

Gendered Discourses and Articulations of Power in an Exploratory Study  
of Male- and Female-Perpetrated Reproductive Coercion

by

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## ABSTRACT

Recent studies have investigated *reproductive coercion*, a form of intimate partner violence (IPV) defined as when one partner attempts to control another through pregnancy; however, research has focused only on female victim-survivors. Accordingly, the purpose of this three-paper dissertation was to explore the context of male- and female-perpetrated reproductive coercion via interview data from perpetrators of this abuse. The objective of the first paper was to gain a more complicated understanding of male-perpetrated reproductive coercion, with attention to why the phenomenon only sometimes co-occurs with other forms of IPV. A multiple case study analysis framework was used to interpret interview data from men who self-identified as having perpetrating reproductive coercion (n=5). Several men attempted to impregnate non-consenting partners because they perceived value in fatherhood, or the label of “family man.” Many justified their behavior by positioning themselves as the rightful “head of household” and minimized their actions by noting their partners’ love for their children. The purpose of the second paper, a close narrative analysis of one male participant’s interview (n=1), was to gain deeper understanding of how enactment of a certain type of masculinity influences articulations of power within an intimate relationship. Four interview excerpts were organized into stanzas, which were analyzed for narrative disjuncture as well as minimizations and justifications of coercive behavior, with the finding that desire for biological offspring and enactment of power and control may both be tied to a need to perform masculine identity. Finally, the aim of the third paper was to develop an understanding of the contexts in which women perpetrate reproductive coercion. A modified grounded theory approach was used to interpret interview data from women who self-identified as having perpetrated reproductive coercion (n=8), and an initial explanatory model was developed to illustrate a pathway leading to this behavior. Pregnancy appeared to be a means to end (meeting a critical unmet need)

more than an end in itself. Preliminary findings suggest that differences exist between female- and male-perpetrated reproductive coercion. Generalizable research that investigates the function of gender in the perpetration of reproductive coercion can inform the development of targeted, gender-appropriate interventions.

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## CHAPTER ONE:

### INTRODUCTION

#### Overview of the Problem

Intimate partner violence (IPV), though present throughout history, did not enter into the public sphere as a social problem in need of a solution until the mid 1970s. Since then, the desire to learn more about this phenomenon and the mechanisms of power and control within intimate relationships has generated a prolific and growing body of research. It is currently estimated that approximately 1 in 3 women and 1 in 4 men in the United States have experienced physical/sexual violence or stalking from an intimate partner at some point in their lifetime (Black et al., 2011). For women, the association between IPV and unintended pregnancy has been well documented (e.g., Coker, 2007; Pallitto, Campbell, & O'Campo, 2005), though researchers are just beginning to learn more about the mechanisms underlying this particular relationship. Miller and colleagues (2010) have led the way in operationalizing the concept of male-perpetrated *reproductive coercion* in the public health literature, with a primary focus upon the ways in which controlling partners manipulate and/or physically coerce their partners into becoming pregnant when they do not want to be. Preliminary research with racially and socioeconomically-diverse community samples of women seeking reproductive health services, women receiving domestic violence services, and adolescent mothers has found a high prevalence of male-perpetrated reproductive coercion, widely ranging from 14% to 74% (e.g., Messing & Thaller, 2012; Miller et al., 2010; Moore, Frohwirth, & Miller, 2010; de Bocanegra et al., 2010; Raphael, 2005).

The inclusion of reproductive coercion as a variable in the National Intimate Partner and Sexual Violence Survey (NISVS), conducted by the Centers for Disease Control (CDC), solidified the status of this phenomenon as an emerging social issue within the domain of IPV in need of specialized attention. NISVS findings also

highlighted the need for more research on female-perpetrated reproductive coercion, as both men (8.7%) and women (4.8%) reported experiencing reproductive coercion by an intimate partner in their lifetime (Black et al., 2011). Though researchers have theorized that having less power in an intimate relationship can lead to limited control over reproductive health choices (e.g., DiClemente et al., 2002; Manlove, Terry-Humen, & Ikramullah, 2006; Pallitto, Campbell, & O'Campo, 2005), data regarding reproductive coercion has found that it only sometimes co-occurs with other types of IPV (Messing & Thaller, 2012; Miller et al., 2010; Moore, Frohwirth, & Miller, 2010; Rosen, 2004). These findings raise important questions about the nature and mechanisms of power and control underlying the perpetration of reproductive coercion. Only a limited amount of qualitative research explores the social context or particular motivations attached to the perpetration of reproductive coercion, which, in these initial studies, appear to be associated with power and control (e.g., Moore, Frohwirth, & Miller, 2010; Miller et al., 2007; Rosen, 2004).

Except for population-level prevalence statistics, research about reproductive coercion thus far has centered entirely upon male perpetration and female victimization. However, more men (8.7%) than women (4.8%) reported being victim-survivors of reproductive coercion in the NISVS data (Black et al., 2011). The current public health interest around female victim-survivors of reproductive coercion stems from concern regarding the unique physical and mental health consequences of IPV for women as well as the consequences of coerced pregnancy for women's reproductive health. In contrast, female-perpetrated reproductive coercion has been framed as a legal issue, *contraceptive fraud*, and is considered problematic because it places an unfair financial burden upon male victim-survivors (Chamberlain & Levenson, 2012; Trawick, 2012; Sheldon, 2001). Within these frames, female-perpetrated reproductive coercion is primarily considered a social problem, whereas



male-perpetrated reproductive coercion is considered a public health problem (E. Miller, personal communication, March 2012).

The current public health solution for male-perpetrated reproductive coercion has been to train healthcare providers to screen female clients for IPV and reproductive coercion, to provide clients with information about leaving an abusive partner, and to facilitate their access to forms of birth control they can hide from their partners (Chamberlain & Levenson, 2012; Miller et al., 2011). Initial evaluation outcomes for this intervention have shown some success, as young women who received it were more likely to end unhealthy intimate relationships and less likely to report reproductive coercion at the follow-up (Miller et al., 2011). Thus, it is important that medical and social service practitioners screen for IPV and reproductive coercion. Social workers are often the first in contact with individuals who have experienced IPV (Trabold, 2007); however, many social work practitioners and students have reported a lack of knowledge about IPV intervention (Bent-Goodley, 2007; Danis & Lockhart, 2003). Social workers who lack expertise in this area should develop relationships with local victim advocates so that they will be prepared to knowledgeably refer clients to these services when necessary.

While access to hidden birth control will help women who are experiencing reproductive coercion to avoid unintended pregnancy, it will not stop the perpetrator from continuing to abuse them or many others in succession, nor prevent them from contracting HIV or other sexually transmitted infections due to engaging in unprotected sex. Research is needed to learn more about perpetrators' motivations for engaging in reproductive coercion so that practitioners can treat the root cause of the behavior and shift responsibility for ending the abuse away from the victim-survivor. Findings from this study regarding perpetrator motivations and the contexts in which reproductive coercion occurs can assist practitioners in identifying and intervening in reproductive coercion. In particular, an increased understanding of the

needs that perpetrators attempt to meet via reproductive coercion will be useful in developing micro-interventions and larger scale prevention programs for both females and males. Individual change efforts toward reducing this behavior can be framed as a way to improve intimate relationships and to increase individual well-being in the long-term (Gormley, 2005). Moreover, peer dialogue around key issues can facilitate a culture change that reduces these behaviors. Findings from these exploratory studies provide a starting point for future research and social work intervention.

#### Overview of the Literature

##### Definition of Reproductive Coercion

Miller and colleagues (2010) first operationalized the concept of *reproductive coercion* in a study of young women utilizing family planning services, identifying two subsets of the phenomenon--*pregnancy pressure* and *birth control sabotage*. In this study, Miller et al. (2010) asked participants about their partners' attempts to get them pregnant against their wishes. Specifically, *pregnancy coercion*, or *pregnancy pressure*, was defined as a positive answer to any of six items: "Has someone you were dating or going out with ever (1) told you not to use any birth control (like the pill, shot, ring, etc.)?, (2) said he would leave you if you did not get pregnant?, (3) told you he would have a baby with someone else if you didn't get pregnant?, (4) hurt you physically because you did not agree to get pregnant?, and (5) tried to force or pressure you to become pregnant?" (p. 317). *Birth control sabotage* was defined as a positive answer to any of the five items: "Has anyone you were dating or going out with ever: (1) taken off the condom while you were having sex so that you would get pregnant?, (2) put holes in the condom so you would get pregnant?, (3) broken a condom on purpose while you were having sex so you would get pregnant?, (4) taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control so that you would get pregnant?, or (5) made

you have sex without a condom so you would get pregnant?" (p. 317). Answering positively to any one item of pregnancy coercion or birth control sabotage was defined as *reproductive coercion*. Although Miller et al. (2010) did not assess whether young women had ever been forced to terminate a pregnancy, this act has also been included under the umbrella of reproductive coercion (Chamberlain & Levenson, 2012).

A qualitative study by Moore, Frohwirth, and Miller (2010) preceded the Miller et al. (2010) study that operationalized male-perpetrated reproductive coercion. Moore, Frohwirth, and Miller referred to *reproductive control* in the context of an abusive intimate relationship as "when women's partners demand or enforce their own reproductive intentions whether in direct conflict with or without interest in the women's intentions, through the use of intimidation, threats, and/or actual violence" (p. 2). Based on their data, the researchers described three temporal periods of male-perpetrated reproductive control: (1) before sexual intercourse, (2) during sexual intercourse, and (3) post-conception. Reproductive control occurring *before sexual intercourse* might consist of verbal pressure, threats, or physical abuse from a male partner for the purpose of coercing pregnancy. Verbal pressure might include personal accusations such as "you just don't want me to be around forever" (p.6). During this period, a male partner might also use controlling tactics that prevent his partner from obtaining or using contraception, such as limiting access to family planning clinics or flushing birth control pills down the toilet, and he might do these things in order to make her seem less desirable to other men or to ensure a connection to her for life. *During sexual intercourse*, either consensual or forced, a male partner might manipulate condoms to the point of inefficacy or fail to withdraw despite both partners' prior agreement on this method of birth control. Finally, as part of *post-conception* reproductive control, a male partner might use controlling tactics, verbal pressure, threats, or physical violence in order to influence his partner

to continue or terminate her pregnancy. For example, he might withhold money that could be used to pay for an abortion (Moore, Frohwirth, & Miller, 2010).

Following Miller and colleagues' research, the NISVS posed one question about reproductive coercion for both females and males in order to calculate population-level prevalence statistics. For females, the question was as follows: "How many of your romantic or sexual partners have ever tried to get you pregnant when you did not want to become pregnant or tried to stop you from using birth control?" A similar question was posed to male respondents: "How many of your romantic or sexual partners have ever tried to get pregnant when you did not want them to get pregnant or tried to stop you from using birth control?" The CDC report situated these questions under the broader category of *control of reproductive and sexual health*, which was identified as one of five types of IPV, in addition to physical violence, sexual violence, stalking, and psychological aggression (Black et al., 2011).

#### Prevalence of Reproduction Coercion

Prevalence rates for male-perpetrated reproductive coercion in small community-based samples have been relatively high in relation to those found at the population level via the NISVS. This discrepancy is the result of demographic characteristics and risk factors, such as IPV and compromised reproductive health decision-making, associated with this phenomenon. For example, in a study of primarily African-American (95%) teen mothers using government assistance (n=474), 51% reported experiencing at least one form of birth control sabotage in the past year (Raphael, 2005; Center for Impact Research, 2000). In a study of women (n=1278) seeking reproductive health services in Northern Californian, 19% reported ever experiencing pregnancy coercion and 15% reported ever experiencing birth control sabotage (Miller et al., 2010). A similar study of women seeking reproductive health services in Arizona (n=93) found that 14% of women reported ever experiencing reproductive coercion from an intimate partner—11% reporting

pregnancy coercion and 7% reporting birth control sabotage (Messing & Thaller, 2012). Population-level prevalence of reproductive coercion according to race and socioeconomic status is unknown at this time; however, there is some evidence that low-income women of color are more likely to experience reproductive coercion than other women. In a small community sample of women receiving Title X reproductive health services in Arizona (n=93), race (being non-White, Hispanic) was significantly associated with reported lifetime experiences of reproductive coercion ( $X^2=6.12$ ,  $p<.013$ ) (Messing & Thaller, 2012).

Prevalence of reproductive coercion has been higher for women who report other forms of IPV than for those who do not. For example, in the study of women receiving reproductive health services in Northern California, approximately one-third (35%) of women who had experienced physical or sexual violence had experienced reproductive coercion, compared to only 15% of women who had not. In a small sample of women receiving hospital-based domestic violence services (n=38), 34% had experienced some form of reproductive control by their intimate partner (Hathaway, Willis, Zimmer, & Silverman, 2005). Another study of adult women who had experienced intimate partner physical or sexual violence (n=71) found that 74% had also experienced reproductive coercion (Moore, Frohwirth, & Miller, 2010). In a sample of sexually-active adolescent females with a history of reoccurring physical, sexual, or emotional abuse from a male partner (n=53), roughly one in four (26.4%) reported that their partners had tried to get them pregnant when they did not want to be, by refusing or manipulating condom use or blocking contraceptive use (Miller et al., 2007). Moreover, in a study of teenaged mothers receiving government assistance (n=474), 66% of those reporting past-year physical, sexual, or verbal aggression from an intimate partner also reported at least one form of birth control sabotage (Raphael, 2005; Center for Impact Research, 2000). Within this sample, researchers found that the severity of reported birth control sabotage increased as

the severity of intimate partner physical violence increased (Raphael, 2005; Center for Impact Research, 2000).

#### Reproductive Coercion and Co-occurring Types of IPV

The impact of IPV victimization on a woman's ability to make her own reproductive health decisions appears to be well documented. Gee et al. (2009) found that female reproductive health patients (n=1463) who were experiencing physical or sexual violence, or threats of physical violence, from an intimate partner were more likely than those who were not "to report a lack of birth control use because of partner unwillingness to use birth control or wanting the respondent to get pregnant" (p.148). In the same sample, number of pregnancies, number of abortions, and having taken emergency contraception were also significantly correlated with IPV, as was financial dependence and inability to pay for contraception. According to Gee et al. (2009), "these factors speak to the lack of control women experiencing IPV have in a relationship and the difficulty they have negotiating contraception" (Gee et al., 2009, p. 148). Similarly, in a study of women 18 years or older in health care settings (n=225), those who had experienced past-year reoccurring and/or severe physical, sexual, or emotional abuse were more likely to report not using their preferred method of contraception (OR=1.9) (Williams, Larson, & McCloskey, 2008). Likewise, in a review of medical records from family planning clinics (n=2000), women who reported past-year physical or sexual violence were more likely (OR=6.5) to change contraceptive methods or use emergency contraception than women who did not (Fantasia, Sutherland, Fontenot, & Lee-St. John, 2012). In the same sample, women reporting physical and sexual violence within the past year and the past five years were also more likely (OR=9.7 and OR=9.8, respectively) to be using no method of contraception at all. In a study of low-income adolescent mothers (n=35), those who reported being in physically or sexually abusive relationships also reported that their partners were the primary

decision makers around contraception and/or reproductive outcomes (Rosen, 2004). IPV has also been associated with men's increased involvement in decision making regarding whether or not their partners should seek abortion (e.g., Saftlas et al., 2010; Silverman et al., 2010; Bourassa & Berube, 2007). Rosen (2004) noted that "in many instances, the pregnancy [became] a way for the male partner to exert his power in the relationship" (p. 25), such as demanding that either his female partner keep a pregnancy or terminate it.

Findings thus far demonstrate that reproductive coercion often co-occurs with other types of IPV, though not always. In the study of women receiving reproductive health services in Northern California (n=1278), women who experienced physical or sexual violence from an intimate partner were more than twice as likely as women who had not to report experiencing reproductive coercion (Miller et al., 2010). Moreover, women who experienced physical or sexual violence in tandem with reproductive coercion were approximately twice as likely as those who had not to report unintended pregnancy (Miller et al., 2010). In a similar study of women seeking reproductive health services in Arizona (n=2108), reproductive coercion was not significantly correlated with an intimate partner's physical violence, but was significantly correlated with reports of having experienced intimate partner forced sex ( $X^2=10.2$ ,  $p<.019$ ), threats to harm ( $X^2=9.1$ ,  $p<.014$ ), and insults ( $X^2=11.0$ ,  $p<.004$ ) (Messing & Thaller, 2012). In a smaller sample of women receiving reproductive health services in Arizona (n=93), past reproductive coercion was not significantly correlated to past intimate partner physical violence or sexual violence; however, ever experiencing reproductive coercion was significantly correlated with being afraid to ask a partner to use a condom or to refuse sex in the past 3 months (Messing & Thaller, 2012). Finally, for a sample of women seeking services at domestic violence shelters (n=53), intimate partner forced sex was significantly correlated with birth control sabotage (de Bocanegra et al., 2010). These findings

are limited, however, because it is unknown whether pregnancy intention led to these acts of forced sex or whether these forms of abuse are related in some other way. One objective of this dissertation study is to learn more about the contexts within which reproductive coercion occurs in order to understand in what ways this phenomenon may be linked to other forms of abuse.

Miller et al. (2007) have theorized that “masculine gender ideologies, including ideas about fertility and male hypersexuality, have been associated with IPV perpetration and unprotected sex, and such ideologies may be linked to experiences of impregnation and fatherhood” (p. 360). In a sample of lower-income mostly Hispanic and African-American men (n=283), those who reported more traditional gender role ideologies were more likely to report IPV perpetration over the past year (OR=2.1; 95% CI=1.2, 3.6) and unprotected vaginal sex in the past 3 months (OR=2.3; 95% CI=1.2, 4.6) (Santana et al., 2006). Within this same sample, those who reported using physical violence against an intimate partner were also more likely to report forcing an intimate partner to have vaginal sex without a condom (OR=5.2; 95% CI=2.5, 10.9) and fathering 3 or more children (OR=2.5; 95% CI=1.2, 5.5) (Raj et al., 2006). However, this study did not ask participants about their intentions to impregnate their partners, so it is unknown whether inconsistent use of condoms was related to reproductive coercion. Still, the results of this study led the authors to speculate that “a greater number of offspring by abusive men may be a consequence of these men blocking their female partners’ reproductive control” (Raj et al., 2006, p.1876). Gender ideologies might also be linked to notions of impregnation and parenthood for female perpetrators of reproductive coercion; in a sample of women from disadvantaged urban communities (n=162), motherhood was a way to prove one’s value to society and a means to test the limits of a partner’s loyalty (Edin & Kefalas, 2011).

#### Theoretical Considerations Regarding IPV



It is important to understand the field of IPV research in order to contextualize the study of reproductive coercion within it. Two oppositional theoretical approaches to IPV scholarship exist: the feminist and family violence perspectives. Feminist researchers espouse the perspective that IPV is a problem of patriarchal social arrangements that lead to male entitlement and violence against women (see Dobash & Dobash, 2004, 1998, 1979; Yllo, 1993), whereas the family violence perspective focuses more on the role of individual pathology and social learning from dysfunctional family systems in the perpetration of IPV (see Mills, 2008; Straus, 2005; Dutton, 2005; Straus & Gelles, 1990). Perhaps the most distinguishing difference between these two perspectives is their assumptions about who perpetrates IPV and who experiences it. Family violence researchers typically focus on evidence of sex-symmetry in IPV perpetration and victimization based upon results from the Conflict Tactic Scales (CTS) (e.g. Straus, 2005, 1979; Fiebert, 2004; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). In contrast, feminist researchers disagree that the sexes perpetrate and experience IPV at similar rates, emphasizing flaws in the CTS and pointing to population-level evidence that male perpetration and female victimization results in a disproportionate amount of death by homicide, physical injury, sexual violence, and mental health consequences for women (e.g., Catalano, Smith, Snyder, & Rand, 2009; Campbell et al., 2007; Dobash & Dobash, 2004; Saunders, 2002; Kimmel, 2002, Tjaden & Thoennes, 2000).

Johnson (2008, 2006, 1995) has attempted to bridge this divide by positing that scholars are actually observing two different phenomena: 1) *situational couple violence*, wherein violence is bidirectional, expressive, and typically low-level and 2) *intimate terrorism*, wherein violence is used as a form of control, primarily male-to-

female, and results in more serious injury and negative mental health outcomes.<sup>1</sup> Likewise, Stark (2007) has considered these differences in his research regarding *coercive control*, a gendered problem wherein men entrap women in relationships in a way that resembles kidnapping or indentured servitude. Johnson (2008, 2006, 1995) further explicates how these differences in observable data have come about by noting that population samples are more likely to yield data regarding situational couple violence, whereas specialized samples from battered women's shelters or hospital emergency departments are more likely to reveal intimate terrorism.

The high prevalence of IPV found in same-sex lesbian relationships (Messinger, 2011; Blosnich & Bossarte, 2009) somewhat complicates the feminist argument that patriarchal social arrangements contribute to manifestations of power and control in IPV perpetration and victimization. However, these findings do not negate the feminist perspective. Hunnicutt (2009) proposed a more complex reimagining of patriarchy as a theoretical tool that can be used to explain IPV perpetration. She noted that, although patriarchy privileges males, it "does not privilege all men equally" (p.566). Indeed, a common paradox of masculinity is that men hold power in society yet often feel powerless in part because they must continually reassert their power, and some men experience additional powerlessness as a result of their subordinate position within social structures of race and socioeconomic status (Mankowski & Maton, 2010; Connell & Messerschmidt, 2005; Connell, 2005, 1995; Kimmel, 2004; Crenshaw, 1991, 1989). As such, Hunnicutt (2009) argued that "the victimization of women is more a function of the status of males than of females...the more disenfranchised men are from legitimate positions of dominance, the more they may use violence [in their intimate relationships] to

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<sup>1</sup> Johnson (2008) also proposed two other types of partner violence: *violent resistance* (when an individual, usually female, uses violence against an intimate terrorist in self-defense) and *mutual violent control* (a more rare type of IPV when both partners engage in intimate terrorism). However, these two types have received less attention in the scholarly literature than *intimate terrorism* and *situational couple violence*.

reinforce quite possibly the only position of dominance available to them” (p. 560). Moreover, her reconceptualization takes into account that both women and men attempt to gain dominance within social hierarchies—women likely seek power and control as often as their male partners do, but these actions manifest in gender-specific ways within the limitations of a patriarchal social structure. This reimagining of the role of patriarchy in IPV perpetration, both female and male, is particularly useful for examining the perpetration of reproductive coercion by both sexes.

Anderson (2009, 2005) suggested that the problem in IPV research lies not in sampling or measurement, but in researchers’ outdated conceptualization of gender. Accordingly, researchers will gain a more nuanced understanding of the functions of gender and power in relationships if they move beyond the traditional “sex difference” approach to IPV, or the assumption that certain behaviors must be characterized as inherently female, male, or gender neutral. In the more complicated *interactionist* approach (see Hollander, Renfrow, & Howard, 2011; Anderson, 2009, 2005; West & Fenstermaker, 1995; West & Zimmerman, 2009, 1987), gender is recognized as an outcome of both same-sex and cross-sex interaction wherein individuals perform femininity or masculinity, regardless of biological typology, in order to achieve social acceptance from others. Accordingly, violence and control in intimate relationships is also evaluated *in terms of* gender, wherein women’s violence may be less likely to be taken seriously than men’s (Anderson, 2009, 2005). Conversely, men’s violence, associated with power and domination, may be used to restore a threatened sense of masculine identity (see Moore & Stuart, 2008; Smith, 2008; Stark, 2007; Atkinson, Greenstein, & Lang, 2005; Kaukinen, 2004).

