails to refer the patient to another provider who can offer the service, this constitutes a violation of the Act.

However, the Act does not explicitly address RCA-related behaviours of coerced continuation or termination of pregnancy. In contrast, South Australia's Termination of Pregnancy Act 2021 and

amendments to the Intervention Orders (Prevention of Abuse) Act 2009 explicitly define coercion to terminate or continue a pregnancy as domestic and non-domestic abuse, offering clearer protections for victim-survivors of RCA. The South Australian Act also explicitly prohibits terminations for the purpose of sex selection unless it is deemed medically necessary (Section 12).

## **ASSISTED REPRODUCTIVE TREATMENT ACT 2008 (VIC)**

The Assisted Reproductive Treatment Act 2008 (Vic) governs the use of assisted reproductive technologies (ART), and includes provisions aimed at preventing misuse related to RCA. Section 11 requires written, informed consent from all parties involved in ART procedures. This consent provision is critical in safeguarding individuals from being coerced into participating in ART treatments, ensuring autonomy and protection in reproductive

decision-making. In addition, Section 28 prohibits the selection of an embryo's sex for non-medical reasons. This regulation plays a role in addressing RCA by limiting the misuse of ART for practices like coerced sex selection.

### GUARDIANSHIP AND ADMINISTRATION ACT 2019 (VIC)

The Guardianship and Administration Act 2019 (Vic) protects individuals with impaired decision-making capacity from non-consensual reproductive interventions, such as sterilisation, contraception, or forced fertility treatments. The Act defines significant treatment under Section 3 as a medical treatment that carries a significant degree of risk or impact on the individual, which includes procedures such as sterilisation and intrauterine device (IUD) insertion or removal.

Under Section 69, medical treatment decision-makers cannot consent to significant treatments without approval from the Victorian Civil and Administrative Tribunal (VCAT). This process ensures that such interventions are conducted in the individual's best interests, with appropriate oversight to prevent exploitation or abuse. Behaviours constituting RCA - such as forced contraception, withholding contraceptive options, forced sterilisation, and forced fertility treatments—are addressed within

### MIGRATION ACT 1958 (CTH)

The Migration Act 1958 (Cth) and associated Migration Regulations 1994 (Cth) offer several mechanisms for non-Australian citizens experiencing RCA to seek protection and support. RCA as a form of gender-based violence, may constitute grounds for humanitarian protection and partner visa FV provisions.

- **Protection Visas (Section 36):** The Act includes provisions for granting protection visas to individuals who face persecution in their home countries based on factors such as membership of a particular social group, which can include women subjected to gender-based violence like RCA.
- **Family Violence Provisions (Migration Regulations 1994 – Division 1.5 and 2024 Amendments):** Division 1.5 of the Migration Regulations 1994 outlines the criteria for recognising FV for partner visa applicants. The Migration Amendment (Family Violence Provisions for Partner Visa Applicants) Regulations 2024 strengthens these provisions by ensuring that

this framework. By mandating informed consent or VCAT approval, the Act reinforces reproductive autonomy and provides essential protections for vulnerable individuals, particularly people living with a disability.

victim-survivors of domestic and family violence, including RCA, have clearer pathways to maintain their visa status without remaining in abusive relationships. Under these provisions, victim-survivors can provide evidence of FV, including psychological and coercive behaviours, to establish their claims.

- **Non-refoulement Obligations (Subdivision A of Division 8):** The Act emphasises that Australia has non-refoulement obligations under international law, meaning individuals cannot be returned to a country where they are at risk of significant harm, including gender-based violence.
- **Ministerial Discretion (Sections 195A, 417, 501J):** The Minister for Immigration has discretionary powers to intervene in cases where individuals may not strictly meet visa criteria but where humanitarian considerations justify granting a visa. Victim-survivors of RCA might fall within this scope if their circumstances warrant protection on compassionate grounds.

- **Visa Cancellations and Deportations (Division 9):** The Act provides mechanisms to prevent deportation of individuals at risk of harm, which can include those fleeing RCA. This aligns with Australia's international obligations to protect against gender-based persecution.
- **Bridging and Temporary Visas (Sections 35A, 37, etc.):** Temporary visas could be issued to individuals while their claims for protection are assessed, ensuring safety during legal processes.

#### FAMILY LAW ACT 1975 (CTH)

The Family Law Act 1975 addresses RCA through its definitions and provisions concerning FV. Specifically:

- **Definition of Family Violence (Section 4AB):** The Act defines FV as violent, threatening or other behaviour by a person that coerces or controls family member. This includes various forms of abuse—physical, sexual, emotional, psychological, and financial—that could align with RCA.
- **Court Consideration in Parenting Orders (Sections 60CC and 68P):** When determining parenting arrangements, the court must prioritise the best interests of the child and consider any history or risk of FV, including coercion related to reproductive choices. This can protect victim-survivors and ensure safe environments.
- **Injunctions for Protection (Section 114):** Courts can grant injunctions to protect victim-survivors of RCA. For example, restraining an abusive partner from interfering in reproductive health decisions or forcing medical procedures.
- **Mandatory Reporting and Court Response (Sections 67Z and 67ZA):** Allegations of FV, including RCA, must be reported and acted upon promptly in family law proceedings to ensure that such coercive acts are identified and addressed in legal decisions.
- **Cross-Examination Protections (Section 102NA):** In cases involving allegations of FV, including RCA, the Act provides protections for victim-survivors during cross-examinations to minimise trauma.

### 3.2 CASE LAW REVIEW

This section examines legal cases across Australian jurisdictions in 2024 where RCA behaviours were identified, irrespective of their influence on the final legal outcome. It explores the role RCA plays in legal reasoning and assesses whether these behaviours were acknowledged and addressed in judicial decisions.

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<b>Federal Circuit and Family Court of Australia (Division 1)</b>					
<a href="#">Qureshi v Abernathy</a> , [2024] FedCFamC1F 21	9 Feb 2024	Family law - parenting orders and child protection	At age 17, mother reported being told by the father and her mother that she had to terminate her pregnancy	Sole parental responsibility awarded to the father; supervised visitation for the mother	Custody was denied to the mother. Allegation of RCA was not accepted due to mother's lack of credibility and supporting evidence
<a href="#">Lundin v Almstedt</a> , [2024] FedCFamC1F 186	21 Mar 2024	Family law - parenting orders dispute	Allegation that father sexually assaulted mother, resulting in pregnancy (no evidence provided on father's reproductive intent)	Mother awarded sole parental responsibility; father ordered no contact unless initiated by children	Allegation was not substantiated; decision was based on findings of parental capacity children
<a href="#">Emer v Caris</a> , [2024] FedCFamC1F 251	17 April 2024	Family law - de facto relationship dispute and property settlement	Male applicant allegedly pressured female respondent to terminate a pregnancy during their relationship	Declaration made that no de facto relationship existed between the parties; male applicant's claims upheld	Parties did not meet the legal threshold for a de facto relationship, limiting RCA's role in the case outcome
<a href="#">Damus v Anders</a> , [2024] FedCFamC1F 419	26 June 2024	Family law - application for nullity and divorce	Respondent (wife) pressured applicant (wife) to conceive a child to "cement" the relationship, pressured into marriage after pregnancy	Application for nullity dismissed; divorce granted	Pressure to conceive not determinative in the court's decision



Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<a href="#">Eide v Yoxall (No 2)</a> , [2024] FedCFamC1F 320	14 Aug 2024	Family law – de facto relationship, practice and procedure	Respondent (male) pressured applicant (female) to terminate pregnancy, offering \$100,000 to do so	Court ordered child support obligations; no change to parenting orders	RCA noted but did not impact the final ruling
<a href="#">Khatri v Khatri</a> , [2024] FedCFamC1A 152	6 Sep 2024	Family law - parenting and appeal against final orders	Male appellant (husband) coerced female respondent (wife) into multiple terminations through threats of suicide and other emotional manipulation	Appeal dismissed; mother retained sole parental responsibility; no contact ordered for the father	RCA was central to findings of FV and no-contact orders
<b>Federal Circuit and Family Court of Australia (Division 2)</b>					
<a href="#">Finlay v Finlay</a> , [2024] FedCFamC2F 153	31 Jan 2024	Parenting orders involving FV	Father pressured mother to terminate pregnancies with children Y and Z through verbal abuse and threats	Sole parental responsibility awarded to the mother; father prohibited from contact with children	RCA highlighted father's controlling behaviour, contributing to findings of unacceptable risk to the children
<a href="#">Telito v Glass</a> , [2024] FedCFamC2F 501	24 April 2024	Parenting dispute - child custody and adoption claims	Mother alleged she was pressured by her aunt (who cannot bear children) to conceive a child for adoption, permitted in their Country culture	Court upheld previous orders returning the child to the aunt and uncle	RCA (pressure to conceive for adoption) was raised but did not determine the final custody decision
<a href="#">Salera v Baranski</a> , [2024] FedCFamC2F 632	22 May 2024	Parenting orders and allegations of FV	Father verbally abused the mother, calling her derogatory names and questioning why she didn't get an abortion when he told her to	Father awarded sole parental responsibility; mother permitted supervised contact only	RCA not central; decision focused on broader concerns about risks posed by the mother

