

Reproductive Coercion: A Systematic Review

by Hillary Sotomayor

Reproductive coercion is a form of abuse in which one partner uses threats, violence, or manipulation to enforce decisions on the other partner's reproductive health and bodily autonomy. This could include tampering with birth control, manipulating or threatening a partner into having sex without contraception, or withholding money to prevent a partner from exercising their reproductive rights. Reproductive coercion can happen to anyone, but it is most commonly perpetrated against women. It currently occurs to one in 20 women in the United States, with a higher prevalence amongst women of color, which correlates with the racial and ethnic disparities of the country. More than 80% of women report fearing for their safety after experiencing pregnancy coercion (D'Angelo et al., 2024). Despite its harmful prevalence, the term, "reproductive coercion," is not explicitly defined in law. Although it can be prosecuted through other legal methods, the absence of a clear definition has undermined the issue, leaving survivors without adequate legal and societal recognition. In this paper, I investigate the intricacies of reproductive coercion in the cycle of abuse, the fight for reproductive justice, and the history of reproductive coercion in medical settings to argue that the lack of an explicit definition for "reproductive coercion" results in minimization of the issue, damaging legal response to these cases, and inadvertent support for the toxic culture that keeps this form of abuse prevalent.

Background

In February of 2013, the American College of Obstetricians and Gynecologists, or ACOG, published Committee Opinion No. 554, where healthcare providers were recommended to screen women and adolescent girls for intimate partner violence and reproductive and sexual coercion (American College of Obstetricians and Gynecologists, 2013). Intimate partner violence, a form of abuse or aggression that occurs in an intimate relationship (CDC, 2024), has been linked to reproductive coercion, which is defined as "behavior intended to maintain power and control in a relationship related

to reproductive health." Reproductive coercion has been defined within medical parameters; however, an explicit definition for reproductive coercion in American legal frameworks has proven to be more complex. Cases of abuse, rape, and other forms of intimate partner violence are severely underreported (RAINN, 2020). An observed factor that adds to this underreporting is the historical context of abuse in the law.

One early marker dates back to 1736; jurist Sir Matthew Hale of England had declared that marriage was an established form of permanent consent that could not be redacted (Taub, 2022.). This colonial, misogynistic way of thought, although now outwardly condemned, still has perpetuated a culture where rape and abuse are dismissed, especially in the case of an intimate relationship. Although this declaration had taken place in English common law, its relevance is notable, as it has been transitioned and applied to serve as a foundation for the United States law, as well as other countries under Great Britain's colonialist rule (Gaxiola and Litwak Law Group, 2023).

The diminution of sexual violence is reflected in a study published by the National Institutes of Medicine which demonstrated that women were less likely to acknowledge their experience as rape when their perpetrator had been an intimate partner (Jaffe et al., 2013). These findings correspond with historical and legal contexts where abuse is criminalized, yet there is still ambiguity in what society and the courts consider "abuse." This leaves abusive behaviors, like reproductive coercion, unrecognized by both United States policy, and most devastatingly, victims of reproductive coercion themselves. Nonetheless, other provisions against this form of abuse and sexual violence have still taken place to protect survivors and care for them financially and legally.

The Violence Against Women Act, or VAWA, is federal legislation with the objective of providing legal and financial support to end domestic violence, sexual violence, dating violence, and stalking for all victims. It is significant to recognize the implementation and the policy that VAWA provides,

as well as its possible shortcomings, in order to assess the current impacts and identify new ways to further VAWA's effect. With regards to VAWA's effect on reproductive coercion, its implementation has been vital as it established domestic abuse as a federal crime, and it has funded provisions and movements to address the unspoken crisis of abuse and assist survivors.

VAWA was instituted by statute when passed by Congress and signed into law by President Bill Clinton in 1994 with the immense support of organizations such as the National Organization for Women (NOW) and the Rape, Abuse, & Incest National Network (RAINN). The effect of VAWA on sexual and domestic violence, typically associated with reproductive coercion, can be reflected by statistics. According to the National Crime Victimization study from the National Bureau of Justice, overall domestic violence rates dropped after 1993, especially intimate partner violence, a type of abuse that is correlated with reproductive coercion. Figure 1 below depicts the trendlines that illustrate this data. Although VAWA may not be the only cause of this trend, it most likely correlates with this decline, considering that the establishment of the law reflected public views shifting on the topic of abuse, making it more efficient to protect victims and prevent violence. In addition, VAWA likely increased awareness of this issue, which highlights the effect of labelling abuse both legally and socially.

