

# Introduction to Reproductive Coercion

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## Overview of Presentation

1. Reproductive empowerment to achieve sexual and reproductive health outcomes
2. Defining gender-based violence
3. What is reproductive coercion?
4. Reproductive coercion in the context of intimate partner violence and domestic violence
5. Strategies to address reproductive coercion to improve sexual and reproductive health outcomes

## Definition of Reproductive Empowerment

Both a transformative process and an outcome, whereby individuals:

1. **Expand their capacity** to make informed decisions about their reproductive lives;
2. **Amplify their ability to participate meaningfully** in public and private discussions related to sexuality, reproductive health and fertility; and
3. **Act on their preferences** to achieve desired reproductive outcomes, free from violence, retribution, or fear.



Edmeades, J., C. Mejia, J. Parsons and M. Sebany. (2018) A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Background Paper). Washington D.C., International Center for Research on Women.

## Definition of Gender-Based Violence

*“An umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. Gender-based violence (GBV) is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse. GBV impacts individuals across the life course and has direct and indirect costs to families, communities, economies, global public health, and development.”*



## What Is Reproductive Coercion?

- **Reproductive coercion** is a form of GBV and describes a range of behaviors designed to interfere with an individual's autonomous decision-making related to family planning use and pregnancy decisions.
- Rooted in structural gender inequalities, patriarchy, and power imbalances that aim to limit or control reproductive freedom.
- Underpinning reproductive coercion and GBV broadly are harmful gender norms that influence behavior based on expected gender roles and responsibilities. These harmful norms and violence reinforce each other.



- Miller, E., et al., Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. *Contraception*, 2010. 81(6): p. 457-459.
- Silverman, J.G. and A. Raj, Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control. *PLoS Medicine*, 2014. 11(9): p. e1001723
- Gupta J, Falb K, Kpebo D, Annan J. Abuse from in-laws and associations with attempts to control reproductive decisions among rural women in Côte d'Ivoire: a cross-sectional study. *BJOG*. 2012;119(9):1058-1066. doi:10.1111/j.1471-0528.2012.03401.x

## What Is Reproductive Coercion?

- Forms of reproductive coercion can include:
  - Contraception sabotage
  - Pregnancy coercion
  - Pressure to continue or terminate a pregnancy
- Perpetrators of reproductive coercion can include an intimate partner, a family member, or family member of one's partner.



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## Contraception Sabotage

- **Contraception sabotage** involves deliberately damaging, hiding, or interfering with an individual's use of contraceptives or access to family planning services.
- Examples of this include:
  - Removing or damaging a condom
  - Removing a contraceptive patch
  - Hiding or throwing away oral contraceptives
  - Preventing access to medical appointments seeking contraception
- Reproductive preferences are ignored or disregarded through behaviors that prevent effective contraceptive use.



## Pregnancy Coercion

**Pregnancy coercion** involves forcing or pressuring an individual to become pregnant and/or discontinue contraceptive use against their will.

Examples include:

- Threats
- Pressuring, guilt, or shaming a partner about their decision whether to have children
- Monitoring signs of pregnancy
- Physical or sexual violence
- Pressure to practice unprotected sex
- Forced pregnancy testing
- Forced contraceptive use and forced sterilization are also aspects of reproductive coercion - i.e., preventing a desired pregnancy

## Pressure to Continue or Terminate a Pregnancy

**Pressure to continue or terminate a pregnancy:** Forcing an individual to continue or terminate a pregnancy against their will.

Examples include:

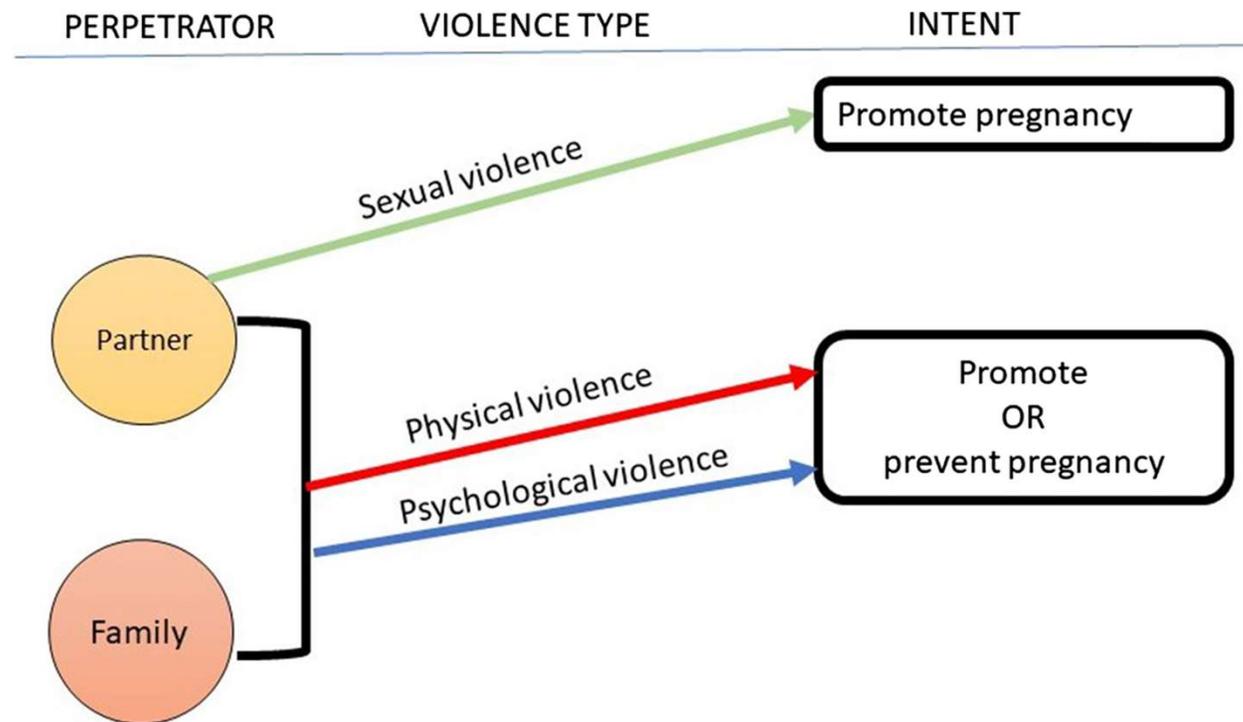
- Sabotaging an abortion appointment
- Physical violence to cause a miscarriage
- Forced abortion
- Preventing prenatal care
- Threats of harm

