DOI: 10.54208/1000/0008/008

Understanding Reproductive Coercion in Cults and Destructive Group Settings

Ashlen Weltz[1]
Linda Dubrow-Marshall
Rod Dubrow-Marshall

Abstract: This quantitative study is the first exploratory analysis of the complex experiences of individuals who have experienced reproductive coercion while under the influence of a cultic or destructive group. Unlike previous anecdotal accounts from former members, this research systematically investigates how reproductive coercion manifests within destructive group settings, thereby addressing a long-standing gap in the literature. Ninety-nine participants were recruited through a targeted online sampling of self-identified former cult members. Participants were at least 18 years old, identified as female during their time with the group, and experienced a lack of control over their reproductive choices during that period. They completed an online questionnaire that explored their identity, reproductive autonomy, and psychological abuse experienced while in a destructive group setting.

In contrast to prior research on relationship control, which found male partners to be the primary source of reproductive interference, this study demonstrated that the group's ideology exerted the most influence on reproductive decision-making. Results also suggest that individuals born and raised in cultic groups experience reproductive coercion differently than first-generation members. This study provides insight into how cults can disturbingly control even the most personal issues in individuals' lives and can serve as a powerful means of coercive control.

Keywords: abortion coercion, pregnancy coercion, coercive control, reproductive autonomy, reproductive coercion, cults

1 Please contact primary author Ashlen Weltz (research.weltz@gmail.com) to request appendices.

Reproductive coercion interferes with an individual's rights and freedoms related to reproductive healthcare and decision-making to maintain power and control over the individual and prevent autonomy (Grace & Anderson, 2018). It can affect anyone, regardless of sex or gender; however, types of reproductive control may be sex or gender specific. In the case of women, specifically, "reproductive coercion may be perpetrated through coercive, unwanted, or non-consensual sex, and furthermore, it uses women's reproductive capacity as a weapon against them" (Tarzia, Wellington, Marino, & Hegarty, 2019, p. 1396). According to the biomedical literature, reproductive coercion can exist on interpersonal and structural levels (Tarzia & Hegarty, 2021; Marie Stopes Australia, 2018). However, prior research on reproductive coercion has primarily focused on coercion from intimate male partners, based on studies conducted in family planning clinics, healthcare settings, or among populations at higher risk for intimate partner violence (IPV) (Clark, Allen, Goyal, Raker, & Gottlieb, 2014). Consequently, existing understandings and literature on reproductive coercion predominantly center on the interpersonal domain, giving special attention to this type of coercion inflicted by current or former intimate partners, parents, or extended familial relationships (Grace & Anderson, 2018).

In contrast, reproductive coercion at the structural level is a broader area that requires further study. Investigating reproductive coercion on the structural level may involve examining various influential sources (e.g., societal, political, religious, socioeconomic, legislative, or cultural factors) that can affect women's autonomy. Individual experiences may not fit neatly with a singular domain that defines reproductive coercion; for example, influences from the structural sphere and interpersonal pressures from extended family can occur simultaneously. The intersection of these two domains is particularly apparent in abusive

group settings, which create environments that may limit reproductive freedoms. Destructive group settings, often described as cults, can foster psychologically abusive environments where reproductive coercion likely exist, serving as an example of a coercion method that a cultic group may use to maintain power and control. Both destructive group settings and cults share characteristics indicative of a psychologically abusive environment. However, the decision to label a specific group as a "cult" or a "destructive group setting" can be subjective, often influenced by personal preference or tailored to a specific audience. In an abusive group setting, interpersonal coercion and group influence at the structural level can coexist due to multiple factors. For instance, an individual may experience coercion in their relationships with a partner, group leader, or other members while also facing abuse stemming from the group's structure or its ideological beliefs and expectations.