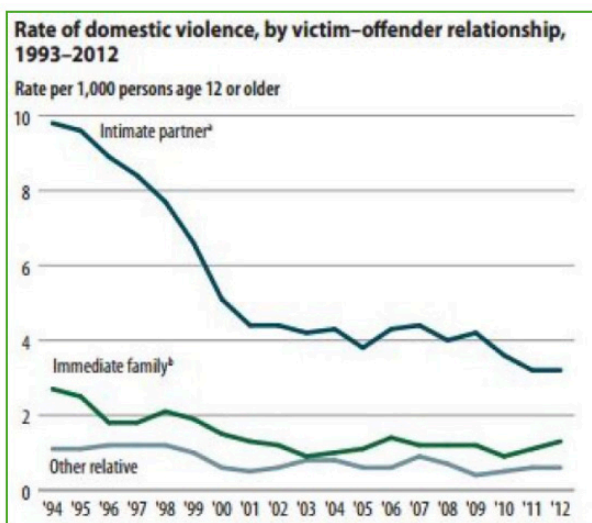


Fig 1. Domestic Violence Rates from 1993 to 2012. Leins, C. (2015). Sobering stats for domestic violence awareness month. *U.S. News & World Report*. <https://www.usnews.com/news/blogs/data-mine/2015/10/09/sobering-stats-for-domestic-violence-awareness-month>

The Violence Against Women Act, funded federally by the Department of Justice and Human and Health Resources, protects all survivors of violence regardless of gender, age, race, sexuality, and documentation status. It aims to assist underserved populations, such as the LGBTQ+ community, women of color, Native American communities, and immigrants. In court, VAWA is legally enforced by imposing penalties on offenders. For instance, violations under sections 2261, 2261A, and 2262 can result in the perpetrator facing a maximum sentence of life in prison depending on the severity of harm done to the victim (United States Attorney's Office, 2023). Furthermore, it is also implemented with grant programs to provide funding for domestic violence shelters, courts, tribes, rape crisis centers, and children's centers. VAWA also legally requires financial compensation for victims, providing direct support to individuals.

The implementation of VAWA has undeniably brought the topic of abuse to light, but it remains an often-avoided subject. Reproductive coercion is an especially pervasive form of abuse that does not receive adequate public or legal attention. Although the Violence Against Women Act has provided legal framework and definitions to address this matter, the term "reproduction coercion" is not explicitly defined in VAWA's policy. When defining domestic violence, the term "coercion" is added to indicate that it is a form of abuse. The 2022 VAWA reauthorization policy states domestic violence includes "the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim" (Congressional Research Service, 2022). When investigating the term "coercion" in law, it is defined as "threats of serious harm to or physical restraint of any person" (Code of Federal Regulations Title 22, 2024). "Criminal coercion" is specified to mean "threatening to commit a criminal offense, accuse anyone of a criminal offense, or take or withhold action as an official with purpose to unlawfully restrict another's freedom of action" (Legal Information Institute), and is classified as a misdemeanor.

Because reproductive coercion is not explicitly defined in federal policy like VAWA, it is addressed in court with a more complex methodology. Typically, reproductive coercion can be prosecuted under the statutes of domestic abuse, sexual assault, criminal

coercion, and even healthcare fraud. For instance, a common form of reproductive coercion that takes place is one party refusing to use contraception without the other's consent. This can be seen in the case, *R. v. Kirkpatrick*, a case brought to the Canadian Supreme Court in which the complainant argued that the defendant, Kirkpatrick, had violated her bodily autonomy due to him not wearing a condom despite only consenting to sex with contraception. In turn, Kirkpatrick was charged with sexual assault (Supreme Court of Canada). Although not in the United States, this Canadian case demonstrates the legal framework in which birth control sabotage was recognized in some international contexts as a form of abuse. The action of tampering with contraception to manipulate another party falls under the term, "stealththing," which was first considered a form of rape in the state of California and could be prosecuted as such under California Penal Code 261. Since then, other states, such as New Jersey, have adopted such statutes (John D. Rogers Law, 2023).

