Content Warning

REPRODUCTIVE COERCION AND ABUSE

Mini guide to detecting and exploring RCA

CHILDREN BY CHOICE

@childrenbychoice

www.childrenbychoice.org.au

2025

WARNING FLAGS OF REPRODUCTIVE COERCION AND ABUSE

There are several signs, both minor and major, that may indicate the presence of reproductive coercion and abuse (RCA).

YELLOW FLAGS

These signs do not necessarily mean there is reproductive coercion and abuse. They indicate that you should ask more questions to clarify what is happening and offer support as needed. Yellow flags are also an opportunity to provide sexual and reproductive health education and reinforce your client's choices and autonomy.

- First presentation at 12+ week gestation for abortion access
- Small spacing between children/pregnancies especially <12 months
- Multiple unintended pregnancies
- Inconsistent use of contraception
- Previous termination of pregnancies/miscarriages

RED FLAGS

Red flags indicate that reproductive coercion and abuse is occurring. These signs show that a person's reproductive choices, autonomy, or access to care are being actively restricted, pressured, or controlled. When red flags are present, prioritise safety, provide supportive and non-judgemental care, and follow your service's response pathways.

- Perpetrator refusal of contraception use or forcible removal of contraception
- Changing support dependant on pregnancy outcome
- Threats of harm pertaining to what decision pregnant person makes about pregnancy
- Intense pressure from perpetrator to terminate when pregnancy is wanted
- Forced Pregnancy
- Domestic and Family Violence

TALKING WITH CLIENTS ABOUT RCA

Considerations	
Why	• Be clear on why you need to know. • Why would the person choose (or avoid) disclosing an experience with you?
Who	• Who would be the best person at your service to have the conversation? • Who are the person's emergency contacts?
Where	• Where are the risks to patient privacy and safety • Where might you consider referring the patient?
When	• When is an appropriate time to open a conversation about this topic?
How	• How will you communicate effectively? • How will your record and/or report the information?
What	• What may they need following the appointment? • What resources do you have to support any immediate health or safety needs?

QUESTIONS TO CONSIDER

Is a partner, family member or someone else preventing you from using contraception or interfering with your contraception or contraceptive choices?

How do you feel asking your partner to use condoms?

Are you worried your partner will hurt you if you do not do what they want in regards to the pregnancy?

Does your partner try and track your cycle in hopes to get you pregnant when you don't want to be pregnant?

Is a partner, family member or someone else pressuring, threatening, tricking, or forcing you into getting pregnant/ ending a pregnancy/ staying pregnant when you don't want to?

RESPONDING DISCLOSURES

Acknowledge the disclosure

- Acknowledge what the person has shared
- Avoid minimising or dismissing subtle disclosures
- Example: "That sounds really difficult, thank you for sharing it with me."

Believe what they are telling you

- Believe the disclosure even if it is not clear cut
- You do not need evidence to validate someone's experience

Validate their experience

- Use phrases that affirm and centre their feelings
- Examples:
  - "That would be upsetting for anyone."
  - "You are not overreacting, many people experience this."
  - "It makes sense that you are feeling unsure, this is complex."

Normalise what they are experiencing

- Externalise the issue, RCA is a form of abuse and is common
- Examples:
  - "This is something we see more often than you might think."
  - "These feelings and this confusion are common when someone has been pressured."

Modify care to support their safety

- Ask yourself:
  - Do I need to change my approach to keep them safe?
  - Should I avoid documenting certain details?
  - Can I offer flexible follow up or safer access to contraception or abortion?
- Tailor care to reduce risk and increase autonomy

CASE STUDY 1

Casey* was an international student who met her partner and the man involved in the pregnancy during her studies in a rural community.

This man was Australian and 9 years older than she. Casey reports that she became pregnant within 3 months of meeting her partner, who had refused to wear condoms. Casey initially had been undecided about the continuation of pregnancy.

Casey discussed how when she expressed this to her partner he would acknowledge "that family is everything to him" and question "why would she not want to have his baby?". Casey also acknowledged that she had shared with her partner an abortion she had undergone at a younger age- her partner used this and would state "Surely you do not want to have another abortion? You must be ready to have a child now"

Once Casey agreed to continue the pregnancy her partner moved her to another state to be closer to his sick mother. This was despite the fact he still worked in the state they met and would need to do FIFO work. This meant that Casey was often alone during her pregnancy and once their son was born.

