

Addressing Reproductive Coercion in Intimate Partner Violence (IPV): A Guide for Advocates

Content warning: *This document provides information about difficult subjects, including intimate partner violence (IPV) and abuse. While the content was developed with concern for reader sensitivity, discretion is still advised.*

People experiencing IPV often are denied the ability to make decisions about their own lives and bodies, including in matters related to reproductive health. This guide compiles information to improve education, support, and access to services for survivors of IPV, with the aim of enhancing reproductive autonomy and control, as well as overall health, safety, and wellbeing.



What is reproductive coercion?

Reproductive coercion is an umbrella term for any behavior that seeks to maintain power and control over someone's reproductive health.

It often takes place in the context of other forms of violence or abuse. Reproductive coercion includes attempts to interfere with contraceptive use, pregnancy decision-making, and protection from sexually transmitted infections. It may involve use of **force, verbal threats, pestering, tampering with birth control methods, or other actions.** Reproductive coercion may or may not involve explicit violence or force, but **all forms of reproductive coercion are abuse.**

What are some examples of reproductive coercion?

Reproductive coercion can look like:

Birth control sabotage:

Interfering with a partner's birth control without their consent.

Examples of birth control sabotage include:

- Refusing to wear a condom, or removing a condom without partner's consent ("stealthling").
- Destroying or tampering with birth control pills, rings, patches, intrauterine contraception, etc.
- Withholding money for birth control purchase.
- Failing "to pull out" after previously agreeing to do so ("pulling out" refers to the removal of the penis from the vagina before ejaculation occurs).
- Threatening to tell family, friends, or law enforcement about receiving an abortion.

Pregnancy pressure:

An attempt to control the outcome of a pregnancy, by coercing the victim into or out of a pregnancy. One partner influences the other's reproductive choices by instilling a sense of fear, powerlessness or hopelessness.

Reproductive coercion may also involve attempts to **block access to reproductive health care.**



How common is reproductive coercion?



1 in 8

individuals ages 16-29 have experienced reproductive coercion



1 in 4

callers to the National Domestic Violence Hotline experienced reproductive coercion

In June 2022, the Supreme Court of the U.S. ended the constitutional right to abortion in the “Dobbs” case. Since this decision, the number of people who have **reported abuse involving reproductive coercion** to the National Domestic Violence Hotline **HAS INCREASED 2x**.

Reproductive coercion can sound like:

“

I don't want you to use birth control.

”

“

If you love me, you'll have a baby with me.

”

“

If you don't have an abortion, I'll leave you.

”

“

If you have an abortion, I'll leave you.

”

Suggested Questions to Ask Survivors of IPV about Pregnancy



If the client informs you that they are pregnant, or suspects that they might be pregnant, some helpful questions to ask include:

- How do you feel about being pregnant?
- Are you concerned about anyone else's reaction to your pregnancy?
- Would you like a referral to a trusted healthcare provider who can talk with you about your options (continuing with the pregnancy, pursuing adoption, or having an abortion)?
- Who can you count on for support?

Suggested Questions to Open Conversations about Reproductive Health with Survivors of IPV

- Do you feel your partner(s) listens to what you want in your sexual relationship and respects your decisions?
- Does/do your partner(s) currently pressure you to do things sexually that you are not comfortable with?
- Can you talk to your partner(s) openly about your thoughts and wishes around condom use, birth control, pregnancy, and/or abortion?
- What are your thoughts and desires around using birth control?

If the client shows interest in using birth control, or states they cannot talk to their partner(s) openly about birth control:

- Are you aware that there are some methods of birth control that your partner(s) doesn't have to know about (cannot see or feel)?
- Do you want more information about your options?
- Is there anything that you are concerned about that we have not yet talked about?

Linking Survivors with Healthcare



As IPV advocates, an important role you play is linking survivors to health services they may not know they need or are eligible for. Access to healthcare, including mental and behavioral health care, can be an important part of the healing process.

