



REPRODUCTIVE COERCION **quick facts** for clinical practitioners

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.^{1,2} The link between IPV and reproductive coercion likely explains why women who are abused by their intimate partners are at greater risk of sexually transmitted infections (STI) and unintended pregnancy.^{3,4}

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.⁵ 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.⁶

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.⁷

WOMEN DESCRIBING THEIR EXPERIENCES WITH REPRODUCTIVE COERCION:

“He was like, ‘I should just get you pregnant and have a baby with you so that I know you will be in my life forever.’”⁸

“I was on the birth control, and I was still taking it, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant.”⁹

“And I told him right when I found out I was pregnant, I told him, ‘You know, I hate to say this, but I want to have an abortion.’ [He said], ‘No, you’re crazy. How can you say that? You can’t just kill your child!’ And he was just making me feel so guilty until, finally, I was just, like, ‘Okay, then. I’ll keep the baby.’”¹⁰

FACTS ABOUT REPRODUCTIVE COERCION AND IPV:

- 1 in 4 women in the U.S are abused by their intimate partner.¹¹
- 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.^{12,13}
- Women victimized by their intimate partners have an increased risk of STIs and unintended pregnancy as a result of pregnancy pressure and birth-control sabotage as compared to non-abused women.^{14,15}

WHAT CAN I DO AS A CLINICIAN?

Assessment: Include questions about reproductive coercion on the self-administered questionnaire that patients fill out at the beginning of their visit. Incorporate questions and information about reproductive coercion into every verbal assessment you conduct with your patients.

Establish a safe and supportive atmosphere within your clinic that will facilitate discussions about sensitive topics such as reproductive coercion and IPV. A safe environment can promote full disclosure by patients and allow you to intervene in cases of IPV and reproductive coercion.

Inform patients about confidentiality and mandatory reporting requirements in your state, and conduct verbal assessments in a private space where conversations cannot be interrupted or overheard.

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

1. If she is not pregnant:
 - a. Do you and your partner agree on if and when you want to have a baby?
 - b. Has your partner ever pressured you to get pregnant when he knew you didn’t want to?
2. If she is not trying to become pregnant:
 - a. Do you and your partner use birth control every time you have sex?
 - b. Are you comfortable talking to your partner about using birth control?
3. If she is already pregnant:
 - a. Do you and your partner agree on what you should do about your pregnancy?
 - b. Is your partner pressuring you to continue your pregnancy or have an abortion?

For more information on assessing for reproductive coercion in a clinical setting, please visit:
www.ncadv.org/programs/reproductive-coercion/Assessment--clinical-practitioners.pdf

Intervention: If you feel that a patient is being victimized by reproductive coercion, the manner in which you intervene will vary based on the type and severity of the situation. In general, when intervening in cases of reproductive coercion clinical staff should:

1. Address the quality of the patient’s relationship,
2. Help the patient take control of her own fertility, and
3. Help ensure the patient’s physical safety. Clinical staff should also follow up any disclosure of reproductive coercion with questions to screen for other forms of IPV and vice versa.

For a sample intervention tool for clinical practitioners, please visit:
www.ncadv.org/programs/reproductive-coercion/Intervention--clinical-practitioners.pdf

Screening for reproductive coercion in a clinical setting can greatly reduce morbidity and mortality from reproductive and sexual health diseases and IPV. Clinical staff have an opportunity to assess risk, intervene, and provide resources and support to women who are victimized by reproductive coercion and other forms of IPV.

See citations in Appendix A on page 31 of *Exposing Reproductive Coercion: A Toolkit for Awareness-Raising, Assessment, and Intervention*, located at www.feministcenter.org/RCToolkit.pdf.

