

## Policy Brief

# Reproductive Violence: A Critical Reform Priority in Violence Prevention

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### Key Messages

- Reproductive violence is a systemic form of gender-based violence.
- Ending violence against women requires explicit recognition of the harms that undermine reproductive autonomy.
- Reforms in maternal and child health over the past decade present a decisive opportunity to recognise reproductive violence.

### Purpose of this Brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women.

This brief defines reproductive violence as a clear and actionable policy concept, demonstrates its relevance within current health and violence prevention reforms, and outlines practical steps to embed prevention and response across systems.

This is a critical policy moment. National efforts to end violence against women and children, implementation of the National Women's Health Strategy, and reforms across disability, child protection and First Nations policy settings create an opportunity to explicitly protect reproductive autonomy. Without coherent recognition, harms that undermine reproductive decision-making remain fragmented and inadequately addressed.

Recognising reproductive violence does not require the creation of new standalone systems. It involves strengthening and aligning existing health, violence prevention and safeguarding frameworks to ensure reproductive autonomy is explicitly protected. The reforms proposed focus on policy coherence, system integration and accountability rather than structural duplication.

### What is Reproductive Violence

Reproductive violence is a form of gender-based violence against women and girls that compromises reproductive autonomy, agency and self-determination. It undermines a person's ability to decide if, when, how and under what conditions to become pregnant, give birth, raise children and parent.

Reproductive violence includes physical, sexual, emotional, psychosocial, economic, normative and symbolic abuse, force, coercion or exploitation within relationships, communities, institutions and societies.



Reproductive violence occurs not only in interpersonal relationships, but also through laws, policies and institutional practices that constrain reproductive autonomy. It is rooted in gender inequality and intersecting systems of discrimination that regulate who is considered a legitimate or desirable parent.

## Terminology in Policy Contexts

“Reproductive violence” is a strategic policy term that captures a continuum of coercion, abuse, exploitation and structural control over reproduction. It enables policy to:

- Recognise both interpersonal and institutional harms
- Connect health, family violence, disability, child protection and justice systems
- Capture discriminatory laws and practices, including the historic and ongoing forced removal of children
- Shift analysis from isolated incidents to systemic patterns of power and control

Using this terminology strengthens coherence across violence prevention, health reform and human rights frameworks. It makes harms to reproductive autonomy visible, measurable and accountable within national strategies.

## Terminology in Practice Contexts

While policy language should be precise and rights-based, service delivery language should remain responsive and context-specific.

In community and service settings, many other alternative terms are more likely to be used, such as abuse during pregnancy, contraceptive sabotage, fertility pressure, forced sterilisation, domestic abuse to end a pregnancy, and others. These terms describe specific tactics or manifestations of reproductive violence.

Practice language should remain survivor-centred, prioritising the impact on reproductive autonomy and lived experience. This is compatible with person-focused approaches and respects individuals' descriptions of their experiences.

## Integrating Reproductive Violence Prevention and Response

To embed prevention and response within Australian health systems, governments should:

1. **Embed reproductive violence within health system architecture**  
Update clinical guidelines across primary care, sexual and reproductive health, maternity, mental health and community health to explicitly recognise reproductive violence, including institutional and structural forms. Integrate trauma-informed and culturally safe enquiry where appropriate.



2. **Centre First Nations leadership and culturally safe models of care**  
Invest in Aboriginal and Torres Strait Islander-led, community-controlled responses that address reproductive violence within the context of colonisation, intergenerational trauma and structural inequality. Support disability-led, migrant and refugee-led and culturally specific organisations to ensure accessible and intersectional responses.
3. **Build workforce capability and referral pathways**  
Integrate reproductive violence into professional training and incorporate relevant indicators into risk assessment and safeguarding tools, ensuring confidentiality and safety. Formalise partnerships between health services, specialist violence services, legal assistance, disability services and culturally specific organisations, prioritising warm referrals.
4. **Align with accountability systems and non-punitive approaches**  
Incorporate reproductive autonomy and reproductive coercion measures within national data and reporting frameworks, aligned with the National Women's Health Strategy. Ensure responses prioritise safety and autonomy. Criminalisation-focused approaches risk deterring disclosure and disproportionately impacting marginalised communities.

Embedding reproductive violence within existing systems strengthens prevention and supports coordinated, rights-based responses without creating parallel structures.

## Adapting Policy

To ensure coherent national recognition, governments should:

1. **Embed reproductive violence within national violence strategies**  
Incorporate it within the National Plan to End Violence against Women and Children and related jurisdictional strategies. Operationalise commitments to reduce reproductive coercion and protect reproductive autonomy as measurable health outcomes in the Women's Health Strategy.
2. **Prioritise First Nations reform and accountability**  
Recognise reproductive violence within child protection, justice and health reforms, including acknowledgement of historic and ongoing forced removal of children and discriminatory reproductive interventions.
3. **Integrate within disability, safeguarding and migration reforms with oversight**  
Address both interpersonal and institutional risks to reproductive autonomy across these policy settings. Coordinate health, family violence, justice, disability and social services portfolios to prevent fragmentation.
4. **Maintain evidence-based, rights-based, non-punitive responses**  
Develop national indicators and intersectional monitoring to strengthen accountability. Avoid approaches that deter disclosure or disproportionately affect First Nations women, women with disability and migrant women.



Embedding reproductive violence within national frameworks strengthens coherence across health, gender equality and violence prevention policy and ensures reproductive autonomy is systematically protected.

## Conclusion

Reproductive violence provides a coherent framework for recognising and addressing harms that undermine reproductive autonomy across interpersonal, institutional and structural contexts.

Embedding this concept within Australia's health, violence prevention and social policy reforms strengthens alignment with national commitments and improves accountability. The reforms proposed largely involve reframing and integrating existing policy settings rather than establishing parallel systems.

Acting now will prevent fragmentation, strengthen system coherence and safeguard aspects of community health and wellbeing that require clearer recognition.

## About us

Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

## Contact us

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*We acknowledge the Traditional Custodians of the lands and waters on which we live and work.*

*We pay our respect to Elders past and present. Sovereignty has never been ceded.*