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<a href="#">Gulek v Sidu</a> , [2024] FedCFamC2F 948	22 July 2024	Family law - parenting orders dispute	Father coerced mother into terminating pregnancy, also requested a psychologist to convince her. Pushed mother, called her derogatory names, and ignored her for weeks after she refused	Mother awarded sole parental responsibility; father permitted supervised time only	RCA contributed to findings of FV and unacceptable risk
<a href="#">Coulson v Wayfield</a> , [2024] FedCFamC2F 979	26 July 2024	Family law - parenting orders dispute	Mother claimed father sexually assaulted her, leading to pregnancy (no evidence provided about father's reproductive intent)	Sole parental responsibility awarded to mother; supervised time for father	Allegation was not substantiated and did not influence the court's decision
<a href="#">Rahaim v Sadri</a> , [2024] FedCFamC2F 1502	28 Oct 2024	Family law - parenting dispute	Mother alleged father insisted she terminate pregnancy, physically pushing her during an argument	Sole parental responsibility awarded to mother; father ordered no contact	RCA contributed to findings of FV and risk
Administrative Appeals Tribunal of Australia					
<a href="#">TGRN v Minister for Immigration, Citizenship and Multicultural Affairs</a> , [2024] AATA 155	8 Feb 2024	Migration - visa cancellation appeal	Applicant (male) engaged in sexual intercourse with half-sister (16), leading to pregnancy and birth of a child (no evidence provided of applicant's reproductive intent)	Appeal dismissed; visa cancellation upheld	Decision focused on risk to the Australian community

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<b>Supreme Court of New South Wales</b>					
<a href="#">R v Geeves (No 7)</a> , [2024] NSWSC 1168	16 Sep 2024	Criminal law – Crown prosecuting for alleged murder	<p>Pressure to terminate pregnancy conceived at 15 years of age by cousin - by great aunt, partner's mother (aunty), and mother</p> <p>Potential forced pregnancy via sexual abuse by defendants (landlord and his wife)</p>	Both defendants found not guilty	RCA presented as central to murder motive: to cause victim's pregnancy and gain custody of her child
<b>Court of Criminal Appeal for New South Wales</b>					
<a href="#">Director of Public Prosecutions (NSW) v Woilinski</a> , [2024] NSWCCA 139	2 Aug 2024	Criminal law - Crown appeal against sentence	Accused (male) raped the 14-year-old victim and ejaculated inside her against her wishes. Accused punched the victim in the abdomen multiple times, telling her it was to "get rid of the baby"	Appeal allowed; sentence increased to 11 years' imprisonment	Major aggravating factor in resentencing
<a href="#">R v Karim</a> , [2024] NSWCCA 234	13 Dec 2024	Criminal law - Crown appeal against sentence for domestic violence and drug offences	<p>Male (husband) pressured the female victim (wife) to terminate her pregnancy through threats, verbal abuse, and coercion</p> <p>Husband inflicted grievous bodily harm on the victim, including kicking, stomping, and choking, causing the death of the fetus in utero</p>	Crown appeal upheld; original sentence deemed manifestly inadequate. The perpetrator was resentenced to 15 years imprisonment, with a non-parole period of 10 years	RCA behaviours, including coercion and extreme violence, central to the case

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<b>New South Wales Civil and Administrative Tribunal</b>					
<a href="#">Danaei v Medical Council of New South Wales</a> , [2024] NSW-CATOD 116	1 Aug 2024	Occupational regulation - medical practitioner deregistration appeal	Applicant (doctor) engaged in a sexual relationship with a vulnerable female patient, leading to pregnancy (no evidence provided of doctor’s reproductive intent)	Application for reinstatement to medical register denied	Pregnancy resulting from unethical doctor-patient relationship was a key factor in findings of professional misconduct
<b>District Court of New South Wales</b>					
<a href="#">R v Griffin</a> , [2024] NSW-DC 316	28 June 2024	Criminal law - sexual offences against a minor	Accused (male, 24) had sexual intercourse with a 14-year-old victim, resulting in pregnancy (no evidence provided of accused’s reproductive intent)	Convicted; sentenced to 3 years’ imprisonment with a non-parole period of 2 years	Central aspect of the offence but was not treated as an additional aggravating factor in sentencing
<b>Western Australian Court of Appeal</b>					
<a href="#">Western Australia v MGT</a> , [2024] WASCA 136	4 Nov 2024	Criminal law - state appeal against sentence for unlawful sexual penetration	Male respondent, a trusted household member, engaged in unprotected sexual intercourse with a 14-year-old female victim, resulting in pregnancy (no evidence provided of respondent’s reproductive intent)	Appeal allowed; sentence increased to 4 years and 9 months’ imprisonment with parole eligibility after 2 years and 9 months	Pregnancy as a result of unlawful sexual penetration was a central aggravating factor in the case

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<b>South Australian District Court</b>					
<a href="#">R v Bleyen-berg</a> , [2024] SADC 148	12 Nov 2024	Criminal law - sexual abuse of a child	<p>Accused (stepfather) arranged for the victim (stepdaughter) to use contraception at 14 years to conceal abuse</p> <p>Accused (stepfather) told victim (stepdaughter), "I'm gonna get you pregnant," during abuse</p>	Found guilty; significant custodial sentence imposed	RCA highlighted as part of controlling and silencing abuse
<b>South Australian Court of Appeal</b>					
<a href="#">Rezaei v The King</a> , [2024] SASCA 150	19 Dec 2024	Criminal law - appeal against rape conviction and sentence	<p>Accused (husband) raped the complainant (female) resulting in a pregnancy (no evidence provided of accused's reproductive intent)</p> <p>Later told her to terminate the resulting pregnancy</p>	Appeal dismissed; 21 years and 10 months' imprisonment upheld	RCA part of coercive control but not the primary legal focus
<b>Victorian Court of Appeal</b>					
<a href="#">Russo v The King</a> , [2024] VSCA 40	22 Mar 2024	Criminal law - appeal against sentence for FV offences	Accused (husband) physically assaulted the victim (wife) when she attempted to leave the relationship and terminate the pregnancy	Appeal dismissed; original sentence of 8 years' imprisonment upheld	RCA was part of a broader pattern of coercive control and violence

Case Citation	Decision Date	Legal Matter	RCA Behaviours in Case	Legal Outcome	Role of RCA in Legal Case
<b>District Court of Queensland</b>					
<a href="#">HL v HR</a> , [2024] QDC 126	9 Aug 2024	Civil claim for damages arising from historical sexual abuse	Plaintiff (stepdaughter) alleged the defendant (stepfather) sexually abused her from ages 9 to 17, resulting in pregnancy at 18 (no evidence provided of defendant’s reproductive intent). Defendant unsuccessfully pressured plaintiff to terminate the pregnancy	Application to set aside default judgment granted; stay of civil proceedings denied	RCA central to the abuse allegations but not the primary factor in procedural rulings

The case law review underscores the limited but growing recognition of RCA in both criminal and family law contexts across Australia. RCA behaviours in these cases ranged from psychological coercion to physical violence and sexual abuse. Coercion to terminate pregnancies, contraceptive interference, and forced pregnancies are being increasingly acknowledged in judicial proceedings. Several pregnancies in the reviewed cases were the result of rape or unlawful sexual contact, where the intent to cause pregnancy was unclear. Research suggests that instances of rape or stealthing without clear intent to cause pregnancy should not be classified as RCA (Tarzia & Hegarty, 2021; Tarzia et al., 2020). However, the legal context is more complex, as case law demonstrates that intent was not a key factor in judicial decisions. Instead, courts focus on the risk of pregnancy to the victim-survivor, placing greater emphasis on negligence, recklessness, or failure of the perpetrator of sexual violence to take reasonable care to prevent pregnancy. The question of how intent fits within the legal framework for de-

fining RCA remains unresolved, reflecting the complexity and evolving nature of this area of research.

