



Identifying and responding to Reproductive Coercion and Abuse (RCA)

What might indicate RCA?

Children by Choice has identified 'Yellow Flags' and 'Red Flags' to help alert practitioners to RCA.¹ The list below is supplemented by some factors identified by Australian primary care practitioners.²

YELLOW FLAGS

These factors don't necessarily indicate RCA but suggest it is important to ask more questions about the patient's circumstances and offer support.

- First presentation at 12+ week gestation for abortion access
- Multiple unintended pregnancies
- Previous termination of pregnancies/ miscarriages
- Small spacing between pregnancies – especially <12 months
- Partner dominating the consultation or controlling communication³
- Changing, hiding contraception from partner⁴
- Delayed healthcare seeking⁵
- Low self-esteem and worth in the patient⁶
- Mental health symptoms and ambivalence around reproductive decision making⁷

RED FLAGS

These are signs that RCA is occurring:

- Patient is experiencing emotional or psychological pressure from the perpetrator to continue the pregnancy
- Patient is experiencing emotional or psychological pressure from the perpetrator to terminate a wanted pregnancy
- Patient reports that perpetrator hides, has removed or thrown away contraception
- Withdrawal of physical, financial and emotional support unless the patient agrees to do what the perpetrator wants regarding a pregnancy
- Physical violence or threats of harm focussed on what decision the patient makes about a pregnancy

Before you ask: Safety considerations when exploring RCA with a patient

Only ask about RCA when it's safe to.

Exploring RCA through asking screening questions should never happen when a potential perpetrator or children aged two years of age or older are present in the consultation.

Ensuring patients have an opportunity to talk without other people present can provide an opportunity to safely ascertain the patient's preferences and assess for RCA, but this needs to be balanced against the need to protect the patient from harm.

Use an interstate phone interpreter service. Perpetrators may try to interpret for patients to maintain control over the patient's choices. Use the Translating and Interpreting Service (TIS National) phone interpreting service for clients who need an interpreter. This also ensures confidentiality for the patient.

Take a whole of practice approach.

There are a range of ways to increase the safety of patients when exploring RCA in the general practice setting, both in your consultation room and before the patient books an appointment. The Primary Care Family and Sexual Violence Support Service provides expert guidance about how to do this.

Are there ways I should ask about RCA?

The [ACTS tool](#)⁸ is validated for screening all pregnant patients, as this is recognised as a high-risk time for intimate partner violence to begin or escalate if already occurring.

- Are you **A** afraid of your partner (or family member)?

Does your partner (or family member):

- **C**ontrol your daily activities or humiliate you?
- **T**hreaten to hurt you?
- **S**lap, hit, kick or otherwise physically hurt you?

Currently there is no specific screening tool for identifying RCA in general practice. Reviews of RCA screening in Australian primary health settings have been undertaken⁹ and there are a range of direct questions that can be used to explore the patient's autonomy and context.

Not all RCA happens in the context of coercive control. Some RCA behaviours may reflect decision-making entitlement or self-interest on the part of the perpetrator.¹⁰

Direct questions about decision making process, that use the language of 'pressure' may be helpful, particularly where the patient may not identify RCA as a form of abuse.¹¹

For example:

- *Has a partner ever placed pressure on you to become pregnant when you didn't want to?*
- *Has a partner ever pressured you to use contraception (birth control) when you wanted to become pregnant?*
- *Is your partner trying to influence your decision to continue a pregnancy when you want an abortion?*¹²
- *Do you feel you are making this choice (termination of pregnancy) freely on your own?*
- *Or do you feel like there's anyone else's thoughts in your mind during this process?*¹³

What to do if you identify RCA¹⁴

- Listen to the patient carefully, acknowledge the disclosure, believe what the patient is telling you and validate their experience.¹⁵
- Educate the patient about their reproductive rights in Tasmania and emphasise that you're here to support and facilitate their choices.
- Follow the Family Violence pathway on the Tasmanian HealthPathways website as you would for other types of abuse.
- Give the patient information about Family Violence Support services that they can access.
- Plan for follow-up and explore with the patient the safest way for them to access the care they want.
- Consult with specialist Family Violence Services (see the links below) for guidance and information for supporting the patient.