Anderson (2009, 2005) further argued for a *structural* approach to the study of gender in IPV, in which researchers acknowledge the impact of institutionalized gender inequalities, or the social organization of resources and opportunities by gender, on victimization and tactics of perpetration. For example, in a society that

privileges men, men's intimidating behaviors are likely to be more impactful than women's (Davies & Lyon, 2014; Stark, 2007). Moreover, women are likely to encounter more institutional barriers to leaving an abusive relationship than men (Davies & Lyon, 2014). Thus, structural privileges and constraints experienced by women and men should be taken into account in IPV research and intervention, including research and intervention that focuses specifically on reproductive coercion as a type of IPV.

### Study Objectives

The purpose of this three-paper dissertation was to learn more, via in-depth interviewing, about the motivations, methods, and outcomes for both male and female perpetrators of reproductive coercion, and to consider ways in which gendered expectations of power and control may have influenced these acts. The objective of the first paper was to gain a more complicated understanding of the contexts within which male-perpetrated reproductive coercion occurs, with particular attention to why the phenomenon only sometimes co-occurs with other forms of IPV. Using a multiple case study analysis framework (Flyvbjerg, 2005; Stake, 1995) to interpret interview data from men who self-identified as having perpetrated reproductive coercion (n=5), this research complemented prior research by providing more explicit detail of how these acts were perpetrated and the relational contexts in which they occurred. Findings from this paper may begin to fill current gaps in the research by presenting more nuanced conceptualizations of reproductive coercion that assist in intervention and policy development.

The objective of the second paper, a close narrative analysis (Chase, 2008; Riessman & Quinney, 2005; Riessman, 1993) of four excerpts from one male participant's interview, was to gain an in-depth understanding of how certain notions of masculinity influence men's articulations of power within intimate relationships, including their expectations of their partners and themselves and resulting

behaviors, such as reproductive coercion. Each interview excerpt was labeled and organized into stanzas, modeled upon narrative work by Gee (1999) and Reissman (1990). These stanzas were then analyzed for the gendered discourse that the participant used to minimize or justify displays of power or acts of coercion within the relationship. Narrative inconsistencies were noted and examined closely in order to better comprehend the tension between common patriarchal scripts that support gendered dominance and the participant's actual relationship with his partner and children. The findings from this paper are intended to contribute to an understanding of men who rationalize, and thus normalize, controlling and coercive behaviors within intimate heterosexual relationships.

Finally, the objective of the third paper was to develop a richer understanding of the context in which women perpetrate reproductive coercion, including their motivations for attempting to become pregnant, the methods used, and the relational context within which this behavior occurred. Given the absence of scholarly literature regarding women's perpetration of reproductive coercion, identification of how women perpetrate this abuse contributes new information to the field of IPV. Data was collected via in-depth interviewing with women (n=8) who self-identified as having perpetrated reproductive coercion, and modified grounded theory (GT) approach to data analysis that included memoing and a constant comparative analysis of interview data was used to identify a unitary theme across cases and develop an initial explanatory model for female-perpetrated reproductive coercion (Birks & Mills, 2011; Corbin & Strauss, 2008). Findings can be used to gain preliminary knowledge of this phenomenon and to inform intervention with women who may consider perpetrating reproductive coercion.

As a whole, these three studies will contribute to the growing depth and breadth of research on reproductive coercion by expanding upon initial CDC findings of gendered symmetry in the nationwide prevalence of reproductive coercion, a more

recently identified and defined form of IPV (Chamberlain & Levenson, 2012; Miller et al., 2011; Miller et al., 2010; Moore, Frohworth, & Miller, 2010). Reproductive coercion can be enormously life changing for those who are victimized by it, especially for women who experience the physical, emotional, and economic consequences of pregnancy and who will also be most likely to assume primary care for their children (Williams, 2000). With the exception of the CDC survey, research has focused entirely on female victim-survivors of reproductive coercion. However, given the findings from the CDC survey, research with both male and female perpetrators is warranted, though fundamentally different approaches to intervention may be most effective. No other studies to date have interviewed male or female perpetrators of reproductive coercion to learn more about their motivations and strategies, the relationship context within which their actions occurred, and the outcomes of their actions. The studies in this dissertation will provide a much-needed introduction to perpetration and a solid foundation for further research. In particular, given the disparate, gendered consequences of pregnancy for men and women, further research into the ways in which gender matters in perpetration and victimization will be necessary. It is my hope that this research will be a step in that direction.

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## CHAPTER TWO:

### MAPPING THE TERRAIN OF MALE-PERPETRATED REPRODUCTIVE COERCION: A MULTIPLE CASE STUDY ANALYSIS

In the latest United States population-level survey, intimate partner violence (IPV) was categorized into five sub-types intended to “capture the full burden of physical, sexual, and psychological violence” (Black et al., 2011). One newly classified form of IPV, *control of reproductive or sexual health*, includes the refusal of an intimate partner to use a condom as well as forced or coerced pregnancy. In the past decade, interest in the latter phenomenon, referred to as *reproductive coercion*, has materialized within the public health literature partially as a result of a found association between IPV and unintended pregnancy (see Miller et al., 2010). Social concern over unintended pregnancy is typically related to potential negative health and mental health outcomes for the children and parents involved as well as the cost to the public—in 2006, unintended pregnancies were close to twice as likely to be publically funded in the US as those that were planned (Sonfield, Kost, Gold, & Finer, 2011). While the cost of medical care for IPV-related injuries has been estimated at approximately \$5.8 million annually (NCIPC, 2003), there is no current estimation for the cost of IPV-related unintended pregnancy. From an IPV perspective, reproductive coercion is of particular concern because a woman’s ability to exit an abusive relationship typically becomes more difficult when children are involved (Davies & Lyon, 2013).

While striving to identify the specific mechanism of IPV resulting in unintended pregnancy, researchers identified reproductive coercion, that an abusive partner could use pregnancy as a tactic of power and control or a form of entrapment. Measures used to screen for reproductive coercion (Messing & Thaller, 2012; Miller et al., 2011; Miller et al., 2010) are useful in isolating various tactics (e.g., behaviors categorized as either *pregnancy pressure* or *birth control sabotage*)



to learn which are associated with negative physical and mental health outcomes (see Messing & Thaller, 2012; Miller et al., 2010). However, little is known about the lived context in which reproductive coercion occurs and the relational nuances of this type of abuse. Because current research on reproductive coercion has been driven by two primary concerns (unintended pregnancy and intimate partner violence), the conceptualization of who experiences it has been limited to female victims in need of hidden contraception and protection from abusive men. Accordingly, the current public health solution to male-perpetrated reproductive coercion focuses on training healthcare providers to screen female clients for IPV and reproductive coercion and to educate them about what they can do to prevent unintended pregnancy and/or leave an abusive partner (Chamberlain & Levenson, 2012). Public debate about how to address this social problem from a policy perspective has already begun (Trawick, 2012). In February of 2013, the American College of Obstetricians and Gynecologists (ACOG) issued a policy statement recommending that healthcare practitioners screen for reproductive coercion. In 2011, a Canadian Supreme Court sentenced a man to 18 months in jail for impregnating his girlfriend by poking holes in condoms (Mellor, 2011). His motivation was the perception that she would stay with him once pregnant.<sup>2</sup> This case caught the attention of IPV prevention advocates who have since called for similar legal action in the United States (Shire, 2013).

Based on the evidence, there is a clear need to articulate reproductive coercion as an important social problem requiring intervention. Consequently, this study aims to expand current knowledge of the ways in which reproductive coercion occurs in order to inform future research and intervention. At this moment in the debate, it is crucial to distinguish between gendered violence that endangers and

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<sup>2</sup> The man was found guilty of sexual assault on the grounds that the woman did not consent to having sex with tampered condoms. The woman became pregnant because of her partner's manipulation and subsequently had an abortion that resulted in uterine infection. See <http://thechronicleherald.ca/novascotia/38938-man-sentenced-18-months-piercing-condoms>

inhibits human lives and dysfunctional relationship behavior that is unhealthy and potentially abusive but not criminal. A more complicated understanding of the contexts in which reproductive coercion occurs can lead to more nuanced identification of the needs of individuals who experience it and the social actions that can be taken. It might also lead to new awareness of why nascent research reveals that this phenomenon only sometimes co-occurs with other forms of IPV. Results from this multiple case study analysis of men who screened positive for reproductive coercion complements prior research by providing deeper insight into the phenomenon of reproductive coercion. Explicit detail of how these acts were perpetrated, as well as the relational contexts in which they occurred, present the potential to bridge current gaps in the research, complicate existing conceptualizations, and inform social service and policy decisions.

#### Reproductive Coercion: Mapping a Social Problem

Reproductive coercion, as a phenomenon of study, first gained the attention of researchers who wanted to understand high rates of teen pregnancy in low-income neighborhoods. In a study conducted by the Center for Impact Research to learn more about teen pregnancy, 51% of African-American teen mothers on welfare (n=474) reported experiencing at least one form of birth control sabotage within the past year (Center for Impact Research, 2000; Raphael, 2005). In a subsequent study, 26% of sexually active adolescent females with a known history of IPV (n=53) reported that their partners had actively attempted to get them pregnant by removing the condom during intercourse, poking holes in condoms, disposing of birth control pills, and/or blocking the young women from gaining access to birth control (Miller et al., 2007). In a study of adult women (ages 18-49) with a known history of IPV (n=71), 74% reported that their partner engaged in similar pregnancy-promoting behaviors, with multiple women in this study reporting that their partners tried to impregnate them before going to prison in order to make them less

attractive to other men (Moore, Frohwirth, & Miller, 2010). In a study published that same year, Miller and colleagues (2010) surveyed a sample of women receiving family planning services in California (n=1278) and found that 19% reported ever experiencing pregnancy coercion and 15% reported birth control sabotage (Miller et al., 2010). In a similar study with women receiving family planning services in Arizona (n=93), 11.9% reported pregnancy coercion, and 7.1% reported birth control sabotage (Messing & Thaller, 2012). In the only US population-level prevalence estimate to date, via the National Intimate Partner and Sexual Violence Survey (NISVS), the rate of reported male-perpetrated reproductive coercion was relatively lower, 4.8% (Black et al., 2011).

Researchers have hypothesized that abusive men use pregnancy as a tactic for maintaining power and control in their intimate relationships (Moore, Frohwirth, & Miller, 2010; Miller et al. 2007; Raphael, 2005; Rosen, 2004). The impact of IPV on reproductive health decision-making appears to be well documented, with women who are experiencing IPV more likely to report foregoing contraception to appease their partners or not using their preferred method of contraception (Fantasia, Sutherland, Fontenot, & Lee-St. John, 2012; Gee et al., 2009; Rosen, 2004; Williams, Larson, & McCloskey, 2008). Indeed, the prevalence of reported reproductive coercion has been higher in samples of women who are also experiencing physical or sexual violence (Center for Impact Research, 2000; Raphael, 2005; Rosen, 2004; Moore, Frohwirth, & Miller, 2010; Miller et al., 2010). Teenage mothers receiving welfare assistance (n=474) reported that the intensity of verbal birth control sabotage (i.e. the number of ways in which partners applied pressure) increased with the severity of IPV (i.e. severe physical assault, such as beating, raping, or threatening with a weapon) (Raphael, 2005; Center for Impact Research, 2000). In the Arizona sample (n=93), past reproductive coercion was not significantly related to IPV, though it was associated with being afraid to ask a

partner to use a condom or to refuse sex in the past 3 months (Messing & Thaller, 2012). As such, reproductive coercion is not always significantly associated with IPV—indeed, some women experience reproductive coercion in the absence of physical and sexual violence (Messing & Thaller, 2012; Miller et al., 2010). It is possible that reproductive coercion could be a precursor to physical and sexual violence (Miller et al., 2010), though there are no longitudinal studies to support this hypothesis.

A nuanced understanding of the causes, correlates, and negative outcomes of any form of IPV necessitates the recognition that experiences of IPV differ both qualitatively and quantitatively for most people—not only in terms of the intersections of race/ethnicity, gender, class, age, sexual orientation, and ability (Bubriski-McKenzie & Jasinski, 2013; Potter, 2008; Sokoloff & Pratt, 2005; Crenshaw, 1991, 1989), but also the meaning and purpose the perpetrator and victim-survivor assign to the abuse (Johnson, 2008, 2006, 1995; Stark, 2007). As the purpose of this paper is to understand distinctions among experiences of reproductive coercion, the on-going debate around IPV typology is germane. Johnson (2008, 2006, 1995) identified two distinct typologies of IPV: *intimate terrorism* (IT) and *situational couple violence* (SCV). Whereas IT can be described as frequent and severe violence intended to gain control over a partner, most often detected in samples of women seeking shelter, SCV is characterized by situational, often bi-directional, and typically lower-level violence originating from poor communication and/or emotion regulation, most common at the population level.<sup>3</sup> Contributing to this classification, Stark (2007) used the term *coercive control* to describe IPV scenarios in which an abusive individual employs a multitude of controlling tactics

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<sup>3</sup> Johnson (2008) also proposed two other types of partner violence: *violent resistance* (VR, when an individual, usually female, uses violence against an intimate terrorist in self-defense) and *mutual violent control* (MVC, a more rare form of IPV when both partners engage in intimate terrorism). However, these two types have received less attention in the scholarly literature than *intimate terrorism* (IT) and *situational couple violence* (SCV).

over time to create fear and/or a seemingly inescapable “web” of abuse (Johnson, 2008) for the purpose of total, continuous control over his partner. Based on evidence that high levels of partner control alone can lead to negative mental health outcomes for women, Anderson (2008) proposed that coercive control without violence, or *nonviolent coercive control*, be given the same consideration in research and intervention as other types of IPV. Such classifications are important because they inform appropriate intervention—for example, couples therapy has been contraindicated in the case of IT, when there is a clear imbalance of power in the relationship (Johnson, 2008; Schechter, 1987). Reproductive coercion, as one manifestation of IPV, is likely subject to similar debates of categorization according to cause, correlation, and negative outcomes, though nascent research around the phenomenon has yet to explore this terrain.

*Pregnancy intention*, or whether a woman wants to become pregnant, is of particular relevance to whether an act can be operationalized as reproductive coercion, yet previous research has found that women’s pregnancy intention can be remarkably inconsistent across time—especially when comparing women’s reported feelings toward pregnancy before or after conception (Joyce, Kaesner, & Korenman, 2002). It is possible that a woman may have positive feelings toward pregnancy, though not with her particular partner, a dynamic completely untapped by survey research. Researchers have argued that current dichotomous measures of pregnancy intention are flawed because they fail to capture the complexity of feeling toward pregnancy, parenting, and co-parenting in any meaningful way (Trussell, Schwarz, & Guthrie, 2010). A woman may find it difficult to define her son or daughter as “unwanted,” even if the pregnancy was initially unwelcome. Designating a pregnancy as “mistimed” can provide some clarification. Women who are unsure about whether they want to conceive a child—but are not opposed to it—have been described as having *pregnancy ambivalence*. By multiple estimates, women who are young, non-

White, and living below the federal poverty line tend to report the highest rates of pregnancy ambivalence and the lowest use of birth control (Schwartz, Lohr, Gold, & Gerbert, 2007; Santelli, 2003; Bruckner, Martin, & Bearman, 2004). In a survey of pregnant teens, ¼ who described the conception as unintended also described themselves as feeling happy about the pregnancy (Trussell, Vaughn, & Stanford, 1999). Thus, pregnancy ambivalence perhaps complicates the notion of how reproductive coercion is defined and who experiences it. For example, in the case of women who are not fully committed to resisting pregnancy through contraception, it may be difficult to discern whether unintended pregnancy is more attributable to their pregnancy ambivalence or a partner's pregnancy pressure. Little is known about men's pregnancy intentions generally, or their impact on women's fertility, as the majority of studies about pregnancy intention survey only women. This trend in the research reflects a common notion that woman, not men, are responsible for either initiating or preventing pregnancy (Grady, Klepinger, Billy, & Cubbins, 2010).

No research has yet explored a distinction between men who manipulate women into pregnancy for the primary purpose of conceiving a child and men who are less invested in having a child but manipulate women into pregnancy as one of many strategies to gain power and control over them. Some research has found that men who adhere to traditional gender role ideologies may be more likely to perpetrate IPV or other controlling tactics to maintain or restore a threatened sense of masculine identity (see Smith, 2008; Stark, 2007; Santana et al., 2006; Atkinson, Greenstein, & Lang, 2005; Kaukinen, 2004). It is important to note that, though it may seem commonplace, the ideal of masculine dominance is unattainable for most men, and especially so for those constrained by socioeconomic status, race/ethnicity, sexuality, and physical capacity (Connell, 2005, 1995; Connell & Messerschmidt, 2005; West & Zimmerman, 2009, 1987; Mankowski & Maton, 2010; Moore & Stuart, 2008; Potter, 2008; Kimmel, 2004; West & Fenstermaker, 1995; Crenshaw, 1991,

1989.) In the case of reproductive coercion, a man may attempt to bolster his masculine identity by cultivating his female partner's dependency upon him (Miller et al., 2007). Moreover, fatherhood can function to increase a man's status and authority within his family and community (Edin & Nelson, 2013). "Men's rights" groups, and many pro-marriage groups, often appeal to men by masculinizing the role of fatherhood, reinforcing the notion that men are the natural-born leaders and providers for their families, despite recent shifts in American gender politics (Dragiewicz, 2011; Gavanas, 2004). As such, it is important to note that fatherhood appeals to many men because of a multitude of perceived benefits they may derive from it. Indeed, young men, regardless of their demographic characteristics, typically report that they would like to become fathers (Tichenor et al., 2011; Shaw, 2008).

#### Method

The purpose of this case study research was to gain a more nuanced understanding of the phenomenon referred to as *reproductive coercion* in contemporary public health literature. In order to learn more about how and why men perpetrate reproductive coercion, a small sample of men who self-identified as having perpetrated reproductive coercion was recruited for in-depth interviewing. Case study research was used to acquire proximity to real world experiences of the topic and to uncover distinctions that may have been obscured by previous quantitative efforts. As such, results from this study are complementary to, and extend, prior statistical findings that have established the prevalence of the problem and need for intervention.

Multiple case study analysis was used to add robustness to the research in the form of replicability, or "pattern-matching" (Stake, 1995; Yin, 1994). However, only one deviant case is necessary to complicate existing constructions and introduce new variables (Stake, 1995; Yin, 1994). In this way, case study research aids in falsification of previous constructions, rather than verification. Findings from this

study can be used in theory development, extending our current knowledge of the phenomenon beyond the more rudimentary understandings previously generated by aggregated quantitative results (Flyvbjerg, 2005). The findings from this particular study challenge the bounds of current constructions of reproductive coercion and assist in explicating why it only sometimes co-occurs with physical and sexual violence.

### Sample and Recruitment

Data for this research were gathered from in-depth interviews with 5 men who self-identified as having perpetrated reproductive coercion with a female intimate partner. Multiple case studies were used in this research to add robustness to the analysis. The final sample size was limited for the sake of facilitating deep, case-oriented analysis (Sandelowski, 1995). There was notable demographic variation in the sample, which was obtained from an urban location in the Midwest region of the United States (population approximately 835,000 in 2012). The sample loosely represented the general population of this geographic area in terms of race and socioeconomic status. Demographically, in the 2010 census, the city was 59% White, 28% Black, and 9% Hispanic or Latino, with the remaining 4% identifying as multiracial, Asian, East Indian, or Native American. The median household income in 2012 was \$42,144, with 20% of the city's population living below the federal poverty line. In 2012, approximately 84% of the population over 25 years of age had achieved a high school education or equivalent, and 28% had earned a Bachelor's degree or higher. These demographics do not include the surrounding suburban areas, within which the median household income and level of education are considerably higher (US Census Bureau, 2014).

In this study, two participants identified as Black, while the other three identified as White. Participants were diverse in their levels of education: one participant (Black) had earned a graduate degree, and another (White) had



completed a Bachelor of Science degree. The remaining three participants (one Black and two White) had earned a high school degree or GED. At the time of the research, participants' ages ranged from 23 to 39 years old, with a median age of 30. The age at which they had engaged in reproductive coercion varied considerably, from their teenaged years to early 30s. All participants interviewed were currently residing within city limits with one exception—one participant had recently relocated to the city from the small rural town where he had lived his entire life.

The study was advertised via Craig's List and Backpage. Participants contacted the researcher by email or telephone and were asked to complete a list of eligibility questions (see Appendix A and Appendix B). In the original online advertisement, the study was described as one of "pregnancy conflict." However, with IRB approval, stronger verbiage—"pregnancy manipulation"—was implemented in the title and text of the advertisement when a majority of individuals did not meet the screening criteria. This change was effective in eliminating contact from individuals who would not meet eligibility requirements and in streamlining the study recruitment process overall.

#### Data Collection

All but one eligible study participant agreed to meet for an interview in a study room at a local library. One participant (White, Bachelor of Science) did not feel comfortable meeting face-to-face and participated in an online interview. Interviews were conducted during the summer of 2013. Prior to interviewing, I reviewed the procedures, risks, and benefits of the study with participants and obtained their verbal consent. I then assigned them a participant code to protect their identity. The duration of participant interviews ranged widely from approximately 30 to 80 minutes, depending upon the participants' comfort level and willingness to engage in conversation. The first participant in the study was interviewed more than once with the assumption that a follow-up interview would

elicit more detailed information. However, because the second interview did not yield substantively more useful data, I determined that one interview per participant would be sufficient.

The goal of each interview was to engage in open-ended interviewing, though an interview prompt, or outline, informed questions. Participants were asked to describe the intimate relationship they were in at the time the reproductive coercion occurred as well as the ways in which they pressured or manipulated their partners to become pregnant and their motivation for engaging in these behaviors. Participants were also asked to talk about their relationships with friends, children, and other family members. Each participant was compensated with one \$20 Walmart gift card per interview. I conducted all eligibility screenings and subsequent audio-recorded interviews, which were then transcribed by a paid professional.

#### Data Analysis

For the purpose of this study, a *case* was defined as each participant's extended account of the context in which he perpetrated reproductive coercion, as well as how it was perpetrated, for what purpose, and the outcome. I had already become familiar with each participant's account as both the point of contact for the study and as the interviewer; however, to begin this analysis, I revisited audio recordings and transcripts multiple times until intimately acquainted with each case. Next, based upon my familiarity with the data, I generated a list of observations that appeared relevant to the project's overarching research question and sub-areas (motivations, methods, partner's resistance, relationship dynamics, and overall outcomes). I then organized these observations into cohering sub-areas within the transcripts and across cases, using direct quotes from participants to illustrate the distinctions and similarities. It became clear that some accounts of reproductive coercion were not necessarily related to physical or sexual violence or to a systematic, unidirectional assertion of power and control over one's intimate partner.

Still, the prevalence of relationship dysfunction in these initial cases did not exclude them from being categorized as containing instances of IPV, according CDC definitions. As a final stage of analysis, I engaged in a more interpretive analysis, assigning significance to key findings based upon my knowledge of the social problem and related constructs.