In criminal law, RCA is often treated as an aggravating factor within broader patterns of violence, occasionally leading to harsher sentences on appeal. In family law, RCA is recognised as a form of coercive control and FV, influencing decisions aimed at safeguarding children and non-offending parents. Legal outcomes were diverse, depending on the strength of evidence, credibility of allegations, and the specific legal matter at hand. While RCA was frequently highlighted in cases, it was not always central to legal outcomes. Judicial decisions often relied on other factors, such as the best interests of the child in family disputes or the level of physical harm in criminal cases.

### 3.3 SMLS CASE STUDIES

Many instances of RCA do not reach the court system and matters such as FV intervention order proceedings are not publicly available like decisions from higher courts. To broaden understanding of how RCA manifests and is addressed in the CLC sector, this report draws on anonymised case studies from SMLS. These examples illustrate how victim-survivors of RCA seek assistance from community legal practitioners, revealing how RCA presents in areas of FV, family law, and migration, while shedding light on its profound and multifaceted impact on those affected.

#### CASE STUDY: CONTROL BEYOND CONCEPTION

1

**Service:** Integrated Services for Survivor Advocacy (Victims of Crime Assistance Tribunal (VOCAT))

**Advice Sought:** Assistance with an application for financial support

The applicant's statutory declaration painted a harrowing picture of RCA intertwined with a pattern of abusive control by her ex-husband. Her first pregnancy was coerced through a combination of psychological manipulation and sexual pressure. During her second pregnancy, he escalated his control, procuring medication to induce an abortion against her will. Following childbirth, he demanded sexual relations, ignoring medical advice and her recovery needs. His behaviour extended beyond reproductive control to financial domination and included isolation from support networks.

**Outcome:** The Tribunal acknowledged that the applicant was a victim-survivor of rape, awarding her \$10,000 in recognition of the violence and its enduring impact.

#### CASE STUDY: A CHOICE DENIED

2

**Service:** Mother's Legal Help (Health Justice Partnership)

**Advice Sought:** Support for upcoming mediation with the child's father

The client revealed that during her pregnancy, her ex-partner pressured her to terminate, going as far as taking her to a clinic and coercing her into signing termination paperwork. Despite his efforts, the procedure did not proceed. This RCA episode left lasting emotional scars, shaping the dynamics of their post-separation parenting relationship.

**Outcome:** Family law advice focused on safeguarding the child's wellbeing, incorporating structured parenting arrangements, mandatory parenting courses, financial support obligations, and detailed documentation of interactions.

### CASE STUDY: VIOLENCE WITH REPRODUCTIVE CONSEQUENCES

3

**Service:** FV Duty Lawyer Service, Magistrates Court

**Advice Sought:** Assistance with an intervention order

The client sought assistance from the FV Duty Lawyer Service to obtain a full intervention order against her ex-partner. Supported by Victoria Police and using an interpreter, she described a harrowing pattern of physical violence. Her partner's violent actions were intended to terminate her pregnancies, resulting in two miscarriages of wanted pregnancies. This deliberate use of physical violence to end pregnancies highlights a severe form of RCA where reproductive control overlaps with emotional and physical abuse to exert power and strip away autonomy.

**Outcome:** The court granted a full no-contact order, offering the client a pathway to safety and recovery.

### CASE STUDY: INTERSECTION OF RCA AND MIGRATION

4

**Service:** Mother's Legal Help – Parenting Advice and Referral to Safe Landing (Migration)

**Advice Sought:** DNA testing to confirm paternity and assist with government agency claims

The client's de-facto partner, from a conservative religious background, vehemently opposed her pregnancy, citing cultural and familial pressures. His coercive behaviour included sexual assault, physical intimidation, and verbal threats to force her into terminating the pregnancy. His sister contributed to the abuse, verbally abusing the client to compel a termination. Despite this, the child was born, only for the father to deny paternity and revoke sponsorship for her partner visa. This left the client navigating not only the legal implications of RCA but also the complexities of migration and parental rights.

**Outcome:** The client received parenting advice and a referral to the Safe Landing Program, a specialised service to address the intersecting issues of safety, migration, and financial stability.



These cases reveal the pervasive nature of RCA, illustrating its intersection with coercive control, physical violence, and systemic vulnerabilities such as financial dependence, legal challenges, and migration pressures. From financial reparations to child-focused mediation and protective court orders, the role of legal services is critical in addressing RCA and supporting victim-survivors. RCA is rarely an isolated experience—each case highlights its frequent overlap with emotional, physical, and psychological abuse aimed at controlling a victim-survivor’s autonomy. Legal interventions, such as compensation and intervention orders, provided essential recognition and protection, while integrated support services such as migration and health justice partnerships offered pathways to safety, parenting assistance, and trauma recovery. These examples also emphasise the need for culturally sensitive, intersectional responses that address migration-related vulnerabilities and cultural pressures, ensuring victim-survivors receive holistic, tailored support.

### 3.4 MAPPING REVIEW OF RCA TRAINING AND RESOURCES FOR SERVICE PROVIDERS

This mapping review catalogs existing RCA training programs, workshops, resources targeted to service providers in Australia. The objective was to provide an overview of available training, highlighting their structure, content, target audience, and learning outcomes.

Training/ Workshop Name	Provider	Format (Cost)	Key Content	Target Audience	Learning Outcomes
<a href="#">Understanding RCA: Specialist FDV Sector Training</a>	Sexual Health Quarters (SHQ), Western Australia	6 hours eLearning + 2-hour in-person workshop (\$198 + \$375 eLearning)	Recognising RCA, responding to disclosures, referral pathways, collaboration with healthcare professionals	FV and community sector workers	Identify RCA, refer clients to appropriate services, collaborate with healthcare providers
<a href="#">Inquiring About IPV/ RCA: Clinical Education for Individual Clinicians</a>	SHQ	6 hours eLearning + 2-hour in-person workshop (\$198 + \$375 eLearning)	IPV and RCA in clinical practice, trauma-informed care, referral strategies	Healthcare professionals (doctors, nurses, counselors)	Conduct sensitive inquiries, apply trauma-informed care, provide effective referrals
<a href="#">Intimate Partner Violence (IPV) and RCA eLearning</a>	SHQ	6-module online self-paced course (\$350 clinicians, \$150 non-clinicians and students)	IPV and RCA recognition, safe conversations, and referral techniques	Healthcare professionals, social workers, counselors, psychologists, allied health, students	Enhance confidence in managing IPV and RCA cases, provide trauma-informed and survivor-centered care
<a href="#">Introduction to RCA Workshop</a>	Children by Choice, Queensland	4-hour online interactive workshop (\$40-65 + booking fee)	RCA's history, impact, and strategies for trauma-informed care and safety planning	Social workers, nurses, GPs, support workers	Build confidence in identifying RCA, develop safety plans, and provide trauma-informed support
<a href="#">Pregnancy Choices and RCA Training</a>	Women's Health Tasmania	4-hour workshop (\$30)	Abortion care, RCA recognition, trauma-informed support, legal obligations	Healthcare and support professionals	Deliver non-directive, trauma-informed support, identify RCA, understand legal frameworks

## RESOURCES AND GUIDES

Resource Name	Provider	Format	Key Topics Covered	Target Audience
<a href="#">Practice Guide on RCA</a>	Australian Institute of Family Studies (AIFS)	Online guide	Definition, RCA tactics, impacts, inquiry strategies, and support tips	Non-specialist practitioners
<a href="#">Contraception and RCA Resource</a>	Children by Choice	Interactive online tool + PDF	Contraceptive options under RCA, identifying RCA, supporting safe reproductive decisions	Consumers, health-care professionals
<a href="#">AMA Manual on Family Violence</a>	Australian Medical Association	PDF manual	Identifying and supporting patients experiencing FV, including RCA	Medical practitioners

The mapping review revealed a limited number of RCA training opportunities for service providers, most targeted towards healthcare providers. The existing programs primarily focus on understanding and recognising RCA, conducting sensitive inquiries, and delivering trauma-informed care and support. Few programs, such as Women’s Health Tasmania’s Pregnancy Choices and RCA Training, include content on understanding legal obligations related to RCA. Most training is delivered through self-paced eLearning modules or short in-person workshops, with key learning outcomes centered on identifying RCA, developing safety plans, and making appropriate referrals.

Based on the mapping review of training, a critical gap exists in training specifically tailored for legal practitioners. Despite the legal implications of RCA in areas such as family law, immigration, and FV intervention orders, there are no dedicated training programs designed to address the unique

challenges faced by legal practitioners. As a result, lawyers often lack the tools and resources needed to identify and respond effectively to RCA during legal consultations or in court proceedings. This gap highlights an important opportunity to develop innovative training programs for legal practitioners. Such initiatives could empower them to better support victim-survivors, advocate for reproductive autonomy, and address RCA within the legal system.

