

REPRODUCTIVE COERCION AND SEXUAL VIOLENCE

Carolyn M. West, Ph.D.

University of Washington

Introduction

More than one-half (53.6%) of the Black women surveyed in the [2016/2017 National Intimate Partner and Sexual Violence Survey](#) (NISVS)¹ experienced sexual, violence, and/or stalking that was committed by an intimate partner during their lifetime (Leemis, Friar, Khatiwada, Chen, Kresnow, Smith, Caslin, & Basile, 2022). In addition, Black women are overrepresented among survivors of three additional types of IPV: reproductive coercion (RC), defined as any intentional attempt to control a survivor's ability to make decisions about their reproductive health; non-fatal strangulation (NFS), and intimate partner homicide (IPH).

At this moment in history, two rulings made by the Supreme Court of the U.S. (SCOTUS) will likely increase the risk faced by Black survivors of intimate partner violence (IPV). In June, the [Dobbs v. Jackson Women's Health Organization](#) (2022) resulted in a cascading wave of trigger laws and a resurgence of policies that partially or fully eliminated access to safe, legal abortion—relied on by three generations of Americans.²

Sexual violence is a common occurrence in the lives of Black women. According to [The National Intimate Partner and Sexual Violence Survey's \(NISVS\) 2016/2017 Report on Sexual Violence](#), more than 1 in 4 Black women (29%) in their sample had been raped in their lifetime. Based on these statistics, there are 4,446,000 Black survivors in the U.S. (Basile, Smith, Kresnow, Khatiwada, & Leemis, 2022). What is more, Black women are overrepresented among a unique form of sexual violence. That is, reproductive coercion (RC), defined as any intentional attempt to control a survivor's ability to make decisions about their reproductive health (Rowlands & Walker, 2019). Consider these statistics:

- In the NISVS, years 2010 to 2012, 22.9% of Black women survivors of partner violence reported reproductive coercion (Basile, Smith, Liu, Miller, Kresnow, 2021).
- In a sample of Black women who were recruited from a sexually transmitted disease (STD) clinic in Baltimore, 27.2% reported RC at some point in their lifetime (Campbell, Lucea, Cimino, Campbell, & Stockman, 2023).

- In a community sample of Black women who were recruited in Atlanta, 23% reported that they had experienced RC (Rosebaum & DiClemente, 2020).

Reproductive coercion typically occurs in combination with intimate partner violence (Rowlands & Walker, 2019). To illustrate, in a study of 188 Black women in Baltimore, 48.9% of participants reported a lifetime exposure of IPV and 37.8% reported reproductive coercion; while 38% had experienced both forms of violence (Alexander, Willie, McDonald-Mosley, Campbell, Miller, & Decker, 2019). Reproductive coercion can be achieved through psychological methods, such as pressure, manipulation, emotional blackmail, trickery/deception, threats, physical force, or sexual assault.

In addition to the abuser using RC to gain power and control, African American RC survivors identified their partner's pending incarceration, lack of social support, unemployment, and limited access to stable housing as motivating men to establish an emotional attachment to their partners through pregnancy. A 25-year-old Black woman explained:

"I wished I knew that he was going to jail for 3 years before I actually conceived my son...That is not a conscious decision I would have made. I feel like he trapped me...A lot of these men try to have babies with people that they know are there for them"

(Nikolajski, Miller, McCauley, Akers, Schwarz, Freedman et al., 2015, p. 220).

RC can occur before, during, or after sexual activity and can manifest in at least three ways: birth control sabotage (interfering with contraceptive and condom use); pregnancy pressure (threatening or pressuring a partner to get pregnant); and controlling pregnancy outcomes (threatening or pressuring a partner to get or not get an abortion) (Rowlands & Walker, 2019).

Pregnancy Pressure

Pregnancy pressure occurs when the perpetrator uses verbal or emotional pressure to coerce a survivor to become pregnant. One Black survivor described the pressure this way:

"He'd sit there and he would say stuff like, 'when are you going to have my kid' and 'you're useless if you can't have my kid'...It kind of made me feel like there was something wrong with me..." (Paterno, Moret, Paskausky, & Campbell, 2021, p. NP2261).

Some Black survivors feared that their partner would terminate the relationship if they used contraceptives to prevent pregnancy.

“He said he didn’t want to use them anymore...that he was tryin’ to get me pregnant...I wanted to [use condoms] but I didn’t want him to go to anybody else” (Nikolajski et al., 2015, p. 219).

