

DOMESTIC ABUSE RESOURCE

REPRODUCTIVE ABUSE

Partners can disagree about pregnancy or contraception. The line changes when one person uses sabotage, pressure, threats or control to take the decision away from the other.

■ WHAT IT IS

Reproductive abuse is behavior that controls another person's decisions about contraception, pregnancy, fertility, sexual health or reproductive care. It can be used to create dependence, force pregnancy outcomes or remove bodily autonomy.

LOOK FOR THE PATTERN

The central question is whether the person retains genuine choice over their body and medical care. Repeated interference, monitoring or consequences around reproductive decisions can show a broader pattern of sexual, financial or coercive control.

■ THREE SIGNALS WORTH NOTICING

REPEATS

It keeps happening.

ESCALATES

The impact or consequences grow.

RESTRICTS

Freedom, safety or choice gets smaller.

A single incident can be confusing. Repetition, escalation and reduced freedom are often what make the wider pattern easier to see.

THE BIGGER PICTURE

One incident can be confusing. The pattern shows what life is becoming.

CONTINUE → WHAT IT CAN LOOK LIKE

RECOGNIZE THE BEHAVIOR

WHAT IT CAN LOOK LIKE

These examples are not a checklist or a diagnosis. The context matters: frequency, fear, consequences, escalation and whether one person is losing ordinary freedom or choice.

- Pressuring or forcing someone to become pregnant, continue a pregnancy or end a pregnancy against their wishes.
- Monitoring menstrual cycles, pregnancy tests or fertility information as a form of control.
- Hiding, damaging or interfering with birth control, condoms or other contraception.
- Threatening abandonment, violence, financial punishment or loss of children over pregnancy decisions.
- Refusing agreed contraception or deliberately removing a condom without consent.
- Intentionally creating pregnancy or infection risk without informed agreement.
- Controlling access to reproductive health care, appointments, medication, insurance or transportation.
- Using pregnancy or children to increase dependence or make separation harder.

■ READ THE BEHAVIOR IN CONTEXT

ONE EVENT

Ask what happened in that moment and whether there was fear, force, pressure or intimidation.

THE PATTERN

Then ask what has been happening across weeks or months, especially when the other person resists or says no.

The useful question is not only “Did this happen?” It is “What does this behavior do to the other person over time?”

THE BIGGER PICTURE

Context matters. Notice what happens when a boundary is set.

CONTINUE → PATTERNS TO NOTICE

SEE THE WHOLE PICTURE

PATTERNS TO NOTICE

Patterns are often easier to recognize when you stop judging each incident separately. Look at what repeats, what escalates, what creates fear and what choices are gradually disappearing.



Your reproductive choices are treated as belonging to the other person.



You avoid medical care because you fear the other person's reaction or monitoring.



Contraception repeatedly disappears, fails or is interfered with in suspicious ways.



Private health information is demanded, checked or used as leverage.



Pregnancy decisions are tied to threats, housing, money or relationship consequences.



You feel that saying what you actually want about pregnancy or contraception is unsafe.

■ WHY IT MATTERS

Reproductive abuse can affect physical health, sexual health, financial stability, parenting and long-term autonomy. It often overlaps with sexual abuse, coercive control and economic abuse. Medical and legal options may vary by state.

MYTH

"Pregnancy decisions are just a private disagreement between partners."

REALITY

Disagreement can happen in healthy relationships. Sabotaging contraception or using threats and punishment to control reproductive choices is different.

Healthy relationships can include conflict, mistakes and disagreement. The concern is a repeated pattern that creates fear, removes autonomy or changes behavior through pressure or control.

THE BIGGER PICTURE

Look at the pattern: what repeats, escalates or changes behavior?

CONTINUE → CASE STUDY & PRACTICAL STEPS

ANONYMOUS COMPOSITE EXAMPLE

CASE STUDY

This composite combines common patterns and is written to protect privacy. It is not presented as one identifiable person or investigation.

A person said decisions about pregnancy had stopped feeling like their decisions. Their partner tracked fertility, pressured them about becoming pregnant and became angry when contraception was discussed. On more than one occasion, the person believed contraception had been deliberately interfered with. Their partner also said the relationship would end and financial support would disappear if a pregnancy decision was made that they did not agree with. The person found themselves thinking less about what they wanted and more about which choice would create the fewest consequences.

■ WHAT TO NOTICE



The issue is whether reproductive decisions remain genuinely voluntary rather than being shaped by threats, sabotage or pressure.



Interfering with contraception or using financial and relationship consequences can remove meaningful choice.



Pregnancy-related coercion can occur in different forms; focus on autonomy, consent and the pattern of control rather than gender assumptions.

■ IF THIS IS HAPPENING

- Consider discussing concerns privately with a health professional when the other person is not present.
- Ask about contraception and health-care options that fit your circumstances and safety needs.
- Protect medical portals, pharmacy information and appointment details if digital monitoring is a concern.
- If safe, keep records of threats, interference or reproductive pressure that you may want later.
- A domestic violence or sexual assault professional can help with safety planning when reproductive control is part of a wider pattern.

FINAL TAKEAWAY

You do not need to explain away every incident before you are allowed to take a pattern seriously. Notice what repeats, what changes your behavior, and what happens when you set a boundary.