## 3.5 FOCUS GROUP INSIGHTS

### 3.5.1 PARTICIPANT PROFILE

A total of 23 community legal practitioners from Victoria participated in the focus groups. Of these, four identified as male, and one was a paralegal. Many practitioners reported working across multiple areas of law: approximately 11 had experience in FV, around 12 specialised in family law, six in migration law, one in criminal defence, and two in victims of crime or sexual violence.

### 3.5.2 FRAMING AND RECOGNITION OF RCA

Participants reported that RCA was rarely explicitly recognised or labelled as a distinct form of abuse in legal practice. It was often described as intrinsically linked to other forms of abuse and seldom encountered in isolation. As a result, RCA was typically framed within broader categories such as FV, emotional abuse, sexual abuse, or coercive control. This approach reflects the limitations of existing legislation, which often relies on evidence of specific incidents (e.g., acts of violence), creating a conflict with the recognition of broader patterns of abuse and control like RCA.

*“Well, it would really depend on what the behaviour is around it. So, for example, if it’s convincing someone to come off contraception, we would lump that under coercive behaviours. But we wouldn’t necessarily label it as reproductive coercion. Or if it’s physically dragging someone to a specific place or making them feel bad for continuing something, we would say it’s emotional abuse or physical abuse.” (FG 1)*

Many participants compared RCA to coercive control, viewing it as one tactic within a broader pattern of dominance and control by a perpetrator. Rather than recognising RCA as a distinct form of abuse, practitioners described it as a tool used to assert power within abusive relationships.

*“We haven’t used this terminology, reproductive coercion and abuse. However, we have been using the terminology coercive control as a form of family violence. In my experience, my client ... they were forced to have an abortion without their desire. And to be pregnant... those sort of situations, and as well as the sexual abuse ... you know denying using contraception and making them pregnant. And then forcing them to have abortion. When we were taking statements of a client, I have come across those sort of stories from my clients.” (FG 2)*

Participants consistently noted that RCA was subsumed under FV within the Family Violence Protection Act, which broadly encompasses behaviours like controlling access to contraception, pressuring pregnancy decisions, and tampering with reproductive choices. However, they acknowledged that while the law’s broad definitions allowed for RCA to be addressed, its implicit framing obscured the unique dynamics of RCA.

*“Reproductive coercion is not listed as an offence, it would fall within the broader sphere of family violence... reproductive coercion is not in that [family violence] definition ... it would be implied anyway through describing sexual abuse, emotional abuse, coercive control. And then it just goes on to say that the definition is broad, but it’s not a terminology that we would ... specifically come across in victims of crime and also in family violence stuff.” (FG 1)*

While this implicit recognition allowed lawyers to address RCA within existing legal frameworks, participants noted that its lack of explicit definition created uncertainty. Practitioners often needed to frame RCA behaviours under more established terms, such as FV or sexual assault, to ensure they were addressed in legal proceedings. This lack of explicit recognition frequently relegated RCA to a secondary concern, overshadowed by behaviours with greater legal and societal visibility.

*“Just putting it in legislation you know, actually the Family Violence Protection Act does list – it’s like verbal abuse, emotional abuse, actually listing it. I mean we’re only seeing resources now come out about what coercive control actually means because before that nobody really knew. And now we’re seeing a lot of clients come forward and say well this is the behaviour I’m actually experiencing. So that might be a kind of a headway for people to feel a bit more confident that you know what they’re going through is justified in a way.” (FG 4)*

### 3.5.3 LEGAL CONTEXTS WHERE RCA IS ENCOUNTERED AND ADDRESSED

Participants described how RCA was encountered and addressed across different legal domains, with many reporting that it intersected with multiple areas of law, creating a “multiplier effect.” RCA behaviours, such as coercion into pregnancy or contraception tampering, could result in overlapping legal proceedings in family law, criminal law, or intervention orders.

#### FV INTERVENTION ORDERS

Practitioners reported that RCA was often addressed under the broad definitions of FV in intervention order applications, providing victim-survivors with a legal remedy to immediate protection and safety. However, disclosures of RCA during initial consultations were rare, as victim-survivors often hesitated to share deeply personal experiences in fast-paced, high-pressure duty lawyer settings. Victim-survivors’ willingness to disclose RCA depended on their understanding of it as abuse and the trust built during the interaction.

*“So, I’ve been doing it for about 3 years, and I don’t think reproduction coercion has ever come up specifically on like that first meeting, you know, duty lawyer instance, because it is quite – it is so personal.” (FG 4)*

RCA disclosures were more common in cases where lawyers worked with victim-survivors over time, such as during the preparation of detailed submissions. Practitioners noted that by framing RCA behaviours—such as contraception sabotage or pregnancy pressure—as forms of coercive control or emotional abuse, they ensured these actions were recognised within the scope of the law.

*“We see this all the time, especially on the family violence duty list, intervention order duty list, and it’s not something that we’d ever really coined a term for, but when you stop and think about it, you do see it all the time, you know, control over pregnancies, pressure to end a pregnancy, you know, at the most extreme, physical violence causing miscarriages is something we see not irregularly on the duty list.” (FG 3)*

## CRIMINAL LAW AND VICTIMS OF CRIME (FAS)

Participants noted that RCA behaviours were occasionally addressed in criminal law and in applications for the victims of crime FAS. However, RCA was not explicitly recognised as a distinct offence and was instead addressed under broader legal provisions. For instance, criminal law recognises the absence of consent in cases of non-consensual condom removal, or when a person deliberately fails to use a condom after agreeing to do so. These behaviours, commonly referred to as stealthing, are classified as rape under the Crimes Act. Similarly, physical violence during pregnancy can be prosecuted under offences such as causing injury, serious injury, or assault. In addition, breaches of FV intervention orders can escalate to criminal offences, offering another layer of protection against RCA-related behaviours.

*The intersection with criminal law and rape, because some of the clients that we've seen, the coercion has started with the rape and the resulting pregnancy." (FG 3)*

RCA disclosures were more common in cases where lawyers worked with victim-survivors over time, such as during the preparation of detailed submissions. Practitioners noted that by framing RCA behaviours—such as contraception sabotage or pregnancy pressure—as forms of coercive control or emotional abuse, they ensured these actions were recognised within the scope of the law.

The extent to which these provisions are applied depends on whether criminal charges are pursued. However, few lawyers in the focus groups had extensive experience in criminal law, making it unclear how often RCA behaviours were directly addressed in criminal legal practice.

While the Crimes Act could be applicable to many RCA-related behaviours, these laws address the immediate acts and do not always capture the reproductive intent or coercive dynamics underpinning them. For instance, the sexual offences laws do not take into account reproductive outcomes, such as pregnancy as a result. Some participants highlighted cases of stealthing involving sex workers, where the intent to impregnate was unclear. These cases illustrate how the law prioritises violations of

sexual consent, regardless of reproductive consequences.

*"We do have a few sex worker clients as well as – I'm not sure if we have non-sex worker clients that have also experienced stealthing, but we definitely have quite a few cases where that's been one of the allegations." (FG 1)*

Applications for victims of crime FAS offered an alternative pathway for redress, but RCA had to be framed under existing harm categories, such as FV or rape. Participants reported that compensation was determined based on a "hierarchy of harm," with RCA-related behaviours often categorised under less severe levels unless linked to a sexual offence or physical violence.

*"It depends what related actions there are around reproductive coercion, because that's not specifically recognised as something that the tribunal will provide redress. If it's reproductive coercion as well as sexual assault, as well as physical assault during the course of a long-term relationship ... it sounds really terrible, but there's a table hierarchy of how traumatising this certain action is and how much they might be able to claim." (FG 1)*

Practitioners shared examples of how RCA was incorporated into FAS applications to provide a fuller context of abuse. For instance, one lawyer described a case involving aggravated burglary, which was used to illustrate the perpetrator's broader pattern of control.

*"I had one client that I wrote submissions for – an act of violence focused on aggravated burglary and assault, but through contextualising the abuse and the relationship, there were text messages from her partner encouraging her to have an abortion ... we weren't labelling it – we were adding it in but it wasn't looked at isolated, was within emotional abuse and physical abuse." (FG 1)*

While these examples showed how RCA could deepen the understanding of abuse dynamics, participants emphasised that it often remained secondary to more overt offences, such as physical violence or sexual assault.

## FAMILY LAW

RCA frequently surfaced in family law cases, particularly in the context of parenting disputes and broader FV. Lawyers reported that RCA often created long-term impacts on victim-survivors, especially when children were involved, as this perpetuated contact between the victim-survivor and person using RCA through parenting arrangements or co-parenting decisions.