Birth control sabotage

Despite Black survivors’ desire to use birth control, their abusers may use contraceptive sabotage to interfere with their efforts. For example, to ensure pregnancy, abusers may:

- Withhold, hide, or destroy contraceptives;
- Intentionally break or poke holes in condoms; remove a condom without the survivor’s knowledge or permission, referred to as *stealth*ing;
- Remove a survivor’s contraceptive patch or vaginal ring (Rowlands & Walker, 2019).

Black survivors described contraceptive sabotage this way:

“I had condoms, he threw them away. I have contractive stuff, the foam stuff, he threw it away...And I had a whole bag of stuff, the day after pills, he threw the whole bag away”
“I was like, how did I get pregnant when I put a rubber on you every time? He was like, Oh, I pulled it off three times” (Nikolajski et al., 2015).

As a result, RC is associated with reduced contraceptive use and increased STDs among African American adolescent women (Kraft, Snead, Brown, Sales, Kottke, Hatfield-Timajchy, & Goedken, 2021).

Controlling Pregnancy Outcomes

For Black women who experience IPV and RC, an unintended pregnancy can result from coercion, rape, or an abusive partner’s sabotage of contraception. In fact, researchers who interviewed Black women over a course of a year, discovered that survivors of RC or birth control sabotage were more likely to become pregnant than women who did not report these forms of victimization (Rosenbaum & DiClemente, 2020). Once a pregnancy has occurred, abusers can engage in RC by controlling pregnancy outcomes by pressuring the survivor to either terminate or continue the pregnancy, in opposition to her desire. For example, a 19-year-old African American survivor planned to terminate her pregnancy during her partner’s incarceration:

“He wouldn’t let me have an abortion if he was out...He wouldn’t even let me come here [for the study interview]. If I was going to [neighborhood where interview being held],

he'd think I was going to [the women's hospital] and he was comin' with me" (Nikolajski et al., 2015, p. 220).

Partners also may use extreme physical violence to cause a miscarriage or compel the survivor to terminate a pregnancy. For example, when Danielle refused to have an abortion, the abuser coaxed his dog, a pit bull, to attack her, which caused serious injuries:

"The dog bit incident happened [during the abortion argument] and he lost it...he choked me...punched me in my stomach...then out of nowhere he pulled out a gun, like you know, pointing to me like 'I'll kill you'" (Harper, 2022, p. NP13753).

Advocates can use the suggestions below to provide survivor-centered, culturally-responsive, trauma-informed care, and strengths-based care to Black survivors of rape and reproductive coercion.

Get Educated

Get educated about sexual assault in the lives of Black women.

Advocates can learn about the range of sexual assault in the lives of Black women. In addition to elevated rates of sexual violence and reproductive coercion that is committed by relationship partners (Basile, Smith, Liu, Miller, & Kresnow, 2021; Stockman & Gundersen, 2018), Black women are overrepresented among the following forms of sexual victimization.

- **Childhood sexual abuse**, perpetrated by family members, authority figures, and strangers, which makes Black survivors more vulnerable to IPV during adulthood. To learn more,
 - Read *Love WITH Accountability: Digging up the roots of child sexual abuse* (Simmons, 2019)
 - Visit the website [Love WITH Accountability®](#), which centers Black survivors' stories of healing.
- **Sex trafficking and survival sex**. Black girls and women, many of whom are IPV survivors, are victims of sex trafficking. To learn more
 - Read [Snapshot on the State of Black Women and Girls: Sex Trafficking in the U.S.](#) (Davey, 2020).
- **Sextortion** is a combination of "sexual" and "extortion" and involves the act of threatening to expose or sharing sexually explicit material unless the survivor complies with the demands of the abuser. During the COVID-19 pandemic, an increasing number of Black women reported this form of IPV (Eaton et al., 2023).

Advocates can visit the following websites to learn more about organizations that address sexual violence in the lives of Black women:

- [National Organization of Sisters of Color Ending Sexual Assault](#) (SCESA): This advocacy organization of Women of Color is dedicated to working with communities to create a just society in which all Women of Color can live healthy lives free of violence.
- [Sasha Center](#): This non-profit organization serves the Black community by educating the public, raising awareness and providing support to self-identified survivors of sexual assault.
- [We, As Ourselves](#) is a collaboration, powered by The ‘me too’ Movement, National Women’s Law Center, and TIME’S UP Foundation to reshape the narrative around sexual violence and its impact on Black survivors.