# Reproductive Coercion, Intimate Partner Violence, and Domestic Violence

- **Intimate partner violence (IPV)** refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors (such as controlling finances, movement, and access to other resources) by a **current or former intimate partner or spouse**.
- **Domestic violence** refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors that is perpetrated by **a person against an intimate partner, dating partner, or any member of a household**, including a child, parents, other relative, or a domestic worker.



# Reproductive Coercion, Intimate Partner Violence, and Domestic Violence



## Impacts of Reproductive Coercion

- Women who are subjected to IPV are vulnerable to situations where they are **not able to access contraception or effectively and consistently use contraception**.
- Reproductive coercion and IPV are associated with **increased risk of unintended pregnancy** (Grace 2018) **and sexually transmitted infection diagnosis** (Fay 2018).
- Partner-perpetrated reproductive coercion can result in **poor mental health impacts** for individuals experiencing reproductive coercion (McCauley et al. 2014).
- Some reproductive coercion resistance strategies include hiding contraceptives, emergency contraceptive use, and obtaining long-acting forms of birth control like IUDs without partner knowledge (Grace 2018).



- Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. *Trauma Violence Abuse*. 2018;19(4):371-390. doi:10.1177/1524838016663935
- Fay, K. and Yee, L. (2018), Reproductive Coercion and Women's Health. *Journal of Midwifery & Women's Health*, 63: 518-525. <https://doi.org/10.1111/jmwh.12885>
- McCauley, H.L., Falb, K.L., Streich-Tilles, T., Kpebo, D. and Gupta, J. (2014), Mental health impacts of reproductive coercion among women in Côte d'Ivoire. *International Journal of Gynecology & Obstetrics*, 127: 55-59. <https://doi.org/10.1016/j.ijgo.2014.04.011>

## Example Intervention: Addressing Reproductive Coercion in Health Settings (ARCHES)

- Family planning clinic pilot (four sites): among women who experienced recent IPV, **71% reduction in odds for pregnancy coercion**; women receiving intervention **60% more likely to end relationship as felt unhealthy or unsafe**.
- Cluster randomized trial in 24 family planning clinics:
  - **Increased knowledge of resources**
  - **Increased self-efficacy** to use harm reduction strategies
  - **Reduction in reproductive coercion** for women with higher levels of reproductive coercion at baseline
- Patients and providers report satisfaction with ARCHES – moving away from screening/disclosure-driven practice to **universal education, brief counseling, and support**.



- Miller E, Decker MR, McCauley HL, Tancredi DJ, Levenson RR, Waldman J, Schoenwald P, Silverman JG. Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception*. 2010;81(4):316-22
- Miller E, Tancredi DJ, Decker MR, McCauley HL, Jones KA, Anderson H, James L, Silverman JG. A family planning clinic-based intervention to address reproductive coercion: A cluster randomized controlled trial. *Contraception*. 2016;94(1):58-67
- Miller E, McCauley HL, Decker MR, Levenson R, Zelazny S, Jones KA, Anderson H, Silverman JG. Implementation of a family planning clinic-based partner violence and reproductive coercion intervention: provider and patient perspectives. *Perspectives on Sexual and Reproductive Health*. 2017;49(2):85-93

# Strategies to Address Reproductive Coercion to Improve Sexual and Reproductive Health Outcomes

- **Advance** equitable gender norms
- **Strengthen** collective action to address GBV across the socioecological model
- **Promote** broad contraception accessibility and comprehensive family planning counseling
- **Support** family planning providers to respond to reproductive coercion, IPV, and domestic violence