Ultimately, reproductive coercion remains a neglected issue, despite the strides that policies like VAWA have made to address barriers to reproductive healthcare access and protect reproductive rights. It is imperative to recognize issues such as these that remain prevalent, as it reflects how toxic the topic of abuse and violence remains, even with efforts to change it.

Understanding Abuse through Unintended Pregnancy

Reproductive coercion exists in abusive relationships with a pattern of intimate partner violence, which is the abuse and aggression that occurs in a romantic relationship. According to "Recent reproductive coercion and unintended pregnancy among female family planning clients," a survey study administered in Pennsylvania, 79% of women that had reported pregnancy had also reported intimate partner violence (Miller et al., 2014). The study reflects the devastating reality of different forms of abuse overlapping with the prevalence of reproductive coercion due to the power imbalances and bodily harm that occur in these relationships; this, in turn, can often distort a victim's perception of their situation, making it harder for them to recognize the abuse and their need for help.

According to research by Moulton et al. (2022), some female survivors of reproductive coercion had "trivialized, minimized, or blamed themselves for coercive reproductive behavior they had experienced" and did not recognize themselves as victims. Survivors' interview answers revealed "they felt if they identified as a victim, they would have to confront their partner and partner's behavior" (Moulton et al., 2022). This logic that most survivors adopt typically derives from manipulations of their abuser, as survivors may be made to feel a certain way in order for the abuser to maintain control. Psychologically, if a victim does not believe they fit the socially accepted "trauma model" of abuse, this may consequently lead them to blame themselves and feel shame to discredit their traumatic experiences as abuse (Mathur, 2010). As aforementioned in this paper, societal perceptions of abuse are shaped by the language within U.S. law and everyday conversations. Furthermore, accepting one's role as a mother no matter the circumstance is typically implanted in most women due to it being a long-standing cultural expectation.

To investigate this relationship between established frameworks and reproductive coercion, the dilemma of unintended pregnancy was examined. A pregnancy deemed as mistimed or unwanted is defined as an unintended pregnancy. Unintended pregnancy is most prevalent amongst young, unmarried, economically oppressed people of color. It is significant to note unintended pregnancy is strongly associated with abuse. A CDC study, "Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood," discovered that across a population of 1193 women, more than 45% of women claimed their first pregnancy was unintended, and 65.8% of those had reported exposure to two or more types of childhood abuse or household dysfunction (Dietz, 1999). Exploring this framework with a reproductive justice lens exposes how the practices utilized to prevent unintended pregnancy are inadequate, as they fail to account for the systematic racism of establishments, victim-blaming, and other practices that fail to understand an individual's unique experiences of pregnancy. In "Critiquing the Unintended Pregnancy Framework," Auerbach (2023) determined that feelings towards

unintended pregnancy are complex, as some persons experiencing unintended pregnancy simply accepted it due to the inaccessibility to contraception or abortion resources. Additionally, the underlying assumption that it is a woman's responsibility to accept the role of a mother when she fails to prevent pregnancy remains prevalent (Auerbach, 2023). This societal perception appears to correspond with the fact that many survivors of reproductive coercion accept their pregnancy because they discredit their abuse. The study also emphasized that the way healthcare providers worded questions regarding pregnancy and planning towards patients is important since it diminished the possibility of patients feeling disrespected or pressured to use certain methods of contraception. In other words, because there is implicit bias against women of color in healthcare, emphasis must be placed on how questions are asked to make the patient (specifically women of color) feel more comfortable (Auerbach, 2023). This highlights how essential it is to take language into consideration. In policy, the lack of a definition for "reproductive coercion," results in survivors minimizing their abuse, as it is more unregulated than other forms of abuse. The language used when describing the socially accepted "trauma model" of an abuse victim can also lead survivors to discredit their abuse if they feel they do not fit the definition. In addition to providing evidence for this phenomenon, this study also recommends that healthcare providers be mindful with vocabulary and ask open-ended questions in order to showcase respect towards patient autonomy and help prevent unintended pregnancy.