#### Study Rigor

The rigor of a qualitative research study ultimately depends upon the credibility and trustworthiness of the researcher and the data presented (Lietz & Zayas, 2010; Lietz, Langer, & Furman, 2006). For this particular study, which sought to uncover unknown dimensions of a phenomenon, it was important that I allowed, as much as possible, for analyses of each case to unfold inductively (Braun & Clarke, 2006; Patton, 1990). This approach helped highlight contradictions and complexity within and across cases, rather than aligning each case to predetermined codes and classifications. I presented each case with its original phrasing and in an open-ended manner in order to encourage individual interpretation from other readers and/or specialists (Flyvbjerg, 2005). It was also important to note that I entered into the process of data analysis, as does any researcher, from a unique sociocultural location and with several assumptions based upon not only prior professional experience with victim-survivors of IPV but also my current roles as mother and wife. To temper this bias, I engaged in a process of reflexivity via journaling and meditation that required continual intellectual and emotional shifting between outsider and insider points of view (Ben-Ari & Enosh, 2011). I also sought multiple perspectives of the data by discussing case information with both male and female colleagues from diverse disciplines and with varying levels of expertise in the study of IPV.

#### Findings

The men interviewed for this study were asked to describe the relationship in which they pressured or coerced their partner into becoming pregnant (see Table 1).

The youngest participant was "Tyler,"<sup>4</sup> a 23 year-old, White male who was formerly homeless. Tyler now works construction and owns his own home in an economically depressed area of the city with his 18-year-old fiancée. Tyler met his fiancée while living on the street the previous year. According to Tyler, their relationship was "love at first sight." He built her a "cabin" while they were both homeless, and they were engaged a week later. At the time of the interview, Tyler's fiancée was 8 months pregnant with their first child.

"Thad" was a 30 year-old Black male, also living in an economically depressed area of the city. He no longer had contact with the woman whose birth control he had manipulated, though he remained in close contact with their three children. They met when he was only 16 years old, and she was 3 years older. Thad reported no regrets about the relationship or his children, but stated, "She was thinking I was a little asshole, but what do you expect when you get with a kid?" His partner lost custody of their children when her new boyfriend "beat" their son. The children are now living with their maternal grandmother.

"Mike" was a 31 year-old, White male with a college education living in a comfortable, middle-class neighborhood in the same city. For Mike, talking about his attempts to manipulate his wife into pregnancy was extremely uncomfortable. Although he agreed to an interview, he only wanted to communicate via email. According to Mike, he was raised in a "semi-conservative, religious family." Mike described meeting his wife and marrying her only one month later. When asked why they married so quickly, he wrote, "I found the woman I wanted, and I didn't want to lose her."

"Kenny" was a 27-year-old White male from a small, rural town in the Midwest. Kenny and his partner moved in together after only 3 or 4 weeks of

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<sup>4</sup> All names are pseudonyms.

knowing each other. She already had two children from a previous relationship, and Kenny had one. Shortly after blending their families, they would conceive their first child together, a daughter. A few years later, Kenny would pressure her for a son. At the time of the interview, Kenny and his partner had ended their relationship. He had relocated to the city to find more lucrative work, but he reported communicating with his children “twice a day” and remaining “best friends” with his ex.

“Curtis” was a 39 year-old Black male who had earned a Master’s degree in criminal justice but had recently been laid off from his job managing a special program for juvenile delinquents. Curtis described himself as a “family man” and admitted to pressuring his two ex-wives into pregnancy. In his second marriage, he had tampered with his wife’s birth control, and she became pregnant with their only child. This wife later died of cancer, and he became a “single father” during times when his daughter was not living with his ex-wife’s mother. Curtis was engaged to another woman at the time of the interview and was hoping that they would also have children together.

As much as these men may differ in many ways demographically, their common experience is that they all pressured or coerced a woman into becoming pregnant. However, interview data from this study support the notion that reproductive coercion may, but need not, occur as part of a “web” of abuse (Johnson, 2008). Rather, it can manifest within intimate relationships wherein other tactics of power and control, or forms of IPV, appear to be absent. Study findings explore the presence of dysfunctional relationship dynamics as well as women’s resistance and potential pregnancy ambivalence in the course of this phenomenon. These narratives raise questions about the type of acts that constitute reproductive coercion, who is in need of intervention, and what that intervention might entail.

Motivations for Reproductive Coercion

All of the men interviewed for this study reported perpetrating reproductive coercion for the benefits they perceived fatherhood would bring to them in providing them with a clear direction in life and elevating them to the status of a responsible, adult man. Many participants sought the identity of “family man” or someone who had grown up and “settled down.” Mike knew that becoming a father would require him to “accept more responsibilities,” but he wanted a child to bring him closer to his wife and “make life more meaningful.” He explained that “kids totally change your life, most often in a positive way,” yet he did not expound on what needed to change in his life or why he desired more meaning in it. However, Thad was able to explain how having children, specifically his first son, provided new purpose in life:

It slowed me down a lot, and that’s what I needed. I mean, even though when I had [my daughter] I was still doing a lot of things, but then when I had a boy, I was like “Oh shit. He’s gonna follow in my footsteps.” So I quit. I just cut out everything. I was like “Alright. I’m going to live a normal life for my son’s sake. So he don’t have to sit up there and be like ‘My daddy did this, and my daddy did that.’” So that is the reason I cut it out and cooled out on it.

Curtis attributed his desire to have children to his strong personal identification as a family man (“I’m a family person. Point blank. I want kids.”), but, like Thad, he recalled a time when he was not yet ready to settle down. According to Curtis, he married his first wife when he was about 20 years old, which, in his opinion, was too young: “I don’t think I was ready to get married at that particular time, but I was...badgered by my mom and badgered by [my girlfriend] because she wanted to be married by a certain time.” Curtis also described the pressure his seven older sisters placed upon him:

I would always hear it, you know, the whole feministic stuff—men being ready to settle down and all that whole BS—but they don’t realize you don’t force a person to do something if they not ready because basically you destroy that relationship, and that’s what happened. I was forced into something. Not saying it wasn’t going to happen in its time. I wanted to finish doing what I was doing, too. I had a career also, and there were things I aspired to do. I wasn’t ready.

When he did eventually marry his first wife, Curtis recalled thinking, "What's the point of being married if you're not going to have a family and settle down?"

Thad described being led into a parenting relationship at the age of 16 by his first serious girlfriend, who was 19 years old at that time: "She's like 'Well... do you think you'd be a good dad?' and I was like, 'Yeah, I think I'd be a good father.' She was like, 'Oh, we'll see.' And I was like, 'What do you mean, we will see?'...So we had [our daughter]..." According to Thad, his partner was content to have only one child, but he manipulated her into having a second child because he also wanted a son.

Several men in the study discussed their relationships with their fathers when describing why having their own children was important to them. Tyler's desire to have a child came from his mother, who had experienced a life of hardship as a single parent. Tyler felt pressure to become a different type of man than his father: "I was always raised to not be like my father, to always be there for a kid...to have a kid. It was always ground into my head to be a *father*."

Curtis also described his father's legacy as having an impact on his life, particularly his desire to be known as a family man and to please others. Though Curtis was only 8 years old when his father died, he continued to be reminded of his father's many accomplishments within their community. Curtis described some personal similarities with his father ("His [religious] ministry was mainly with kids and that's probably where I get it from...because he was always around kids."), yet he also lamented that he had "big shoes to fill." Curtis described how he "never felt good enough" for his family of origin, though he tried: "I went to seminary school. I [am] an ordained minister. I didn't want to do it, but I did it to please my mom." Although Curtis identified strongly as a family man at the time of the study, he described himself as having only minimal contact with his family of origin. According to Curtis, his mother and sisters did not approve of the divorce from his first wife and refused to support his second marriage.

Like Curtis, Kenny held his father in positive regard. However, Kenny's relationship with his father, a former "dopehead," developed later in life:

We got really close, and I started to realize how much I was like him...we were awesome, we were great...So I was hoping that it wouldn't take so long for me to get that type of thing with my son. Because the relationship was really important to me, and I would like to have a son to bond with, where my relationship with him is going to be really important to him, too.

Kenny's desire to have a biological son and imitate his relationship with his father compelled him to pressure his partner, at the expense of their relationship, to become pregnant for the fourth time.

Though Kenny had two daughters of his own and had adopted his girlfriend's daughter and son, he became determined to have a biological son. He thought, "I have an adopted son—that's great—but he's going to be 15 soon, so now he's getting to the point where...he likes to throw that [I'm not his 'real dad'] in my face. With my actual son, I wonder what he would say...because he has nothing to throw in my face." Kenny also described the importance of having a son to take his name: "I don't know if it is a sense of legacy or tradition, or something. It was more of a carry on type of sense...Everybody wants that one person who's going to be able to carry it on."

Several men in this study reported a strong desire for having a biological son, and this desire was so strong that it drove them to pressure their partners for a child, despite their partners' strong resistance. Curtis, the youngest and only boy after seven sisters, acknowledged this pregnancy might not result in a son ("There was always that big gamble of whether you're not going to have a boy"), but his efforts were not thwarted ("I was willing to take the risk. I'm like, 'Hey, whether it's a girl or boy, cool...we'll try again.'"). Thad also wanted a son in addition to his daughter ("We had a girl, but I wanted a boy"), convincing himself that a second child was necessary because his daughter should have a sibling ("They gotta have a playmate"). Thad's partner did become pregnant with a second child, a son, after he



tampered with her birth control. According to Thad, she did not want the pregnancy and planned to have an abortion, but he threatened to leave her if she did (“I can’t deal with a female that messes around killing kids. That’s horrible.”).

Tyler was an exception to the other men in the study in that he yearned for a daughter. According to Tyler, having a daughter was important to him not only because he had partially “raised” his younger sister but also because his daughter from a previous relationship had died at three months old as a result of Sudden Infant Death Syndrome (SIDS). Still struggling with the loss of his daughter, Tyler explained that even before he met his current girlfriend and began trying to get her pregnant he was “trying to get with girls who had kids.” At the time of the study, Tyler’s new girlfriend was pregnant with a son. Though she had been resistant to the pregnancy, Tyler reported that he was already talking to her “about having another kid not long down the road, to try to have a girl.”

#### Early Parentification

The majority of men in this study reported being responsible for siblings, cousins, or nieces and nephews at a young age. Thus, having their own children seemed to them merely an extension of this caregiving. Tyler recalled “raising” his younger sister, who was born when he was 10 years old: “My mom was still kind of the party person with my stepdad. [My sister] called me ‘dad.’ I did her hair. I would play dress up with her...I raised her...she’s a mini-me.” Tyler eventually left his family of origin when he was 18 years old to care for his own daughter, who is since deceased. Like Tyler, Kenny also helped care for younger siblings, including a half-brother, before having a child of his own:

[My half-brother] didn’t necessarily live with us, but he lived two blocks away, so he was over everyday. His mom was pretty strung out, like my dad was at the time, so I took care of all those kids, that was my job...Mom went back to work, so I was taking care of [three kids] every day...when I got done with [caring for the youngest sibling], I had two months, and [then my first biological child] was born. So I didn’t really stop.

Since the age of 10 years old, Thad also helped take care of younger family members –his nephews:

[My mom] and dad had to go to Bingo, so they had to leave us with the kids...so I was actually used to it...when I had my own kid, it wasn't nothing new to me. I already knew how to fix bottles...change diapers. I already knew how to do all of it.

#### Methods of Reproductive Coercion

The men in this study used both pregnancy pressure (i.e., constant argumentation and threats to leave the relationship) and birth control sabotage (i.e., tampering with birth control pills and neglecting to “pull out” during intercourse) to get their partners pregnant when they did not want to be. In total, 3 out of 5 participants engaged in some form of birth control sabotage, and 4 out of 5 applied pregnancy pressure. Kenny described a 6-7 month period in which he relentlessly worked to change his partner’s mind about having another baby. He recalled that they argued frequently at that time about “every little thing to every big thing.”

Many of their arguments centered around Kenny’s desire to have a son:

It just continued, and it got more sneaky and under-handed. She would buy me a box of condoms, and I’d say, “Nice box,” and she’d turn around with a fork and stab them and say “We’ll use these later...great idea,” because she knew that I wanted to have a baby, and she didn’t really want to. I was trying to force her mind to do that switch, [but] it never really worked.

Kenny’s partner did eventually become pregnant when transitioning from one method of hormonal contraception to another.

Mike also attempted to “wear down” his wife with his constant pleas for pregnancy until he switched to more deceptive method: “I used to talk a lot about becoming pregnant. I mean a lot, and that was my first strategy. Then, I didn’t pull out on several occasions and didn’t let her take pills.” It is important to note that Mike cited a medical objection to hormonal contraception (“I personally believe there are a lot of side effects for pills and don’t want her, or any other woman, to get pills”), yet he also disclosed that in a past relationship, one that he described as

"based solely on sex," he had asked his partner to take morning-after pills twice for fear of pregnancy.

Thad described tampering with his partner's birth control on more than one occasion. The first time was partially out of spite:

I had put my baby's mama birth control in the toilet...I did it out of spite actually. Because she had broke something of mine or something. I was like, "Well, you know what? I sit up there and hurt you worse"...and the next time, she went and got some more [birth control], I think I had messed her week up. I turned the dial on it or something...She couldn't know where she was [in her cycle].

Likewise, Curtis reported tampering with his partner's birth control pills during his second marriage, attributing his knowledge of female reproductive health and contraception to growing up with seven sisters:

There are ways you can manipulate things...put it like that. She went from Depo[-Provera] to the pill because Depo was causing problems. And you can sidetrack a person easily.... distract her and maybe she'll forget a pill or two. And, you know, once you forget one, you pretty much throw your whole cycle off. I mean you're supposed to keep going, but it throws your cycle off...it does. And then when you just know when a person's ovulating...I knew her cycle. So I knew what to do and when to do it.

Curtis also admitted to pressuring his first wife to become pregnant until their daughter was conceived. According to Curtis, she gave up a promising military career and resented him for the pregnancy throughout the remainder of their marriage.

Tyler felt strongly that his 18-year-old fiancée should be ready to have children with him if she agreed to marry him: "I threatened, 'If you're ready to be with me for life, then you're ready to have a kid with me...If you're not ready, then I'm just going to leave. I'm done.'" His fiancée tried to convince him that they should wait, citing several reasons for her hesitation, but Tyler was determined to have a child: "She wanted to use birth control, and I was like 'No, you know, I want to have a kid. I'm ready to have a kid.'" Though they were both homeless at the time, she consented and became pregnant with their son almost immediately.

Partners' Resistance to Pregnancy

Within this sample, 4 out of 5 participants reported that their partners had, at one time, clearly expressed that they did not consent to pregnancy. Kenny was well aware that his partner, who was 31 years old caring for four children, did not want to become pregnant again: "She really didn't want to have another baby. She felt like it was too much to handle. She vocalized it constantly." Still, they eventually conceived another child while on vacation. His partner was in the process of transitioning from Depo-Provera to an oral contraceptive, and, though she was likely aware of the potential consequences, they had unprotected sex multiple times that week. Kenny attributed the change in his partner to the nature of the vacation—they were not only without their children for a week, but they were also visiting his father who had cancer and was nearing death. According to Kenny, they had a great time going to the beach and partying with his father and other family members at strip clubs and amusement parks. He and his partner had been arguing almost constantly, but Kenny described that week as "heaven." He spoke about the conception almost as if it were fate: "After all the bullcrap, it ended up happening on its own anyway... everything came together at the right moment."

When Kenny learned they were having a boy, he described himself as "ecstatic" and "living in a dream world." He explained, "I was on clouds for at least a couple weeks after that. I don't think anything she could complain about could touch me at all. Nothing bothered me." However, their arguing had resumed after the vacation and appeared to get worse with the pregnancy. Though his partner had consented to unprotected sex, she was still resentful of the pregnancy:

I think she actually started to purposely make the pregnancy a little crazier to try and see if she could push the envelope, but I wasn't budging. I was too happy. I think I annoyed her. Everything was my fault. She found a way to argue about everything. She's like "Dammit, five is too many."

Kenny reported some remorse about pressuring his partner to become pregnant, but his perception was that she began to eventually feel positive about it:

I feel guilty about [the pregnancy], but at the same time, I know she loved it...That's the one thing I have to love about [her] to this day: no matter what happens to her, she will just pick up and truck through it. I give her that. She's a trooper. You can tell she's happy about it.

Though his partner had a tubal ligation immediately after giving birth to their son, Kenny said he was not opposed to having even more children: "Babies don't bother me at all."

By Mike's own account, his wife "didn't really want to get pregnant but was forced to." Though his wife was clear that she wanted to finish school before starting a family, Mike persistently attempted to change her mind:

She was aware of my intentions and resisted them many times. On rare occasions, she seemed okay to get pregnant, but that was very, very rare. When I talked a lot about kids, she used to tell me "Go get kids from someone else" as her way of stopping me.

When his wife did conceive, Mike described her reaction as "sad at first," but ultimately accepting of the child and her new parenting role, so much so, he said, that "she wanted to become pregnant again after our first kid, because she wanted her kid not to be brought up alone." When asked whether his wife knew that he had manipulated their birth control, Mike replied that he did not know. He himself was unsure whether his manipulations had caused the pregnancy or if it had "just happened." He wrote: "I have no regrets, and I think we should have had more children. I'm very much involved in taking care of the children. I really love it."

Tyler admitted to "trying to force a baby" on his fiancée. He gained her consent only after he threatened to leave her, though he knew that, being only 18 years old and homeless, she did not feel ready to be a mother. She had given him several other reasons as well:

She was not ready to be locked down by a child, [and] she didn't want to give up marijuana. She thought that if she was doing marijuana they'll take away her kid. She was just in general afraid to have a kid. She was afraid of going into birth and being pregnant. She was just completely afraid.

Tyler also recognized that his partner, a survivor of rape, had reservations in trusting men: "She had been really skittish about [getting pregnant], you know, because she had had a lot of angry boyfriends." Tyler saw himself as different from most men, though he acknowledged that his partner only consented to unprotected sex when he threatened to leave her. He expressed some remorse ("Now that I think about it, I feel kind of like a dick"), but he also talked about wanting another child soon: "We're getting ready to have a boy. She's settled a lot more into it... but we both wanted a girl, so now I'm trying to talk to her about having another kid not long down the road, to try to have a girl."

Avoiding discussion of pregnancy intention may be another form of manipulation and a way to evade conflict. Though Curtis reported that his second wife "never said 'no' or 'yeah'" to pregnancy, he tampered with her birth control to get her pregnant. When pressed, he was unable to articulate why he did not ask her to stop taking birth control. However, his wife suspected some manipulation and accused Curtis of spiking her drink or food with Rokitussin:

She said each time she got pregnant [previously] she was sick before she got pregnant, and she took Rokitussin, and they say what one of the ingredients in Rokitussin does is cancel out any contraceptive, and she thought that I gave her some one day...I never gave her any, but she thought I did one day, and I said, "I didn't give you nothing."

Though she did not plan the pregnancy, Curtis reported that his wife ultimately had positive feelings toward it: "She was cool about it. She actually was happy... because I think she did want another one." Curtis' story is unique in that his wife also learned she had cancer while pregnant and died several years later: "As time went on, she was glad she did [get pregnant] because she felt like her having our daughter is probably what kept her alive as long as she did." According to Curtis, he gradually took over full parenting responsibilities as his wife became more ill.

In Thad's relationship, from which three children were born, both partners had taken turns in instigating pregnancy: "The first one she planned. The second one

I planned. The third one, she probably did plan, but I just can't prove it because we was already broke up." Thad described how he manipulated his partner's birth control to cause her second pregnancy, which she wanted to end in abortion. His response was to threaten to leave: "I said, 'Well if you want to [get the abortion] and I'm totally against it, then we done.' So we came to an agreement that... well, she made the appointment, but she didn't go through with it...and when she had the second one, she seen the baby, and clinged onto the baby." By the time Thad learned his partner was pregnant with their third child, their relationship had ended, and they were communicating only to co-parent their other two children. For this reason, Thad speculated that his partner had intentionally become pregnant to keep him in their relationship. When he refused to stay, she began to discuss abortion again, which Thad still opposed:

[I said,] "If you want to [have an abortion], I'm not gonna do our relationship friendship thing. We done. [She] was like, "OK... fine. I just go ahead and keep the baby, but you're gonna have it all the time." I said, "OK, alright... I don't got nothing to do. All I have to do is go to work, come home anyway, so what?"... When she go to work, I go over there and watch the kids. And when she come home, I would leave and go home.

At this point, Thad was 20 years old and helping to raise three children: "I would come over to the house, fix the kids breakfast, get them dressed... I'd do that every single morning. I'd go over there and cook for my kids, but I wouldn't go over there and cook for her." Thad expressed no regret over having multiple children at such a young age.

#### Reported Relationship Dynamics

Within this sample, several men reported that there had been bidirectional abuse (physical and emotional) within their relationships. Some claimed that they had not perpetrated abuse against their partners (in addition to reproductive coercion), but that their partners had perpetrated physical and emotional abuse against them. Only one participant reported engaging in controlling behaviors, such

as checking his partner's email and social media accounts and pressuring her to agree with his decisions. According to Tyler, he had never physically harmed his fiancée ("Most I've ever done she got up in my face and I grabbed her"), but he recalled several instances where she became physically violent toward him—one time throwing a brick at his head. Tyler also recalled fighting with his fiancée when he was pressuring her to become pregnant: "We had been bickering and fighting about this for a while. I mean, it had been a couple of times to where she blew up. And a couple of times I got hit...I got hit a couple of times!" At the time of the interview, Tyler and his fiancée had been working to improve their communication ("She'll still throw things, but we learned a few things...like breathing"). Still, they continue to vie for power in the relationship:

When it comes to making decisions about what we're going to do in life, I'm pretty much in control of that...She won't try to control, but she'll try to manipulate or guilt-trip me into things...I'll always give her what she asks for. If she wants me to run to the gas station and get her a Dr. Pepper, I will.

Tyler described how, when they were homeless, he was resourceful in finding and preparing food and building a shelter for them to live in. Despite their disagreements, he expressed extreme gratitude and love for his fiancée: "We were on the streets, you know... I had pretty much just thrown in the towel. And she brought me out of it. Now we own our own home."

Kenny could not pinpoint one reason for the demise of his relationship, though he noted that his partner had to be "the alpha dog," and they would often fight about money and household management. Kenny recalled, "We were one of those couples that loved to bicker, argue, and fight because it was part of who we were...So many years, so much stressful crap... It wasn't working anymore. I was mad about things all the time." According to Kenny, there was no physical violence, but they would each instigate nasty verbal arguments, which he referred to as "under-handed smacks in the face." He explained, "You never knew who was going



to say it first. Whoever had the worst day that day was going to be the first one to get super mad and say something stupid.” Kenny reported becoming most angry when his partner would question his previous partner’s fidelity: “Do you even know if your daughter’s yours?” He remembered, “She would stop the fight and come sit next to me and put her hand on my shoulder and ask me that question...all nonchalant...like it wasn’t going to send me into a rage running down the hallway screaming. I was trying to get away. No, that was horrible.”

Curtis recalled how his second wife was verbally abusive, particularly after she became sick with cancer:

That was probably one of the worst relationships I’ve ever been in. There was no cheating going on, there was no physical abuse, but there was a lot of verbal abuse. Her thing was to try to downplay me. You know, acting like you ain’t nothing...conniving remarks. You name anything a woman could possibly say evil to a man, and she probably have said it...We never got physical. I just knew to get up and walk away, and she knew when I walk away you better not stop me.

Curtis, who grew up in a family where he felt what he did was “never good enough,” reported that this verbal abuse had a significant impact: “What you hear people say, it sticks, it won’t go away. It will be in the back of your mind.”

