

## **New Research on Pregnancy and Reproductive Coercion and Pregnancy and Poverty**

Startlingly high rates of forced pregnancy by abusive male partners of women seeking care at family planning clinics in Northern California were reported last month in a groundbreaking new study published online (see “Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy” at the website of the journal [Contraception](#)). Of the 1,300 women between the ages of 16 and 29 in the survey,

- 19 percent reported experiencing pregnancy coercion;
- 15 percent reported birth-control sabotage;
- 41 percent reported at least one unintended pregnancy; and
- 53 percent reported having suffered physical or sexual intimate partner violence.

Most significant, over one-third (35 percent) of the women who experienced partner violence also reported some form of reproductive coercion. For these women, the risk of unintended pregnancy was double.

Previous studies examined the correlation between domestic violence and unintended pregnancy, but reproductive coercion has been largely underrecognized as an issue in itself. This study targeted particular behaviors to assess pregnancy coercion and birth-control sabotage, asking questions such as: Did the survey respondent ever have a dating partner threaten to leave if she did not get pregnant, force or pressure her to become pregnant, damage a condom on purpose, or hide her birth-control devices from her? Did she ever hide her use of birth control from her partner?

A Family Violence Prevention Fund staff member, Rebecca Levenson, coauthored the study. The [Family Violence Prevention Fund](#) has developed [Know More, Say More](#), an initiative to promote dialogue and raise awareness about pregnancy coercion and birth-control sabotage. The women whose stories are shared on this site—stories of abusers who use pregnancy to exert control over their partners’ bodies and trap them in abusive relationships—are the voices behind the numbers in the reproductive coercion study. They tell not only of unintended pregnancy, violence, and forced sex but also of HIV (human immunodeficiency virus) and other sexually transmitted diseases, miscarriages, and forced abortion.

This study underscores the need for immediate action, including implementing comprehensive screenings in clinical settings and identifying strategies—such as “invisible” forms of birth control and emergency contraception—to minimize risk.

This study comes on the heels of another study just published on poverty and vulnerability during pregnancy. From the January issue of *Maternal and Child Health Journal*, this study, “Poverty, Near-Poverty, and Hardship Around the Time of Pregnancy,” measures the types and quantities of hardships of women who are pregnant, comparing results across income levels. The different hardships assessed in the survey are divorce/separation, domestic violence (physical only), homelessness, financial difficulties, involuntary job loss, incarceration, food insecurity, and lack of social support just before and during pregnancy. The study assesses also other sociodemographic characteristics in addition to income level—race/ethnicity, education level, age at delivery, marital status at delivery, insurance, and parity.

Although 43 percent of all women across income levels experienced at least one hardship during or just before their pregnancy, results of this study revealed very strong correlations between income level and hardship prevalence: for each category of hardship, prevalence increased as income decreased. This study further found that

- 4 percent of childbearing women overall and 7–9 percent of low-income childbearing women were homeless at some time just before or during their pregnancy;
- nearly one-third of low-income women were food-insecure during their pregnancy; and
- low income was more the rule than the exception for the over 160,000 pregnant women surveyed, with 30 percent living in poverty and 20 percent considered “near poor.”

Previous research repeatedly confirmed the adverse consequences of these hardships on the health of pregnant women, their infants, and any of their older children. The high prevalence of these hardships, particularly among low-income women, has alarming implications for society beyond the immediate population of women affected, and this “should be of particular concern because of the likely long-term impact of maternal and infant experiences on our nation’s overall health.”

These two new studies highlight the urgent need for social and health policies that support and protect both pregnant women and domestic violence survivors.

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