Existing research on reproductive control provides insights into the interpersonal domain; however, there has not been an investigation into the complex experiences of individuals under the influence of a group environment, where various factors may restrict reproductive freedom (Grace & Anderson, 2018). Specifically, reproductive coercion within detrimental group settings has not been thoroughly explored, and current knowledge is primarily derived from anecdotal evidence provided by survivor accounts. Given the research gap concerning experiences of reproductive coercion within cultic group contexts, it is imperative to approach this phenomenon with a perspective that accounts for the multitude of variables associated with psychologically abusive group scenarios. Psychological and group abuse frequently entail undue influence over the expression of sexuality, particularly regarding reproductive choices. For instance, cultic organizations may affect reproductive decision-making by imposing restrictions or prohibiting sexual activity among members through the teachings and manipulative influence of a cult leader and by leveraging religious or cultural factors that significantly shape group practices and beliefs. These instances exemplify various control mechanisms employed in abusive group environments that may undermine women's reproductive health, decision-making autonomy, and sexual well-being. Furthermore, empirical studies have shown that individuals who endure coercion within cultic group settings are more likely to experience identity crises, depression, and anxiety, with the severity of these issues varying based on several determinants, such as the extent of identity invested in the totalist system (Dubrow-Marshall, 2010). While the association between psychological abuse and group identity is well-established, a comprehensive understanding of reproductive coercion encountered within destructive group environments represents a pertinent area for further research.

Literature Review

Definitional Understandings

Reproductive Coercion

The phenomenon of reproductive coercion is a relatively new concept, first appearing in the psychological research literature in 2010 (Miller et al., 2010). As described by Grace and Anderson (2018), "Reproductive coercion is a behavior that interferes with the autonomous decision-making of a woman with regard to reproductive health. It may take the form of birth control sabotage, pregnancy coercion, or controlling the outcome of a pregnancy" (p. 371). These categories may have slightly different wording depending on the research study or the researcher's preference, for example, "controlling the outcome of pregnancy" is also called "abortion coercion" (Silverman & Raj, 2014). Within the context of examining IPV and reproductive coercion, Silverman and Raj (2014) defined reproductive coercion as consisting of two forms of reproductive control (pregnancy coercion and conception sabotage) instead of the three mentioned earlier. Although the terminology describing the various aspects of reproductive coercion may differ slightly, individuals who experience it recognize that the consequences can have significant impacts. Researchers have shown that an individual's inability to make their own reproductive choices compromises their future reproductive health decisions, leading to fear and an increased risk for unintended pregnancy, which, as noted by Miller et al. (2010), can serve as a means of control by the abuser.

One of the difficulties when researching the prevalence of reproductive coercion in the psychological literature

is the overlap with intimate partner violence (IPV) while examining data. Because reproductive coercion is a relatively new concept in the literature compared to studies on intimate partner violence by gender, which date back to the 1970s and 1980s, IPV has played a crucial role in the literature when examining reproductive coercion (Archer, 2000). Because of this overlap with IPV, medical professionals are uniquely positioned to assist individuals experiencing reproductive coercion, as victims often seek medical services such as family planning clinics, obstetrics, gynecology offices, or emergency services (Kazmerski et al., 2015). Consequently, most studies and research on reproductive coercion have focused on individuals who have interacted with the medical community (Kazmerski et al., 2015; Miller et al., 2011; Grace & Anderson, 2018; Grace, 2016; Clark, Allen, Goyal, Raker, & Gottlieb, 2014). According to *The National Intimate Partner and Sexual Violence Survey (NISVS)*, over 43.5 million women (approximately one-third) in the United States reported experiencing IPV (Smith, Zhang, Basile, Merrick, Wang, Kresnow, & Chen, 2018, 7–8). As the definition of IPV can also include psychological aspects, it creates a complex and often mutually reinforcing relationship with reproductive coercion, leading to its classification as IPV in the literature (Basile, Smith, Liu, Kresnow, Fasula, Gilbert, & Chen, 2018, p. 1396). Alternatively, some view reproductive coercion as "a specific type" of IPV (Basile, Smith, Liu, Miller, & Kresnow, 2019, p. 1).