Get educated about Reproductive Coercion

In a national study, 26% of advocates reported that they incorporated RC concerns into their safety planning process even when they knew or believed that a survivor had experienced this form of abuse and 60% of advocates cited the “need for more training” as a major barrier to addressing RC (McGirr et al., 2020). If the survivor is not pregnant, is trying to avoid pregnancy, or is already pregnant, advocates can ask about the context of RC, the abuser’s intentions, extent of coercion, and consequences of RC, including unintended pregnancy and sexually transmitted infection. With this information, advocates can use role-play scenarios to build comfort and confidence to raise RC-related issues proactively and prepare them for a variety of potential survivor responses (McGirr et al., 2020).

Advocates can use the following resources to regularly screen for sexual and reproductive coercion, for example, during hotline calls, safety planning, group sessions, and individual interviews/sessions.

- Use the [Reproductive Health and Intimate Partner Violence Wheel to identify various forms of reproductive coercion](#) (Cappelletti et al., 2014).
- Read [Reproductive and sexual coercion: A toolkit for sexual & domestic violence advocates](#) (Virginia Sexual and Domestic Violence Action Alliance, 2020).
- Read [Exposing reproductive coercion: A toolkit for awareness raising, assessment, and intervention](#) (Cappelletti et al., 2014).

Get educated about reproductive health care laws in your state

Issued on June 24, 2022 the SCOTUS decision *Dobbs v. Jackson Women's Health Organization* overruled *Roe v. Wade* (1973), which allowed states to set their own abortion laws, including outright bans, with no exceptions for rape or incest. According to statements issued by anti-violence organizations, such as the [National Network to End Domestic Violence](#) (2023), the *Dobbs* decision will make it difficult for survivors to access safety. Moreover, anti-violence agencies may struggle to provide housing, legal assistance, and other resources to survivors with children (Morczek et al., 2023).

The social, political, and legal landscape of reproductive health care is ever-changing. Advocates and their organizations must strive to keep abreast of current guidelines, laws, and practices. Visit the Guttmacher Institute's geographical tool, [Interactive Map: U.S. Abortion Policies and Access After Roe](#), which provides an updated, comprehensive list of state policies. In some states advocates may face criminal charges for assisting survivors to leave the state to obtain abortions. To learn more read [Roadblock to Care: Barriers to out-of-state travel for abortion and gender affirming care](#) (Lee et al., 2023).

With this knowledge, advocates can establish relationships with reproductive health care providers in their local area that provide unbiased, anti-racist, comprehensive information, resources, and services. In collaboration with these partners, advocates can do the following:

- Encourage their community partners to implement policies and procedures to screen for sexual and reproductive coercion and refer survivors to medical professionals for treatment of gynecological and physical injuries;
- Connect survivors with forensic nurse examinations and physical evidence, collection/recovery when appropriate;
- Offer resources for family planning counseling and medical consultation, including adoption services and safe and legal abortion;
- Build relationships with local midwives and doulas to support pregnant and parenting survivors (Virginia Sexual and Domestic Violence Action Alliance, 2020).

Survivor-Centered Advocacy

According to Kulkarni (2019), "survivor-centered advocacy practices are guided by survivors' knowledge, expertise, and preferences rather than service-defined advocacy practices

that tend to fit survivors into existing services regardless of their needs” (p. 57). Advocates can be survivor-centered by using a reproductive justice approach and honoring the reproductive health decisions of the survivor.

Take a reproductive justice approach. Black women scholars and activists coined the term *reproductive justice*—a combination of reproductive rights and social justice—to emphasize a person’s human right and bodily autonomy to (1) have a child; (2) the right not to have a child; and (3) the right to parent their child in a safe and healthy community and to do so free of violence and coercion from individuals or the state (Kulkarni, 2019). To learn more,

- Visit the website, [SisterSong: Women of Color Reproductive Justice Collective](#), a Southern based, national membership organization designed to build an effective network of individuals and organizations to improve institutional policies and systems that impact the reproductive lives of marginalized communities.
- Read the Virginia Sexual & Domestic Violence Action Alliance’s “Our Reproductive Justice Series”:
 - Part 1: [What is Reproductive Justice?](#)
 - Part 2: [How Does Reproductive Justice Intersect with Sexual and Intimate Partner Violence?](#)
 - Part 3: [How Can We Foster Reproductive Justice within Sexual and Domestic Violence Agencies](#)

Honor the reproductive health decisions of survivors. In addition to an abusive partner, a Black survivor’s relatives, community members, and even medical providers may attempt to influence their decision to maintain or terminate a pregnancy (watch [Rep. Cori Bush](#), D-Mo., testify during a House Oversight Committee hearing on Thursday about making her decision to have an abortion after being raped as a teenager). Black women IPV survivors expressed a desire that advocates provide non-directive pregnancy options and reproductive care counseling (O’Connor-Terry et al., 2022). Advocates should be prepared to talk about a range of reproductive options, including parenting, adoption, and abortion. When appropriate, advocates also can offer emergency contraception or pregnancy tests on-site, referrals to community reproductive health resources, and assist survivors in developing safety plans that support the reproductive health choice of the survivor (McGirr et al., 2020).