Likewise, Thad described an extremely tumultuous relationship with his girlfriend of 4 years, one that included frequent arguments, manipulation, infidelity, and physical threats. He recalled: “She found a way to argue about everything all the damn time, regardless of what the hell it is. I would just walk in the house, and we be arguing.” Thad described their recurring infidelity (“tit for tat...she’d go cheat, then I’d go do it”) and recalled the first time he learned his partner had cheated on him:

We sat down, talked for a little bit...she turned and said, “OK, well, like I said, I’m sorry. It will never happen again. Can we just get back together and just work this out?” I was young, you know, [and said] “Well... yeah... that’s fine.” So she said, “Okay—good.” I said, “Okay—good... what?” She said, “I don’t have to do what I was planning on doing.” [And I said,] “What were you planning on doing? What the hell are you talking about?” She moved the pillow, and she had grabbed a butcher knife and said, “I can put this back in

the kitchen"... She clearly sat up there and clearly told me that if I was still gonna say that we can't get back together, that she was gonna stab me.

Thad attempted to stay with his partner, but more infidelity eventually ended the relationship: "I just got to the point where I just said to hell with this shit because I'm not getting a fucking disease I can't get rid of, so I kicked her to the curb." Subsequently, his partner began a relationship with a physically abusive man who "beat" Thad's son, and the children were taken away by the state. According to Thad, the children, whom he speaks with often, currently live with their maternal grandmother, but he no longer speaks with their mother ("I don't think it even phased her about the kids getting taken away").

At the time of the interview, Mike and his wife had been married for 5 years and had two children. According to Mike, their arguments, while never physical, could become extremely emotional, and he blamed himself for too often "ruminating" on things that bother him. In particular, Mike reported having some difficulty with jealousy: "I've worried about her being unfaithful and have checked her emails, Facebook, etc. without letting her know, and couldn't find anything special." Mike thought his wife might also worry about whether he was being faithful, but said they "never talk about it." Mike reported that he is in charge of their household, holding the majority of decision-making power, though he often tries to earn his wife's agreement. He explained: "I might be forcing her at times to accept my decisions. I'm sure she's said 'yes' a lot despite her real feelings...we talk about the future and have different ideas."

#### Summary of Findings

All men interviewed for this study expressed a strong desire for biological children. According to Thad, "[my girlfriend] got pregnant, and I got her pregnant on purpose. I wanted to have a baby by her—I did. I wanted to have a child real bad." All the men in this study reported that their desire for children was linked to the

notion that fatherhood would provide them with a clear purpose in life and propel them to “settle down.” However, it is interesting to note that some men attributed their initial desire to settle down, at least partially, to strong expectations from influential women in their lives (mothers, sisters, girlfriends). This, coupled with the gendered notion that males must lead their households, could partially explain why many of the men felt some guilt attached to their actions, but ultimately very little shame. Additionally, many participants cited relationships with their fathers, regardless of the quality of those relationships, as strongly influencing their desire to have a child. Having a son held particular importance for at least 3 participants in this study, in that they would be able to carry on a legacy through their son as well as emulate or symbolically repair the relationship they had with their own father. Finally, each participant acknowledged that children, especially infants, require a large amount of care. A majority of interviewees stated that, as children, they had cared for younger siblings or family members when their parents were absent, an arrangement that provided them with confidence in their capacity for fatherhood.

The men in this study used a variety of strategies to pressure and/or manipulate their partners into getting pregnant: “wearing down” their partners with constant verbal pressure that resulted in frequent arguments, threats to leave the relationship, neglecting to “pull out” during intercourse when that was the agreed upon method of birth control, convincing a partner not to use hormonal contraception, and physically tampering with birth control pills. None of the men in this sample reported tampering with condoms; however, most did not report using condoms. Most of the men had made it clear to their partners that they wanted a child; thus, they shifted total responsibility for birth control to their partners. This shift can also be considered, in a sense, a form of manipulation, leaving open the possibility for pregnancy if their partners experienced even one moment of pregnancy ambivalence. For at least 1 participant, avoiding discussion of pregnancy

intention with his female partner appeared to be another form of manipulation and a way to evade pregnancy conflict. In fact, a defining factor of male-perpetrated reproductive coercion is that the woman does not want to become pregnant. However, researchers have found that a woman's pregnancy intention can be remarkably inconsistent, and unintended pregnancy is more often the result of inconsistent use or non-use of contraception rather than contraceptive failure (Finer & Henshaw, 2006). Unintended pregnancy can result from any number of potential scenarios—ambivalence, lack of decision-making capacity, or lack of agency, such as in the case of reproductive coercion. Though many of the men in this study reported that their partners were “happy” about their pregnancy after it occurred, this finding does not negate that a majority of female partners verbalized a strong resistance to becoming pregnant before the pregnancy occurred. Most of the women had taken full responsibility for birth control, presumably with the assumption that their partners would not interfere. However, in most cases, the men sabotaged the agreed upon method of birth control without their partner knowing. In more than one case, the women's transition from injectable to oral contraceptive, after adverse physical reactions, left them vulnerable to their partners' coercion.

All study participants admitted to acts of manipulation that can be characterized as reproductive coercion, a form of IPV that the CDC describes as control of reproductive and sexual health (Black et al., 2011). It is difficult to determine, based upon the men's reports alone, whether and to what extent the dynamics of their relationships would meet the definitions of IT, SCV, or nonviolent coercive control (Johnson, 2008; Anderson, 2008; Stark, 2007). However, it is important to note that many of the men appeared willing to sacrifice their relationship, which had become prone to constant argumentation, in order to have a child. One man expressed that he never had any intention of staying in a relationship with his partner for the long term. In this way, many men were motivated to exert

reproductive control over their partners, not by a need to solidify their relationship or make their partner less desirable to other men, but by their desire to father a child. Thad, for example, reported that he loved his partner but had not intended to marry her because she had always appeared somewhat “unstable.” Likewise, Kenny amicably separated from his partner not long after his son was born, but still referred to her as his “best friend”—at the time of the interview, the separation had been within the past year, and Kenny displayed no indication of jealousy when speaking about his ex-girlfriend’s new relationship. It is also interesting to note that many of the men in this study reported experiencing manipulation, emotional abuse, and, at times, threats of physical violence from their partners as well. In Thad’s case, he and his partner both manipulated the other into pregnancy at various times in their relationship, resulting in three children in the span of 4 years.

#### Limitations

Though strategies were implemented to increase the rigor of this study, some limitations exist. All participants learned about the study through advertisements on Craig’s List or Backpage, and no participants were successfully recruited from batterer intervention groups. Lack of success in recruitment from these programs could be due to men’s perception that I was collaborating with the criminal justice system, though I informed them otherwise. Johnson (2008, 2006) has asserted that men and women recruited for studies of IPV from the general public are more likely to report a bi-directional situational couple conflict dynamic in their relationships, whereas those recruited from special programs or services, such as shelters or batterer intervention programs, are more likely to be involved in intimate terrorism. Based on this knowledge and the interview data, it is likely that all participants in this study were involved in what Johnson has described as situational couple conflict, so experiences of reproductive coercion occurring within the context of intimate terrorism were likely not captured with this sample. Though it is reasonable to

assume that study participants may have withheld private information about the extent of violence and abuse in their relationships, the interview data can only be taken at face value. In addition to responding in a socially desirable manner, it was to be expected that participants would also engage in some degree of narrative smoothing, or the re-arranging of memories in a compelling and aesthetic manner, as they shared stories about their past. Finally, one participant in this study participated in an online interview because he did not feel comfortable meeting face-to-face. This interviewing format precluded me from observing his body language and mannerisms during the interview; however, this participant's data was taken at face value just like the others.

#### Discussion and Implications

The purpose of this study was to expand current knowledge of the ways in which reproductive coercion occurs in order to inform future research and intervention. The most fundamental finding of this study is that the phenomenon defined as reproductive coercion is more nuanced and complicated than prior assumptions and measures may suggest. Mapping the nuances of this phenomenon—and the larger phenomenon of IPV, generally—is necessary because dissimilar causes, correlates, and outcomes result in a need for fundamentally different approaches to intervention (Johnson, 2008; Schechter, 1987). Varying motivations, tactics, degrees of coercion, and outcomes of reproductive coercion found in this study sample echo variations in IPV that have surfaced in the on-going debate within the broader body of research. According to Johnson's typology, women who experience intimate terrorism (IT) are more likely to be found in women's shelters and hospitals, whereas those who experience situational couple violence (SCV) are more commonly found in the general population. Indeed, participants for

this study were recruited from a general population, via Craig's List and Backpage, and most described a relationship dynamic more comparable to SCV<sup>5</sup> than IT. Future studies that examine reproductive coercion from the perspective of a male perpetrator may find vastly different results if participants are recruited from batterer's intervention programs (BIPs). It is important to note that women recruited for previous studies of reproductive coercion from the point of view of female victimization were recruited from low-cost reproductive health clinics, hospitals, women's shelters, and agencies providing services to IPV victim-survivors. Thus, current conceptualizations of reproductive coercion have found, and tend to focus on, the correlation of reproductive coercion with physical and sexual violence and coercive control. However, reproductive coercion does not always co-occur with other forms of IPV, and there is no evidence to support that it will inevitably precede future physical or sexual violence.

Women are the focus of the current public health intervention for male-perpetrated reproductive coercion, wherein healthcare providers are trained to screen female clients for IPV and reproductive coercion and educate them about how to leave a controlling partner and/or prevent unintended pregnancy (Chamberlain & Levenson, 2012). Initial evaluation outcomes for this intervention have shown some success, as women who received it were more likely to end unhealthy intimate relationships (Miller et al., 2011). However, access to hidden birth control will only help these women avoid unintended pregnancy; it will not stop the perpetrator from continuing to abuse them or others, nor will it prevent contraction of HIV or sexually transmitted infections from unprotected sex. Moreover, as findings from this study have shown, women may be reluctant to use injectable and/or temporarily

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<sup>5</sup> The dynamics of these relationships, at least as participants described them, more closely resemble *situational couple violence* (SCV) than *mutual violence control* (MVC) because the latter involves both partners attempting to create an environment of uninterrupted terror and entrapment. According to Johnson (2008), MVC is rare.

irreversible hormonal forms of contraception, which, though medically safe for most women, can result in substantial physical and psychological side effects. Consequently, transitioning from one method of contraception to another can result in a period of time when a woman is susceptible to pregnancy. Finally, it is important to note that even one moment of ambivalence can result in pregnancy when women are solely responsible for birth control and men feel entitled to enact their reproductive will. Gendered notions of who controls women's reproduction become more salient when considering that reproductive coercion is not a new phenomenon. Rather, it can be placed within a larger historical context of control over women's bodies not only by intimate partners, but also by family, institutions, and the state, including forced sterilization, slavery and forced breeding, the fight for legal rights around abortion and access to contraception, and spousal rape that was legally sanctioned as recently as the 1980s (see Gilliam, Neustadt, & Gordon, 2009; Smart, 1992; Stoler, 1995; Roberts, 1998).

Development of an intervention that shifts responsibility from the victim-survivor to the perpetrator is much needed, and requires a more nuanced understanding of men's motivation for manipulating women into pregnancy and the contexts in which these acts occur. Although the findings of this study are not generalizable to a larger population, and do not describe all perpetrators' experiences, they do provide insight into the complexity inherent in these participants' acts of reproductive coercion. Many of the men dismissed their partners' outward resistance to pregnancy, whether at the time of coercion or after pregnancy and childbirth, citing their partners' eventual acceptance of their offspring as evidence that they had wanted, could have handled, or even needed a child all along. Assumptions about women's desire for children may have contributed to this notion as well as the men's justifications for their behavior. It is also important to note that, in this study, some men reported an external pressure to "settle down," These



findings may indicate that positive affirmation as a result of fatherhood may be a more powerful motivator for reproductive coercion for some men than total control over one's partner. Many of the participants expressed a desire, sense of entitlement, or duty to lead their households, though they also reported engaging in more traditionally feminized tasks, such as hands-on care for their children (e.g., waking up at night, changing diapers, feeding). However, it is important to note that most of the men eventually relinquished primary control over their children in some manner and at some point in time, whether to move to another town for work or to hand care-taking or custody over to grandparents in the absence of the mother. Thus, it is possible that men do not entirely grasp the scope of responsibility that comes with child caretaking, or the consequences of pregnancy, in the same way as women, who are more likely to become primary caretakers. Even in the case of caring for siblings or younger family members, the men in this study were eventually released from that responsibility when they chose to leave their families of origin.

These findings outline several context-specific scenarios for the perpetration of reproductive coercion that will be useful in the development of perpetrator-centered intervention and theoretical propositions as a starting point for future research. The findings from this research point to the possibility that reproductive coercion, like IPV, is not a "unitary phenomenon" (Johnson, 2008). Most men in this sample related an account of reproductive coercion in which they possessed a strong desire to father a child, and believed it somehow their patriarchal prerogative to enforce this upon their partner, but did not necessarily control their partner in other ways synonymous with IPV (e.g., isolation....). For many of these men, becoming a father provided an opportunity to prove that they were responsible adults, thus adding value and purpose to their lives and potentially lifting their status in the community, albeit at the expense of their partner's bodies and lives. Moreover, study findings highlight the possibility that unintended pregnancy can occur during a period

of pregnancy ambivalence for the female partner. To what extent each study participant's behavior can be described as abusive, or even criminal, is debatable. Typifications of any social problem are rarely able to capture the complexity of real life, and those that are too far off the mark can have dire consequences if they exclude people in need or inculcate those who are otherwise innocent (Loseke, 2003). Further research might explore the ways in which dominant gendered discourse around family roles and domestic success facilitates, and may even encourage, reproductive coercion within intimate relationships. Locating male perpetrators within this overarching and permeating discourse will best determine how to address their behavior.

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Table 1.

*Sample Characteristics of Male Sample*

Pseudonym	Age*	Level of Education	Race/Ethnicity	Motivation for Reproductive Coercion	Method of Reproductive Coercion	Resulted in Pregnancy?	Still in Relationship?
Tyler	23	GED	White	"I'm ready to have a kid."	Pregnancy coercion (hostility, intimidation, threats to leave)	Yes	Yes
Thad	30	High school	Black	"We had a girl, but I wanted a boy."	Birth control sabotage (tampered w/ pills)	Yes	No
Mike	31	College	White	"Kids totally change your life, most often in a positive way."	Birth control sabotage (neglecting to "pull out," forbidding hormonal contraception)	Yes	Yes
Kenny	27	High school	White	"I would like to have a son to bond with."	Pregnancy coercion (hostility, intimidation, threats to leave)	Yes	No
Curtis	39	Grad school	Black	"I'm a family person. Point blank. I want kids."	Birth control sabotage (tampered w/ pills)	Yes	No

\*Age at the time of interview

## CHAPTER THREE:

### ONE MAN'S JUSTIFICATION OF COERCIVE BEHAVIOR IN AN INTIMATE HETEROSEXUAL RELATIONSHIP: A NARRATIVE ANALYSIS

Individuals engage in story telling to make sense of the world and their place in it, not only for themselves but also for their intended listeners. A personal narrative is a meaningful representation of an event, or series of events, from a particular time or place, told with a specific audience in mind (Chase, 2008; Polkinghorne, 1995; Riessman, 1993). In the telling of stories, individuals render their lives as both relevant and acceptable by aligning their narratives with normative ideals. In the activities of social organization, gender has been described as *omnirelevant*, the "master identity" to which all individuals are held culturally accountable (West & Zimmerman, 2009, 1987). Moreover, within the politics of gender difference, an approach fundamental to male dominance, masculinity and femininity are defined in relation to one other: what one is, the other is not (Schippers, 2007; Connell & Messerschmidt, 2005; Connell, 2005, 1987). Prevailing notions of gender difference that reify the social subordination of women are articulated through discourse at both the interpersonal and institutional levels (Hollander, Renfrow, & Howard, 2011; Anderson, 2009). Drawing from a feminist tradition of attempting to understand the sociocultural forces contributing to violence against women (see Dobash & Dobash, 2004, 1998, 1979; Yllo, 1993), this study is a narrative analysis of the ways in which one man articulates power in his intimate relationship with a woman. Within this analysis, a close reading of four specific accounts selected from a single extensive interview provides insight into male justifications for intimate partner abuse and the inconsistencies that emerge between local and cultural narratives of power.

## Male Articulations of Power

Intimate partner violence (IPV) can include a multitude of controlling tactics intended to create fear and/or a seemingly inescapable “web” of abuse (Johnson, 2008) for the purpose of continuous control over one’s partner. Stark (2007) used the term *coercive control* to describe a gendered problem wherein men entrap women in relationships that frequently resemble kidnapping or indentured servitude. Feminist researchers perceive intimate partner violence (IPV) as primarily a problem of patriarchal social arrangements that lead to male entitlement and, subsequently, efforts toward power and control over women (see Anderson, 2009; Dobash & Dobash, 2004, 1998, 1979; Yllo, 1993). Although both men and women can experience relationship abuse, population-level studies have found that men were significantly more likely to perpetrate violence, severe violence, and homicide against female partners than vice versa (Black et al., 2011; Catalano, et al., 2009; Campbell et al., 2007; Tjaden & Thoennes, 2000). Further, this research strongly suggests that female victim-survivors of partner violence were more likely to experience physical injury, intimate partner sexual violence, and severe mental health consequences, such as post-traumatic stress disorder (PTSD) (e.g., Black et al., 2011; Dobash & Dobash, 2004; Saunders, 2002; Kimmel, 2002). The association between IPV and unintended pregnancy has similarly been well documented (e.g., Miller et al., 2011; Gee et al., 2009; Williams, Larson, & McCloskey, 2008; Coker, 2007; Pallitto, Campbell, & O’Campo, 2005). Though little is known about the mechanisms underlying this association, women’s limited control of sexual health decision-making in abusive relationships appears to be a factor. Recent studies have investigated the prevalence and correlates of *reproductive coercion*, defined as when a male partner attempts to impregnate his female partner against her will (e.g., Miller et al., 2010; Moore, Frohwirth, & Miller, 2010).

Men who use physical or emotional violence to reassert their social dominance over women may struggle with issues of power and control in their interpersonal lives. Hunnicutt (2009) argued that “the victimization of women is more a function of the status of males than of females...the more disenfranchised men are from legitimate positions of dominance, the more they may use violence [in their intimate relationships] to reinforce quite possibly the only position of dominance available to them” (p. 560). Connell (2005, 1995) conceptualized a hierarchal configuration of gender, comprised by subordinated and hegemonic masculinities. More recent conceptualizations of masculinity (Connell & Messerschmidt, 2005) maintain the existence of multiple masculinities, some more subordinated than others, but focus more on the dynamic nature of these masculinities, their influence upon each other, and men’s agency in the process of democratizing gender relations. Moreover, these reconceptualizations acknowledge that women also enact masculinities, but that sex category, sexuality, race, and class limits how these enactments will be evaluated (Schippers, 2007; Halberstam, 1998). Men do not need to commit to a certain type of masculinity but can choose from the variety of masculinities available to them (Connell, 2005, 1987; Zimmerman & West, 1995, 1987). Still, many men who attempt to meet the standards of hegemonic masculinity in their local or regional setting are socially constrained by socioeconomic status, race/ethnicity, sexuality, and physical capacity (Mankowski & Maton, 2010; Moore & Stuart, 2010; Potter, 2008; Kimmel, 2004; West & Fenstermaker, 1995; Crenshaw, 1991, 1989). Thus, although patriarchal structures assure that men as a group enjoy social dominance over women, not all men are privileged equally (Connell & Messerschmidt, 2005; Connell, 2005, 1995). Though they possess social power as a group, individual men rarely achieve that same sort of power in their personal social interactions (Kimmel, 2004).

Expectations of gender often become more salient in certain social or relational situations, such as marriage, coupling, and parenthood (Hollander, Renfrow, & Howard, 2011). According to Townsend (2002), the dominant cultural image of successful American manhood is a “package deal” that includes employment, marriage, fatherhood, and home ownership, an ideal that is decidedly White, middle-class, and heterosexual. Women’s increasing self-sufficiency and economic autonomy challenges this traditional ideal, creating a “crisis of fatherhood” wherein men may feel superfluous to traditional family arrangements (Gavanas, 2004). In order to engage men in parenting and, ostensibly, to reduce poverty, the American government, “men’s rights” groups, and many pro-marriage groups have attempted to re-masculinize the role of fatherhood through public discourse that re-establishes men as the natural-born leaders and providers for their families, despite recent shifts in American gender politics (Dragiewicz, 2011; Gavanas, 2004). However, this discourse can further marginalize men who struggle to meet and maintain certain standards of masculinity and propel them to seek power in their lives in other ways (Anderson, 2009; Moore & Stuart, 2005; Gavanas, 2004; Townsend, 2002). Indeed, men’s unemployment, for example, has been significantly associated with risk of severe IPV perpetration (see Campbell et al., 2007; Atkinson, Greenstein, & Lang, 2005). Thus, in practical life, cultural narratives that reinforce men’s power as a group often compete with men’s more localized personal narratives, and this disjunction can cause significant frustration and/or confusion in men’s lives (Kimmel, 2004).

Though gender politics do not excuse men’s perpetration of abuse, an understanding of their perspectives and the ways in which they attempt to shore up their masculine identities through various manifestations of power and control can be useful for intervention (Moore & Stuart, 2005, see also Smith, 2008; Mullaney 2007; Silvergleid & Mankowski, 2006; Atkinson, Greenstein, & Lang, 2005). Based upon

decades of social work experience, Payne (2014) observed that men often arrive at social work services involuntarily and with “an unspoken tension reflecting competing responsibilities and social roles...about being dominant and controlling in their relationships and in their work settings” (p. 258). Accordingly, Payne suggested that a discussion of these competing responsibilities and expectations could lead men to identify the opportunities available to them in various alternate expressions of masculinity and ways of relating with women in their intimate relationships. Especially germane to this study, narrative disjunction emerging from men’s story telling can point to specific areas in their lives where the cultural ideals of masculinity strain against the reality of practical life. These disjunctions can be used to call attention to the discursive nature of gendered behavioral norms—that rather than being fixed and internal, they are produced and reproduced by individuals in social interactions. By encouraging men to identify and recount lived experiences that contradict gender norms, social work professionals can facilitate the interrogation of taken-for-granted notions of gender and power that inform thinking and behavior. A closer understanding of men’s perceptions of themselves, as revealed in their narratives, and their gendered articulations of power within intimate heterosexual relationships can inform the creation of more effective interventions for intimate abuse.

## Methods

The purpose of this study was to gain an in-depth understanding of the ways in which men justify acts of coercion against a female partner. In order to also focus more carefully on the nuances of speech and narrative inconsistencies, I chose to conduct a close reading of four accounts within the narrative provided by “Kenny”<sup>6</sup>, a 27-year-old White male from a rural Midwestern town who, by his admission,

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<sup>6</sup> All names are pseudonyms.



coerced his partner into an unwanted pregnancy. Kenny was one participant among a sample of five men in the Midwestern region of the US who self-identified as having perpetrated reproductive coercion (see Appendix A) and who were interviewed for an exploratory study of this phenomenon. For this study, I performed a close analysis of four excerpts from Kenny's more extensive interview that were selected for their illustration of his struggle for power and control in his relationship with "Tracy."

Kenny learned about the study through an advertisement on Craig's List. He subsequently contacted me by phone and completed the study eligibility screening, for which he answered "yes" to one item: "Have you ever used emotional or physical intimidation (such as threats, name-calling, intimidating looks, or other means) against an intimate partner to pressure her to get pregnant when she did not want to be?" indicating that he had perpetrated reproductive coercion in an intimate relationship. I met Kenny face-to-face at a local library branch and spoke with him for approximately one hour about his intimate relationships, his family, and his motivations for perpetrating reproductive coercion. Kenny was pleasant to speak with and appeared to be comfortable responding to questions about his personal life. The accuracy of his narrative accounts cannot be determined; however, for the purpose of this study, his truthful narration or recollection of past events is less important than the ways in which he framed these events through gendered discourse. Following the audiotaped interview, I compensated Kenny with a \$20 Walmart gift card. Kenny's audiotaped interview, which was approximately 73 minutes, was later transcribed and analyzed for this study. The four excerpts chosen for analysis constituted only a small portion of his interview—approximately 10 minutes. The approximate length of audiotaped interview data for the other men from the larger sample ranged from approximately 40 to 100 minutes.

