



## REPRODUCTIVE COERCION **quick facts** for domestic violence workers

A growing body of research is providing evidence for a connection between intimate partner violence (IPV) and less obvious forms of coercion, such as reproductive coercion, that have major implications for reproductive and sexual health.<sup>1,2</sup> The link between IPV and reproductive coercion likely explains why women who are abused by their intimate partners are at greater risk for sexually transmitted infections (STIs) and unintended pregnancy.<sup>3,4</sup>

### WHAT IS REPRODUCTIVE COERCION?



Reproductive coercion is the behavior used to pressure or coerce a woman into becoming pregnant or into continuing or ending a pregnancy against her will, through the use of manipulation, intimidation, threats, and/or actual acts of violence.<sup>5</sup>

Reproductive coercion most-often manifests within the context of an intimate, heterosexual relationship, when a man uses pregnancy-controlling behaviors in an effort to maintain power, control, and domination over a woman.<sup>6</sup>

**Example:** A man may try to get his girlfriend pregnant against her will in order to keep her physically and financially tied to him forever.

Women victimized by reproductive coercion may not recognize that these behaviors are abusive, particularly if there is no history of physical or sexual violence in their relationship.<sup>7</sup>

### REPRODUCTIVE COERCION CAN TAKE NUMEROUS FORMS. EXAMPLES INCLUDE:

#### Economic Abuse

- Refusing to contribute to the cost of using birth-control
- Refusing to help pay for emergency contraception or an abortion
- Refusing to help with the costs of supporting and raising the child if the pregnancy continues
- Forcing a woman to have multiple pregnancies and births within a short time frame so that she is unable to work outside the home, dependent on her abuser for financial and economic support, and less able to leave or escape without difficulty or risk (e.g., a pregnant woman with five children all under the age of six)

#### Emotional Abuse

- Calling a woman names, degrading her, or using profanity directed at her, in an effort to coerce her into choosing a certain pregnancy outcome
- Accusing a woman of infidelity if she wants to use contraception
- Denying paternity of the pregnancy
- Using manipulation or other emotional tactics that make a woman feel forced to get pregnant, have an abortion, or continue the pregnancy against her will

#### Physical Abuse

- Beating a woman if she talks about using birthcontrol or having an abortion
- Threatening to kill a woman if she has an abortion
- Threatening to kill a woman if she refuses to have an abortion
- Beating a woman at any point during a pregnancy in an attempt to cause a miscarriage
- Using physical violence or threats of violence to get a woman pregnant, force her to have an abortion, or continue the pregnancy against her will



#### Manipulative/Psychological Abuse

- Convincing a woman that taking birth control will make her infertile and ruin her future chances of having a child
- Sabotaging birth control in order to get a woman pregnant against her will (e.g., lying about pulling out or hiding or destroying birth control pills)
- Making a woman believe that she must not really be “in love” if she does not want to become or remain pregnant

### A FEW FACTS ABOUT REPRODUCTIVE COERCION:

- Roughly 25% of women who report that they are being physically or sexually abused by their intimate partners also report being pressured or forced to become pregnant.<sup>8,9</sup>
- Women victimized by their partners are less likely to use birth control, either because of their partner’s unwillingness to use birth control or because their partner demands that they become pregnant.<sup>10</sup>
- Reproductive coercion can occur prior to conception, during sexual intercourse, and after conception. Prior to conception, abusers may prevent their partner’s access to and use of effective contraception. During sexual intercourse, which can be forced, abusers can manipulate contraception to render it ineffective, which includes removing condoms during sex and refusing to withdraw when previously agreed upon. After conception, abusers can attempt to coerce their partners into continuing the pregnancy or having an abortion.<sup>11</sup>





## WHAT CAN I DO AS AN ADVOCATE?

As always, be sure to establish a safe, comfortable, inclusive, private environment for whomever you may be speaking with, as this promotes full disclosure.

When working with individuals victimized by IPV, be sure to incorporate questions and information about reproductive coercion into all your routines, including during hotline calls, safety planning, group sessions, and one-on-one time with those seeking your services. If you manage staff, educate your staff about reproductive coercion and see that the information is incorporated into your organization's written materials.

Establish good relationships with organizations in your local area and state that provide services for and information about women's reproductive health and wellness so you can refer individuals experiencing reproductive coercion to these places when needed. Feminist women's health clinics and/or local Planned Parenthoods provide non-biased, comprehensive information, resources, and services about women's reproductive health and wellness.

**To find a local reproductive health clinic or organization near you, please visit:**  
[www.ncadv.org/programs/reproductive-coercion/Resources.pdf](http://www.ncadv.org/programs/reproductive-coercion/Resources.pdf).

**As an advocate, learning all you can about reproductive coercion will help you provide the best services possible to people victimized by their intimate partners. Screening for reproductive coercion can greatly reduce morbidity and mortality from reproductive and sexual health diseases and IPV.**



## QUESTIONS THAT CAN BE USED TO ASSESS FOR REPRODUCTIVE COERCION MAY INCLUDE:

- 1) Are you currently pregnant or planning to become pregnant?
- 2) If she is not pregnant:
  - a. Do you feel safe asking your partner to use birth control?
  - b. Do you feel like your partner is pressuring you to become pregnant?
  - c. Has your partner ever accused you of being unfaithful or tried to make you feel guilty because you wanted to use birth control?
- 3) If she is currently pregnant:
  - a. How do you feel about this pregnancy? How does your partner feel about the pregnancy?
  - b. Has your partner's behavior changed since he found out you were pregnant?
  - c. Are you afraid of your partner regarding this pregnancy for any reason?
  - d. Do you want to continue this pregnancy?
    - i. (If she wants to continue the pregnancy) Are you receiving prenatal care?
    - ii. (If she wants to terminate the pregnancy) Are you afraid of how your partner will react if you have an abortion? Are you afraid your partner will retaliate if you don't have an abortion?

**For more information about assessing for reproductive coercion, please visit:**  
[www.ncadv.org/programs/reproductive-coercion/Assessment--domestic-violence.pdf](http://www.ncadv.org/programs/reproductive-coercion/Assessment--domestic-violence.pdf)

**To see a sample reproductive coercion intervention tool for domestic violence workers, please visit:**  
[www.ncadv.org/programs/reproductive-coercion/Intervention--domestic-violence.pdf](http://www.ncadv.org/programs/reproductive-coercion/Intervention--domestic-violence.pdf)



See citations in Appendix A on page 31-32 of *Exposing Reproductive Coercion: A Toolkit for Awareness-Raising, Assessment, and Intervention*, located at [www.feministcenter.org/RCtoolkit.pdf](http://www.feministcenter.org/RCtoolkit.pdf).