Cults

Over the past 20 years, research on high-demand or destructive groups, commonly known as cults, has significantly increased, offering deeper insight into the mental health of individuals in these environments and their relationship to cultic settings and identity issues (Dubrow-Marshall & Dubrow-Marshall, 2016). The term "cultic" is the most widely used term in the social sciences literature when discussing destructive groups. While religious cults are the most documented, cults can also be political, psychological, or business-oriented in nature (Aronoff, Lynn, & Malinoski, 2000, p. 94). In addition to those already mentioned, several other types of cults exist, including self-help, spiritual, and therapy cults. The term "cult" has historically been ambiguous in definition, a point that this study does not address in depth (West & Langone, 1985). Instead, the following provided definition serves as a useful framework to enhance understanding of the variables involved in creating totalist systems. A cult can be defined as,

> A group or movement exhibiting a great or excessive devotion or dedication to some person, idea, or thing and employing unethically manipulative techniques of persuasion and control (e.g., isolation from former friends and family, debilitation, use of special methods to heighten suggestibility and subservience, powerful group pressures, information management, suspension of individuality or critical judgment, promotion of total dependency on the group and fear of leaving it…), designed to advance the goals of the group's leaders, to the 'actual or possible detriment of members, their families, or the community (West & Langone, 1986, 119–120).

In the current study, anyone who self-identified as having left a cult or destructive group setting was eligible to participate in the research. By adding the term "destructive group setting" alongside "cult" in the eligibility criteria, we provided an alternative label for those who might be hesitant to describe their experiences with the word "cult." Participants were not screened to determine if their experiences aligned with the definitions of a cultic environment. Throughout this research, the terms cult, totalist systems, destructive group settings, abusive group settings, and psychologically abusive environments are used interchangeably. These terms are derived from existing social studies and serve as effective descriptors for environments characterized by control, manipulation, and coercive strategies intended to limit individual autonomy (Saldaña, Rodríguez-Carballeira, Almendros, & Escartín, 2017).

Reproductive Coercion in Cultic and Destructive Group Settings

Researching and gathering data on cults is akin to researching hidden or hard-to-reach populations because of the difficulties in obtaining information and the limited interaction with public health programs,

ISSN: 2710-4028 ☐ DOI: https://doi.org/10.54208/0008

which provide little data on this subgroup. In social sciences, a "hidden population" refers to individuals who prefer to remain unfound or uncontacted; a "hard-to-reach" population refers to those who may be difficult to access due to various factors, including geography, social or economic status, those living in faith communities, or those experiencing social pressure from the wider community (Shaghaghi, Bhopal, & Sheikh, 2011). As cults represent "hidden communities," there is a noted research gap regarding the relationship between reproductive coercion and cults. Furthermore, there is a lack of data on the prevalence of individuals who have experienced reproductive coercion in harmful group environments. The American College of Obstetricians and Gynecologists recommends that reproductive coercion is best addressed and identified within the healthcare system, where interventions can occur, if necessary, between the patient and healthcare provider (Silverman and Raj, 2014). Some individuals in cults may face obstacles in seeking medical care due to factors such as isolation, cultural or religious beliefs, and income inequality. They might feel ashamed or embarrassed about disclosing their involvement in cult activities or answer uncomfortable questions while seeking medical treatment.

Anecdotal accounts from survivors of cults suggest that these groups interfere with reproductive health decisions by employing various techniques to maintain power and control. The motivations for sustaining authority in a community or in a power dynamic involving a cult leader or controlling theology can be diverse and group-specific. Possible motivations include financial control, sexual control, or spiritual control. For instance, theologically driven reproductive control can be seen in the Fundamentalist Latter-Day Saints (FLDS) movement, where polygamy and childbearing are believed to be essential and a commandment from God for entering the highest level of Heaven (Coman, 2003). Lifton's (2012) criteria for thought reform can help illustrate forms of coercion that specifically target reproductive outcomes. For example, teaching that medical services are dangerous or misinforming individuals about the costs of medical services and care they would receive could be viewed as an aspect of "milieu control." The "demand for purity" can manifest through discouraging associations with anyone outside the group, including medical professionals, as they are perceived to be sinful or outsiders.