## Process of Analysis

According to Riessman and Quinney (2005), a rigorous narrative analysis includes the production of detailed transcripts, preservation of length and structure of the speaker's narratives, focus on the speaker's use of language and rhetoric, acknowledgement of the dialogic nature of the narratives, and consideration of the narratives' historical and cultural context. Once the interview had been transcribed, my next task in this analysis was to identify the boundaries, or the start and finish, of the narrative accounts to be used in this inquiry. Doing so required that I become exceedingly familiar with both the written transcript and audio recording of Kenny's interview. According to Riessman (1993), entrance and exit talk (such as "Let me give you an example of..." or "So that was how...") can facilitate the identification of narrative boundaries, but more often, in my experience, the beginning and end of each narrative account was not immediately apparent in this way. Instead, I determined where to start and end each of the four accounts based upon uninterrupted speech as well as natural breaks in the conversation and topic changes throughout the interview. However, these boundaries emerged only via exceedingly close engagement with the interview data. In order to become closely familiar with the data, I printed out the full transcript and marked it thoroughly. Moreover, I listened to Kenny's interview multiple times, becoming acquainted with his unique speech patterns—such as meaningful pauses and emphases—and the ways in which my insertions into his narrative accounts intentionally and unintentionally shaped their form.

The process of narrative analysis is extremely labor intensive, accurately described by Riessman (2008) as "slow and painstaking, requiring attention to subtlety: nuances of language, audience, organization of a text, local contexts of production, and the circulating discourses that influence what can be narrated, and how" (p.18). In my experience, the most laborious element of this analysis was the

initial work in determining how to best represent Kenny's oral accounts in a written format. Once I determined the boundaries of each of the four narrative accounts, I labeled each with a number and descriptive title: 1. "So Taxing on Us," 2. "She's a Trooper & I Know She Loves It," 3. "This Slightly Characteristic 1920s Mindset," and 4. "Things My Actual Son Would Never Be Able to Say to Me." Further, I divided each narrative account into multiple sub-sets, or stanzas, so that I could more easily identify narrative shifts within each account. Following Gee's (1999) example in preparing transcripts, I looked and listened for clauses that hung together within a narrative, both thematically and in the way they were spoken. In most cases, a series of lines is spoken at roughly the same rate and with little hesitation. Moreover, there may be pauses between stanzas as the speaker's narration changes direction or purpose.

After bracketing each narrative and organizing it into stanzas, I made only modest attempts to edit the speech from Kenny's oral accounts. I included my comments or insertions, as the interviewer (labeled as such, or with an "I"), because of the inevitability that they helped shape the narrative. Additionally, I noted the presence of false starts and interruptions with dashes (--), pauses with the letter *p* (*p*), emphasis with italics, and instances where speech trailed off with ellipses (...). I also used the letter *f* (*f*) to indicate when Kenny spoke some lines more rapidly than others, an observation that becomes an important part of the analysis for the final narrative account. I included these elements of speech delivery in the analysis because they could provide insight into the meanings of the text. In order to attempt to account for my personal biases and assumptions as a wife, mother, and feminist social work scholar, I engaged in peer debriefing with both male and female colleagues who reviewed several manuscript drafts and provided useful feedback for subsequent revision.

## Analysis

Kenny and his partner Tracy were a young working-class couple who had met in a small, rural Midwestern town. After only 3 or 4 weeks of dating, they had moved in together and blended their family of three children—Kenny’s oldest daughter and Tracy’s son and daughter from a previous relationship. According to Kenny, he adopted Tracy’s son and daughter whose father had died in a drunk driving accident, and Tracy adopted Kenny’s daughter whose mother struggled with severe drug addiction. At the time of the interview, Kenny and Tracy were no longer in a relationship, but their family had grown to five children. Together, they had two more children—another daughter and son. Many of the narratives in this analysis address Kenny’s efforts to coerce Tracy into getting pregnant with their youngest son when she did not want to become pregnant again. According to Kenny, Tracy was content with having four children. She felt that having an additional child would be “too much to handle,” especially given that two of the children were born with special needs (one with mild cerebral palsy, the other with a life-threatening metabolic disorder). Additionally, Tracy was prone to severe bouts of anemia, eventually attributed by her physician to Depo-Provera, that sometimes caused her debilitating fatigue. Still, Kenny strongly desired a biological son and coerced Tracy into becoming pregnant again despite her insistence that she did not want to. According to Kenny, the constant pressure he placed upon Tracy caused significant turmoil in their relationship.

#### 1. “So Taxing on Us”

Kenny provided this first narrative at the beginning of our interview. Its purpose was to introduce me to the context surrounding the coercive behaviors that led him to become eligible for the study. This brief account oriented me to the dynamic of Kenny’s intimate relationship and the ways in which he chose to narrate it.

Stanza 1

01 Kenny: It was a pretty good couple of years.  
02 It really was...uh...

Stanza 2

03 But then I just wanted to have my boy. (I: uh-huh)

Stanza 3

04 And, after [we had our daughter],  
05 she actually wanted to get fixed, (I: uh-huh)  
06 but she was a year off being allowed to, (I: right)  
07 so she didn't end up getting it done and...uh...

Stanza 4

08 And, oh, we fought constantly about *everything*. (I: uh-huh)  
09 As soon as I said, "You know what, maybe we should give having a kid  
10 another shot,"  
11 it was every little thing to every big thing—  
12 was this huge, *huge* argument.

Stanza 5

12 And it was just *such* a wretched 6 to 7 month period. (I: uh-huh)  
13 It was so taxing on us...

At the beginning of this narrative, Kenny comments on the good health of his relationship with Tracy, then reiterates this point by adding emphasis ("It really was," line 02). This particular narrative is told fluently, with little hesitation or rumination. He does not linger on specific details. Instead of expanding on the narrative and recalling individual episodes of argumentation, he relates, more generically, a habitual state of arguing and animates the story almost playfully by placing stress on words that denote magnitude ("everything," "huge," "such," "so"; italicized in the narrative). Although Kenny shows himself to be a willing and engaged storyteller, this account remains primarily superficial.

Initially, Kenny assumes responsibility for the strife in his relationship—*his* desire for a biological son ("my boy," line 03) and *his* role in initiating their arguments (line 09). He further inculcates himself by relating the knowledge that

Tracy had wanted a tubal ligation but was legally too young.<sup>7</sup> However, in the process of storytelling, he attempts to cast himself in a favorable light. As Kenny relates his story, he is perhaps aware of the impact his narrative will have on his imagined audience—myself and those who will learn his story from reading the results of the study. He shifts his language to suggest that he and his partner were in this predicament together. Instead of allowing himself to be cast as the perpetrator and Tracy as the victim, Kenny casts both of them as victims, suggesting that they both suffered distress when he says, “It was so taxing on us” (line 13).

Additionally, Kenny seems to minimize the effect that his pressure upon Tracy to have another child had on their relationship. Although he states that his desire for a son was the specific impetus for their arguments (line 09), he also states that they fought about *everything*, not just the pregnancy (line 08). For Kenny, the “wretched” time described in his narrative was confined to a 6- to 7-month period in which he pressured his partner to have a son. According to his narrative, the most challenging part of this period ended when Tracy eventually became pregnant. Tracy, however, was just beginning a pregnancy she had fought to avoid. Though Kenny relates their conflict in a somewhat lighthearted tone, Tracy may not recall it in the same way. He would later reveal that Tracy ended their relationship just months after their son was born.

## 2. “She’s a Trooper & I Know She Loves It”

Kenny provided this next narrative following a discussion of his partner’s medical issues and his children’s on-going special needs.

### Stanza 1

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<sup>7</sup> Though a discussion of reproductive coercion at an institutional level is beyond the scope of this paper, it seems important to note that Tracy’s efforts toward controlling her own fertility were doubly thwarted by both the state and her intimate partner. Examples of state-sanctioned reproductive coercion include women’s need to fight for access to contraception and abortion as well as the forced sterilization of women (Gilliam, Neustadt, & Gordon, 2009; Smart, 1992; Stoler, 1995; Roberts, 1998).

01 Kenny: She didn't—she really didn't want to have another baby  
02 because she just felt like it was (p) *too* much to handle.

Stanza 2

03 Interviewer: Plus, if she's that tired all the time  
04 —and assuming it'd get better—  
05 but I'd see why you wouldn't be thinking about having another baby  
06 if you're exhausted to begin with.

Stanza 3

07 Kenny: Yeah, and she—we really never did take the chance to be done  
[having children] because...  
08 [2nd daughter] turned 4, and we had [3rd daughter] (I: uh-huh)  
09 then [3rd daughter] turned 3, and we were having [biological son] (I: right)  
10 so there really hasn't been a whole lot of break.

Stanza 4 (Justification #1)

11 Interviewer: So as soon as they're potty trained, then there's another?  
12 Kenny: We raise them until they become independent as a toddler (I: uh-  
huh)  
13 and then they're—they're on their own  
14 because we've got another one we have to deal with (Kenny laughs)...

Stanza 5 (Disjunction)

15 Yeah (p) that *is* the way it kinda felt to her and (p)  
16 I do feel a little bit guilty about that.

Stanza 6 (Justification #2)

17 (f) But at the same time,  
18 I know she loves it, (I: uh-huh)  
19 so she can't complain, you know?

Stanza 7 (Justification #3)

20 That's the one thing I have to love about Tracy to this day  
21 is that it doesn't matter what really happens to her, (I: uh-huh)  
22 she's just gonna to pick up and keep trucking through it, (I: uh-huh) so (p)  
23 I give her that (p) because she's a trooper.

Stanza 8 (Justification #2, repeated)

24 (f) But then—you can tell she's pretty happy about it, but (p)

Stanza 9 (Disjunction)

25 After she had [our son], she didn't even give me—ask me the choice.  
26 She waited until they were in there getting ready to do the C-section,  
27 she's like, "By the way, can you knot me up while I'm in there?" (I: uh-huh)

28 and he's like, "yeah, I can do that" (p)

Stanza 10

29 But I was fine with that one because, you know,  
30 I *had* my boy.

Stanza 11

31 We had a full starting basketball team— (I: uh-huh)  
32 there's five of them (I: uh-huh)  
33 If we ever wanted to travel around making money at tournaments, we could do that.

In this account, Kenny conspicuously engages in narrative work that depicts his story in a positive light. Although Kenny expands upon his partner's reasons for attempting to avoid another pregnancy and begins to confess "I do feel a little bit guilty" (line 16) about coercing her into pregnancy, he then abruptly shifts the narrative by neutralizing his behavior, or denying the effect of his actions on his partner and their blended family (Sykes & Matza, 1957). Unlike the first account, Kenny works hard to tell a story that depicts neither he nor Tracy as victims. Kenny praises his partner's resilience as well as the affection she develops for her unplanned fifth child. Further, Kenny minimizes Tracy's plight in this narrative by recasting toddlers, even if somewhat facetiously, as capable of being "independent" or "on their own" (lines 12-14).

Despite Kenny's justifications for coercing his partner into pregnancy, he appears self-conscious of how he delivers his story. For example, after my insertion into the narrative ("I'd see why [she] wouldn't be thinking about having another baby," line 05), Kenny seems to make a conscious correction in shifting pronouns from "she" to "we" when stating that "we never did take the chance to be done" (line 07).<sup>8</sup> Steering the narrative in this way, Kenny avoids blaming his partner for her

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<sup>8</sup> Kenny's shift to the first-person plural here is similar to another in the first narrative account (his shift to "us" in "So Taxing on Us," Line 13) and is noteworthy because it seems to indicate a pattern of usurping his partner's feelings and experiences, in discourse and materiality, with his own. Kenny perhaps takes a



quick succession of pregnancies, a claim that would be so absurd, given the evidence that he coerced her into pregnancy, that no listener would be convinced. However, though he relieves his partner of culpability, he also fails to admit that his actions were coercive. A more honest statement would include a shift from “she” to “I,” or that *he* did not *allow* Tracy “the chance to be done” with having children. Kenny also minimizes his role in the pregnancy when framing it as something that “[happened] to her” (line 21).

Throughout the narrative, Kenny chooses to spin a happy ending for this story—he got his son, and his partner “loves it.” Kenny also imagines, with some humor, that his family could travel around the country and make money as a basketball team. However, the ending he concocts for this story is far detached from the reality of his current situation, in which he lives three hours away from his family. Perhaps testament to Tracy’s resilience is that she eventually orchestrates a tubal ligation—finally sanctioned by the state—without Kenny’s consent.

### 3. “This Slightly Characteristic 1920s Mindset”

Despite, or perhaps as a consequence of, Tracy’s resilience and her strong personality, Kenny feels entitled to assert power and control over her. In this next account, Kenny does narrative work to convince his audience of his rightful position at the head of the household. In doing so, he employs rhetorical tactics that draw upon Tracy’s socially subordinate status as a woman and Kenny’s authority as “the man” of the house.

#### Stanza 1

- 01 Interviewer: So did you feel generally happy with your [division of labor within the home]?
- 02 Kenny: Uh...for the *most* part, yeah...
- 03 There were some things that I wish that she would let me do,
- 04 like...uh...changing the filter in the heater (I: uh-huh)—the air filter?

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similar approach to his partner’s bodily integrity, having difficulty separating her needs and desires from his own.

Stanza 2 (Justification #1)

05 I don't know how you *blow a motor in a heater*  
06 by putting the filter in wrong,  
07 (f) but I'm pretty sure when I said, "You should let me do that,"  
08 she should've let me do that 'cause that's...

Stanza 3 (Justification #2)

09 And I mean this in no offense to women in general,  
10 but I've got this slightly 1920s characteristic mindset (I: uh-huh)  
11 to where if something needs fixed,  
12 that should be my job. (I: uh-huh)

Stanza 4 (Disjunction)

13 And she didn't like that...  
14 because her [ex] husband worked so much that  
15 he was never there,  
16 and she had to fix stuff on her own. (I: uh-huh)

Stanza 5 (Disjunction)

17 So it was always *conflicting* (I: uh-huh) to which one of us was going to be  
(p) "the man" in the situation.

Stanza 6

18 She'd hand me instructions, "Stand back there and read those to me."  
19 "Wait a minute...something's backwards. (I: uh-huh) This isn't the way this is  
*supposed to go.*"  
20 "Well, that's the way I've been doing it for 10 years"  
21 "Well, your way needs to change."  
22 "Well, that's just closed minded."  
23 "I'm not being closed minded—I'm being *serious.*"

Stanza 7 (Justification #1, repeated)

24 I mean, messed up the hose for the air compressor,  
25 blew up the heater's motor 2 years ago..  
26 you know, [she] should probably start letting me do that stuff...(I: uh-huh)  
27 Nooo.

Stanza 8 (Justification #3)

28 And then I think that spilled over into *other* aspects of our relationship  
29 'cause then, you know, I was making more money.  
30 therefore, I felt like I got to make more—  
31 I had a little bit more pull. (I: uh-huh)

Stanza 9 (Disjunction)

32 I mean, it isn't necessarily *supposed* to be that way...

Stanza 10 (Justification #3, repeated)

33 But when you're in a disagreement about something you have to pay for  
34 and you're the *majority* person that brings in the money,  
35 you do, in human nature,  
36 just feel like that it should be a little bit more of your decision. (I: uh-huh)

Stanza 11

37 You know, like, "Yeah, I can take your input in,  
38 but then, technically, the decision is mine in the end anyway."

Stanza 12 (Disjunction)

39 Interviewer: So you guys fought about stuff like that?  
40 Kenny: Oh— every day.

In response to Tracy's attempt to engage in domestic labor typically coded as masculine, Kenny evokes the ethos of convention by identifying with a "1920s characteristic mindset" (lines 09-10),<sup>9</sup> in which men, not women, are responsible for home repair. In this way, the women and children of the household depend upon their male head to maintain the supposedly complicated machinery that is necessary for a certain standard of living. Conventionally, domestic tasks, such as childcare, cleaning, and cooking, are assigned to women, and work outside of the home for women is superfluous and, statistically, less lucrative than men's. It may be important to note that, in the larger interview, Kenny does describe engaging in childcare and helping to cook dinner. However, according to Kenny, he often worked 70 hours a week, while Tracy worked only part-time at a big-box store, a contrast that, when noted by Kenny, further reinforces their gendered differences and the notion that masculinity and femininity are often established in terms of their complementary relationship to one another.

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<sup>9</sup> It is unknown whether Kenny chose this decade (the 1920s) with any particular significance in mind or if he randomly chose this decade as a time in the past. Interestingly, in regards to the focus of this study, the 1920s have been largely associated with "first wave" feminism, during which women fought to earn the right to vote as well as to gain access to contraception and safer working conditions.

Perhaps having realized that his "1920's" mindset could appear to be significantly dated, Kenny follows up multiple times (lines 5-8, 24-27) with evidence of his gendered superiority. Kenny does not merely attempt to provide proof that he is better suited to fix their home's mechanical issues than Tracy. Rather, he stresses that Tracy is especially incompetent in this area, claiming that she botched several relatively easy-to-do projects. Kenny also describes Tracy's dependence upon written instructions (line 18), a perhaps subtle reminder that mechanical knowledge and innovation, for women, is not innate. Rather, men must tell women what to do, a perspective that perhaps carries over into decisions about childrearing and pregnancy timing as well. Still, inconsistencies in this narrative emerge when Kenny acknowledges that Tracy had been handling home repairs on her own for 10 years prior to moving in with him (lines 13-16, 20). Moreover, it becomes evident that Kenny is not in control when he must constantly argue with Tracy to reassert that he is (lines 3, 7-8, 17, 18-23, 39-40).

The instances of narrative disjunction that emerge in this account illustrate a tension between cultural assumptions about gendered power and this couple's lived experience of individual power within their relationship. Kenny describes arguing with Tracy "every day" for control in their relationship, and his need to continuously reassert his supposed head of household status further highlights the artificiality of it. That Tracy, a female, proved capable of being "the man" in her previous relationship, and that she continued to fight for independence in her relationship with Kenny, contradicts the notion that certain desirable traits (mechanical proficiency, self-reliance, financial prudence) are innately male. In order to make his case for dominance, Kenny portrays Tracy as incompetent in her attempts to take on traditionally masculine tasks, such as home repair (Justification #1). Moreover, he appeals to tradition and a historically dominant but problematic gender ideology to justify his masculine supremacy (Justification #2). When asserting that he should

make the majority of household decisions because he earns the most money (Justification #3), Kenny insists that his belief is “human nature” (line 35), failing to note that man-made structural inequalities devalue domestic labor coded as feminine or inhibit Tracy, statistically, from earning as much money as a male partner.

Regardless, Kenny appears to some extent aware of competing discourses of gender and power because he carefully navigates between them in this account. For example, Kenny insists that he means “no offense to women in general” before disclosing his “1920s characteristic mindset” (line 09-10), and he hesitates before using the term “the man” to describe a person with power. Further, in some cases he uses specific language to qualify and soften his arguments, for example “I felt like I got to make more—I had a little bit more pull” (lines 30-31). Finally, when arguing for his right to control the family finances, Kenny states that “it isn’t necessarily *supposed* to be that way,” yet he abruptly changes his tone to re-assert that it is (lines 32-33). In a final display of power, he states, “Yeah, I can take your input in, but then, technically, the decision is mine in the end anyway” (lines 37-38).

It is unclear to what extent Kenny consciously includes rhetorical elements to render his narrative more appealing to a female audience, such as myself, or whether he is truly conflicted by an internal dialogic. Still, these insertions appear to indicate his knowledge that competing discourses of gender and power exist. Ultimately, the problem of who would be “the man” in the relationship became irrelevant when Tracy ended their relationship. As previously mentioned, Kenny reported that he was living 3 hours away from his children at the time of the interview. As far as their financial arrangement as their break-up, he disclosed that he had given Tracy their home and a vehicle in exchange for not paying child support.

#### 4. "Things My Actual Son Would Never Be Able to Say to Me"

In the last account, Kenny justifies a mindset in which men are entitled to impose their will upon the household, with ultimately little regard for their partners' desires or children's well being. This next account was chosen for analysis because it illustrates the intersection of Kenny's attempts to enact a certain type of masculinity and his rationale for the perpetration of reproductive coercion.

##### Stanza 1

01 Interviewer: So what is it about having a boy?  
02 What does that mean to you?  
03 Why is it so important?  
04 Kenny: Oh...(p) that is hard...(p) I don't know...(p)

##### Stanza 2

05 I have daughters,  
06 both, you know, mine and adopted,  
07 and I've got my adopted son, (I: uh-huh)  
08 and that's great, you know...

##### Stanza 3

09 But he's going to be 15 soon so (p)  
10 now he's getting to the point where I'm—  
11 his arguments to me are things that my actual son would never be able to say  
to me. (I: uh-huh)  
12 You know, there's times where he likes to throw that *in my face*.

##### Stanza 4

13 Interviewer: Like you're not my real dad?  
14 Kenny: Yeah.

##### Stanza 5

15 And, you know, with my actual son, he'd never—  
16 you know, I wonder what he would say  
17 because he has no— nothing to throw *in my face*.  
18 He can't do anything.

##### Stanza 6

19 Not to mention, it's kind of a name thing. (I: right)  
20 My brother and my sister, they both have boys.  
21 My brother's only child is a little boy.  
22 He's the same age as [my daughter]. (I: uh-huh)  
23 They were born 7 hours apart from each other.

24 Then, my sister, she's having her second baby in a few weeks,  
25 and he's a boy. (I: uh-huh)

Stanza 7

26 I don't know if it's a sense of...uh...legacy or tradition or something,  
27 but it was more of a (p) carry on type of sense. (I: uh-huh)  
28 Everybody wants that one person who's going to be able to carry it on. (I:  
right)  
29 And with the name, it makes that...

Stanza 8

30 I mean, I don't think [my biological son] is going to be...uh...(p)

Stanza 9

31 He does look a lot like me—a *lot*. (I: yeah?)  
32 Our baby pictures are so close.  
33 If his hair was just a little bit curlier, he could *almost* pass for me.

Stanza 10

34 But, my oldest daughter,  
35 I had her by myself for about 7 months. (I: uh-huh)  
36 So she is the kid that is...uh...(p)  
37 actually probably the second kid that is most like me.

Stanza 11

38 What is *odd* is that my adopted daughter, her first daughter, is more like me  
than any of the other kids that I've seen. (I: uh-huh)  
39 She's not really in any way related (Kenny laughs).

Stanza 12

40 But I was hoping to get that same kind of thing with my son  
41 because with every brood  
42 there's going to be one that's more like you than the others.  
43 And I don't know if it's because I *was* that kid with my dad,  
44 but I really wanted to have that (p) with one of my kids.

Stanza 13

45 Interviewer: So you're close to your Dad?  
46 Kenny: Yeah...well...before he passed a couple of years ago. (I: uh-huh)  
47 We were really close, you know.

Stanza 14

48 And there was a lot of stuff (p)  
49 Uh...childhood, early childhood, it was (p)  
50 There was a lot of stuff (p)

51 that I had to take care of 'cause (p) well...  
52 (f) because dad was a dope head and mom was a drunk (I: uh-huh)  
53 so I had a lot of stuff I had to take care of,  
54 and I had 4 or 5 brother and sisters,  
55 so I couldn't just skate through...uh...

