Reproductive coercion involves behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Reproductive coercion includes a range of behaviors that a partner may use that involves pressure, threats, sabotage, and/or manipulation. Some examples of ways that partners may engage in reproductive coercion include:

**Birth control sabotage:**
- Hiding or destroying birth control pills
- Pulling out vaginal rings
- Manipulating partner to take hormones they do not want to take
- Tearing off contraceptive patches
- Breaking condoms on purpose, or taking them off during sex
- Pressure to not use condoms during sex
- Not withdrawing when that was the agreed-upon method of contraception

**Pregnancy pressure (physical or verbal threats when a person does not wish to be pregnant):**
- “I will hurt you if you don’t become pregnant”
- “I will leave you if you don’t become pregnant”
- “I will ‘out’ you if you don’t have a baby with me”

**Pregnancy coercion:**
- “He told me what to do with the pregnancy”
- “I didn’t have a choice”
- “I was afraid of him”
- “She said this was the only way we could be a real family”

As a result of increasing your understanding of reproductive coercion, survivors will need information and services that sexual and domestic violence agencies may not currently provide or know about. Agencies must establish clear partnerships with community healthcare providers who are able to provide some of these critical services. It is strongly recommended that advocates be trained on how to implement reproductive coercion screening tools and make appropriate referrals **BEFORE** screening actually occurs.

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1 Adapted from American College of Obstetricians and Gynecologists, 2013, Committee Opinion on Reproductive and Sexual Coercion
2 Adapted from Futures Without Violence, June 2011, Reproductive and Sexual Coercion introductory video.