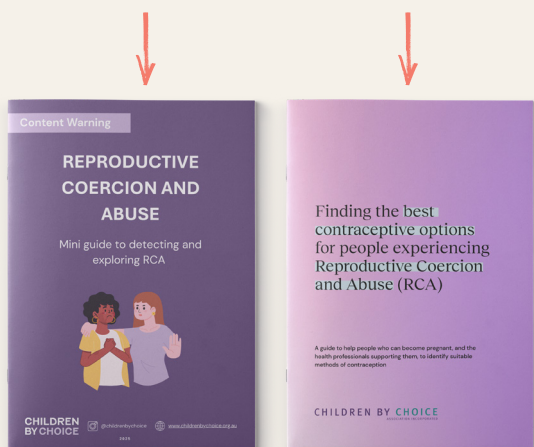
FOR CLINICIANS:

Consultation, information and training

Tasmanian Primary Care Family and Sexual Violence Support provides clinical case consultation, support and coaching for GPs on asking about, responding to, reporting, and documenting family and sexual violence. (03) 6268 1663

Women’s Health Tasmania offers Pregnancy Options and Reproductive Coercion and Abuse training – email info@womenshealthtas.org.au for more information.

Children by Choice has two downloadable resources on RCA aimed at primary care clinicians: www.childrenbychoice.org.au/for-professionals/downloadable-resources-information



The **Australian Institute of Family Studies** has produced a **RCA Practice Guide**: <https://aifs.gov.au/resources/practice-guides/reproductive-coercion-and-abuse>



FOR PATIENTS:

Further information and support

1800 RESPECT offers confidential information, counselling and support 24/7 on 1800 737 732 or 1800respect.org.au

Women’s Health Tasmania offers confidential, pro-choice pregnancy options and post abortion counselling, support and referral. 1800 675 028. pregnancychoicestas.org.au

Children by Choice has information about RCA: childrenbychoice.org.au/advice-and-support/reproductive-coercion-and-abuse

Family Violence Counselling and Support Service Tasmania offers confidential information, counselling and support on 1800 608 122 from 9am – midnight weekdays and 4pm – midnight weekends and public holidays.

Endnotes

- 1 Children by Choice. (2025). *Reproductive coercion and abuse mini guide to detecting and exploring RCA*. <https://www.childrenbychoice.org.au/wp-content/uploads/2025/12/USE-RCA-Booklet-2025.pdf>
- 2 Saldanha S, Botfield J, Mazza D. Recognising and responding to reproductive coercion in general practice: a qualitative study *BMJ Sexual & Reproductive Health*. doi: 10.1136/bmjsh-2025-202944. Page 4.
- 3 Ibid. See Table 1 'Red flags' prompting Australian general practitioners and practice nurses to inquire about reproductive coercion.
- 4–7 Ibid.
- 8 Neil, J., Dai, L., May, S., Hegarty, K. (2025). *Issues in the Identification of all members of a family affected by intimate partner violence in primary care*. *AJGP* Vol. 54, No. 12, December.
- 9 Saldanha S, Botfield J, Mazza D. Recognising and responding to reproductive coercion in general practice: a qualitative study *BMJ Sexual & Reproductive Health*. doi: 10.1136/bmjsh-2025-202944.
- 10 Tarzia L, McKenzie M (2024) Reproductive coercion and abuse in intimate relationships: Women’s perceptions of perpetrator motivations. *PLoS ONE* 19(4): e0299069. <https://doi.org/10.1371/journal.pone.0299069>
- 11 Saldanha S, Botfield J, Mazza D. Recognising and responding to reproductive coercion in general practice: a qualitative study *BMJ Sexual & Reproductive Health*. doi: 10.1136/bmjsh-2025-202944. Page 6.
- 12 MacDonald, J. B., Gartoulla, P., Truong, M., Tarzia, L. & Willoughby, M. (2023). *Reproductive coercion and abuse* [Practice Guide]. Australian Institute of Family Studies. <https://aifs.gov.au/resources/practice-guides/reproductive-coercion-and-abuse>. Page 5.
- 13 Saldanha S, Botfield J, Mazza D. Recognising and responding to reproductive coercion in general practice: a qualitative study *BMJ Sexual & Reproductive Health*. Page 5.
- 14 For a complete list of practice principles see Box 1: Best Practice Principles for supporting women-victim survivors of intimate partner or sexual violence in MacDonald, J. B., Gartoulla, P., Truong, M., Tarzia, L. & Willoughby, M. (2023). *Reproductive coercion and abuse*. Australian Institute of Family Studies. <https://aifs.gov.au/resources/practice-guides/reproductive-coercion-and-abuse>
- 15 Children by Choice. (2025). *Reproductive coercion and abuse mini guide to detecting and exploring RCA*. <https://www.childrenbychoice.org.au/wp-content/uploads/2025/12/USE-RCA-Booklet-2025.pdf>