Social sciences research literature has discussed and researched children born and raised in totalist systems, their needs after departure, and fatalities resulting from medical neglect in psychologically abusive settings (Aebi-Mytton, 2021; Goldberg, 2006; Asser & Swan, 2000). In the book Misunderstanding Cults, various groups are highlighted through case studies, focusing on child-rearing issues in abusive group contexts while paying less attention to the sources of reproductive control over women in these settings (Siskind, 2016). This reveals a research gap and emphasizes the study's relevance. For instance, the Oneida Community's ideology regarding procreation was determined solely by the sect leader, who determined the fitness of couples to have children and experimented with breeding among members (Siskind, 2016). The Children of God cult in the 1960s promoted marriage but prohibited women from using birth control. Conversely, the International Society of Krishna Consciousness (ISKON) Movement required celibacy for individuals unless married, allowing sexual relations solely for procreation (Siskind, 2016). The Center for Feeling Therapy was a therapeutic cult that strongly encouraged pregnant women to have abortions; during its 10 years of existence, not one child was born among the 350 members, despite all women being of childbearing age (Ayella, 1998, p. 28).

Examining Cults Through the Lens of Reproductive Coercion's Structural Domain

While the research provided by Marie Stopes Australia (2018) considers the structural level and interpersonal level as the two "domains" (p. 7) where reproductive coercion can occur, Tarzia and Hegarty (2021) state that the structural level can create an environment that contributes to reproductive coercion, but it should not be classified as "reproductive coercion" due to the issue of intent. Tarzia and Hegarty (2021) state, "Although we do not deny that structural inequalities can be experienced as violence, it is not helpful to consider these sorts of external or contextual issues as being one and the same as abuse from one's partner or close family member" (p. 2). If intent is central to understanding reproductive coercion, then a cultic environment would challenge the idea that reproductive coercion is

not "one and the same as abuse from one's partner or close family member" (p. 2). In the case of a destructive group environment, intent can undoubtedly exist at the structural level.

The structural level comprises various factors, such as cultural, social, economic, legislative, and political influences, that can create conditions limiting women's autonomy over reproductive health (Tarzia & Hegarty, 2021; Marie Stopes Australia, 2018). The ways in which cults exert coercive control can overlap both the interpersonal and structural domains. For example, an individual influenced by a cult leader may experience repercussions from decisions made by the leader, regardless of direct contact with the group member, affecting multiple tiers of membership and directly impacting members' autonomy. Group ideology may influence reproductive coercion as well as the leader's personal preferences, such as seen in the commune led by Bhagwan Shree Rajneesh. Although members often heard him speak positively about children, they faced confusion when pregnant women were told by the Bhagwan to "abort and sterilize" ("Escaping the Bhagwan," 2011, para. 9). While limited research exists on cultural factors driving reproductive coercion at the structural level, some studies do address cultural factors that can foster an environment conducive to both intimate partner violence and sexual violence. This includes characteristics commonly found in high-control groups: cultures that condone male violence, cultures that prioritize the "good of the group" at all costs (power hierarchies), and patriarchal cultures (Marie Stopes Australia, 2018).

Research Methods

Our quantitative study sought to explore the reproductive coercion experienced by individuals identifying as female in a cult or destructive group setting. The assessments utilized included the Psychological Abuse Experienced in Groups Scale (PAEGS), the Extent of Group Identity Scale (EGIS), and the Reproductive Autonomy Scale. The empirical data collected from this study was intended to improve knowledge of the following three research aims and objectives:

1. to improve knowledge regarding destructive group influence and the experience of reproductive coercion in these settings;

2. to measure the relationships between psychological abuse experienced in these groups, the extent of group identity, and reproductive coercion;

3. to investigate whether group psychological abuse and the extent of group identity predict reproductive coercion, and

4. to generate an understanding of how reproductive coercion manifests in cults from a sampling of those who have left cultic environments.

Our research conducted a content analysis of the Reproductive Autonomy Scale to address the fourth aim. Through exploratory research into reproductive coercion experienced in destructive group settings, our study aimed to fill a research gap by introducing this particular intersection of subject matter.