*“People who feel that now that they have a child with this person, they can never remove that person from their life ... there’s obviously family court parenting arrangements ... but even for things like if I want to get my child a passport, I have to talk to this person again ... clients have expressed that they feel that they can never escape the situation.” (FG 3)*

Many participants noted that RCA was often used by perpetrators to maintain dominance and control, even post-separation. Victim-survivors frequently described being pressured into specific reproductive decisions, which were later weaponised in parenting disputes. Lawyers included these accounts to provide context for understanding patterns of coercion and abuse, which could influence parenting orders and parental responsibility arrangements.

*“For the ones where they’re asking about what their options are, where they were being pressured into having an abortion, but they proceeded anyway [to continue with the pregnancy] ... it might just be more of an element as to the family violence context that they’ve experienced.” (FG 4)*

Practitioners working within health justice partnerships, such as those embedded in hospitals and community health centres, reported that these settings were particularly effective for uncovering RCA. Victim-survivors were more likely to disclose sensitive information in these environments due to the integrated support provided by healthcare, social work, and legal practitioners.

*“I have dealt with this in [Health Justice Partnership], it comes across quite a lot ... I get a lot of people coming through asking about custody ... the background’s really important. Because if you’ve got a father who wasn’t really in the picture and then turns around when the kid’s six months old saying, I want to be involved ... that’s when it might come out.” (FG 1)*

Participants reflected that RCA may also surface in property disputes and financial settlements, with victim-survivors highlighting how reproductive control limited their financial independence or career opportunities. In divorce cases, it might be presented as evidence of coercive control within the marriage. RCA could also be disclosed in mediation or family dispute resolution processes.

In family law, the historical nature of RCA often emerged as victim-survivors recount past experiences of reproductive control, such as being coerced into having more children than desired, pressured to terminate pregnancies, or subjected to sabotage of contraception. While these experiences provided crucial context for understanding the victim-survivor’s circumstances, they rarely had a direct impact on legal outcomes unless they influenced issues such as child welfare or parenting arrangements.

*“Often by the time you get to a parenting matter, it’s part of that client’s story, their experience of coercion and family violence ... it’s not something that can be directly addressed, for example, through the family law parenting process.” (FG 4)*

## MIGRATION

Participants reported that RCA was prevalent in migration law, often intertwined with significant power imbalances and cultural dynamics. Victim-survivors, particularly those dependent on their partners for visa sponsorship, frequently experienced reproductive control as part of broader patterns of abuse.

*“I’ve got so many cases where there’s been some form of abuse ... lots of forced abortions, miscarriages, abuse, and clients attribute the miscarriage to the abuse. Lots of control over whether they’re going to have a baby, when they’re going to have a baby.” (FG 2)*

RCA was often incorporated into partner visa FV provisions or protection visa claims. Lawyers used detailed affidavits, police reports, psychological reports, and other non-judicial evidence to establish patterns of control and justify victim-survivors’ claims for permanent residency.

*“With protection visas, it just forms part of the claim ... arguing it as part of the harm that they’ve experienced and will experience.” (FG 2)*

Practitioners emphasised the challenges faced by victim-survivors in articulating RCA experiences, particularly when cultural or religious norms normalised coercive behaviours. This made it difficult for victim-survivors to identify their experiences as abusive and for lawyers to frame them effectively within legal submissions.



### 3.5.4 ASKING ABOUT AND ADDRESSING RCA – ROLE OF THE LAWYER

#### DO LAWYERS ASK ABOUT RCA? SHOULD THEY?

Focus group participants expressed mixed views on whether lawyers should address RCA during legal consultations. Most stated that they did not directly ask about RCA unless it was explicitly relevant to the client’s legal matter. Many believed their primary role was to address legal concerns and introducing sensitive topics such as contraception or abortion without clear context or rapport risked alienating clients or undermining trust.

*“From my perspective, it’s not a question we directly ask people ... unless that was sort of raised by a client or flagged ... it’s a sensitive topic, and I think it’s probably because it is a sensitive topic, but if people obviously want – be comfortable with talking about it even in the context of a legal consult, [it] might take a bit of rapport to get that information.” (FG 4)*

Some lawyers highlighted the relevance of RCA in cases where victim-survivors disclosed reproductive control, as these experiences could provide critical evidence for FV provisions or protection visa claims.

*“I mean, we would discuss it where it’s relevant ... we don’t shy away from [RCA] if it’s relevant to preparing someone’s protection visa statement, or their statement for the family violence provisions.” (FG 4)*

Practitioners identified challenges in addressing RCA due to its deeply personal nature. Lawyers feared that raising such topics might appear intrusive, harm rapport, or retraumatise clients. These concerns were particularly pronounced among less experienced lawyers, who felt unsure about how to approach sensitive issues effectively.

*“I personally find it – it is – I find it very difficult to ask specifically about reproductive coercion because I think there is so much ... some people who’ve had abortions feel very ashamed of having done that. You know, other people, I don’t want them to think that I’m judging them for their choices or something like that ... often I’m very reliant in this space on the client wanting to tell me about that, that aspect of their experience.” (FG 4)*

Many participants also noted that victim-survivors’ limited awareness of their rights or understanding of coercion made it more difficult to identify RCA without deeper exploration, which many lawyers felt was outside their remit.

*“I don’t know as a practitioner how comfortable I would be in asking a very direct question about, you know, maternity and pregnancy ... it’s also a very personal journey, and I don’t know whether my role gives me, in a way, the right to kind of ... invade a very personal decision.” (FG 4)*

Some lawyers suggested that addressing RCA in detail might be more appropriate for social workers or counsellors, whose roles are more focused on exploring sensitive personal topics and providing holistic support.

*“I would say it’s probably not the role of the lawyer ... my goal is to make sure she walks out with her legal question answered ... I think if you were a social worker or a psychologist, you would flesh that out a bit more with your client.” (FG 1)*

## INDIRECT QUESTIONING – ASKING AROUND RCA RATHER THAN ABOUT IT

When RCA was relevant to a legal matter, lawyers often adopted an indirect approach, “asking around it” rather than addressing it directly. This method involved broader inquiries into relationship dynamics or reproductive decisions, which allowed clients to disclose experiences in a less pressured manner.

*“For example, we might be talking about the children and the circumstances surrounding their pregnancy, and just ask some questions that might lead them to give us some information, like, you know, how did you feel about the pregnancy?... non-verbal clues that might lead us to ask a few more questions if we think that they’re comfortable.” (FG 3)*

Some practitioners framed discussions within the legal definitions of violence and coercion, helping clients recognise and articulate experiences they may not have previously identified as abusive.

*“I’ll say how family violence is defined - includes financial, emotional, sometime people just think it’s physical. So I’ll say actually the Family Violence Protection Act defines it like this... Can you now give me examples of what family violence looked like in your relationship? ... Because often there’s a trigger ... it’ll be like, after the birth of my child or when we migrated here, that’s when he started getting more coercive.” (FG 1)*

Explicit disclosures of RCA were rare. Only one lawyer recalled a case where a client described her experience with intentional and precise language.

*“general family law advice...she kind of disclosed reproductive coercion...she loves her child, cannot deny that, but she never wanted this...she articulated...I did not want to have this child, I was forced to have this child... other clients who maybe felt there was pressure around it, but they would never use such strong language to describe the situation that they find themselves in, her language was very intentional and very clear.” (FG3)*

In most cases, practitioners relied on contextual clues or non-verbal cues to identify potential coercion. They felt that victim-survivors often required a trusting, supportive environment and sufficient time to feel comfortable sharing deeply personal experiences.

*“I mean I’ve done this for so long, when you’re doing a statement, you have time to build rapport with a client ... they tell you things that they’ve not told anybody before. And then you can kind of just enquire about their culture, their community, their traditions.” (FG 2)*

## CULTURAL EXPECTATIONS AND NORMALISATION OF RCA

Participants identified cultural norms and expectations as significant challenges in addressing RCA. In some communities, reproductive roles—such as having large families or adhering to traditional gender roles—were seen as societal obligations rather than coercive behaviours. Victim-survivors from these backgrounds often did not recognise RCA as abuse, making it harder for lawyers to identify and address.

*“A lot of women might be one of four wives to their partner, or there might be cultural expectations—they need to have seven or eight kids. They’re not going to frame it in the sense that, I didn’t want seven kids, because maybe in their culture that’s the norm, that’s their expectation of the marriage.” (FG 1)*

These deeply ingrained norms often created a reluctance among lawyers to impose a legal label on such experiences. Participants emphasised the need to balance cultural sensitivity with the recognition of potential coercion.