Culturally-Responsive Practice

Culturally-responsive practice requires advocates to meaningfully and proactively integrate awareness of the cultural identities of survivors and staff into their services (Warshaw et al., 2018). This requires advocates to understand the cultural barriers to disclosure and help-seeking. With this knowledge, service providers can create culturally-specific sexual assault services.

Understand cultural barriers to disclosure and help-seeking.

Black sexual assault survivors face multiple barriers to disclosure, which advocates and victim-serving organizations should strive to understand. These challenges can include:

- The internalization or fear of reinforcing the image of Black women as sexually promiscuous Jezebels;
- The cultural mandate that survivors should be “Strong Black Women” who are able to handle trauma without assistance;
- The cultural expectation that Black women should protect Black male offenders from legal and social consequences;
- Prior negative interactions with legal, medical, and social service systems (Gomez, 2023; Sualp, Forgetta, Anderson, Revell, & Godbe, 2021).

To learn more about cultural barriers to disclosure and help-seeking, advocates and their colleagues can use the following resources:

- Watch [NO! The Rape Documentary](#) (Simmons, 2006). This groundbreaking feature length film uses first-person testimonies, scholarship, spirituality, activism, and cultural work of Black women to address intra-racial rape healing, and community accountability.
- Read [Unveiling the Silence: No! The Rape Documentary Study Guide](#) for additional information (Tillet & Quinn, 2007).

Create culturally-specific sexual assault services.

Culturally specific sexual assault treatment and interventions for African American sexual assault survivors have been very effective. For example, Black survivors found healing in support groups with self-identified African American group facilitators who infused the treatment with culturally specific topics (e.g., impact of race and culture on experiences of sexual assault) and case examples (e.g., the depiction on African American women in print or visual media). As a result, Black survivors reported a reduced sense of isolation, an increase in disclosure and help-seeking, and greater use of healthy coping strategies (positive affirmations,

mediation) (Ayeni, 2022). To learn more about culturally-responsive care for Black rape survivors, see Gomez (2022).

Educate the public and media about sexual assault.

Advocates can use high-profile cases that involved Black women as an opportunity to educate the media about racism and sexual violence. For resources, see the following:

- Review Color of Change’s 2022 [Media Coverage Style Guide on Protecting Black Survivors](#) to identify ways to prevent the dissemination of harmful stereotypes about Black survivors and their communities.
- See [National Sexual Violence Resource Center & Pennsylvania Coalition Against Rape’s Joint Statement on Guilty Verdict in R. Kelly Sex Trafficking Trial](#) (2021) for an example of how to issue a statement to educate survivors, the general public, and the Black community.
- See Black Women’s BluePrint’s (2019) toolkit [Beyond Lights, Camera, Action & Surviving R. Kelly Viewing Parties](#) for an example of how anti-violence organizations can host watch parties to discuss cases in the media and offer support to survivors and their allies.

Trauma-Informed Care

Trauma-informed care describes an organizational approach that recognizes and seeks to repair the ongoing and historical experiences of trauma, discrimination, and oppression and is committed to changing the conditions that contribute to the existence of abuse and violence in people’s lives (Warshaw et al., 2018). Advocates can provide trauma-informed care by preventing retraumatization and learning about historical trauma.

Avoid retraumatizing Black survivors.

When African American survivors were interviewed about their post-sexual assault care, they reported being dehumanized, discredited, dismissed, shamed, and blamed for their assault (Ruiz et al., 2023). Consider the question that a nurse asked Ashley, a pseudonym for a 13-year-old Black girl from Mississippi, who in the fall of 2022, according to her mother, was raped by a stranger in her yard, impregnated, and forced to give birth due to an abortion ban: “*What have you been doing?*” (Alter, 2023). Embedded in this question is suspicion, implicit blame, culpability, and equal parts derision and judgment. Advocates can strive to avoid retraumatizing survivors by asking more compassionate questions, such as: “*What happened to you?*” “*What do you need?*” “*How can I help?*”

In cases of intra-racial rape, advocates should be knowledgeable about *cultural betrayal trauma*, that deepens the rape-related trauma when sexual assault is committed by a Black community member (Gomez, 2022). In addition, advocates should be prepared to address the mental health challenges that Black women often experience following sexual assault. For example, in a community sample of Black survivors of RC, 69% reported depression and 47.1% reported posttraumatic stress disorder (PTSD) (Alexander et al., 2019). Advocates can take a [health equity approach](#) (Branco, Keene, Ortiz, Vassell, Winters, Grove et al., 2021) that is trauma-informed and connect Black survivors to long-term mental and physical health care services.

