

Doctors warn against 'reproductive coercion'

by [Kim Painter](#)

January 29, 2013

When a husband hides a wife's birth control pills or a boyfriend takes off a condom in the middle of sex in hopes of getting an unwilling girlfriend pregnant, that's a form of abuse called "reproductive coercion."

While researchers don't know exactly how common such coercion is, it's common enough – especially among women who are abused by their partners in other ways – that health care providers should screen women for signs at regular check-ups and pregnancy visits, says the nation's leading group of obstetricians and gynecologists.

"We want to make sure that health care providers are aware that this is something that does go on and that it's a form of abuse," said Veronica Gillispie, an obstetrician and gynecologist at Ochsner Health System, New Orleans, and a member of the committee that wrote the opinion for the American College of Obstetricians and Gynecologists in the February issue of the journal *Obstetrics & Gynecology*.

Reproductive coercion occurs whenever a partner tries to prevent a woman from making her own choices about pregnancy, Gillispie said. That includes trying to get a woman pregnant against her will, through forced sex or other means; it also includes using pressure or threats to get a woman to continue an unwanted pregnancy or to end a wanted one.

In studies cited by the committee, "birth control sabotage" was reported by 25 percent of teen girls with abusive partners and by 15 percent of women who were physically abused. Some men go as far as to pull out a woman's intrauterine device (IUD) or vaginal contraceptive ring, the committee says.

"Often, it's about taking away choices, taking away freedom, control and self-esteem," said Rebekah Gee, an obstetrician and gynecologist in New Orleans and

assistant professor at Louisiana State University. She did not work on the opinion, but has studied the problem.

While it may be rare for men to dislodge an IUD, she said, it's not uncommon for men to refuse to wear condoms, putting women at risk for both pregnancy and sexually transmitted diseases. An abusive man may believe that getting a woman pregnant binds her closer to him, Gee said.

The opinion says obstetricians and gynecologists can help women in these relationships by directing them to agencies and hotlines that help abused women. But it also says doctors can take direct action, by providing women with hard-to-detect birth control methods (including IUDs with the removal strings cut, if necessary) or a stash of emergency contraceptive pills (in a plain envelope).

In clinics where doctors already have started such efforts, results have been encouraging, said Rebecca Levenson, senior policy analyst at Futures Without Violence, a non-profit advocacy group based in San Francisco. In one small study, reports of reproductive coercion dropped 71 percent among women who got information and questionnaires about such abuse. Some of the information was on a card that "can fit inside a shoe," she said.

Anne Teitelman, an associate professor of nursing at the University of Pennsylvania, said she often hears about sexual and reproductive coercion from the girls and women she treats as a nurse practitioner at a family planning clinic.

But "if we don't ask the questions, often patients don't realize that there's something they can do to change the situation," she said. Getting more health providers to ask about such abuse and help stop it is important, she said. But the next step is prevention – programs that help "both young girls and young boys" avoid abusive relationships in their futures, she said. —RNS