*“Is that reproductive coercion or is that cultural expectations? That’s the issue in my mind, and I think it impacts the way clients share their story to lawyers as well.” (FG 1)*

Lawyers noted that cultural norms influenced how victim-survivors framed their narratives, which in turn affected how lawyers could provide support or intervention. Some suggested that community legal education run by CLCs might help clients understand their rights and identify coercion more clearly.

*“I think a lot of people have never even thought that it was an option for them, within their culture, within their society, to not be a parent ... they just think, I’m going to be a parent.” (FG 3)*

### 3.5.5 TRAINING NEEDS OF LEGAL PRACTITIONERS IN RELATION TO RCA

Participants emphasised the need for targeted training to increase awareness and improve legal response to RCA. Many practitioners admitted that while they recognised behaviours associated with RCA, they were unfamiliar with the terminology or the concept of RCA as a distinct form of abuse prior to the focus groups. This gap in understanding often led to RCA being overlooked or inadequately addressed in practice.

#### EDUCATION AND AWARENESS OF RCA AS A FORM OF ABUSE

Practitioners called for greater education on RCA to help them recognise its various manifestations and its intersection with FV. Many suggested training workshops that provided clear definitions, practical tools, and strategies for identifying and addressing RCA within legal contexts.

*“It would be really helpful to have some sort of definition and awareness that reproductive coercion is actually a thing, rather than just coercive control.” (FG 1)*

Participants noted that training could enable lawyers to better understand how RCA intersects with different areas of law, ensuring that it is adequately addressed in legal proceedings.

*“I think a day training or something ... because I feel like once we know what it is ... once we're able to identify it, we can use it. So maybe it's just a bit of an education workshop as a, here's what it is, and then after that, I feel like we'll be okay picking it up.” (FG 1)*

The opportunity for group discussions and knowledge-sharing among practitioners was also highlighted as beneficial for developing strategies to approach RCA cases.

*“More discussions like this, where we can bounce off each other and strategies when we do identify reproductive coercion—how do we approach it? How do we include it in our submissions?” (FG 1)*

#### IDENTIFYING RCA

Participants emphasised the importance of equipping practitioners with the skills to identify RCA, particularly when victim-survivors do not explicitly disclose it. Lawyers noted that RCA often overlaps with other forms of FV, making it critical to recognise subtle signs and patterns of coercion.

*“I think the MARAM is really ... useful for kind of getting an idea of what's happened to this client without having to ask them again. Then you can go, what more information do I need to advance their case?” (FG 2)*

Participants suggested that training should focus on identifying RCA through indirect questioning and recognising contextual clues, particularly in sensitive situations where victim-survivors may be hesitant to disclose reproductive control.

*“Even clients coming in who are pregnant—I didn't even think to ask questions... And also people who are potentially forced to have an abortion wouldn't present anything physically.” (FG 1)*

## APPROACHING DISCUSSIONS OF RCA WITH CLIENTS

Practitioners highlighted the need for guidance on how to discuss RCA with clients in culturally safe and trauma-informed ways. They suggested the development of best practice guides, scripts, or flowcharts to help lawyers navigate these conversations effectively.

*“I think for junior lawyers ... what’s an appropriate way to raise [RCA]? What’s the most culturally safe way to talk about this with someone you may have just met?” (FG 2)*

Interactive role-playing and workshop scenarios were suggested as effective training methods for practising these skills.

*“Pretend this client comes in—what do you ask them? How do you identify [RCA] in the relationship without asking straight questions?” (FG 1)*

Participants also noted the value of interdisciplinary learning, suggesting that lawyers could benefit from training delivered in collaboration with social workers, healthcare providers, and other professionals experienced in addressing RCA.

*“What are the signs that professionals in the health fields know to look out for?... Nurses and social workers are having these conversations, so I think we’d have a lot to learn from their approaches.” (FG 3)*

Incorporating the perspectives of victim-survivors into training sessions was also seen as highly valuable. Practitioners believed that hearing directly from victim-survivors about how they would prefer to be supported could provide critical insights for legal practice.

*“Having somebody with lived experience presenting on how they would want to be supported... would be really powerful.” (FG 4)*

Participants suggested creating discreet resources, such as small cards or brochures, that provide information and referrals for RCA. These could be made available at reception desks or duty lawyer offices, allowing victim-survivors to access support without feeling pressured to disclose their experiences in the moment.

*“Something discreet... a small business card type thing that they can take and know they can call this number for referrals.” (FG 4)*

## CULTURAL SENSITIVITY AND AWARENESS TRAINING AND RESOURCES

Participants stressed the importance of cultural sensitivity in addressing RCA, particularly given the intersection of cultural expectations and reproductive roles in many victim-survivors’ experiences. They called for training on country-specific cultural norms and the provision of resources to help practitioners understand clients’ backgrounds more deeply.

*“I think it would be helpful to know more about individual cultures we see a lot, especially in areas with high populations in Melbourne.” (FG 3)*

Participants also highlighted the importance of understanding cultural norms without imposing legal frameworks that might feel intrusive or dismissive of clients’ identities.

*“Having an understanding of cultural norms, like where having many children might be typical, so you’re not stepping on landmines, would be good.” (FG 4)*

The need for training on working with interpreters was also raised, with participants pointing out that some interpreters lacked understanding of RCA or held cultural biases that affected their ability to facilitate sensitive conversations.

*“Having that element of how to work with interpreters who may also have hesitancy around talking directly about these things ... is important.” (FG 2)*

### **REFERRAL SUPPORT**

Practitioners emphasised the importance of knowing where to refer clients for non-legal support, such as housing, counselling, and case management. They noted that non-legal resources were often just as critical as legal advice in helping victim-survivors navigate their situations effectively.

*“Knowing where to refer a client for help in a non-legal capacity is probably more important as well.” (FG 1)*

*“We spend a lot of time making sure clients have someone to case manage, access counselling, or find housing.” (FG 2)*

Integrated care models, such as health justice partnerships, were identified as effective ways to streamline services and reduce the burden on victim-survivors.

### 3.5.6 SYSTEMIC CHALLENGES IN ADDRESSING RCA

Participants highlighted significant systemic barriers that hindered the effective recognition and legal response to RCA. These challenges spanned gaps in legal frameworks, limited judicial understanding, bureaucratic inefficiencies, and fragmented support systems.

#### INCONSISTENT RECOGNITION BY COURTS

Many practitioners reported that courts often lacked a nuanced understanding of coercive control and RCA, resulting in inconsistent recognition and adjudication of such cases. Judicial responses frequently depended on individual magistrates' familiarity with FV dynamics, leading to variability in outcomes.

*"If it's clear in the application ... their [courts'] understanding of family violence and coercive control ... it's a very mixed bench at the moment." (FG 3)*

*"I was going to say the same thing, it depends on the magistrate, unfortunately." (FG 3)*

This lack of consistency left victim-survivors vulnerable to gaps in protection, with participants emphasising the urgent need for judicial education on RCA and coercive control.

#### BUREAUCRATIC LIMITATIONS

Lawyers criticised government agencies, such as the immigration department for their rigid processes and limited understanding of RCA. Many described agencies as overly reliant on "checkbox" evaluations, which often demanded excessive evidence from victim-survivors, even when substantial documentation had already been provided.

*"I would like the Department to believe people, and not put them through this horrible process. It's just like this really bizarre system where we still don't believe women." (FG 2)*

Some participants also noted that inexperienced or unsympathetic staff within these agencies failed to account for the complexities of FV, leading to further distress for victim-survivors.

*"Like you put in all the evidence, collating, and submitting, and they're still questioning on – on particular reports, or letters, or even on the statement ... they've got new workers who only tick in the boxes. And they're not going deeper to be more sympathetic to the family violence issues."*

*(FG 2)*

#### POLICE RESPONSES

Some lawyers described a recurring cycle of systemic inaction, where some police deferred enforcement of intervention orders to courts, and courts redirected responsibility back to police. This systemic inaction left victim-survivors without adequate protection or recourse.

*"We've had coercive control and advised of breaches, and they've said, yeah, I've reported it to the police, and the police say, come back to court. So I explain to the magistrate, magistrates get mad at the police. And then it goes back to that same cycle." (FG 1)*

#### FAMILY COURT LIMITATIONS

Family Lawyers were critical of the Family Court's tendency to prioritise maintaining relationships between children and both parents, even in cases involving coercive control. Participants observed that decisions often placed children in contact with controlling or abusive parents, undermining the protective parent's role.