Another severe form of abuse that is also associated with stigmatizing language, sexual abuse, has been shown to correlate and share similarities with reproductive coercion. A study published by the *American Journal of Preventive Medicine* found that women who experienced intimate partner rape-related pregnancy were significantly more likely to have experienced reproductive coercion during or after the assault (Basile, 2018). Both reproductive coercion and rape can be considered unreported crimes due to the strong correlation with one another, as they are violations of bodily autonomy affected by social stigma and the direct and implied prevalence in legal frameworks. It reinforces the idea

that defining and discussing these crimes is necessary to build a safe environment where survivors feel validated and to improve the support and response provided to survivors.

The traumatic effects of rape and reproductive coercion often affect parenthood. Willie et al. (2020) studied 296 pregnant adolescent females to observe the effect reproductive coercion had on the children born from these pregnancies and on the parenting of the young women studied. Age, gender, household income, education, and relationship length were all factors controlled in the study, and results were self-reported by participants. The one finding that remained significant was that experiencing reproductive coercion was significantly associated with lower parenting competency (Willie et al., 2020). Trauma influencing parental behaviors can be defined as the reasoning behind this finding, since this occurs with mothers' relationship with children born from a rape-related pregnancy. A qualitative study by Ee and Blokland (2019) on the complex relationship between a mother and child linked to her traumatic experiences also supports this statement, as one finding noted, "They see their child as dirty or bad and themselves as damaged or dirty or someone you have to be ashamed of. And at the same time, they have to shape their motherhood" (Ee and Blokland, 2019). It is imperative to recognize the lifelong effect of abuse on survivors, because without the proper help or recognition, this is how the cycle of abuse persists.

To understand the impact of reproductive coercion, one must observe the overlap other forms of abuse have with it. Abuse is an issue that has been addressed through the implementation of laws and through the transitioning cultural norms. However, more discussions are needed to find improved solutions that evolve with different cycles of abuse in order to abolish the cycle. Understanding revictimization is difficult but necessary because the survivors that movements and policies like the Violence Against Women Act aim to protect must also aim to prevent the development of abusive behaviors in people who may become abusers.

Fight for Reproductive Justice

The Fourteenth Amendment to the United States Constitution states that, "no State shall deprive any

person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws” (National Archives). It is what protects the constitutional right to bodily autonomy and ensures all individuals are equally protected. Reproductive autonomy falls under the term bodily autonomy, for it is one’s power to control decisions regarding their reproductive health, such as contraception use, pregnancy, and family planning. The concept is typically presented in the fight for women’s reproductive rights. In a post-Roe world, the topic of abortion is especially polarizing, overtaking discussions of reproductive justice, with the media depicting the intense protests and heated debates surrounding it. However, what the media does not always cover or consider are the broader concerns relating to reproductive rights, such as failures in the teaching of sex education and reproductive coercion. The lack of discussion around these topics in reproductive health underscores the point that reproductive coercion remains a primarily unregulated concept in American policy.

Many reproductive justice advocates, like the Combahee River Collective, utilize the concept of intersectionality in efforts to advocate for reproductive rights and bring awareness to underrepresented social movements. The concept of intersectionality highlights how one’s multiple self-identities regarding race, sexuality, class, etc. relate to the societal and systemic oppressive forces that work against them. Reproductive justice is founded on the right to have a child under an individual’s chosen conditions, the right not to have a child through an individual’s chosen means, and the right to raise children in an environment without violence (Ross, 2017). Although reproductive justice intersects with the legal advocacy and healthcare services, it showcases the dilemma of mainly focusing the rhetoric of women’s and reproductive rights on *Roe v. Wade*, a landmark legal provision in American history. *Roe v. Wade* is typically conceived as a protection of individual rights; however, it diverts attention from properly addressing other factors relating to the right of abortion, like reproductive coercion.

The purpose of passing of *Roe v. Wade* was to ensure that the government could not take away a

pregnant person’s individual right to an abortion in respect to the 14th Amendment. It also made access to this form of healthcare accessible and safe (Center for Reproductive Rights). It is significant to note that abortion is a form of healthcare, but it became polarized as it became a systemic weapon to control women’s bodies. This is shown in the media coverage of abortion through a study performed by the National Association for the Repeal of Abortion Laws, in which it was found that 77% of informative articles about abortion were written by political and news writers rather than public health reporters. Furthermore, it was discovered that political and news writers were four times less likely to discuss medical research in said articles (Larkin, 2020). This emphasizes the fact that the fight for reproductive rights is often weaponized to maintain control over women’s bodies. Former Supreme Court Judge, Ruth Bader Ginsburg, emphasized this idea as well, adding how this left *Roe* vulnerable to reinterpretation, and the overturning of the policy would only further demonstrate how it was never about a woman’s choice, considering it would be detrimental to women of poorer financial backgrounds whose choices would become very limited.

