UC San Diego
SCHOOL OF GLOBAL POLICY AND STRATEGY

TULANE UNIVERSITY
Newcomb Institute

UNDERSTANDING REPRODUCTIVE COERCION IN CALIFORNIA: POPULATION-BASED FINDINGS FROM CALVEX 2025

VEXData
VIOLENCE EXPERIENCES SURVEY

JULY 2026

Background: Reproductive coercion is a form of abuse in which an individual's reproductive agency—the ability to decide whether, when, and under what circumstances to become pregnant or avoid pregnancy—is controlled or intentionally undermined by an intimate partner, institutions, or the state (1,2). This includes efforts to pressure or force a pregnancy AND efforts to pressure or force the prevention or termination of a pregnancy. This form of abuse, most commonly observed as a male partner behavior, is associated with other forms of intimate partner violence (IPV) and an array of poor health outcomes including unintended pregnancy, depression and anxiety, low sexual satisfaction, maternal anemia and other pregnancy complications (3,4,5). Prevalence at the state level for California has historically not been available. New data from the 2025 California Violence Experiences Survey (CalVEX), which asks questions about California adults' experiences with reproductive coercion, allows for an assessment of both state-wide prevalence and its associations with other forms of relationship violence.

Objective: To estimate the lifetime prevalence of reproductive coercion among adult women in California and examine its association with physical and sexual intimate partner violence using data from the 2025 California Violence Experiences Survey (CalVEX).

Methods: Our team at the School of Global Policy and Strategy at the University of California San Diego and the Newcomb Institute at Tulane University recently analyzed data from CalVEX, a statewide online survey on experiences of about 4,000 California adults' experiences of violence conducted using NORC's (the University of Chicago) probability and non-probability panels, evenly distributed by sex. The surveys were fielded in spring–summer 2025 and analyzed with weighting to produce population-level estimates. Full methods and reports are available at vexdata.org.

For this research brief, we analyzed data from women to examine lifetime experiences of reproductive coercion by a current or former partner, including:

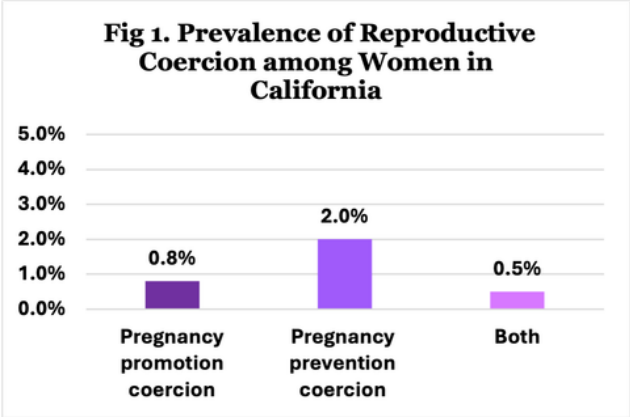
- Pressure or force to be pregnant
- Pressure or force to prevent or terminate a pregnancy

We also examined whether reproductive coercion was associated with physical and sexual intimate partner violence (IPV) using basic association analyses (i.e., chi-squares).

CalVEX
CALIFORNIA VIOLENCE EXPERIENCES SURVEY

WHAT THE DATA SHOW

1) Reproductive coercion affects 1 in 33 California women.
In California, the total lifetime prevalence of reproductive coercion among women stands at 3.3% (derived from 0.8% pregnancy promotion, 2.0% pregnancy prevention and 0.5% experiencing both) (Figure 1). While this may appear modest, these are population-level estimates that include women who have never had a partner or experienced a pregnancy; even under these conditions, the prevalence corresponds to roughly one in 33 women reporting pressure to have or avert a pregnancy.



Breaking down the specific types of coercion experienced by California women, pregnancy prevention coercion was the most common type, reported by 2.0% of women, while pregnancy promotion coercion was reported by 0.8% of women; 0.5% of women reported both forms of coercion. Women who reported being pressured to become pregnant were significantly more likely ($p<0.001$) to also report being pressured to prevent or terminate a pregnancy. This overlap may suggest that reproductive coercion reflects broader patterns of partner control rather than isolated reproductive intentions, which we assess below.

Reproductive coercion is likely underreported, especially for cases resulting in a birth. Women who ultimately carry coerced or unwanted pregnancies to term may not later label those experiences as coercive once a child is born.

2) Reproductive coercion is highly linked to IPV, especially sexual IPV.
The most important finding is not prevalence of reproductive coercion– but its association with other forms of relationship violence. The data demonstrates a stark relationship between reproductive coercion and broader intimate partner violence (IPV).

