TULANE UNIVERSITY
Newcomb Institute

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Reproductive Coercion Is Real. Abortion Bans May Make it Worse

"Reproductive coercion" is a term with a long and important history. Use of the term began decades ago to describe how women's ability to become—or not become—pregnant is controlled by partners, institutions, and the state. The goal was never rhetorical. It was practical and empirical: to document how common these experiences are, and how deeply they harm women and children.

That history matters, because today the term is being repurposed in policy debates about abortion restrictions. Some policymakers argue that abortion restrictions protect women from partners who may pressure or force them to terminate pregnancies they wish to continue, but that perspective does not align with the data.

Yes, some men pressure or force pregnancy prevention or abortion. Others pressure or force pregnancy itself. The question is not whether reproductive coercion exists—it does. The question is whether restricting access to care can prevent reproductive coercion.

What the data show

Our team at the Newcomb Institute recently analyzed data from three statewide surveys on experiences of violence in the Gulf South: Louisiana (LaVEX), Mississippi (MsVEX), and Texas (TexVEX). These are states with some of the most restrictive abortion laws in the country.

The surveys were conducted by NORC at the University of Chicago in spring–summer 2025 using probability and non-probability panels, with weighting to produce population-level estimates. Full methods and reports are available at vexdata.org.

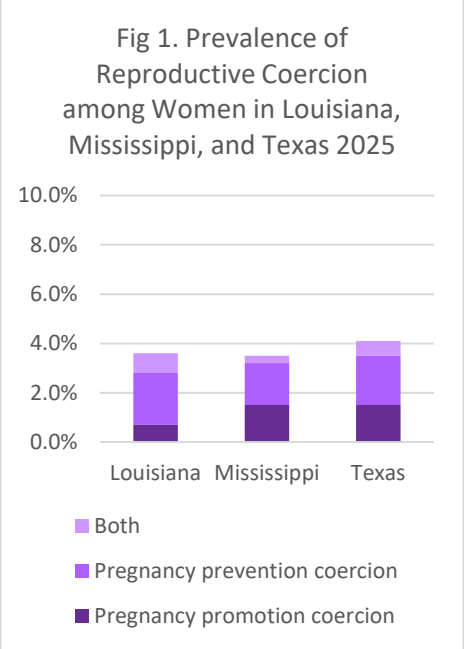
We focused on women respondents in each state—549 in Louisiana, 554 in Mississippi, and 635 in Texas—and examined experiences of reproductive coercion by a current or former partner, including:

- Pressure or force to become 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).

How common is reproductive coercion?

Across all three states, about 3–4% of women reported experiencing reproductive coercion from a partner (Figure 1). While this may appear modest, these are population-level estimates that include women who have never had a partner or been pregnant; even under these conditions, the prevalence corresponds to roughly one in 33 women reporting pressure to have or avert a pregnancy.



We also found that coercion cuts both ways. 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 suggests that reproductive coercion often reflects broader patterns of partner control rather than isolated reproductive intentions.

It's also likely underreported. Women who ultimately carry coerced or unwanted pregnancies to term may not later label those experiences as

coercive once a child is born. And pressure to prevent or terminate a pregnancy includes—but is not limited to—pressure to use contraception or abortion services a woman does not want.

The connection to violence is substantial
The most important finding is not prevalence – it's correlation.

Women who experienced physical IPV were about three times more likely to report reproductive coercion across all three states (Figure 2).

Women who experienced sexual IPV were at six to eight times greater risk of reproductive coercion (Figure 3).

Fig 2. Prevalence of Reproductive Coercion among Women who Did and Did Not Experience Physical IPV: Louisiana, Mississippi, and Texas 2025

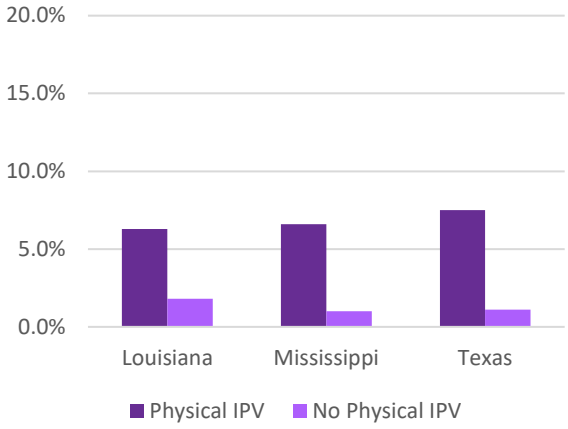
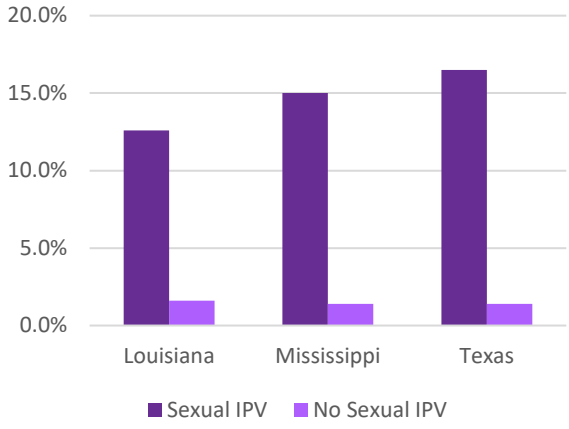


Fig 3. Prevalence of Reproductive Coercion among Women who Did and Did Not Experience Sexual IPV: Louisiana, Mississippi, and Texas 2025



These are statistically large and consistent associations. And they are consistent across states.

Together, these findings indicate that reproductive coercion rarely exists in isolation. It is part of a broader pattern of abuse, particularly sexual violence, from partners. This finding aligns with prior research linking reproductive coercion with IPV.

What this means for abortion policy
While these data do not test the causal impact of abortion bans on reproductive coercion, they do demonstrate that reproductive coercion is strongly associated with IPV—an issue abortion restrictions do not address.

Abortion bans are unlikely to prevent IPV. What abortion bans risk doing in contexts of IPV:

- Limit women's ability to exit dangerous relationships safely
- Increase surveillance, criminalization, and dependency
- Give abusive partners additional leverage over women's bodies and choices

When the state restricts reproductive health care and attaches penalties to seeking it, individuals experiencing coercion may face increased legal, economic, and physical vulnerability.

Overall, the data suggest that restricted abortion access is not an evidence-based strategy for reducing reproductive coercion. Because coercion is most strongly associated with intimate partner violence, prevention and intervention efforts addressing violence—and ensuring access to comprehensive, survivor-centered reproductive health care—remain central.

Author Bio

Anita Raj, PhD is a professor of public health at Tulane University and executive director of the Newcomb Institute. She is also a member of the National Academy of Medicine. Her research focuses on gender equity, violence prevention, and sexual and reproductive health, with an emphasis on generating population-level data and intervention evaluation data to guide public health policy and practice. She is the lead investigator on the VEX: Violence Experiences Survey project.