Learn about historical trauma.

Black women have a long history of sexual trauma. Here are a few examples:

- During slavery, Black women were frequently raped and subjected to forced breeding. Their children were sold, which increased the wealth of White slave owners.
- After slavery and well into the 20th century, Black women were victims of nonconsensual reproductive and gynecological examinations and experimentation. For example, Dr. J. Marion Sims, called the father of modern gynecology, used enslaved Black women to develop surgeries to repair vaginal fistulas.
- Black women who were deemed “feeble-minded” or promiscuous received “Mississippi Appendectomies,” which were state-sponsored sterilizations without their consent (Posey, 2023).

One survivor explained why it is critical to understand this history:

“We need people to consider the inhumane treatment that Black women have received on this continent...we carried not only the sexual assault that happened to us, but also what happened in our mothers and our grandmothers and our ancestors” (Ruiz et al., 2023, p. 8).

Advocates can avoid retraumatizing Black survivors by understanding how intergenerational and historical trauma impacts the experiences of contemporary Black women (see Feinstein, 2019; Posey, 2023). Also, watch documentaries on reproductive oppression of Black women, including [The State of Eugenics](#) (Shapiro, 2017) and [Belly of the Beast](#) (Cohin, 2020). When advocates use a trauma-informed approach, Black survivors found that exploring

sexual violence in the context of historical trauma to be a liberating, insightful, and essential part of their healing journey (Ayeni, 2022).

Strengths-Based Approach

Create Holistic Treatment.

Advocates can use holistic techniques that are designed to help survivors to heal their bodies, minds, and spirits. For example, in support groups, sometimes called “Sister Circles” Black sexual assault survivors have benefited from communal activities and holistic healing practices (e.g., burning bowl ceremony, candle lighting ceremony, libation ceremony, and opening and closing affirmation in a call and response format). In this setting, Black survivors promoted their healing by using adaptive coping strategies, such as positive affirmations and meditation exercises and techniques (Ayeni, 2022; Gomez, 2022). For an example of a program that uses holistic treatment for Black sexual assault survivors, visit the website [Sasha Center for Sexual Assault Services for Holistic Healing and Awareness \(www.SASHACenter.org\)](http://www.SASHACenter.org) and review the [Sasha Center Toolkit](#) (Johnson, 2022).

Support activism by Black survivors.

Black rape survivors who participated in culturally specific programs were inspired to become activists by facilitating conversations with family, volunteering with sexual assault organizations, connecting survivors to resources, and engaging in public education and awareness campaigns (Ayeni, 2022). Advocates can use the following resources to promote activism among Black survivors:

- Read about Black women’s long history of anti-rape activism (Burke, 2021) and watch related documentaries, such as [The Rape of Recy Taylor](#), the true story about a brave 24-year old Black mother and sharecropper from Alabama who was gang-raped by six White men in 1944 (Buirski, 2017).
- Read [The Black Women’s Truth and Reconciliation Commission Report](#) (Tanis et al., 2017) and watch the powerful [testimony from the Black Women’s Truth and Reconciliation](#) to see Black anti-rape activism in action.
- Visit the website WeAsOurselves.org, a call-to-action to center the voices and experiences of Black survivors and to create the cultural conditions for Black survivors to be heard and supported.

Footnotes

¹ National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative random-digit-dial telephone survey of U.S. noninstitutionalized English- and/or Spanish-speaking adults (15,152 women and 12,419 men) (Leemis et al., 2022).

² In June, the [*Dobbs v. Jackson Women's Health Organization*](#) (2022) overruled both [*Roe v. Wade*](#) (1973) and [*Planned Parenthood of Southeastern Pennsylvania v. Casey*](#) (1992). In *Roe*, the Supreme Court held that women had a constitutional right to abortion and that states couldn't restrict this right in the first trimester of pregnancy; states could restrict abortion access in the second trimester, but only if the restrictions were reasonable and "narrowly tailored" to protecting pregnant people's health. In *Casey*, the Court found that states could impose some restrictions on access to abortion in any trimester, but restrictions that unduly burdened access were unconstitutional (Tobin-Tyler, 2022).

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