Research Questions

Our quantitative research examined former members of cultic groups who experienced reproductive coercion and explored their perceptions of psychological abuse while in a cultic group, reproductive coercion, and the extent of their group identity. Participants completed the Psychological Abuse Experienced in Groups Scale (PAEGS), the Extent of Group Identity Scale (EGIS), and the Reproductive Autonomy Scale. Additionally, the study addressed the following research questions:

1. To what extent and in what ways do former members of cultic groups perceive that they have experienced reproductive coercion? For example, did former members encounter reproductive coercion stemming from the group's ideology or theology, the cult leader, or a close relative or intimate partner while in the group?

2. Is there a relationship between the psychological abuse experienced in groups, the extent of group identity, and reproductive coercion?

3. Does the extent of group identity predict the extent of reproductive coercion experienced in groups?

ISSN: 2710-4028 E DOI: https://doi.org/10.54208/0008

4. Does the extent of psychological abuse predict the extent of reproductive coercion experienced in groups?

Participants

Participants completed an online survey created with the University of Salford's JISC Online Survey Software. Individuals were eligible to participate in the study only if they met the following requirements: 1) they were 18 or older; 2) they self-identified as having been in a cult or destructive group that they subsequently left; 3) they identified as female during their time in a cult or destructive group; and 4) they experienced reproductive coercion at that time, defined in the recruitment material and Participant Information Sheet (PIS) as: "A behavior that interferes with the autonomous decision-making of a woman with regard to reproductive health. It may take the form of birth control sabotage, pregnancy coercion, or controlling the outcome of a pregnancy" (Grace and Anderson, 2018, p. 371). While reproductive coercion is an issue that can affect any sex or gender, for this study, we limited participant eligibility to those who identified as female while in their cultic group. Because the questionnaire is reflective in nature, all identities (e.g., trans men, non-binary individuals) could participate in the study if they previously identified as female during their time in a cultic group. Initially, this project aimed to recruit at least 60–100 participants from a purposive sampling of a broader population of individuals involved in cultic groups. Since this is a new investigative area, the goal was to achieve an attainable sample that could provide preliminary data for this research inquiry on this phenomenon. The final number of participants who completed the survey was 99.

The Psychological Abuse Experienced in Groups Scale (PAEGS)

The Psychological Abuse Experienced in Groups Scale (PAEGS) is a 31-question Likert scale that includes a subscale encompassing the following factors: "emotional abuse; isolation; control and manipulation of information; control over personal life; indoctrination in an absolute and Manichean belief system; imposition of a singular, extraordinary authority" (Saldana et al., 2017, p. 64). PAEGS has primarily been studied in the context of cults and abusive group settings. It asks former members to reflect on their experiences while they were still in the cultic group when answering the questions (Saldaña et al., p. 63). It also includes an introductory statement encouraging respondents to answer each question "regardless of whether or not the group performed it intentionally" (Saldaña et al., 2017, p. 63). When it was developed, this scale demonstrated strong external validity when correlated with other measures of psychological abuse in group settings and featured a wide range of questions concerning psychological abuse, from explicit to more subtle (Saldaña et al., 2017).

The Extent of Group Identity Scale (EGIS)

Dubrow-Marshall (2010) described the milieu of cultic and destructive groups as fostering a totalistic identity among adherents. The Extent of Group Identity Scale (EGIS) measured the psychopathology of former members in relation to their group environment and the degree of their former group identity (Dubrow-Marshall et al., 2016). The EGIS consists of a 9-question Likert scale, asking respondents to recall the early group membership period while answering (see Appendix C). The questions are phrased neutrally to gain insight into the psychological authority of the group (Dubrow-Marshall, 2010). Participants answered on a scale from 1 to 9, where 1 indicates not at all important and 9 signifies extremely important. The wording differs slightly depending on the questions.