When looking at the intersection of reproductive coercion and IPV:
·**Sexual IPV:** Among women who experienced sexual IPV, 12.4% also experienced reproductive coercion. In comparison, only 1.4% of women who did not experience sexual IPV reported reproductive coercion. This means women experiencing sexual abuse are nearly 9 times more likely to face reproductive coercion ($p<0.001$) .
·**Physical IPV:** Among women who experienced physical IPV, 7.8% reported reproductive coercion, compared to just 0.7% of women with no history of physical IPV. This represents an 11-fold increase in risk for women facing physical abuse.

These are statistically large and consistent associations. Together, these findings suggest reproductive coercion may not occur in isolation but may be part of a broader pattern of abuse, from partners. This finding aligns with prior research linking reproductive coercion with IPV (6, 7).

CONCLUSION AND IMPLICATIONS

Despite offering some of the most comprehensive access to reproductive health services in the United States (8), including broad access to contraception and abortion care, California sees comparable prevalence of reproductive coercion from male partners as that seen in states that are highly restrictive to abortion access in the gulf south, with 1 in 33 women having experienced this form of abuse in the past year (9). Notably, those who have experienced pressure or coercion to be pregnant are also more likely to report pressure or coercion not to be pregnant, a finding consistent with that of prior research (1,2) and highlighting that this is more about control over the partner than fertility goals. Correspondingly, we see that women experiencing physical or sexual IPV were substantially more likely to report reproductive coercion, indicating it may be one manifestation of a broader pattern of abusive partner control rather than as an independent reproductive health phenomenon.

These findings have important implications for both clinical practice and public policy. Expanding access to reproductive health services alone is unlikely to eliminate reproductive coercion if intimate partner violence remains unaddressed. At the same time, the California context demonstrates that even where comprehensive reproductive health care is available, survivors continue to experience coercion within abusive relationships. Effective prevention therefore requires integrating routine screening for reproductive coercion into health care settings, strengthening intimate partner violence prevention and survivor services, and ensuring that reproductive health care remains trauma-informed, confidential, and accessible. Policies seeking to reduce reproductive coercion should prioritize evidence-based approaches that address violence and coercive control while preserving survivors' ability to make autonomous reproductive decisions.

REFERENCES

1) Miller, E., Jordan, B., Levenson, R., & Silverman, J. G. (2010). Reproductive coercion: Connecting the dots between partner violence and unintended pregnancy. Contraception, 81(6), 457–459.
2) Miller, G. K. (2023). Future directions for reproductive coercion and abuse research. Reproductive Health, 20(1), 5.
3) Saldanha, S., Botfield, J. R., LaGrappe, D. L., Moradi, M., & Mazza, D. (2025). Reproductive coercion and associated health consequences: A scoping review. Trauma, Violence, & Abuse, 15248380251383931.
4) Sheeran, N., Jenkins, A., Humphreys, T., Ter Horst, S., & Higgins, M. (2025). Investigating the impact of reproductive coercion and intimate partner violence on psychological and sexual wellbeing. Journal of Interpersonal Violence, 40(3–4), 726–755.
5) Silverman, J., & Raj, A. (2014). Intimate partner violence and reproductive coercion: Global barriers to women's reproductive control. PLoS Medicine, 11(9), e1001723.
6) Miller, E., Jordan, B., Levenson, R., & Silverman, J. G. (2010). Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. Contraception, 81(6), 457-459
7) Grace, K. T., & Anderson, J. C. (2018). Reproductive coercion: A systematic review. Trauma, Violence, & Abuse, 19(4), 371-390.
8) Collins, S., Radley, D., Roy, S., Zephyrin, L., & Shah, A. (2024). 2024 state scorecard on women's health and reproductive care. In www.commonwealthfund.org. https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care
9) Raj, A., Urada, L., Rao, N., & Kully, G. (2026). Sexual Exploitation In California: Findings From 2025 California Violence Experiences Survey . Vexdata.Org. https://www.vexdata.org/sexual-exploitation-brief_4-6-26/

Citation: Savannah Freeman, Priyanka Patel, Namratha Rao, Gennifer Kully, Jakana Thomas, Anita Raj. Understanding Reproductive Coercion in California: Population-Based Findings from CalVEX 2025. vexdata.org. July 2026.

vexdata.org

UC San Diego
SCHOOL OF GLOBAL POLICY AND STRATEGY

TULANE UNIVERSITY
Newcomb Institute