

Reproductive Coercion Against Intimate Partners: A Violation of Rights



Reproductive coercion in intimate relationships is a form of coercive control. It involves removing an individual's autonomy to make decisions about their health, body, and sexual activity. Reproductive coercion denies an individual of human rights.

Reproductive coercion against intimate partners is a form of intimate partner violence (IPV); IPV disproportionately impacts women, specifically women from marginalized communities. It can lead to forced dependence on the partner using violence and makes it more difficult for an individual to leave an abusive situation due to ties through parenting and custody.

Reproductive coercion can look like the following:

Birth Control Sabotage

When an individual interferes with a partner's birth control measures to increase chances of pregnancy. Tactics include:

- Removing a condom without consent (sometimes called stealthing)
- Damaging/destroying, hiding, or throwing out birth control aids
- Replacing birth control pills with an ineffective substitute (e.g. left over medications)
- Exaggerating risks and side effects of birth control methods to persuade a partner to not use it
- Withholding money needed to purchase birth control aids
- Forcing partner to take hormones or tampering with hormones



Jace is a transgender woman on estrogen who uses condoms for birth control. Her partner wants children, but Jace does not. Her partner tampers with Jace's estrogen and condoms to increase their odds of pregnancy.

Pregnancy Outcome Control

When an individual uses violence to allow for the continuation of or to end a partner's pregnancy.

Tactics include:

- Threatening harm (against self or partner) if their partner acts to counter the outcome they insist upon
- Minimizing or denying pregnancy health needs such as damaging assisted reproductive technologies
- Using physical violence to induce a miscarriage
- Weaponizing migration or visa status to coerce partner to continue or terminate pregnancy
- Telling the partner's family who have religious or cultural beliefs relevant to pregnancy to pressure a certain outcome
- Interfering with a partner's ability to seek an abortion



Gwen lives in a rural area and needs to travel to have an abortion. Her partner cuts her tires and takes her money to prevent her from going. When she said she would ask a friend for a drive, he threatens to harm her friend.

Adoption Pressure

When an individual pressures putting the child up for adoption or prevents desired adoption proceedings.

Tactics include:

- Degrading partner into thinking they are not fit or worthy to parent
- Threatening to involve child protection services against their partner to ensure the coerced outcome
- Lying to adoption agencies about the partner's capabilities to influence the agencies' decisions
- Destroying partner's financial resources and credit to impact ability to adopt
- Isolating partner from caregiving and health supports to limit their access to information and increase control
- Threatening to separate the partner from a child that is not biologically their own



Mason's partner lies to him that people labelled with intellectual disabilities cannot be good parents and that his only option is to put the baby up for adoption. When Mason disagrees, his partner threatens to contact child protection services.

Individual reproductive coercion tactics are compounded by interlocking power structures that discriminate against marginalized communities and hinder their reproductive choices.

Addressing reproductive coercion requires recognizing and protecting human rights to reproductive autonomy and health. This includes:

- Trauma- and violence-informed training for health providers to assist in identifying and responding to reproductive coercion
- A full range of contraceptive services that are available, accessible, safe, and affordable
- Inclusion of reproductive coercion in IPV prevention and awareness campaigns



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