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. 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.1

Reproductive coercion is a form of domestic violence (DV), also known as intimate partner violence (IPV). Reproductive coercion can take numerous forms: economic (not giving a woman money to buy contraception or obtain an abortion), emotional (accusing her of infidelity if she requests contraception or denying paternity of a pregnancy), as well as physical (beating her up upon finding her contraception, threatening to kill her if she has or does not have an abortion, or purposefully harming her while she is pregnant in an attempt to cause a miscarriage).2

• Reproductive coercion can occur prior to conception, during sexual intercourse, and after conception.3
  - Prior to conception, abusers may prevent their partner’s access to and use of effective contraception.
  - During sexual intercourse, which can be forced, abusers may manipulate contraception to render it ineffective, which includes removing condoms during sex and refusing to withdraw when previously agreed upon.
  - After conception, abusers may attempt to coerce their partner’s into continuing the pregnancy or having an abortion.

• In one study of women with abusive partners, 32% reported that they were verbally threatened when they tried to negotiate condom use, 21% disclosed physical abuse, and 14% said their partners threatened abandonment.4

• An estimated 10.3 million women in the United States report having or having had an intimate partner who had attempted to get them pregnant against their will, or who had refused to use a condom.5,6

• IPV is associated with an increased risk for unintended pregnancy and sexually transmitted infections (STIs), women not (being able to) use their preferred contraceptive method, miscarriages, repeat abortion, a high number of sexual partners, and poor pregnancy outcomes.7

• In one study of family planning clinic patients, 15% of women experiencing physical violence also reported birth control sabotage.5

• A woman having an unintended pregnancy is 4x more likely to be victimized by their partner than a woman having a planned pregnancy.9

• When IPV is present in a relationship, the chance of an unintended pregnancy doubles.10

• Homicide is a leading cause of pregnancy-associated mortality in the United States; the majority of pregnancy-associated homicides are committed by an intimate partner.11

• In 2007, the prevalence of IPV was nearly three times greater for women seeking an abortion compared with women who were continuing their pregnancies.12

• Women victimized by IPV are more likely to abuse alcohol or drugs, and more likely to engage in risky sexual behaviors (such as earlier initiation of sexual intercourse, having unprotected sexual intercourse, and having multiple sexual partners).13,14,15

• Women victimized by IPV are more likely to report a lack of birth control use because of a partner’s unwillingness to use birth control or because the partner wants a pregnancy.16

• A family planning clinic-based reproductive coercion intervention strategy that focused on awareness-raising and provided harm-reducing strategies for clients was shown to reduce pregnancy coercion by 71%.17

• Women in a reproductive coercion intervention group that focused on education and provided harm-reducing strategies were more likely to report ending a relationship because they decided the relationship was unhealthy, or because they felt unsafe.18

• In one survey of young women between the ages of 16 and 29 conducted at five family planning clinics, 75% of those who reported pregnancy coercion or birth control sabotage also reported a history of IPV.19

• Reproductive coercion sometimes precedes physical and sexual abuse in a relationship.20

• Women victimized by domestic abuse of any kind are 50% more likely to have a single or repeated stillbirth, or spontaneous abortion.21

• Women having 3 or more abortions are nearly 3x as likely to have a history of IPV than women having two or fewer abortions.22

• In a study of women seeking abortion, nearly 40% had a history of intimate partner violence.23