When Casey became pregnant again within 6 months of the birth of their son, she made the decision to end the pregnancy and not tell her partner. Casey reported that she suspected he knew about the pregnancy but was unable to prove it due to his work schedule.

Casey had engaged with the service to process guilt and shame in not telling her partner. However, she expressed "I could not tell him because what having children means to him, he would leave- I am not ready to be pregnant again, to have two children or be a single mum in Australia"

FLAGS WE MAY LOOK AT

- Age difference in the relationship/ power dynamics.
- Language about the pregnancy "my baby" "we, our" wording when it is in exclusion to the pregnant person.
- Historical patterns of behaviour within previous relationships and how the PIP (person involved in pregnancy) may describe this and use it to coerce for example "my ex cheated on me and does not allow me to see my children- so having a family is important to me"
- Coercive behaviour which plays on guilt/ shame/ blame.
- Cultural differences
- Pregnancy preventing- commonly within our counselling and intake team we see threats of leaving the relationship, guilt about ruining their life, accusations of infidelity

CASE STUDY 2

Phoebe* is a 19 year old pregnant person who has contacted your service at 14 weeks gestation. You have previously seen her at your service for an emergency contraceptive which you assisted her with.

In the past when discussing further contraceptive options, Phoebe got very nervous and started saying things such as: 'He wouldn't like it if I went on contraception', 'he doesn't like wearing condoms'. After this you have not seen her for some time.

She is now presenting with pregnancy, and the partner wanted to come to the appointment. You have taken her into a private room for some "tests", but would like to talk to her alone. You want to speak to her alone as you suspect he is trying to coerce her around this pregnancy.

What personal, situational, community and societal barriers are present in Phoebe's story?

CASE STUDY 3

She was brought here by her husband and she was raped [by him], daily… Then eventually she became pregnant. When [husband] realised that she was pregnant, he forced her to have a termination [because] the baby was forbidden, based on their religion. Then she went to her father-in-law to seek advocacy… I guess, to convince the son to keep the baby. But based on their religious background, she was within the time to have an abortion. So, how it happened was they made the appointment with the GP, but the person who made the appointment was her sister-in-law, who contacted the practice and provided her details and the husband's details… [The woman] approached the service, the GP asked her if she was sure about it, she became distraught and started crying. The GP asked for a moment to be with her, but in that moment, the husband approached her and whispered in her ear, "If you talk to the GP or confess whatever, I'm going to kill you…" So, she obviously couldn't say a word and the pregnancy was terminated. After that, she was advised to not have sexual intercourse, which was disregarded by the husband who continued assaulting her.

Tarzia, Douglas & Sheeran 2022

HELPFUL RESOURCES

OUR RESOURCES

EASY ENGLISH RESOURCES

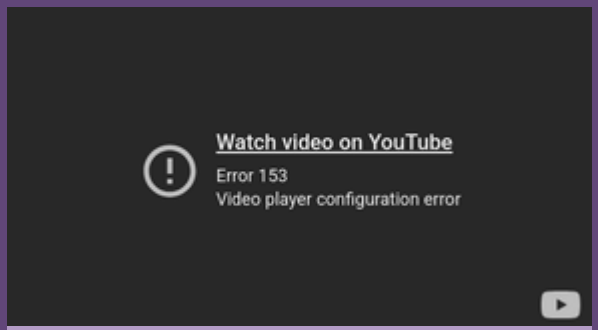
KNOW YOUR CHOICES RCA

UPCOMING EDUCATION

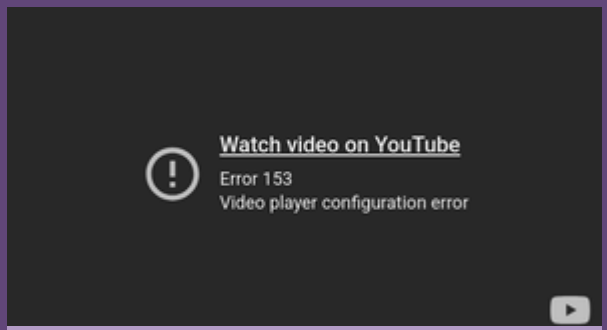
QLD ABORTION AND CONTRACEPTION MAP

Maps outside of Queensland:
1800MyOptions (Victoria)
Family Planning Tasmania
1800 4 Choice

CLICK BELOW TO WATCH THE VIDEOS



WHAT IS BODILY AUTONOMY?



RCA EASY ENGLISH

CHILDREN BY CHOICE

2025

www.childrenbychoice.org.au