Stanza 15

56 But as I got older,  
57 and he got off of his rocker...uh...  
58 we got *really* close.  
59 And I started to realize how much I was actually *like* him  
60 (f) because before I pretty much hated him.

Stanza 16

61 And then for him to clean himself up because we all left (I: uh-huh)  
62 and then to see him just— and realize that—  
63 (f) I didn't realize it the first 12 years of my life  
64 that I'm a *lot* like this guy. (I: uh-huh)  
65 I was like, "We think a lot of the same stuff,  
66 in a lot of the same ways" and...

Stanza 17

67 That was awesome,  
68 so for the next 16 years, we just (p)  
69 we were *awesome*. (I: uh-huh)  
70 We were great. And...

Stanza 18

71 (f) I didn't have any problems like that when I started having kids,  
72 so I was hoping that it wouldn't take so long for me to get that type of thing  
73 *with* my son. (I: right)  
74 Because the relationship was—it was really important to me  
75 And I, you know, would like to have a son to bond with (I: uh-huh)  
76 where my relationship with him is going to be, you know, really important to  
77 him, too.

When Kenny responds to my question of why having a biological son was so important to him, he articulates, for the first time in the interview, the personal significance he attributes to having a biological son. His reaction to my question, including his loss of words and careful reflection before answering, perhaps illustrates the ways in which dominant cultural ideals can become taken-for-granted and barely distinguishable even in one's own motives. In contrast to his earlier



accounts, Kenny's tone is somewhat more contemplative as he appears to work through strong emotions, often pausing while thinking through his responses.

In this narrative, Kenny describes the value of a male heir in terms of his authority. Kenny envisions that his biological son will not be able to challenge him as his stepson has done ("you're not my real dad," line 13). He tries to imagine the type of argument his "actual son" could use to undermine him ("I wonder what he would say?"), but concludes that a biological son "can't do anything" (lines 15-18). Similar to other accounts, Kenny normalizes his strong desire for a biological son by describing it as something "everyone wants" (line 28) and by elevating, again, the status of "tradition" (line 26). In this same account, Kenny emphasizes the importance of genetic lineage, verbally diagramming his family tree and proving himself knowledgeable about his siblings' children. In an observation that perhaps confirms a shared biology, Kenny beams with pride that his biological son, still an infant, resembles him closely.

Yet, as in other accounts, narrative inconsistencies challenge the importance Kenny assigns to having a biological son. After boasting of his son's physical resemblance to him, Kenny immediately shifts the narrative to remark, affectionately, on the similarities he shares with both his biological and adopted daughters, disclosing that his partner's daughter, the child "not really in any way related" to him, is actually more like him than any of the others (lines 38-39). However, when Kenny considers the relationship he has with his own biological father, the reasons he so highly values father-son relationships and biological kinship become more apparent.

In this narrative, Kenny describes the personal significance of his adult relationship with his father, though he oscillates between describing the parent he knew in childhood (the absent father and drug addict) and the one he knew in adulthood (the doting best friend). Characteristics of Kenny's speech and delivery

provide insight into the way he would like to remember his father, who died prior to the interview. It is interesting to note how Kenny's rate of speech changes as he alternates between two contradicting memories of his father. The lines in which he refers to the absent father he knew in childhood (lines 52, 60, 63, 71) are delivered at an increased rate, as if Kenny would rather not linger on them, but feels compelled to share this difficult part of his life, perhaps as a means of contrasting what is desirable and undesirable in his paternal relationship with his own biological son. In this narrative account, at least, Kenny prefers to remember his adult relationship with his father, the one that was "great" and "awesome."

Throughout the narrative, Kenny's vulnerability becomes apparent in ways that did not emerge in previous accounts. Though Kenny takes care not to dwell on the details of his absent father and mother, he wants his listeners to know that he "couldn't just skate though" (line 55). It is unclear what Kenny had to "take care of," though he repeats that there was "a lot of stuff" three times in one stanza (lines 48-53). Kenny could be referring to his younger siblings, or he could also be alluding to the emotional distress caused by his parents' absence or addiction. Regardless, the time endured without his father appears to have made the time spent with him in later years more valuable. Kenny recalls that he once "hated" his father, but he accepted him back into his life when he began to realize their special similarities. In the end, their genetic bond brought Kenny and his father back together again.

Thus, in his narrative, Kenny relates that biological kinship – particularly kinship in patrilineal descent – is perhaps superior to family ties of a different nature, a notion that likely has important implications for how he perceives his relationship with his intimate partner and her children. Kenny romanticizes that his relationship with his biological son will be similar to the relationship he had with his own father later in life where they were able to connect in a unique way because of their shared gender and biology. Thus, in a society where men compete with other men for

supremacy, Kenny believes his biological son will validate his male authority by providing him with unconditional love and respect. Within the heteronormative ideals essential to more predominant formations of working-class masculinity, the relationship between fathers and sons may allow Kenny a sanctioned form of male intimacy and vulnerability. Kenny may assume that his biological son will always take him back, no matter how he fails, just as he accepted his own father after he had abandoned him for more than a decade. The relationship Kenny envisions with his biological son seemingly offers respite from the tireless and self-alienating identity work inherent in the available conceptualizations of masculinity. Read in this way, the narrative of parenthood that Kenny envisions collapses the disjunction between personal needs and social demands, allowing him to produce an identity that can simultaneously engage in an intimate, caring relationship while cohering to traditional authoritarian masculine ideals.

#### Discussion

Kenny's narrative challenges potentially reductionist understandings of reproductive coercion and reveals a need for understanding the cultural and gendered complexities inherent in the perpetration of reproductive coercion. This close reading of interview data from a study of reproductive coercion in intimate heterosexual relationships focuses less on the particular nuances of reproductive coercion as an isolated phenomenon and more specifically on how one participant's enactment of masculinity impacted his behavior and purported expectations within an intimate relationship. Kenny was determined to have a biological son for the authority he imagined it would bring him within his home as well as the satisfaction it would bring him in fulfilling a pervasive, patriarchal cultural narrative in which a male child is needed to carry on one's name and legacy. According to Pittman (1993), men inherit their male privilege through their fathers who are legitimized, like kings, via God, tradition, and genetic heredity. Following this analogy, the father determines

whether a son is worthy enough to earn his “crown,” or if he should be condemned to live a life of illegitimacy (Pittman, 1993). Yet, in addition to gaining authority over a biological son, Kenny also hopes to experience a special kind of emotional intimacy with him. Kenny longs to have the same type of relationship with his biological son as he did with his own father, and he believes that a genetic connection, or shared physical and personality traits, will guarantee this closeness. Like the supposed biological determinacy of gender, Kenny invests in the notion that human potential and behavior lies in one’s DNA, not in the social environment or in one’s personal agency. However, in romanticizing his future relationship with his biological son, Kenny fails to acknowledge that interpersonal relationships are complicated, and that genetics do not guarantee the success of a relationship. His father’s absence during Kenny’s childhood is perhaps evidence of this fact. Moreover, by his own admission, Kenny enjoys a unique closeness with his adopted daughter even though she shares with him neither genetics nor gender.

Kenny’s explanation of his desire to have a biological son sheds light on why he so strongly wanted Tracy to become pregnant again. However, it does not explain why he felt entitled to coerce her into pregnancy, as he admitted that he did through name-calling, intimidating looks, and continual hostility. The narrative Kenny provides regarding the gendered division of labor in his home with Tracy reveals the justifications he used to assert power and control over her but also the ways in which Tracy resisted his control. Kenny uses tradition and his breadwinner status, tropes within the narrative of masculinity, to argue for his position as the head of household and the ultimate decision maker. Moreover, he repeatedly disparages Tracy’s ability to complete simple home repairs, drawing attention to her need to use written instructions and arguing that masculine tasks, such as when “something needs fixed,” should be his job. Common patriarchal scripts that collectively disparage women, such as through their lack of logic or analytical skills, not only normalize acts

of power and control against women but also cast these acts as necessary (Lindisfarne, 1998). However, by evoking these gender identity scripts, men also hold themselves accountable to them and further distance themselves from the oppositely defined gender in a way that limits their potential (West & Zimmerman, 2009, 1987). Pittman (1993) described gender differentiation as "sometimes brutal, always dehumanizing, cutting away large chunks of ourselves...[becoming] a half person" (p.9). Kenny's pleasant tone throughout this interview belies the tragedy of his broken family. In these accounts, Kenny avoids pain and/or accountability for this outcome through minimization and justification and by temporarily restoring his masculine identity with displays of power.

Within his narrative, Kenny reveals his capacity for diverging from the dominant masculine narrative when he empathizes with Tracy's predicament. Further, he admits to disrupting the equilibrium of his household and discloses that he does "feel a little bit guilty" about coercing Tracy into another pregnancy. However, he reverts back to neutralizing his behavior, by denying that his partner suffered any injury and appealing to the importance of patriarchal convention in justifying his acts (Sykes & Matza, 1957). As evidenced in this analysis, men can evoke the discourse of patriarchy against their own best interests and to the detriment of their intimate relationships and families. The narrative disjunction in Kenny's accounts illustrates the incompatibility of his particular expression of masculinity with his intimate partnership. However, the narrative work Kenny must do to render his behavior acceptable to himself and others locates a point of tension that can be, at least partially, rectified if he is willing. Recognizing that narratives are deliberately and artificially crafted (Hollander, Renfrow, & Howard, 2011), one can begin to discern the tensions between the personal and the social in identity creation and maintenance, and can begin to generate narratives that challenge dominant ideologies and reduce shame. Paying attention to the narratives individuals employ

to talk about themselves and other people provides a starting point for understanding where common self-defeating attitudes, beliefs, and behaviors originate and whose purpose they serve.

#### Limitations

These interpretations of Kenny's accounts and his use of specific language within them are necessarily influenced by my social location as a woman and the gender inequality I experience within the daily social interactions of my own life. In my meeting with Kenny, I became aware of a multiplicity of power differentials, including those along normative gendered identities as well as tensions between academic and colloquial language. There were also more subtle differences, such as age and a sense of world experience. Though he had self-identified as a perpetrator of reproductive coercion, Kenny did not appear menacing to me in any way. Instead, I thought he looked longer than his reported age, dressed in a t-shirt, jeans, and baseball cap. He also had a friendly and easy-going demeanor, and seemed eager to please by sharing his stories with me. Whereas his appearance may have contributed to a more sympathetic reading of his story initially, I became more attuned to the data and distant from these first impressions when revisiting the audiotapes and interview transcripts several months later.

It is also important to recognize that the data for this analysis comes from a unique speech event with a specific purpose—a research interview. I am unable to observe Kenny outside of the interview setting or my own framework for analysis. Nor am I able to gain access to his discourse within the more familiar settings in his everyday life. Kenny was aware that he would be disclosing information about pregnancy manipulation to a researcher and that he would be compensated for doing so. As such, the information Kenny chose to disclose and the language he used to communicate it was influenced by my presence as a researcher and a female as well as by the context in which the discourse occurred. Further, by adding my questions,

comments, and indications of active listening to the conversation, I became a co-participant in Kenny's narrative construction. Thus, readers of this analysis, having yet another perspective from which to make sense of Kenny's narrative accounts, may come to their own conclusions about the interpretations provided herein. Narrative analysis embraces the opportunity for reinterpretation and revision, as human behavior is always subject to a multiplicity of interpretations (Barone, 2000).

#### Directions for Research and Practice

From a feminist perspective, a culture of patriarchy condones men's social supremacy over women in which men's needs and desires are privileged. Like Kenny, men can justify their entitlement to such privilege by calling upon any number of familiar patriarchal scripts. However, while the feminist perspective provides a framework for understanding why men might abuse women, it does not explain why *only some men* actually do (Loseke, Gelles, & Cavanaugh, 2005). Some researchers have found a potential pathway to IPV in the connection between aggression and *shame*, a painful emotion wherein an individual strongly doubts his or her self worth or ability to meet expectations (see Velotti, Elison, & Garofalo, 2014; Lawrence & Taft, 2013; Kivisto, Kivisto, Moore, & Rhatigan, 2011; Websdale, 2010; Blum, 2008; Brown, 2007; Fergusson, 2005; Tangney & Dearing, 2003). Kimmel (2004) suggested that many American men struggle with unacknowledged shame because hegemonic masculine ideals are so often unattainable. In order to compensate for unaddressed fear of inferiority and rejection, the shame-prone individual then engages in maladaptive behaviors, such as avoidance, minimization, blame-shifting, hostility, and aggression, which can have a devastating impact on social interactions and intimate relationships (see Blum, 2008; Brown, 2007; Fergusson, 2005; Tangney & Dearing, 2003). Similarly, Sykes and Matza (1957), in their germinal work on youth criminal behavior, suggested that individuals who engage in criminal behavior, such as IPV, are aware of a moral code and feel the same obligation as

others to follow it. However, in order to compensate for their failure to meet the code, they must use a variety of psychological defense mechanisms, such as minimization and justification. Indeed, Kenny's continuous struggle for power and control in his relationship perhaps illustrates how shame, or self doubt, is inevitable—he must choose between accountability to a certain enactment of masculinity or to a more humanizing relationship with his female partner, but due to the double-bind inherent in these choices, he is guaranteed to fail at one or the other. Although Kenny seems to truly admire Tracy for her strength and resilience, he undercuts his own description of her in order to uphold his authority. Yet, as previously mentioned, the narrative work in which Kenny engages—the minimization of Tracy's burden and the appeal to patriarchal conventions—indicates he may be aware of the contradictions apparent in his assertions. For this reason, he romanticizes the benefits of having a relationship with a biological son, one in which authority and intimacy can co-exist, free of shame.

Given the link between shame and aggression (Velotti, Elison, & Garofalo, 2014; Lawrence & Taft, 2013; Kivisto, Kivisto, Moore, & Rhatigan, 2011; Websdale, 2010), researchers have suggested that interventions for men who abuse women might include some component of shame reduction. As an antidote to shame, Brene Brown (2007) suggested working with clients to develop shame resilience to successfully navigate cultural expectations that are enforced at all levels of the social environment, from interpersonal relationships to larger social institutions (such as the media). According to Brown (2007), individuals develop shame resilience by learning to recognize shame, understanding its relationship to larger social forces, and cultivating empathy for others. Tangney and Dearing (2003), likewise, suggested that shame can be counteracted by the adaptive functions of guilt, which is characterized not by fear and pre-occupation with the self, but by empathy and the desire to remedy wrong doings. Indeed, some IPV researchers have



hypothesized that guilt can effectively curb relationship abuse (Krivisto, Krivisto, Moore, & Rhatigan, 2011). Within Kenny's own narratives, a sympathetic understanding of Tracy emerges, but is subsequently muted by the dominant voice of hegemonic masculinity. Kenny's narrative work, thus, becomes a space for intervention. In his own words, he realizes that "it isn't supposed to be like this" (narrative 3, line 32). A practitioner working with an individual like Kenny might draw attention to the narrative inconsistencies in these accounts and encourage him to explore the tensions that exist between his lived experience and dominant gender narratives, to understand how dominant narratives become taken-for-granted and perpetuated by shame. If Kenny feels the need to make amends for his behavior, he may be motivated to consider alternative expressions of masculinity that meet his need for intimacy and relevance and can lead to more democratic gender relations. Although this study was not intended to collect data about shame, this particular lens cohered strongly with my findings, suggesting that the incorporation of these dynamics in the design of future research and interventions with men who perpetrate abusive acts against women might prove fruitful.

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CHAPTER FOUR:  
FEMALE-PERPETRATED REPRODUCTIVE COERCION:  
TOWARD A PRELIMINARY UNDERSTANDING

Within public health scholarship regarding intimate partner violence (IPV), recent attention has been directed toward the phenomenon of *reproductive coercion*, or the use of pregnancy as an exercise of power and control within an intimate relationship (see Thaller & Messing, in 2012; Miller et al., 2011; Miller et al., 2010; Moore, Frohwirth, & Miller, 2010; de Bocanegra et al., 2010; Miller et al., 2007; Raphael, 2005). In a recent report from the US Centers for Disease Control (CDC), approximately 8.7% of men (and 4.8% of women) in the United States reported that they had experienced reproductive coercion from an intimate partner in their lifetimes, and this type of abuse was classified as one manifestation of IPV situated under the umbrella of *control of reproductive and sexual health* (Black et al., 2011).<sup>10</sup> Still, despite the relative gender symmetry in these statistics, public health researchers have focused primarily upon the consequences of male perpetration, and this discrepancy can be explained by the ways in which these phenomenon are conceptualized: whereas male-perpetrated reproductive coercion has been framed in the scholarly literature as a significant public health issue associated with women's unintended pregnancy and physical/sexual IPV (Miller et al., 2010; Moore, Frohwirth, & Miller, 2010; de Bocanegra et al., 2010; Miller et al., 2007; Raphael, 2005), female-perpetrated reproduction coercion is largely considered an economic and legal issue (i.e., contraceptive fraud) (Chamberlain & Levenson, 2012; Trawick, 2012; Sheldon, 2001). However, given these still notable consequences and the reported prevalence of female-perpetrated reproductive coercion in the US, there is a

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<sup>10</sup> The CDC identified five types of IPV in a 2011 report: physical violence, sexual violence, stalking, psychological aggression, and control of reproductive and sexual health (Black et al., 2011).

need to learn more about this phenomenon and the contexts in which it occurs. This exploratory study of female-perpetrated reproductive coercion draws upon interview data provided by self-identified female perpetrators in order to learn more about the motivations for their actions, the strategies used, and the relationship context in which these actions occurred. A modified grounded theory approach to data analysis facilitated the identification of a unitary theme and interrelated sub-themes in order to generate an understanding of why this phenomenon occurs and how to prevent it.

#### Reproductive Coercion: Strategies and Motivations

In the absence of scholarly research regarding female-perpetrated reproductive coercion, studies of male perpetration provide limited insight into how and why this abuse may be perpetrated by women. Miller and colleagues (2010) described two sub-types of reproductive coercion with male perpetrators: *pregnancy pressure* (via forced sex, physical violence, threats to harm, or threats to leave the relationship and/or withhold resources) and *birth control sabotage* (interference with contraceptive methods, such as tampering with condoms and birth control pills or neglecting to “pull out”). Though women were more likely to report experiencing pregnancy coercion than birth control sabotage within small community-based samples (Miller et al., 2010; Messing & Thaller, 2012), the prevalence of these particular strategies at the population level is unknown. To what extent women and men may use similar strategies to engage in reproductive coercion is also unknown. Due to gendered differences in physiology, socialization, and contraception, it can be assumed that men and women’s strategies for perpetrating reproductive coercion, like their perpetration of IPV, will differ in some ways. For example, women are significantly less likely than men to use serious physical violence or forced sex against an intimate partner (Black et al, 2011), and this may also be the case with reproductive coercion. In regard to contraception, women, not men, are typically held responsible for birth control (Fennell, 2011; Grady, Klepinger, Billy, & Cubbins,

2010); thus, women may have more opportunity than men to discreetly sabotage birth control.

Research regarding men and women's motivations for reproductive coercion is also limited. In a study with female victim-survivors, women's partners insisted that they demonstrate their commitment to the relationship by becoming pregnant, a condition that not only made them less attractive to other men but also forced them to become more invested in, and sometimes dependent upon, the relationship (Moore, Frohworth, & Miller, 2010). Further, in an exploratory study of male-perpetrated reproductive coercion for which male perpetrators were interviewed (Paper #1), the men emphasized the importance of having a child, particularly a son, in proving to themselves and others that they were ready for the responsibilities of adulthood. In this study, the men perceived that becoming a "family man" gained them special status within their communities and families of origin. For some men, transitioning into a legitimate "head of the household" position, as the father, decision-maker, and sole income provider, was a means to enact a particular form of masculinity (Papers #1 & #2). Moreover, producing a son ensured the men of their legacy and also potentially allowed them the opportunity to revisit unresolved issues in their relationships with their own fathers (Papers #1 & #2). These findings are supported by studies of fatherhood in the contemporary US, wherein researchers have identified work, marriage, home, and children as part of a "package deal" signaling the achievement of a contemporary masculine ideal (Gavanas, 2004; Townsend, 2002). However, it is worth noting that this ideal necessarily excludes men for whom employment is limited by race/ethnicity, socio-economic status, or ability (Edin & Nelson, 2013; Marsiglio & Roy, 2012; Randles, 2013; Townsend, 2002).

#### Perceived Benefits of Childbearing for Women

Like fatherhood, motherhood has been socially constructed as a critical component of achieving an ideal gender identity (Choi & Bird, 2003; Choi, Henshaw, Baker, & Tree, 2007; Douglas & Michaels, 2005). Accordingly, characteristics of the ideal mother closely align with qualities, such as caregiving and selflessness, typically associated with femininity (Maher & Saugeres, 2007; Malacrida & Boulton, 2012; Marshall & Woollett, 2000).<sup>11</sup> Qualitative studies of women's perceptions of motherhood found that women often consider childbearing to be indication of success, or a rite of passage into womanhood, with female peers and media depictions of motherhood reinforcing this notion (Douglas & Michaels, 2005; Marshall & Woollett, 2000). Specific practices and beliefs around motherhood emerge from a historical context of intersecting gender, race, and socioeconomic status, yet many women from a variety of circumstances perceive motherhood as a positive endeavor (McQuillan et al., 2008, Collins, 1994). Though 77% of unmarried US women and men ages 18-29 in a national survey reported that they were attempting to avoid pregnancy because of its incompatibility with future education, employment, and earning opportunities (Hayford & Guzzo, 2013), another nationwide survey found that women's education and employment did not diminish the importance they assigned to motherhood (McQuillan, Greil, Shreffler, & Tichenor, 2008).

Many women attempt to become pregnant even in the absence of ideal emotional, financial, or relationship circumstances for childrearing. Edin and Kafalas (2011) explored the meaning of teen pregnancy in an ethnographic study of women living in an impoverished urban-American location. In this study, they found that women were likely to pursue pregnancy at a young age when education and career opportunities were substantially limited for them because they perceived that having a child would be the most meaningful endeavor they would achieve in their lifetimes,

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<sup>11</sup> See Warner (2005) and Hays (1996) for a more extensive discussion of "intensive parenting" as a problematic mothering trend among White middle-class women.

one that would earn them an important role and elevated status in their communities. Though some women in the Edin and Kafalas study hoped that getting pregnant would motivate their partners to become more committed to their relationship, others assumed they would be the primary caretaker for their children and believed that raising a child alone would be easier than co-parenting with a partner who was undependable or unpredictable. Regardless of whether they would sustain a long-term relationship with the fathers of their children, the women in this particular study felt that they had gained something of value by becoming a mother, as many believed that the bond they formed with a child would be more enduring than any they would ever form with a man (Edin & Kafalas, 2011).

An understanding of the perceived benefits of childbearing for women is useful in making sense of women's motivations for becoming pregnant despite their partners' objections. Rocca, Harper, and Raine-Bennett (2013) interviewed women ages 15-26 of different racial/ethnic and socioeconomic backgrounds (n=1377) to identify a variety of reasons why women might pursue pregnancy and used this data to develop the Benefits of Childbearing (BOC) scale. The scale included several perceived benefits of childbearing, including feeling "important" (especially among peers), providing a way to "get out of a bad situation," providing the opportunity to love and be loved, and strengthening the relationship with a baby's father. However, women who already had one child were particularly less likely to invest in the notion that pregnancy would strengthen their relationships with their partners (Rocca, Harper, & Raine-Bennett, 2013). These findings seem to indicate that youthful idealization, at least partially, may precipitate these perceived benefits, regardless of other demographic factors (Maher & Saugeres, 2007). The extent to which women invest in the perceived benefits of childbearing—and, more generally, the social expectations of gender performativity—may factor into the perpetration of reproductive coercion.