A post-Roe nation has also demonstrated the phenomena of criminalizing pregnancy. According to MSNBC, “more than 200 pregnant women have been prosecuted after the overturning of *Roe v. Wade*, which is the largest number of annual cases recorded in history” (MSNBC, 2024). The report emphasizes that if a woman poses risk to her pregnancy, she could be prosecuted, as seen in the case of Amari Marsh, who was charged with murder after experiencing a miscarriage. The criminalization of healthcare has now led to the unjust criminalization of women. Cases like this demonstrate how a woman’s right to bodily autonomy is already systemically disregarded, which is especially alarming since it demonstrates how reproductive coercion can survive in such a toxic regulatory environment. The womb has become state property, enforcing the concept of fetal personhood, and normalizing control of women’s bodies.

Searching for “reproductive coercion” on the internet does not yield as many articles and polarizing discussion boards as “*Roe v. Wade*,” even though

reproductive coercion is directly tied to abortion, as controlling another's right to an abortion is a form of reproductive coercion. While the passionate debate surrounding *Roe v. Wade* stands as a separate valid argument, it is imperative to highlight how violations of bodily autonomy also occur every day in abusive relationships. While abuse and intimate partner violence tends to be seen as an individualistic issue, addressing it as a collective societal concern to integrate topics such as reproductive coercion into legislature as we do for abortion would further validate survivors and advance reproductive justice movements.

Reproductive Healthcare Disguised as Control

Although exploring reproductive coercion on an individualistic level is beneficial, it is also imperative to address how individuals in positions of power have abused populations using reproductive coercion. Throughout the 20th century in the United States, eugenics laws were established across 32 states with a means to control "feble-minded" individuals that were considered unfit to become parents (National Human Genome Research Institute, 2022). The term "eugenics," coined by Francis Galton, essentially refers to the study and practice of manipulating population reproduction to increase prominence of traits that are considered "desirable" (Oxford). The advocacy of this philosophy was reflected in the forced and coerced sterilization of marginalized groups, especially women of color and people with financially unstable backgrounds.

In the 1978 case of *Madrigal v. Quilligan*, ten low-income Mexican American women filed a lawsuit against the Los Angeles Medical Center, stating that they had been coerced into undergoing sterilization before, during, or after labor. The women had based their argument on *Roe v. Wade*, but had lost due to the court determining the sterilizations were simply a misunderstanding of poor communication (Library of Congress); nonetheless, the case highlights the pre-existing systematic biases that oppress minority populations to excuse the blatant violation of human rights in the medical field.

In the 1990s, long-acting reversible contraceptives became more abundant than sterilizations; nonetheless, they were still utilized as

a method to enforce eugenics and control women's bodies. Legislators in thirteen states provided financial incentives as a means to coerce women into receiving Norplant, a long-acting reversible contraceptive. A legislative bill was proposed in Texas to incentivize women with \$300 to receive the contraception, and a bonus of \$200 if she was able to retain it for five years (Gold, 2014). The absurdity of this proposal lies within the fact that "reproductive coercion" is not clearly defined in law to this day, yet lawmakers attempted to codify it into policy two decades ago.

Even though Norplant was discontinued in 2002, long-acting reversible contraception methods are still advised to poorer women and women of color, specifically Black, Latina, and Native American women. Emily Mann's report, "Agency-Without Choice: The Visual Rhetorics of Long-Acting Reversible Contraception Promotion," describes how most women of color tend to be more hesitant in receiving said methods of contraception despite being the most "at-risk" population. Notably, this factor could certainly be accounted for by the deep history of forced sterilization these populations had faced. Nonetheless, promoting accessibility to long-term birth control is needed to educate populations on contraception and family planning. The article had analyzed multiple ads that attempt to do so, and found that certain methods promoted long-term contraception better than others. For instance, the Contraception CHOICE Project provided participants with genetic counseling on different forms of contraception and had participants make their own decision at the end, giving "the appearance of facilitating a personal, individualized choice;" however, it was implied that the counseling sessions promoted long-acting reversible contraception methods more effectively (Mann, 2018).