Because being a survivor of domestic violence is considered a “Qualifying Life Event,” your clients can enroll in health plans, including Medi-Cal, at any time throughout the year.

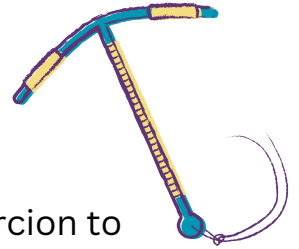
Important California Healthcare Privacy Protections for Survivors

- **People of any age in CA** can access birth control or pregnancy-related care, including abortion, without parental consent.
- **People age 12+ in CA** can also receive care for testing, treatment, or prevention of STDs/HIV, including vaccines for HPV & Hepatitis B, without parental consent.
- CA healthcare providers are **banned from releasing medical records** of people seeking abortion care to law enforcement (Office of Governor).
- **California’s Confidential Health Information Act (CHIA)** allows people to protect their health information even if they are insured under their partner’s health plan.
- Through CHIA, one can submit a **confidential communications request** form to ensure that all communications regarding sensitive health information occur solely with the patient.
- Encourage clients to talk with their healthcare providers about these and other steps they can take to protect and maintain the privacy of their medical history.
- For more information on patient rights, see: Rights & Confidentiality.

Contraception Information: Guiding Survivors

Another important role for advocates is linking survivors who can get pregnant with birth control information and services.

Many safe, effective contraceptive options are available to prevent or postpone pregnancy.



Clinicians can make it easier for people experiencing reproductive coercion to **hide birth control from controlling partners**. For example, people who are experiencing birth control sabotage may benefit from using **discreet and longer-acting forms of birth control**, such as an intrauterine device (IUD), also known as intrauterine contraception (IUC). The IUC is placed in the uterus, where it cannot be felt, and clinicians can cut the IUC strings short so they are undetectable. Healthcare providers can also give patients **emergency contraception** (birth control that works 3-5 days after sex) in a plain envelope (instead of in a box that says what it is).

Find more information at [Pregnant Survivors](#) and the [Take Control Initiative](#).

Family planning services are available to all people in California regardless of immigration status or ability to pay.

- **Medi-Cal** covers various forms of prescription and over-the-counter contraceptives, including IUC, the implant, sterilization, pills, patches, rings, condoms, & emergency contraception (birth control taken AFTER unprotected sex), among others.
- **Family PACT** is a confidential program for individuals with low incomes that covers various birth control methods (prescription and over-the-counter contraception, including emergency contraception), STI testing and treatment, HIV testing, HPV vaccination, and more.
 - If clients are unable to maintain confidentiality in their current health insurance plan, Family PACT is a helpful alternative for reproductive health needs.

Reproductive Coercion, Pregnancy, and Abortion

Reproductive Coercion can lead to unintended pregnancy, defined as pregnancy that is unwanted or mistimed. People with unintended pregnancies may seek abortion.

Individuals often cite their partner's abuse as the reason for seeking an abortion and describe not wanting to expose children to violence, or feeling that a baby will bind them to an abusive partner. (Research suggests that this feeling often reflects reality.)



While the U.S. Supreme Court's Dobbs decision in 2022 eliminated the right to abortion for many people in the U.S., **abortion remains legal and protected in California and in Los Angeles County.** However, many people, including individuals who experience intimate partner violence (IPV), face significant barriers to accessing abortion information and services.

The County of Los Angeles and the Department of Public Health are committed to ensuring people receive the health and mental health services they need to live full and healthy lives, including abortion care.

Access to Reproductive Healthcare in LA County

For pre-natal care, contact 211la.org or <https://dhs.lacounty.gov/womens-health/our-services/womens-health/prenatal/>.

The Abortion Safe Haven Project website offers **information and a resource guide** for Los Angeles County for anyone who needs information on options counseling, abortion care, family planning care, or related services at: <http://abortionsafehaven.ph.lacounty.gov>.



If you or someone you know needs additional assistance in accessing abortion care, email AbortionLAC@ph.lacounty.gov.