## Method

The purpose of this study was to gain a preliminary understanding of the means, rationale, and context women utilize when perpetrating reproductive coercion in intimate relationships. Given the absence of scholarly literature regarding women's perpetration of reproductive coercion, identification of how women perpetrate this abuse contributes new information to the field of IPV. Drawing from the grounded theory (GT) tradition in qualitative inquiry, a constant comparative analysis (CCA) of interview data was utilized toward the development of an initial explanatory model for female-perpetrated reproductive coercion (Birks & Mills, 2011; Corbin & Straus, 2008). This model was intended to identify a potentially common pathway leading to this abuse as well as to help conceptualize methods of intervention for a variety of potential perpetrators.

### Study Participants

A sample of women over the age of 18 years were recruited for this study in the Midwest region of the United States through Craig's List, and Backpage. The original online advertisement used the term "pregnancy conflict" to describe the study. However, when a majority of individuals inquiring about the study by email or telephone failed to meet eligibility criteria (see Appendix B), I gained IRB approval to use stronger language ("pregnancy manipulation") in the title and text of the advertisement, which helped to streamline recruitment of eligible women (n=9). Eligibility criteria were based upon a measure previously used by Miller et al. (2010) in determining community-based prevalence of reproductive coercion. Multiple and significant inconsistencies in one interviewee's story appeared to indicate she may have been feigning eligibility and fabricating data in order to earn the interview incentive. Thus, I eliminated this participant's data during analysis, which reduced the final sample by one (n=8). The purposive sample of women recruited for the study varied according to race/ethnicity, age, and education level (see Table 2). The

age at which the women perpetrated reproductive coercion varied considerably, from their teenaged years to mid-30s.

#### Interview Procedures

Participants were interviewed in a study room at a local library, with the exception of one participant who was unable to meet face-to-face and participated in a telephone interview. Prior to interviewing, participants provided verbal consent after I reviewed with them the procedures, risks, and benefits of the study as outlined in the IRB-approved informed consent document. Following their verbal agreement, I offered each participant a hard copy of the document and assigned them a participant code that would be used to protect their identity. All interviews were recorded and later transcribed. The duration of participant interviews ranged widely from approximately 30 to 80 minutes, depending upon the participants' comfort level and willingness to engage in conversation. Interviews were semi-structured, with data collection based upon a brief outline and interview question prompts. Participants were asked to describe their intimate relationship at the time they perpetrated reproductive coercion, as well as their motivations for becoming pregnant, the methods used to manipulate their partners, and the outcomes of their actions. Additionally, participants were encouraged to provide information about personal relationships with friends, family members, ex-partners, and children. The first three participants in the study were interviewed more than once with the assumption that a follow-up interview would elicit more detailed information than the initial interview. However, these second interviews did not yield substantively more useful data; thus, taking the limited budget for this project into consideration, I determined that one interview per participant would be sufficient in providing study data.

#### Data Analysis

In-depth interviewing with self-identified female perpetrators of reproductive coercion elicited details of how these acts were perpetrated, the expectations and meanings assigned to them, and the context in which they occurred. Drawing upon tools used in ground theory (GT), I was able to develop an initial explanatory model that allowed for an enhanced understanding of why female-perpetrated reproductive coercion might occur and potentially how to prevent it. I used a constant comparative analysis (CCA) in the development of this explanatory model because this method of analysis aims to account for all related incidents in a data pool (Boeije, 2002; Corbin & Straus, 2008). At the first level of CCA, I compared each interview against a previous interview in order to identify similar themes between them. Initial analyses of individual interviews were made via an open coding protocol, in which I reviewed interview data line-by-line to create tentative labels (codes, e.g., *maturity elevated over youthfulness, independence from men, loss of family, boastful fertility, etc.*) that represent "blocks of raw data" (Corbin & Straus, 2008, p. 198). Next, I compared these codes to subsequent interview data in order to determine which were most representative of common themes across the transcripts. Using axial coding, I identified connections among these codes, which resulted in the generation of more comprehensive and robust categories under which initial codes and variations within the data could be housed (e.g., *imagination of the ideal self, capacity for power and control, responsibility for birth control*). Next, I proceeded to link these categories conceptually, elevating the analysis from the level of description to abstraction and generating an overarching explanatory concept (or core category, *pregnancy as a bridging event*). Finally, I revisited the interview data and used selective coding to recode and integrate the data specifically in terms of the core category. The resulting sub-categories (*transition, urgency, agency*) became key components of the explanatory model (Boeije, 2002; Corbin & Straus, 2008).

Enhancing Study Rigor



Throughout this complex process of data analysis, I used memoing as a written tool for tracking my thoughts. The act of memoing included proposing connections between interviews and concepts, posing further questions of the data, and locating personal assumptions and biases via reflexivity (Birks & Mills, 2011; Corbin & Straus, 2008). As a mother of two children who is often overwhelmed by the responsibility of parenting, even with a willing partner, it was at first difficult for me to comprehend why a woman would pursue pregnancy without the buy-in from a partner. However, from my personal experience, I do understand the ways in which mothering a child can bring meaning and purpose to one's life. Thus, I could relate with the women on this level. In order to further identify my personal assumptions and biases throughout the analysis, and to acknowledge alternative interpretations of the data, I engaged in peer debriefing with both male and female colleagues with varying levels of expertise in the study of IPV. These colleagues reviewed several drafts of the manuscript and provided generous feedback, which I took into serious consideration during subsequent revisions.

### Findings

The women in this sample reported a variety of motivations, strategies, and relationship contexts within which they perpetrated reproductive coercion. However, a common theme unites these experiences and provides an overarching explanation for why women might choose to perpetrate reproductive coercion. *Pregnancy as a bridging event* was the core category identified from this constant comparative analysis across all cases. Figure 1 illustrates the explanatory model developed from this analysis. Within this model, opportunity for life transition, coupled with urgency (the perceived need for immediate action) and agency (the capacity to achieve a desired outcome), leads to women's perpetration of reproductive coercion despite their partner's non-consent. Within this model, pregnancy functions as a means to an end rather than merely an end in itself. A woman perceives that her specific needs at

that time (e.g., for purpose, intimacy, respect, permanency, wholeness, etc.) will be met with the life changes that accompany pregnancy and childrearing. Thus, she hopes to create a new life for herself as she also, literally, brings a new life into the world, despite her partner's unwillingness to consent to pregnancy.

The women in this sample varied in the extent to which they were emotionally invested in their intimate relationships. Indeed, several of the women recalled wanting to become pregnant in order to solidify their partner's commitment to them. For example, Natalie<sup>12</sup> described her former partner as her "soul mate" and recalled wanting to have a child with him so that her child would be "born out of love." However, other women pursued pregnancy regardless of whether their partner would remain involved. Jasmine explained: "I really don't expect a man to do anything. If you stick around, cool—if you don't, who cares. So, [getting pregnant] was more about *me*." The notion of pregnancy as a means to an end at a time of critical life transition applies to the women in this sample regardless of whether their actions were motivated by a need for commitment from their partners or a desire to achieve motherhood and the particular lifestyle it entails. In the remainder of this section, I will draw upon study data to demonstrate and discuss the function of 1) transition, 2) urgency, and 3) agency within this conceptualization, with particular attention to the variety that exists even within these sub-categories.

#### Transition

The participants in this study described perpetrating reproductive coercion at a critical point of life *transition*. For example, Cindy, Kelsey, and Natalie, all adolescents when perpetrating reproductive coercion, were attempting to gain independence from their families of origin, and they perceived that pregnancy would facilitate this passage in some way. Cindy, who was formerly a high school honors

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<sup>12</sup> All names are pseudonyms.

student with model behavior, began to detach from her parents when they initiated an unexpected and contentious divorce. With her home life in turmoil, she pursued a job at a restaurant and began dating an older male co-worker. Though still in high school, Cindy regularly consumed alcohol and secretly stayed the night at her boyfriend's apartment. Despite this newfound freedom, Cindy recalled feeling that her life was "falling apart," and she attempted to become pregnant as a way to bring purpose and direction to her life: "I just needed a reason, needed someone." Likewise, Kelsey had moved away from her parents and boyfriend to attend college when she started trying to become pregnant. She recalled: "Everything was very strange...I was very lonely...it was me trying to get [my boyfriend] to come to me and make me less lonely." She hoped that becoming pregnant would bring her much-desired intimacy from her partner. Natalie had also recently moved out of her parents' home. Describing herself as someone who was "never successful in relationships," she was thrilled when her older boyfriend invited her to live with him. She expected to experience a new level of autonomy in this relationship, but she continued to feel like a child when he insisted that she stay home to cook and clean and only gave her a small spending allowance. According to Natalie, she attempted to get pregnant, in part, because she felt her partner would gain a new respect for her as an adult woman if she had his child.

Jasmine, Sharon, and Belinda were beyond adolescence and hoping to put a history of instability and criminal behavior behind them when they perpetrated reproductive coercion. For these women, pregnancy would be a second chance at responsible adult life. Perhaps not coincidentally, all three of these women had been teenaged mothers who had lost custody of previous children. However, all were finally settling into relatively stable living conditions. Jasmine recalled, "I was grown up a little bit. I was looking to really settle down...It was the right time [for another pregnancy]. In *my* life, it was the right time." Sharon, who had recently recovered

from drug addiction, was also at a time in her life when she was starting over and looking to settle down. As the manager of operations in her workplace, Sharon's new love interest was an employee whom she could impress with perks provided by her workplace status. According to Sharon, she fell in love with this man, but he was not interested in dating her exclusively. Thus, she decided that becoming pregnant might change his mind and give her the permanency she was looking for. Belinda also had a troubled past but had finally settled down with a partner whom she believed truly loved her, but he struggled with alcoholism and unemployment. She explained, "He was a good man. He loved his kids, and he loved me... [It was] just the alcohol." Belinda recalled thinking "If we had one more baby, it would help him control his drinking'...I had a lot of hope for that." Though Belinda "wanted a baby real bad," her strongest desire was that she could experience a functional family environment for the first time in her life.

Finally, Ruth and Mariah were in a situation different from the other women in that they had both earned graduate-level degrees and had devoted considerable time to cultivating their professional success. However, both described having reached a point in which their lives felt "incomplete" without a baby. Ruth explained, "I was ready. Had a career, had college, got my degree. [Motherhood] seemed to be the next stage I was ready for." Both recalled that friends and family members their age had already begun having children, and they began to worry that they would become "too old" to conceive. Additionally, they both felt pressure from their mothers to produce grandchildren. Unfortunately, Mariah's partner, who already had two teenaged children from a previous relationship, did not want more children, and Ruth's husband had previously wanted children but changed his mind. The limitations imposed by their partners' non-consent felt devastating for these goal-oriented women who had assumed their whole lives that they would be able to "have it all": career and family. Ultimately, both women were willing to risk the longevity their

intimate relationships in order to pursue motherhood, a critical component of the particular lifestyle they wanted to achieve. *Urgency*

The participants in this study described an urgency to become pregnant at the time they were perpetrating reproductive coercion. Several women recalled that it was “the right time” to become pregnant, expressing the notion that they had a limited window of opportunity to make the changes they wanted to make in their lives. Across cases, several women also reported feeling “obsessed” with becoming pregnant at that time. Kelsey, for example, described herself as “*totally* obsessed” and “willing to sacrifice everything”—that is, the college education she was in the midst of pursuing, the respect of her parents, and possibly even the intimate relationship she was hoping to secure through pregnancy. Looking back, she reflected, “It doesn’t feel real almost, that I would try to do something like that, because that totally doesn’t align with my personality—it’s like a glitch happened.” Natalie attempted to get pregnant for almost 3 years without her partner knowing and also described her behavior as obsessive: “Like every time after we had sex, I’d go out and get a pregnancy test.” She recalled, “[I wasn’t] thinking about anything else. How’s it going to be supported? Or, you know, am I ready to be a mother? I wasn’t thinking about none of that. I just knew I wanted a baby--I didn’t care what the cost was.”

Other women became similarly consumed by urgency, which manifested in their persistence and constant preoccupation with pregnancy. Cindy also reported taking a pregnancy test “probably 300 times,” and Jasmine recalled “tryin’ and tryin’” and becoming “really really focused” on getting pregnant. Both Ruth and Mariah used the common “biological clock” metaphor to refer to a literal counting down of their opportunity to conceive a child and the sense of urgency that image evoked. Mariah reported thinking about having a baby “all the time,” describing her state of mind as akin to sickness: “baby fever.” For all the women in the study, failure to transition

from one life phase to another meant they might stagnate in their current state. Many spoke about moving to the “next stage,” assuming the existence of a narrative or developmental path in life they were meant to follow. Thus, they became preoccupied with becoming pregnant and felt compelled to take action toward a better future, even if it required active engagement in coercion and/or duplicity.

### *Agency*

In reproductive coercion, a woman’s barrier to pregnancy is not merely the absence of a willing partner, but the presence of an *unwilling* partner. Thus, like other forms of IPV, reproductive coercion requires an exercise of power and control through strategy and action. Thus, women’s *agency*, or capacity to achieve desired outcomes, appears to be another crucial component of female-perpetrated reproductive coercion. Because gender, as a social structure, has the potential to limit agency, it is important to note that female-perpetrated reproductive coercion requires that the situation be opportune for coercion. For example, in Ruth’s case, she was able to apply pregnancy pressure to her partner because she was the sole income earner for their household, a situation atypical of heterosexual relationships. Jasmine did not possess financial power over her partner, but she perceived herself as clever and capable of achieving her desired outcome (“I’m *very* smart...men are stupid”). Even in cases where women’s agency is limited, they may have a capacity for reproductive coercion because women are typically assigned the duty of pregnancy avoidance. Indeed, most of the women in this study were able to simply cease taking birth control pills in order to attempt pregnancy (“I stopped taking birth control, and I didn’t tell him”). Still, in Natalie’s case, her partner insisted upon using condoms when he began to suspect that she was trying to get pregnant. Eventually, he began to supply and dispose of the condoms as well:

He knew that I wanted a baby, and he would constantly stay on me. “Did you take your pills?” He started wearing condoms all the time. After a while he made sure he was the one that got rid of the condoms... flushed them

down the toilet or something like that. Kinda like he was catching on to me. I knew he suspected me of it after awhile.

Thus, women's overall capacity for reproductive coercion may vary dramatically according to relationship dynamics.

The women in this sample employed both birth control sabotage (i.e., ceasing to take birth control pills and tampering with condoms) and pregnancy pressure (i.e., threats to leave the relationship and withhold resources) in order to coerce their partners into impregnating them. As previously mentioned, a majority of the women (6 of 8) simply stopped taking birth control pills, or told their partner they were taking pills when they were not, in order to get pregnant. A smaller number of women in this sample (3 of 8) also reported tampering with condoms ("messing with the rubbers") by poking holes in them with pins. Additionally, one woman recalled "playing rough" during sex in order to tamper with the effectiveness of the condom, and two women reported keeping a used condom after their partner had ejaculated into it. Jasmine explained, "I got the condom and poured it all inside of me and, like, did a handstand." Ruth was the only participant who did not engage in birth control sabotage. Instead, she described using pregnancy pressure (or threats to leave the relationship and withhold resources) in order to coerce her husband into getting her pregnant ("he had everything he needed"). In total, a majority of women in this sample (5 of 8) became pregnant as a result of their acts of reproductive coercion.

Women's capacity for perpetrating abuse, the extent to which they allow themselves to engage in deception and manipulation, is also an obvious factor in their perpetration of reproductive coercion. Many of the women, though not all, reported some level of guilt for perpetrating reproductive coercion, and perhaps this is why half of the women in the sample reported telling a female friend or family member about their actions at the time that they were engaging in them. Still, many of the women who felt guilt were able to effectively repress these feelings at the time

of perpetration, perhaps because their sense of urgency to become pregnant trumped their conscience. Kelsey reflected: "I mean, if I would have stopped to think about it for longer than two minutes, I probably wouldn't have done it because it's a horrible thing to do to someone," yet she attempted to become pregnant without her partner knowing for several months. Likewise, Mariah reported realizing the impact of her actions *only* after she became pregnant and her partner explained to her how much her deception had hurt him. Ruth remained ambivalent about her actions at the time of the interview, stating, "I did what I had to do. Did I do the right thing? Maybe. Maybe not. Maybe I should have gotten divorced and adopted. But [my partner] stepped up. Would I do it again? Yeah."

#### Other Findings and their Implications

Other findings from this study are important to note for identification of and intervention with women who may perpetrate reproductive coercion. Although relational power dynamics may impact women's capacity, or agency, to perpetrate reproductive coercion, there is no one particular relationship context in which reproductive coercion occurs. Reproductive coercion occurred in this sample regardless of whether a woman perpetrated other forms of IPV in the relationship or had IPV perpetrated against her. Thus, based upon the study data, it is important to avoid assumptions about what type of woman might perpetrate reproductive coercion, and what her specific characteristics or needs may be. However, women who appear to be at risk for perpetrating reproductive coercion may be at risk of perpetrating and experiencing other forms of IPV; thus, screening for IPV is advised. Future research regarding female-perpetrated reproductive coercion should explore in more depth the dynamics of power and control within women's intimate relationships prior to and after pregnancy resulting from this abuse because prior research has consistently identified pregnancy as a risk factor for male-perpetrated IPV (see Chambliss, 2008; Charles & Perreira, 2007; Martin et al., 2004); indeed,



the most common cause of murder for pregnant women is intimate partner homicide (Palladino et al., 2011). Women who consider getting pregnant without their partner's consent should know that pregnancy has historically been a dangerous time within intimate relationships, especially for those already prone to IPV or general dysfunction in communication.

Additionally, several women in this study told a friend or family member that they were perpetrating reproductive at the time that they were doing so, and this finding has significant implications for intervention. In the case of IPV victimization, researchers have found that peer intervention can be an effective means of clearing up distorted perceptions and gaining access to emotional and material support (Lindsey et al., 2014; Martin, Houston, Mmari & Decker, 2012; Murray & Kardatzke, 2007; Goodman, Dutton, Weinfurt, & Cook, 2003). However, although friends and family members advised the women against their acts of reproductive coercion, the women continued their behavior. Thus, it is unknown to what extent advice from friends and family has an impact on women's perceptions and actions in the face of other influencing factors, specifically the needs they are attempting to meet through pregnancy. Friends and family may required specialized training in order to more effectively intervene with women's perpetration of reproductive coercion; however, more research on peer intervention in these areas is needed (Lindsey et al., 2014). Cultural differences may also impact peer intervention and sharing; at least one participant, a Black woman, said that she did not tell any or her friends or family for fear of being judged ("As a Black woman, you do *not* get pregnant on purpose").

Regarding outcomes of reproductive coercion, none of the women in this sample who bore children as a result of their coercive behaviors were still in an intimate relationship with their child's father at the time of the interview; thus, single motherhood appeared to be a common consequence of perpetrating this abuse. Although Mariah and Ruth could financially support their children without the help of

an intimate partner, several women in this study were not financially self-sufficient at the time of the interview, regardless of whether their partners were contributing child support. Indeed, single parent households have been associated with greater risk of poverty and negative outcomes for children. For example, in 2009, the poverty rate for households led by a single mother (30.4%) was twice that of the total US population (14.3%). As such, children born to single mothers are at greater risk of poor developmental and behavioral outcomes (Shattuck & Kreider, 2013). Regardless of socioeconomic status, many new mothers experience fatigue, depression, and a lack of confidence after their child is born (Leahy Warren, 2005; Barclay et al., 1997). As such, for women who are already feeling alone, unstable, or directionless in life, these feelings could be exacerbated during and after pregnancy.

Finally, some of the women in this study had not directly discussed pregnancy intentions with their partners, which may have been a way to evade their partners' explicit non-consent. Regardless, many of the women were able to perpetrate reproductive coercion without much effort by simply stopping birth control pills. Thus, all individuals involved in an intimate relationship should clearly communicate pregnancy intentions with their partner, and women's pregnancy avoidance should not be assumed. Men should take a more active role in contraceptive decision-making not only to protect themselves from contraceptive fraud, but also to work toward a more egalitarian approach to sharing responsibilities within their intimate relationships.

#### Study Limitations

For this study, I used a modified form of grounded theory analysis in order to identify common themes across cases. Though I was able to conceptualize an initial explanation for female-perpetrated reproductive coercion based upon the data, theoretical sampling was not employed in order to fully test this model. Additional research will take this next step in order to establish the usefulness of the initial

model. Additionally, it is important to note that study participants may have responded to interview questions in a socially desirable manner and/or may have engaged, as many individuals do, in some degree of narrative smoothing in order to create a more compelling narrative about their past. Thus, taking participants' stories at face value poses some degree of risk regarding the trustworthiness of the data provided. Study participants may have withheld information about their lives and relationships, including the dynamics within their intimate relationships or their particular motivations for seeking pregnancy. However, the presence of a unitary theme that transcends the individual details of each participant's interview appears to corroborate the gist of each woman's account. Finally, one participant in this study participated in a telephone interview because she was out of town for the duration of the study. This format inhibited my ability to observe her body language and mannerisms during the interview; however, the data she provided was also taken at face value.

### Conclusion

This study is the first in which female perpetrators of reproductive coercion were interviewed to learn more about their motivations and strategies as well as the relationship contexts within which their actions occurred. The initial explanatory model of female-perpetrated reproductive coercion resulting from this data analysis allows for a conceptual understanding of the conditions under which women may feel compelled to perpetrate this abuse. Within this model, a woman's primary motivation for perpetrating reproductive coercion is not the pregnancy itself, but a belief that pregnancy will allow her to meet some critical unmet need. Despite her partner's unwillingness, the woman sees an opportunity for positive life transition through pregnancy, and also feels strongly compelled, or even somewhat "obsessed," to make this change and possesses the agency to do so. These three conditions in combination precede the perpetration of reproductive coercion, and practitioners who

work with women in these circumstances can recognize these conditions and help individuals at risk of perpetration to meet their needs (i.e., purpose, intimacy, respect, permanency, wholeness, etc.) through means other than reproductive coercion. Moreover, a practitioner can reframe a woman's motivation to improve her life, and her ability to tap into available resources to do so, as a personal strength that can be utilized to achieve positive life transition in a way that does not result in unintended pregnancy for her partner.

Finally, despite the perceived personal benefits of perpetrating reproductive coercion, women who engage in this form of deception should be aware that they not only compromise the dignity and personal freedom of another person, but could also face criminal justice sanctions (Chamberlain & Levenson, 2012; Trawick, 2012). In the limited number of legal cases concerning female-perpetrated contraceptive fraud in the US and the UK, men who claimed to be victim-survivors of reproductive coercion brought their cases to court because they did not want to pay child support. However, prosecution was not successful because it was difficult to prove that reproductive coercion did indeed occur (Sheldon, 2001). However, based on a recent precedent of male-perpetrated reproductive coercion in Canada, consequences for reproductive coercion could become more severe when framed as sexual assault. Indeed, a Canadian Supreme Court found a man who had impregnated his girlfriend by poking holes in condoms guilty of sexual assault on the grounds that his partner did not consent to having sex with tampered condoms. The man received a jail sentence of 18 months and will be placed on the Canadian sex offender registry for 20 years (Mellor, 2011). Conceivably, the same charge could apply to women who perpetrate reproductive coercion. Thus, at the very least, it is important for women to understand the gravity of this abuse, if not for its social consequences, then for potential legal consequences as well.