Based on past data gathered using the EGIS scale, former cult members reported experiencing depression, dissociation, and anxiety, which indicate high levels of psychopathology (Dubrow-Marshall & Dubrow-Marshall, 2016). Thus, in this study's context, it was predicted that the EGIS and PAEGS would show parallel relationships; specifically, the higher the indicators of identity within a totalist group, the higher the psychopathology reported by survey participants in the group setting. Consequently, measuring the environment of group psychological abuse with the PAEGS, along with measuring one's identity in a destructive group setting using the EGIS, was chosen to provide further insights into whether the degree of

group identity can predict the extent of reproductive coercion experienced in those groups.

Reproductive Autonomy Scale

The Reproductive Autonomy Scale measures multiple facets of reproductive autonomy, specifically women's power to control matters related to their reproductive health (Upadhyay, Dworkin, Weitz, & Foster, 2014). This scale was used to provide insight into the extent and ways former members of cultic groups perceive experiences of reproductive coercion. While there is much overlap between the terms "reproductive coercion" and "reproductive autonomy," reproductive autonomy is a distinct concept from reproductive coercion because reproductive autonomy encompasses multiple factors (including societal and cultural pressures) that may impact an individual's ability to freely make reproductive health decisions (Upadhyay, Dworkin, Weitz, & Foster, 2014). This distinction makes this scale appropriate when considering the many facets of cultic systems that may inhibit reproductive rights and decision-making. The scale is 34 questions and includes three subscales of "decision making," "freedom from coercion," and "communication" (Upadhyay, Dworkin, Weitz, & Foster, 2014, p. 37). The participants indicated the degree to which they experienced each factor by indicating 0 (never), 1 (sometimes), 2 (quite often), 3 (frequently), or 4 (very often). Participants were also asked at the beginning of the scale to indicate who had the "most say" in different types of decisions (Upadhyay, Dworkin, Weitz, & Foster, 2014, p. 37). It was necessary for the authors to adapt the Reproductive Autonomy scale for this study. New categories were added to determine if the participants experienced reproductive control during their time in a cultic group from their ideology, theology, cult leader, or a close relative or intimate partner while in the group (see Appendix C).

Results

Demographic Data

The final number of participants in the research project was 99, which constituted an appropriate sample for the initial exploratory analysis of reproductive coercion in cultic groups. One of the eligibility guidelines for participation stipulated that participants identified as female during their time in the cultic or destructive group setting. Ninety-two respondents identified their gender presently as female (including trans-women). Four respondents identified their gender presently as male (including trans men), indicating that at least four had transitioned since their group involvement. Two respondents chose not to describe their current gender. Participants described themselves as female, heterosexual, non-binary, cisgender, gender-fluid, she, her, they, them, agender, straight, LGBT ally, and male. Additionally, 96 respondents were aged between 20 and 85 years, with an average age of 41. Three participants did not provide their age.

The next question was aimed at generating data regarding the length of time participants were involved with the group. The data findings can be referenced in Table 1 *(see pg. 134).*

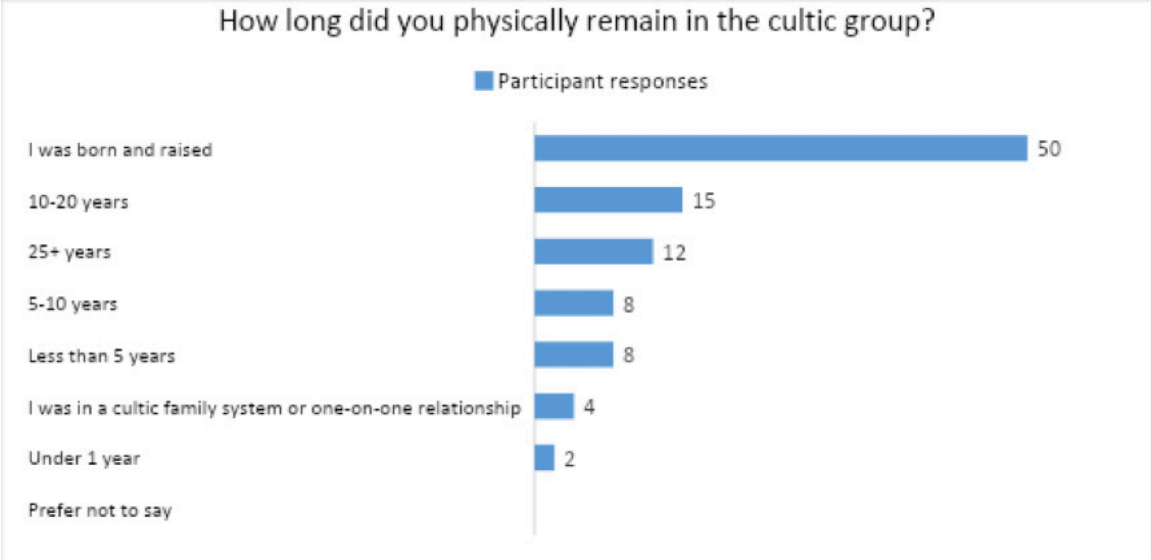
Question 10 asked which cultic group the participant had left. (This was not a requirement for participants to answer.) Interestingly, the groups with the highest number of respondents were from the Church of Christ, Jehovah's Witnesses, and the Church of Jesus Christ of Latter-Day Saints (Mormons). All three of these groups adhere to variations of Christianity and have origins from the Second Great Awakening in the United States, which was a time of heightened religious fervor. The complete data sampling provided can be of reference in Table 2 (*see pg. 134-135*).