Alongside Mann's analysis, statistical data regarding contraceptive use is a strong indicator of how the prevalent use of reproduction coercion in health institutions has impacted populations of women of color, specifically Black women, today. Figure 2 below depicts the use of multiple contraceptive methods across different races and ethnicities.

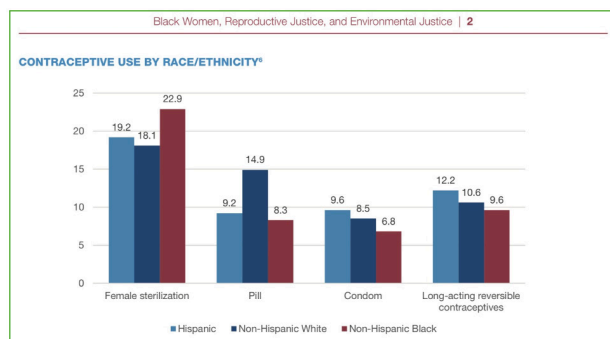


Figure 2. Contraceptive Use by Race and Ethnicity. National Black Women's Reproductive Agenda. (n.d.). *Contraceptive equity – In our own voice*. <https://blackrj.org/our-causes/contraceptive-equity/>

The data illustrates how Black women utilize contraception at lower rates compared to their White and Hispanic counterparts. Furthermore, the figure also illustrates female sterilization rates being higher amongst Black women, reflecting the dark history of Black women being coerced into being sterilized forcibly and unknowingly. The structural and institutional barriers that remain in the United States today could provide reasoning behind these observed disparities since income inequality and medical malpractice are more frequent amongst historically underserved populations. In fact, women and racial minorities are 20-30% more likely than White men to receive a misdiagnosis, highlighting the de-prioritization of this population which cultures a harmful environment in medical practices. Although family planning is an effective practice of reproductive healthcare, history has repeatedly shown that these family planning decisions were made for marginalized populations by others, rather than the individuals affected. The ambiguities behind reproductive coercion have historically allowed subtle yet detrimental ways for it to prevail in vital areas of life institutions, and this trend continues today. These practices endanger the very people that legal and societal systems are implemented to assist, Black women being one of many. It is more important than ever to recognize these historical failures in order to ensure advances in healthcare do not repeat unjust practices that so shockingly regulated a culture of reproductive coercion.

Conclusion

The immeasurable mental and physical damage caused by the prevalence of reproductive coercion can never be erased. Survivors have had to confront their traumatic experiences and attempt to cope with the health hardships of pregnancy and abuse while they themselves may be unaware of what pregnancy coercion is, or what is happening to them. However, there is hope. In 2022, Judge Mark Juhas wrote and defined the term, “reproductive coercion” into California’s Domestic Violence Prevention Act. It was written to expand on the term, “coercive control,” in which reproductive coercion, specifically, is the attempt to “control over the reproductive autonomy of another through force, threat of force, or intimidation, and may include, but is not limited to, unreasonably pressuring the other party to become pregnant, deliberately interfering with contraception use or access to reproductive health information, or using coercive tactics to control, or attempt to control, pregnancy outcomes” (Family Law News, 2023). Eliminating the vagueness surrounding reproductive coercion will now allow for a more straightforward understanding of what abusive behaviors may fall under it, allowing survivors to process the abuse they faced as an unjustifiable crime. Due to the dark and emotional complexities of abuse, it is difficult to truly see a world in which it is forever eliminated, even with the countless attempts movements and protestors have pushed for. Abuse has been prominent in history, and it has been repeatedly proven that keeping silent about the obvious has caused unrepairable damage not just to individuals, but society as a whole. Advocates of reproductive justice demand systemic change to address the racial disparities and ethical dilemmas correlating with reproductive coercion. It has repeatedly been proven to be a prominent humanitarian issue, one that was right in front of our faces, for decades. We have once again chosen not to listen and ignore the obvious due to the fantasy we have accepted—that enough efforts made to prevent abuse have already been made. The effort to legally define reproductive coercion in American policy should directly label it as abuse and allow for legal protections to validate and enunciate the undeniable harm of reproductive coercion, creating more pathways for survivors to receive the help they need.

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