*"Even though the court has publicly said it's front and centre – we want our children to be safe; what the decision-makers, the judges, etcetera, are least likely to do is to protect the child from a coercive, controlling relationship between the parents ... we frequently see new mothers particularly, who have had PTSD from the extent of family violence, actually lose residency of the children because they're unable to advocate for themselves." (FG 3)*

This approach often ignored the long-term harm of coercive control and RCA on victim-survivors and their children, with participants stressing the need for reforms that prioritise child safety in parenting arrangements.

### **BARRIERS FOR VICTIM-SURVIVORS ON TEMPORARY VISAS**

Victim-survivors on temporary visas faced additional challenges, including limited access to healthcare, financial support, and legal protections. Migration lawyers called for the introduction of temporary FV visas or priority processing of skilled visa applications to support victim-survivors, particularly those recovering from pregnancy or trauma.

*“They should create something for the victims of family violence if they come as visitor – on a student dependent, or employment dependent [visa] ... something temporary for women to have temporary Medicare maybe, or that period ... we have many of them come into our doors, and we have no answers for them. And no appropriate support.” (FG 2)*

### **FRAGMENTED SUPPORT SYSTEMS**

Few participants also described how victim-survivors often struggled to navigate fragmented support systems, including Centrelink, child support, and healthcare services. This lack of integration placed a significant burden on victim-survivors, who were forced to seek support from multiple agencies.

*“The supports are so difficult to access a lot of the time ... there’s no centralised way to do it ... that’s why the health justice model works well for us, because it’s one team of people.” (FG 3)*

### **RCA WEAPONISED IN LEGAL DISPUTES**

Lawyers also reported cases where RCA was weaponised in legal disputes. For example, one participant described an instance where a letter from an ex-partner’s lawyer demanded that a client continue with a pregnancy, threatening legal consequences if she did not comply.

*“She’d been given a letter from her ex-partner’s lawyer demanding that she follow through with a pregnancy ... about his rights, not her rights, and what remedies he might have if she chose to ... not comply.” (FG 3)*

In another case, a father accused the mother of coercing him into parenthood during a cross-examination related to their teenage child;

*“The father put to this line of questioning to the wife about the circumstances of the conception ... the assertion from him was that he was coerced into having the child.” (FG 4)*

### **INTERPRETER CHALLENGES**

Interpreters were identified as another barrier, particularly when they lacked understanding of RCA or held cultural biases. Participants reported instances where interpreters dismissed or misrepresented victim-survivors’ experiences, creating additional obstacles for effective advocacy.

*“When I was interviewing a client ... the interpreter was really dismissive, and saying that there was no physical violence, and she didn’t suffer family violence. That’s how the interpreter tried to dismiss [her experience].” (FG 2)*

Male interpreters or those from culturally different backgrounds were also noted to hinder open communication, highlighting the need for better interpreter training and cultural sensitivity.



## PART FOUR

## DISCUSSION AND IMPLICATIONS

**Our findings confirm that RCA frequently intersects with other forms of IPV, such as physical, psychological, and sexual violence, creating compounded harm for victim-survivors. However, this report identifies a critical gap in the legal recognition of RCA, which is often overshadowed by more visible forms of violence within legal systems**

The findings from this report align with and extend existing research on RCA, which highlight its complex and multifaceted nature. Previous studies, such as those by Grace and Anderson (2018) and Tarzia and Hegarty (2021), have positioned RCA as a distinct form of IPV, characterised by behaviours that undermine reproductive autonomy. Our findings confirm that RCA frequently intersects with other forms of IPV, such as physical, psychological, and sexual violence, creating compounded harm for victim-survivors. However, this report identifies a critical gap in the legal recognition of RCA, which is often overshadowed by more visible forms of violence within legal systems.

This section explores the findings of this research within the context of existing literature, highlighting gaps in legal recognition, systemic responses, and implications for practice and policy reform. By contextualising our findings within broader legal and social frameworks, we aim to underscore the significance of RCA as a pervasive form of abuse and a pressing human rights issue.

### TRAINING AND CAPACITY BUILDING FOR LEGAL PRACTITIONERS

A significant gap identified in this research is the lack of training and resources available to legal practitioners to address RCA. While practitioners often recognise behaviours associated with RCA, they lack the tools to frame these as distinct forms of abuse within legal proceedings. Lawyers frequently rely on indirect questioning and contextual clues to identify RCA, reflecting both the sensitive nature of the issue and their limited training in this area.

Existing literature (Zachor et al., 2018; Tarzia, 2018; Tarzia et al., 2019; Srinivasan et al., 2020), emphasises the importance of training healthcare providers to recognise and respond to RCA. However, comparable initiatives for legal practitioners

remain scarce. This report highlights the urgent need for interdisciplinary training that equips legal practitioners with the skills to recognise, address, and advocate for victim-survivors of RCA. Based on the needs expressed by practitioners in our focus groups, any training developed would need to meet CPD requirements, with key components including:

#### **Building Awareness and Understanding of RCA**

- **Defining RCA:** The training would provide clear definitions and examples of RCA behaviours, including subtle forms of coercion such as contraception sabotage or emotional manipulation, along with their legal implications.
- **Recognising Intersectionality:** Lawyers would

understand how RCA intersects with other forms of abuse (e.g., physical, sexual, financial) and how it is shaped by cultural, social, and systemic factors.

#### **Developing Trauma-Informed Legal Practices**

- **Client-Centred Approaches:** The training would emphasise strategies for creating a safe and supportive environment during consultations, allowing victim-survivors to disclose sensitive information at their own pace.

- **Minimising Retraumatization:** Lawyers would learn how to discuss RCA in ways that avoid re-traumatization, such as using indirect questioning techniques or contextual inquiries to help victim-survivors feel more comfortable sharing their experiences.

#### **Enhancing Cultural Awareness**

- **Understanding Cultural Contexts:** The training would explore how cultural or religious norms influence reproductive roles and behaviours, helping lawyers balance cultural sensitivity with advocacy for reproductive autonomy.

- **Working with Interpreters:** Lawyers would be trained to work effectively with interpreters to ensure that language differences or cultural beliefs do not hinder communication or misrepresent victim-survivors' experiences.

#### **Practical Application of Legal Frameworks**

- **Identifying RCA in Legal Contexts:** The training would focus on recognising RCA in various legal matters, such as FV intervention orders, parenting disputes, immigration cases, and FAS applications.

- **Framing RCA in Submissions:** Lawyers would learn how to frame RCA within existing legal definitions, such as coercive control or FV, to ensure it is adequately addressed in legal proceedings.

#### **Collaborative and Interdisciplinary Learning**

- **Role-Playing Scenarios:** Interactive exercises, such as role-playing client interviews, would allow lawyers to practise discussing RCA in a safe, controlled environment.

- **Interdisciplinary Training:** Social workers and healthcare providers could be engaged in lawyer training to share insights and strategies for identifying and responding to RCA.

- **Victim-Survivor Perspectives:** Lived experiences could be incorporated into training sessions to deepen lawyers' understanding of RCA's impacts and how victim-survivors prefer to be supported.

#### **Providing Tools and Resources**

- **Best Practice Guides:** Scripts, checklists, and best practice guides for addressing RCA would provide lawyers with practical tools for consultations.

- **Referral Pathways:** Lawyers would be equipped with knowledge of non-legal support services, such as counselling, housing, and reproductive healthcare, to offer holistic support to victim-survivors.

## THE ROLE OF LAWYERS IN ADDRESSING RCA

Lawyers occupy a critical position in identifying and addressing RCA. As often one of the first points of contact for victim-survivors navigating the legal system, community legal practitioners have the opportunity to provide pathways to safety, justice, and support. However, findings from this research highlight a degree of hesitancy among lawyers in addressing RCA, driven by a combination of challenges, including limited awareness, the sensitive nature of the issue, and systemic barriers.

By addressing this hesitancy through targeted training, the community legal sector could play a more active role in supporting victim-survivors and holding people who use RCA accountable. Building

lawyers' confidence and capacity to address RCA would not only improve legal outcomes but also empower victim-survivors to reclaim their autonomy and access justice. Training programmes will need to be integrated into CPD requirements for legal practitioners, ensuring widespread adoption and sustained impact.

## INTERSECTIONS WITH CULTURAL AND STRUCTURAL FACTORS

Focus group participants identified cultural norms surrounding reproductive roles as significant barriers to recognising RCA, a challenge that was echoed in a qualitative evidence synthesis of RCA by Moulton et al. (2021). Some victim-survivors, including those from culturally diverse backgrounds, may normalise reproductive control, making it more difficult for legal practitioners to identify and address coercive behaviours. Training on cultural sensitivity, paired with resources tailored to specific communities, would be critical. Additionally, ensuring access to trained, culturally appropriate interpreters would be essential to facilitate effective communication and understanding in legal consultations.