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Table 2.

*Sample Characteristics of Female Sample*

Pseudonym	Age*	Level of Education	Race/Ethnicity	Method of Reproductive Coercion	Resulted in Pregnancy?	Father Paying Child Support?	Father Involved in Child's Life?
Candy	23	Some college	White	No birth control	Yes	Yes	Yes
Belinda	34	High school	White	No birth control	Yes	Child is in state custody	
Kelsey	25	College	White	No birth control	No	--	--
Natalie	28	Some college	Black	No birth control, condom sabotage	No	--	--
Sharon	40	High school	White	No birth control, condom sabotage, fake pregnancy	No	--	--
Jasmine	37	Some college	Black	Condom sabotage	Yes	Yes	Yes
Mariah	31	Grad school	Black	No birth control	Yes	Yes	No
Ruth	47	Grad school	White	Coercion (threats of financial sabotage)	Yes	No	Yes

\* Age at the time of the interview



Figure 1. *Conceptual model: Pregnancy as a bridging event*

## CHAPTER FIVE: CONCLUSIONS

At the United States population level, 4.8% of women and 8.7% of men reported experiencing reproductive coercion, or that a sexual partner tried to get them pregnant, or attempted to get pregnant, without their consent (Black et al., 2011). No other data is available regarding female-perpetrated reproductive coercion, but the reported prevalence of male-perpetrated reproductive coercion is much higher (14-74%) in smaller community-based samples than at the population level (e.g., Miller et al., 2010; Raphael, 2005). Beyond prevalence statistics, very little is known about the motivations for reproductive coercion and the context in which this abuse occurs. Thus, this qualitative three-paper dissertation study provided information about the motivations and methods used in male- and female-perpetrated reproductive coercion, as well as the outcomes of these actions and the relationship context in which they occurred. Additionally, previous research into reproductive coercion has not included perpetrators (male or female), but the overall findings from this study begin to fill this gap in the scholarly literature. Findings are provided below.

### Findings for Paper One

The purpose of the first paper was to build upon current knowledge of male-perpetrated reproductive coercion by interviewing men who screened positive for its perpetration (n=5). Findings from this multiple case study analysis, when incorporated with previous research in this area, indicated that reproductive coercion, like IPV generally, is a nuanced and complicated phenomenon that may vary widely in terms of motivations and strategies (Johnson, 2008, 2006, 1998). The men in this study used several methods to attempt to get their partners pregnant without their consent: constant pressure (or “wearing down”), threats to end the relationship, neglecting to “pull out” during intercourse, convincing a partner not to

use hormonal contraception, and physically tampering with birth control pills. No men reported using forced sex or physical violence as a tactic of reproductive coercion, which could be the result of social desirability. However, when taken at face value, these men did not report a high level of unidirectional violence and total control over one's partner, known as *coercive control* (Stark, 2007) or, in Johnson's (2008) typology, *intimate terrorism* (IT). Instead, most of the relationships described in this study included some level of relatively mild, bidirectional aggression (physical or verbal) and controlling behaviors that might qualify as *situational couple violence* (SCV) (Johnson, 2008). As Johnson (2008) predicted in his study, sample recruitment (from Craig's List and Backpage) likely had an impact on the type of IPV reported. A sample of participants recruited exclusively from batterers' intervention programs (BIPs), for example, may have yielded categorically different results. According to Johnson (2008), these distinctions, though somewhat limiting and reductive, are useful in practice because knowledge of the nature and context of an abusive situation helps determine a safe and appropriate intervention.

All men interviewed for this exploratory study reported that a strong desire for a biological child, most often a son, provided motivation for their perpetration of reproductive coercion. They believed that having a child would transition them into adulthood and provide them with elevated status in their communities as "family men," and they felt entitled to control their partners' bodies in order to reach this rank. Many participants justified getting their partners pregnant without consent by claiming that their partners actually *wanted* to get pregnant, and they cited their partners' love of the child that resulted from reproduction coercion as evidence of this notion. Most participants, because they were openly determined to have a child, refused to wear condoms during sexual intercourse, thus shifting full responsibility for contraception to their female partners. As such, women in this study who discontinued birth control for any reason (whether because of pregnancy

ambivalence, the side effects of hormonal contraception, or a partner's medical concerns about hormonal contraception) became immediately susceptible to pregnancy.

The findings from this first paper raise important questions about whether distinctions can be made between different forms of reproductive coercion based upon disparate motivations and strategies reported by perpetrators. Though the men in this sample worked to justify the controlling tactics they used to perpetrate reproductive coercion, it is difficult to say, based on the evidence, that these behaviors were part of a larger web of fear and entrapment that could be identified as coercive control (Stark, 2007) or intimate terrorism (Johnson, 2008). Future research should continue to explore whether this type of categorization is useful in intervention with male perpetrators of reproductive coercion and IPV generally, as intervention with couples involved in situational couple violence can effectively include couples counseling whereas this practice would be contraindicated for relationships characterized by intimate terrorism (Johnson, 2008, 2006). Regardless, it is helpful to understand the reasons men may feel entitled to engage in these behaviors in order to intervene and facilitate positive outcomes.

#### Findings from Paper Two

The aim of the second paper was to engage in a close narrative analysis of one male participant's interview in order to learn more about his enactment of power and control in the relationship in which the reproductive coercion occurred. Within the four narrative excerpts analyzed for this study, the participant discussed his strong desire for a biological son, his justifications for coercing his partner into pregnancy, and their division of labor in the home. Findings revealed a tension between the participant's reporting of his actual experiences within the relationship and his use of more generic patriarchal scripts to illustrate his entitlement to power and control within it, such as the notion that men are better decision makers than

women. Given the participant's constant struggle for control within the relationship, and his description of his partner's resistance, it appears that any authority the participant sought to gain was tenuous. Moreover, the participant's acts of reproductive coercion appeared, at least partially, to contribute to the relationship's demise, which seems to illustrate how one's vie for power and control within an intimate relationship can erode initial intimacy and trust. Thus, the findings indicate that men may find temporary satisfaction in evoking patriarchal scripts within an intimate heterosexual relationship, but these practices are not likely to result in positive long-term outcomes for the health of the relationship.

The value this participant invested in having a biological son, based upon his meaningful relationship with his own father, provided data for one of the most compelling findings of this study. The participant's intimate relationship with his partner put him in a double bind, forcing him to choose between enacting his particular form authoritarian masculinity or relinquishing that control in order to enjoy intimacy and trust with his partner. However, in the participant's imagined relationship with a biological son, authority and intimacy could co-exist, thus allowing him to circumvent the limitations of masculinity. This finding is important because it illustrates the way in which men may labor to circumvent the oppressive elements of maintaining a certain type of masculine identity. Though men can employ patriarchal scripts to collectively shame and belittle the women in their lives, they are also at risk of shame if they do not achieve the masculine ideals to which they ascribe. Furthermore, it can be argued that the participant's brief admission to guilt as well as the narrative work he endeavored to justify and minimize his actions may reveal his acknowledgement, at least on some level, that his behavior was problematic. Thus, analysis of this participant's narratives provided more in-depth insight into how the perceived need to enact a particular form of masculine identity may motivate a

man to strongly desire a biological son and feel entitled to perpetrate reproductive coercion.

### Findings from Paper Three

The purpose of the third paper was to learn more about women's motivations for perpetrating reproductive coercion as well as the strategies used and the relationship contexts in which they occurred. The women in this sample (n=8) self-identified as having perpetrated reproductive coercion, and they reported varying motivations for engaging in this behavior. Many of these women reported that they were not particularly interested in their partner's emotional investment in their relationship or child; rather, they were strongly motivated to become pregnant by the perceived personal benefits of motherhood, regardless of whether the child's father was interested in remaining involved. In this sample, women's motivations to seek pregnancy for their own benefit often stemmed from several needs, such as finding a purpose in life, intimacy, respect, wholeness, and a sense of stability. Based upon this data, an initial explanatory model for female-perpetrated reproductive coercion was proposed. In this model, pregnancy was not the women's end goal, but a means to meet their needs and goals. Despite unwilling partners, women who perceived pregnancy as a means for positive transition in their lives pursued reproductive coercion if they felt a strong, almost obsessive, urgency to make this transition and had the means to do so. These women found the agency to engage in reproductive coercion by means such as ceasing birth control, tampering with condoms, and threatening to leave a partner.

None of the women who successfully became pregnant as a result of reproductive coercion were still in intimate relationships with their partners; thus, women who were motivated to become pregnant by a desire to connect with an intimate partner did not typically have favorable outcomes. However, many of the women's former partners were still involved in their children's lives and/or paying



child support. At least one participant regretted that she would need to maintain a relationship with her child's father for the sake of co-parenting. The finding that women were likely to confide in someone, a friend or family member, about their perpetration of reproductive coercion may indicate that peer education can be an effective component of intervention. Additional research with a larger and more generalizable data set is necessary in order to provide statistical support for this hypothesis.

#### Synthesis of Findings from Male and Female Perpetration

Preliminary findings suggest a need for future research that critically examines the function of gender in the perpetration of reproductive coercion. First, both men and women were motivated to perpetrate reproductive coercion by the perceived gender-specific benefits of childbearing. For both men and women, pregnancy and childrearing were acts they associated with maturity and adult success. Thus, men and women often pursued pregnancy for the respect or personal sense of accomplishment and/or personal control it would elicit. Women, not men, discussed the impact of their "biological clock" on the urgency they felt in initiating a pregnancy, and this finding is not surprising when considering that women have a shorter fertility span than men. For women, this urgency appeared to be a driving force in suppressing their conscience when perpetrating reproductive coercion against their intimate partner. For men, a sense of male entitlement to household or relationship decision-making appeared to serve this function. However, the finding that women appeared more likely to confide in friends or family members about their behavior may indicate that female-perpetrated reproductive coercion might be perceived as more socially acceptable.

Though the findings from these studies were context-specific, the participants in the male sample were much more likely than the women to justify their acts of reproductive coercion by minimizing their impact on their partners' lives and insisting

that their partners were happy with the outcome of their pregnancy. It is interesting to note that, between these studies, more male than female perpetrators were successful in their pregnancy efforts. One speculation is that this discrepancy is actually a reflection of how men and women were drawn to participate in the study: women may have retained more guilt for their actions than men, regardless of whether their efforts were successful or unsuccessful, which lead them to identify as a perpetrator and respond to my advertisement. Unlike the women, many male participants were able to call upon convention and common patriarchal scripts to justify their coercive actions as appropriate from a male head of household, a tactic also used to justify other forms of IPV. In the case of reproductive coercion, many men also spoke of the patrilineal need to “carry on” one’s name through genetic lineage. In contrast, the women in the female sample were more likely to express embarrassment or remorse when reflecting on their behavior, regardless of whether their partners were happy with the pregnancy outcome.

Although some women in this study referred to notions of ideal womanhood in order to explain their motivation toward pregnancy, they did not seem to indicate that these ideals led them to a sense of entitlement that justified their coercive behavior. Rather, the women in this sample were more likely to justify their actions with the assumption that they would take primary responsibility for the child, regardless of whether or not their partners would remain in the relationship. Compared to the female sample, the men interviewed for this study were more likely to still be in an intimate relationship with their partner than the women, which could indicate that, because of structural gender inequalities and the physical consequences of pregnancy for women, male perpetration of reproductive coercion was more likely to result in partner dependency. It is important to also note that most study participants (men and women) reported some degree of bidirectional aggression (physical and emotional abuse) in their relationships, though not all

reported that other forms of IPV accompanied reproductive coercion. Some participants reported experiencing more severe forms of IPV, such as choking and a threat to kill. Further research is needed to determine whether abusive behaviors may increase as part of reproductive coercion or result from it. Regardless, the findings from this study indicated that both female and male victim-survivors *and perpetrators* were likely to experience some degree of relationship turmoil, and often relationship demise, as a result of their perpetration of reproductive coercion.

Finally, many of the women were able to perpetrate reproductive coercion without much effort by simply stopping birth control pills. In contrast, prior studies have shown that men are more likely to perpetrate this abuse, not through birth control sabotage, but through pregnancy pressure (Thaller & Messing, 2012; Miller et al., 2010). If such a difference between male and female perpetration does exist, several factors may be the cause. First, it may be that interpersonal aggression tends to manifest in gender-appropriate ways, with women more likely than men to engage in more subtle or passive acts of reproductive coercion, i.e., birth control sabotage, whereas men may use a more aggressive form of pregnancy pressure (see Archer, 2000). Moreover, women's capacity to effectively enact pregnancy pressure may be limited by their physical strength and access to material resources in relation to men. Further quantitative research in the area of male- and female-perpetrated reproductive coercion can investigate these possibilities. Regardless, a more generalizable comparative study of women and men's perpetration is needed in order to accurately determine gendered differences in perpetration that can influence targeted intervention.

#### Implications for Practice and Policy

Because social workers work within a variety of settings and will often come into contact with individuals involved in IPV, they must educate themselves about its various manifestations, such as reproductive coercion. If social workers lack

expertise in IPV, it is crucial that they develop relationships with professionals who do in order that they are prepared to refer clients (Bent-Goodley, 2007; Danis & Lockhart, 2003). Public awareness about reproductive coercion is increasing; in 2013, the American Congress of Obstetricians and Gynecologists (ACOG) formally recommended that reproductive health professionals screen their clients for reproductive coercion, and the findings from this study support the need for this practice. Though screening for victimization is likely to positively impact many women who need help, intervention with perpetrators is also essential. Currently, the only intervention for reproductive coercion available, Project Connect, is designed to intervene with female victim-survivors (Chamberlain & Levenson, 2012). A more socially equitable approach to intervention will consider ways to protect both male and female victim-survivors and to educate and rehabilitate both male and female perpetrators. Policy recommendations may involve the criminalization of reproductive coercion. However, because reproductive coercion can be a complicated and nuanced phenomenon, it is important to distinguish between gendered violence that endangers and inhibits human lives and dysfunctional relationship behavior that is unhealthy and potentially abusive but not criminal. Recommendations for practice based on the preliminary study findings are below.

#### For Female Victim-Survivors of Reproductive Coercion

Reproductive coercion can be fundamentally life changing for both the men and women who experience it. However, the impact of this phenomenon upon female victim-survivors is categorically different than for males because of the enormous physical consequences of pregnancy. Moreover, women are more likely than men to become primary caretakers for their children (Williams, 2000). The current intervention for male-perpetrated reproductive coercion is to educate women about birth control options they can conceal from their partners. However, findings from first paper in this dissertation illustrated that even if women can access discrete

forms of birth control, which are often hormonally based, they may choose not to use them based on their real or perceived side effects (Littlejohn, 2012). Moreover, women of color may be particularly hesitant to use certain forms of contraception based upon a relatively recent history of *state*-perpetrated reproductive coercion against them (see Roberts, 1998; Stoler, 1995; Smart, 1992). Thus, women's experiences with and perceptions of contraception must be taken into consideration when designing interventions for female victim-survivors. Moreover, the potential for women's attitudes toward pregnancy to fluctuate or change over time, also known as *pregnancy ambivalence*, must also be taken into account when intervention compliance involves consistent use of contraception. However, whether or not a woman successfully adheres to the components of an intervention, the male perpetrator is the individual at fault and must be held to full accountability for his actions. These considerations reinforce the notion that perpetrator-based intervention is essential.

#### For Male Perpetrators of Reproductive Coercion

While access to hidden birth control will help women who are experiencing reproductive coercion to avoid unintended pregnancy, it will not stop a perpetrator from abusing. Thus, perpetrator-centered intervention is necessary. In the data from the first paper in this dissertation, men dismissed their partners' resistance to pregnancy and minimized the impact it would have on their partners' lives. Several men recalled their experiences in caring for younger siblings as proof that they could handle the responsibility of fatherhood. However, it may be likely that they did not grasp the full scope of responsibility, as they were able to eventually relinquish care of their siblings. As such, men who may be prone to perpetrating reproductive coercion could benefit from psychoeducation that includes illustrations of the ways in which childbearing impacts women's lives. Additionally, because several men reported a desire to have children in order to "settle down," it is important for social

workers to understand that positive affirmation as a result of fatherhood may be a more powerful motivator for perpetrating reproductive coercion for some men than total coercive control over one's partner.

In interventions designed for male perpetrators, it is crucial that practitioners encourage the men to reflect honestly on the gendered relations in their lives and to understand that socially constructed gender ideals can be not only a source of shaming others, but also a source of their own shame (Blum, 2008; Brown, 2007; Fergusson, 2005; Tangney & Dearing, 2003). As such, practitioners must keep them accountable for the common patriarchal scripts they use to collectively belittle women and other men. Attention to the ways in which men talk about household division of labor as well as a value placed upon daughters and sons can provide insight into their enactment of masculinities within private spaces. Men who do not feel comfortable talking directly about gender and power may be encouraged to talk about it in a less direct way—perhaps by discussing their relationships with other men, such as their fathers. Using this relationship as a touchstone, practitioners can guide men to process and expand their thoughts and ideas about power, shame, and intimacy.

Finally, men's justifications and minimizations for reproductive coercion, and IPV generally, can be perceived as a starting point for intervention because they may indicate that men possess the knowledge, on some level, that their behavior is unacceptable (Sykes & Matza, 1957). Men themselves may struggle with shame in a social environment where ideal standards of masculinity are nearly unattainable (Kimmel, 2004). Persistent avoidance or hostility can indicate that a man is grappling with shame and questioning his capacity for power and control as well as his fundamental self worth. Reducing shame and tapping into guilt may be a more productive way for men with abusive behaviors to move forward, as, unlike shame, guilt is associated with empathy and remorse and can lead to restitution. As such,

there is a need for perpetrator-based interventions that focus on education and rehabilitation rather than pathology. Interventions can be framed as a way to improve life quality and the effectiveness of social relationships (Gormley, 2005). Moreover, perpetrator interventions should include a component of public awareness in order to educate individuals about how to respond to disclosure of abusive and/or controlling behaviors.

#### For Male Victim-Survivors of Reproductive Coercion

Men are also victim-survivors of reproductive coercion who can experience emotional and economic consequences as a result of unplanned pregnancy. Like women, they should be encouraged to ask for professional help when needed. Men can protect themselves from reproductive coercion, and engage in more democratic gender relations, by taking greater responsibility for contraception, instead of assuming that female partners are using birth control or will address the consequences of pregnancy. Moreover, when choosing to engage in sexual relationships, men should be explicit about whether they provide consent to pregnancy in order to deter coercive behavior. As men become more active participants in childrearing, they must also become more accountable for responsibly engaging in sexual relationships.

#### For Female Perpetrators of Reproductive Coercion

Interventions with female perpetrators of reproductive coercion should take into account the ways in which gender may impact women's behavior as well as their risk. First, it is important to address idealized notions of femininity, and the misperceptions that being a mother is essential to motherhood and that pregnancy can be used to forge a life-long connection with an intimate partner. Moreover, women who may be prone to perpetrating reproductive coercion may benefit from examples that illustrate the ways in men are impacted by unplanned pregnancy. Psychoeducation intended to reduce reproductive coercion can be framed as a way to

improve the quality of social relationships and long-term personal wellbeing (Gormley, 2005). Moreover, because women may be more likely than men to confide in another person about the abusive and/or coercion behaviors in which they engage, public education should be included in intervention in order to inform individuals of how to respond when a person discloses they are engaging in abusive behaviors. Further, education for those who perpetrate reproductive coercion might also include information about increased risk of HIV and STI contraction as a result of tampering with condoms, as this knowledge may potentially deter their behavior. Finally, given the evidence that pregnancy can exacerbate relationship stress and increase women's risk of danger (Chambliss, 2008; Charles & Perreira, 2007), practitioners who work with female victim-survivors and perpetrators of reproductive coercion should engage in regular re-assessment of danger.

#### Future Research

Findings from this study provide a foundation for further research and the creation of social work intervention. The current literature around reproductive coercion is limited in scope, as the majority of data is quantitative in nature and has been collected from female victim-survivors. Researchers with an interest in the usefulness of Johnson's (2008) typology in preparing targeted interventions might engage in further research that replicates Johnson's previous studies and also includes measures of reproductive coercion. In order to create effective intervention, further research must continue to explore the gendered nature of this phenomenon, particularly in research related to gendered discourse around relationship roles and expectations. Additionally, research that examines the function of shame and guilt in perpetration, rehabilitation, and prevention may be incredibly useful to practitioners and can also be examined through a gendered lens. The patriarchal scripts that men may use to justify their behavior can be more thoroughly investigated, and alternate masculine identities that feel acceptable to men but also promote more democratic



gender relations can be identified. Men's relationships with their fathers or other men can provide a means to discuss gendered relations with women, as men's relationships with other men are also unavoidably gendered. To extend this research, male perpetrators' relationships with their mothers might also be analyzed.

The studies that comprise this dissertation have demonstrated that the stories individuals tell about themselves and other people can provide valuable insight into perceptions and behaviors that are, ultimately, self defeating. The job of professional social workers is to identify the harmful behaviors that typically comprise a social problem and attempt to reduce them through targeted intervention, and reproductive coercion is one newly identified and defined form of IPV that requires professional and scholarly attention for intervention. IPV research has grown significantly in breadth and depth in the past four decades, and this dissertation further contributes to this growing field by providing new information about both male and female perpetration of reproductive coercion. The breadth of this information may allow practitioners to begin to formulate ways in which responsibility for reducing this form of abuse can be shifted away from the victim-survivor. Perpetrators must be held accountable for their actions, though it is important to recognize that perpetrators and victims-survivors alike, both male and female, can experience negative consequences from reproductive coercion. The preliminary data from these studies reveal several areas for future research to aid in the creation of these targeted interventions.

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APPENDIX A  
MALE ELIGIBILITY SCREENING ACCORDING TO EXPERIENCES OF REPRODUCTIVE  
COERCION

- Have you ever pressured an intimate partner to get pregnant when she didn't want to be?
- Have you ever told an intimate partner you would leave her if she did not get pregnant?
- Have you ever told an intimate partner you would have a baby with someone else if she did not get pregnant?
- Have you ever pressured an intimate partner not to use birth control (such as the pill, the shot, or an IUD) because you wanted her to get pregnant?
- Have you ever tampered with your intimate partner's birth control without her knowing because you wanted her to get pregnant?
- Have you ever tampered with a condom without your intimate partner knowing because you wanted her to get pregnant?
- Have you ever neglected to "pull out" during sex without your intimate partner knowing because you wanted her to get pregnant?
- Have you ever used emotional or physical intimidation (such as threats, name-calling, intimidating looks, or other means) against an intimate partner to pressure her to get pregnant when she didn't want to?

APPENDIX B  
FEMALE ELIGIBILITY SCREENING ACCORDING TO EXPERIENCES OF REPRODUCTIVE  
COERCION

- Have you ever pressured an intimate partner to get you pregnant when he didn't want you to be?
- Have you ever told an intimate partner you would leave him if he did not get you pregnant?
- Have you ever told an intimate partner you would have a baby with someone else if he did not get you pregnant?
- Have you ever tampered with your birth control, or stopped using it, without your partner knowing because you wanted to get pregnant?
- Have you ever tampered with a condom without your intimate partner knowing because you wanted him to get you pregnant?
- Have you ever made it difficult for your partner to "pull out" during sex because you wanted him to get you pregnant?
- Have you ever used emotional or physical intimidation (such as threats, name-calling, intimidating looks, or other means) against an intimate partner to pressure him to get you pregnant when he didn't want to?