

Women's Health Victoria submission

Women's Health Victoria (WHV) welcomes the opportunity to contribute to the development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032* (National Plan).

Position statement

WHV recommends that the Second Action Plan include a stronger and more explicit focus on reproductive coercion and abuse (RCA).

RCA is an under-recognised form of gender-based violence that interferes with a person's reproductive autonomy. It is defined as a deliberate attempt to control, restrict, or interfere with decisions about contraception, pregnancy and abortion.¹ RCA is understood to involve two forms: pregnancy-promoting RCA (such as forced pregnancies or contraceptive sabotage), and pregnancy-preventing RCA (such as forced abortions or forced sterilisation). Both forms are primarily perpetrated against women by an intimate partner or ex-partner, although other family members can also perpetrate RCA. These harms can be compounded when providers obstruct access to essential reproductive health care.

RCA sits at the intersection of gender-based violence, coercive control, and sexual and reproductive health. It can occur in interpersonal, institutional and structural contexts, including through practices such as the forced sterilisation of women with disabilities. It is therefore highly relevant to the Second Action Plan's focus on prevention, early intervention, response, recovery, system integration and workforce capability.

The case for stronger action on RCA

In the past few decades, we have seen strengthened health system responses to intimate partner, family, and sexual violence.² Yet, the response to RCA has lagged despite mounting evidence of its prevalence and impacts.³ Research suggests that approximately 4.5% of Australian women may have experienced RCA perpetrated by a partner or ex-partner,⁴ with serious repercussions for their health, safety, and economic opportunities. However, prevalence varies by context. In different settings, the prevalence may be even higher, with studies reporting frequencies from 9% in general practice⁵ to 15% in pregnancy counselling services.⁶ Among a national sample of women who had experienced intimate partner violence, 32% reported lifetime RCA.⁷

The 2023 Senate inquiry into universal access to reproductive healthcare explicitly called for further research on RCA and the development of clinical guidelines and training for healthcare workers as first responders. Despite this, the National Plan refers to RCA only three times and does not include a standalone focus on RCA. Reducing the rate of RCA is also a measure under the National Women's Health Strategy. The Strategy's 2025 Baseline Report notes that there is limited data on RCA, with no frequency of publication and insufficient disaggregation for priority groups, and highlights the need to upskill GPs, maternal and child health nurses, and other health professionals to identify and respond to RCA.

Across health, family violence and community sectors, there is limited guidance to support consistent identification and response to RCA, and there is a lack of shared understanding about RCA and its impacts. The evidence base for intervention remains particularly underdeveloped. Meanwhile, gaps in prevalence data and measurement continue to limit understanding of the nature, drivers and impacts of RCA across different populations and settings. These persistent gaps underscore the need for a stronger and more coordinated national response.

Through 1800 My Options, WHV's statewide sexual and reproductive health information and referral service, we hear first-hand accounts of RCA from callers seeking support. Service users describe partners or family members interfering with their reproductive autonomy, including sabotaging contraception, preventing access to abortion appointments, pressuring them to continue a pregnancy, or threatening violence or abandonment because of pregnancy decisions. These experiences highlight the need for stronger integration between sexual and reproductive health and gender-based violence responses. As an under-recognised form of gender-based violence that sits at the intersection of health and violence prevention systems, RCA warrants a stronger and more coordinated national policy response.

Recommendations for the Second Action Plan

To strengthen national efforts to prevent and respond to RCA, WHV recommends that the Second Action Plan:

- 1. Explicitly recognise RCA as a form of gender-based violence**
The Second Action Plan should name RCA and recognise it as a distinct form of abuse that may occur alongside intimate partner violence, sexual violence, coercive control and family violence.
- 2. Embed RCA identification and response across health and violence systems**
RCA should be addressed in sexual and reproductive healthcare, primary care, maternal and child health, pregnancy counselling, abortion and contraception services, and family violence service settings. Health professionals should be supported to safely enquire about reproductive autonomy and identify potential experiences of RCA.
- 3. Invest in workforce capability**
Health, family violence and social services workforces need training, tools and referral pathways to identify RCA and respond safely. This should include culturally safe, trauma-informed and reproductive justice approaches.
- 4. Strengthen national data collection and evaluation**
The Second Action Plan should commit to improving RCA measurement in national surveys and relevant administrative datasets. This should include robust questions that capture both pregnancy-promoting and pregnancy-preventing RCA and enable disaggregation by priority populations.
- 5. Support integrated service models and referral pathways**
RCA cannot be addressed by one system alone. The Second Action Plan should support stronger integration between gender-based violence services and sexual and reproductive

health services, including referral pathways, information sharing protocols, and service navigation supports.

A stronger focus on RCA would help the Second Action Plan respond to an under-recognised form of violence while advancing the National Plan's broader goals of prevention, early intervention, response, recovery and healing. It would also strengthen alignment between gender-based violence reform and national women's health policy.

References

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