This report also aligns with findings by Sheeran et al. (2023) and Tarzia et al., (2022), who emphasised the role of structural factors, such as immigration policies and healthcare access, in perpetuating RCA. Participants noted that victim-survivors on temporary visas face compounded vulnerabilities due to limited access to legal protections, financial support, and healthcare services. These challenges highlight the need for integrated legal and social services, as advocated by Tarzia and Hegarty (2021), to provide holistic support for victim-survivors.

## IMPLICATIONS FOR LEGAL, POLICY AND SYSTEM REFORM

Addressing RCA requires targeted legal and policy reforms to ensure victim-survivors are supported, perpetrators are held accountable, and systemic barriers are dismantled. The sections that follow outline specific recommendations for reform. These include legislative amendments to explicitly name RCA, procedural reforms to improve judicial consistency, and the integration of services to provide victim-survivors with comprehensive and timely support. These suggested reforms, alongside

training and advocacy, aim to ensure that the legal system adequately addresses the unique harms of RCA and empowers victim-survivors to seek justice and reclaim their autonomy.

## 1. EXPLICIT RECOGNITION OF RCA IN LEGISLATION

The absence of RCA-specific legislation in Victoria reflects findings from Douglas et al. (2021), who emphasised the importance of explicitly naming and defining RCA within legal frameworks. We recommend incorporating RCA into the definition of FV under Section 5, 6, and 7 of the Family Violence Protection Act 2008 and amending other relevant laws, such as the PSIO Act, Family Law Act, Abortion Law Reform Act, and Migration Act. Specifically, Section 5(1)(a) of the Family Violence Protection Act should include an example of RCA as the use of coercion, threats, physical abuse, economic abuse, or emotional and psychological abuse to control a family member's reproductive choices.

Explicitly naming RCA in legislation would enhance legal and judicial recognition, validate victim-survivors' experiences, and empower them to seek justice. Legal practitioners would be better equipped to identify and address RCA, ensuring its distinct harms—such as contraception sabotage, forced pregnancy, and forced abortion—are adequately covered in FV intervention orders, parenting disputes, and criminal proceedings. We also recommend expanding the FAS guidelines to include information on RCA-related acts.

## 2. INTEGRATED AND HOLISTIC SUPPORT FOR VICTIM-SURVIVORS

Integrated, holistic support is essential to ensure victim-survivors of RCA and FV receive trauma-informed, comprehensive care. Existing processes should be reviewed to create a more coordinated response across services and agencies. Prioritising a centralised, “one-stop” agency would be key

to enhancing support, offering seamless access to legal advice, healthcare, and social services in a single location. Health-justice partnerships should also be expanded as they play a critical role in helping victim-survivors navigate complex systems and access necessary services.

## 3. JUDICIAL EDUCATION AND TRAINING

Judicial education and training on the dynamics of RCA and its intersection with FV would improve legal recognition, understanding, and consistent justice responses to RCA. Resources and training on RCA could support judicial officers in considering RCA when determining the scope of FV intervention orders, parenting disputes, and criminal proceedings. This includes understanding how RCA aligns with coercive control and how it should be factored into assessing the best interests of the child. Training should also focus on recognising misidentifica-

tion of respondents in intervention orders and preventing misuse of parenting orders by individuals who use RCA to maintain control over victim-survivors. As relevant case law or legislative amendments are established, practical tools and resources could be developed to help judicial officials apply RCA-related provisions consistently and effectively.

## 4. CONSISTENT SURVIVOR-CENTRED POLICE RESPONSES

A consistent, survivor-centred approach across all levels of policing is essential when victim-survivors of RCA and FV seek help. Early identification, risk assessment, and appropriate referrals are key elements of effective responses. Standardising practices and developing a risk assessment framework that recognises RCA as a significant factor in

evaluating the risk posed by respondents would ensure victim-survivors receive sensitive, comprehensive support and protection. Police training should also be reviewed to incorporate RCA-specific guidance.

## 5. IMPROVED IMMIGRATION PATHWAYS FOR VICTIM-SURVIVORS

Introducing a dedicated visa category for victim-survivors of FV that also recognises RCA could provide critical support by offering temporary residency, access to healthcare, and financial assistance. Simplifying application processes for FV protections under partner and protection visas would create a more accessible and survivor-centred approach.

Comprehensive training for relevant support agencies, such as Immigration officials and Centrelink staff would improve awareness of RCA, its connection to FV, and how to provide trauma-informed, survivor-centred responses.

## 6. PREVENTING WEAPONISATION OF RCA IN LEGAL DISPUTES

Efforts to address RCA must ensure its provisions are not weaponised in legal disputes. There is a significant risk that RCA claims could be misused in family law and migration contexts to discredit women or manipulate outcomes in parenting matters, protection orders, or visa applications. RCA is inherently gendered, disproportionately affecting women and gender-diverse individuals, often within a broader pattern of coercive control and gender-

based violence (Warling et al., 2023; Tarzia et al., 2021). An approach to applying RCA legislation that recognises gender inequality is essential, accompanied by training for legal practitioners, judicial officers, and law enforcement to help identify genuine cases and apply the law fairly. Safeguards must be in place to prevent false allegations while ensuring victim-survivors can access justice and support.

## 7. INTERPRETER ACCESS AND TRAINING

Improving interpreter access and training is important for providing effective support to victim-survivors of RCA and FV. Specialised training could be developed to equip interpreters with the skills to handle sensitive discussions related to reproductive health and violence. Expanding language access would help address systemic inequities faced

by culturally and linguistically diverse communities. Increasing funding for interpreter services is needed to cover a broader range of languages to ensure all victim-survivors have equitable access to critical services.

## 8. AWARENESS AND ADVOCACY ON RCA

Public awareness and advocacy are vital for RCA prevention and victim-survivor support. CLCs can collaborate with community organisations to deliver Community Legal Education (CLE) sessions on RCA and its legal implications, particularly in communities where reproductive roles are influenced by cultural or religious norms. These sessions can inform communities about RCA, its behaviours, and victim-survivors' rights. Advocacy initiatives should also aim to challenge harmful gender norms and promote healthy, equitable relationships.

encountered such cases. However, its occurrence is evident in case law, such as *Damus v Anders*, [2024] FedCFamC1F 41, which involved pregnancy coercion within a same-sex relationship. We strongly advocate for more research and resources to better understand RCA within LGBTQIA+ communities. At SMLS, Justice Q, a specialist legal service run for and by LGBTQIA+ people, offers an important pathway for further exploration of these issues.

We also acknowledge that while RCA can be experienced by people of diverse gender identities and within queer communities, lawyers in our focus groups reported that they had not personally

## 4.1 CONCLUSION

RCA is a profound violation of human rights, directly undermining an individual's autonomy and control over their reproductive health. The findings of this report highlight the urgent need for systemic change within the legal sector to address the multifaceted nature of RCA effectively. From legislative reforms to enhanced training, a clear and actionable pathway exists to create a more responsive, informed, and survivor-centred legal framework.

Explicit recognition of RCA within legislation is paramount. By clearly defining RCA and its associated behaviours, legislation can provide clarity and consistency in judicial responses, ensuring that victim-survivors are validated and supported. Embedding RCA into legal remedies, such as FV intervention orders, parenting disputes, and victims' compensation schemes, will enable more comprehensive protection and redress for victim-survivors.

Structural reforms are equally critical. Addressing bureaucratic inefficiencies, enhancing police and court practices, and improving access for victim-survivors on temporary visas will help dismantle systemic barriers and provide victim-survivors with timely, equitable support. Additionally, fostering integrated legal and healthcare partnerships will ensure that victim-survivors receive holistic care that addresses their legal, health, and emotional needs.

Cultural sensitivity and trauma-informed practices must underpin all efforts to address RCA. Legal practitioners will require targeted training to identify and respond to RCA sensitively and effectively, particularly in cases involving intersectional vulnerabilities such as cultural expectations or migration-related dependencies. Providing victim-survivors with culturally appropriate, trauma-informed support is essential to empowering them to reclaim their autonomy.

Finally, public awareness and education is critical in challenging the stigma surrounding RCA and promoting broader societal understanding of its harms. Advocacy efforts must prioritise inclusive and culturally tailored messaging to foster a culture that upholds reproductive autonomy and gender equity.

Addressing RCA is not merely a legal imperative, but a societal one. By implementing the recommendations outlined in this report, the legal sector can play a pivotal role in protecting reproductive rights, advancing gender equality, and ensuring justice for victim-survivors. The time for action is now, to build a future where reproductive autonomy is upheld as a fundamental human right for all.

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