Eighty-four participants indicated that their cult had a leader during their group involvement, while fifteen did not. These results supported the assumption that cults typically have an abusive leader. The remaining 15.2% of participants may have experienced reproductive coercion due to various influences, including ideological beliefs, theological views, group pressures, or cultural norms.

ISSN: 2710-4028 ☐ DOI: https://doi.org/10.54208/0008

Table 1.

Demographic Information Question 9: How Long
Did You Physically Remain in the Cultic Group?



Note. All participants completed this question, with 50.5% indicating that they were born and raised in a cultic group. The responses indicate that 45 out of the 99 participants are probably first-generation former cult members (45.5%).

Table 2.

Demographic Information Question 10: What Was The Name Of
The Cultic Group You Left?

Name of the cultic group participants left [a]	Participants who left cultic group n
1. Church of Christ	9
2. Academy at Ivy Ridge	1
3. Independent Fundamental Baptists (IFB)	4
4. Jehovah's Witnesses	9
5. Reformed Presbyterian Church of Scotland	1
6. Church of Jesus Christ of Latter-day Saints (Mormons)	11
7. Nithyananda	1
8. Philadelphia Church of God	1
9. The Children of God/The Family International	2
10. International Church of Christ (Boston Movement)	2
11. Twelve Tribes/Commonwealth of Israel	2
12. Ramtha's School of Enlightenment	1
13. The Process	1
14. Pathgate Institute	1

15. Sound Doctrine	1
16. Southern Baptist Convention	1
17. Fundamentalist Church of Jesus Christ of Latter-day Saints (FLDS)	1
18. The Divine Love Movement	1
19. 2014	1
20. Adsideo Church	1
21. Agama Yoga	1
22. William Branham's Message	1
23. Conservative Anabaptist (Mennonite/Amish)	1
24. SSPX, Society St John USA and Brazil	1
25. Unification Church	6
26. United Pentecostal Church/Oneness	1
27. Scientology	3
28. Dayemi Tariqat (Carbondale Sufis)	1
29. Christian Growth International (Charles Simpson/Bob Mumford)	1
30. Clear Sky Meditation Center	1
31. Grace Bible Fellowship of Silicon Valley	1
32. Independent Christian fundamentalists	1
33. International Society for Krishna Consciousness (ISKCON)	1
34. ATI, IBLP	1
35. The Mantra Lounge (ISKCON)	1
36. Catholic Church	1
37. New Testament Christian Churches of America, Inc. (NTCC/NTCCA)	1
38. Laestadian Lutheran	1
39. Morningland	1
40. Prepare Ministries	1

Note. N = 79 (n = 79 reflects number of participants who answered the question out of 99 total). Participants were instructed to leave the answer blank if their group had no name, or if they were in a cultic family system or one-on-one relationship. Ten participants preferred not to say.

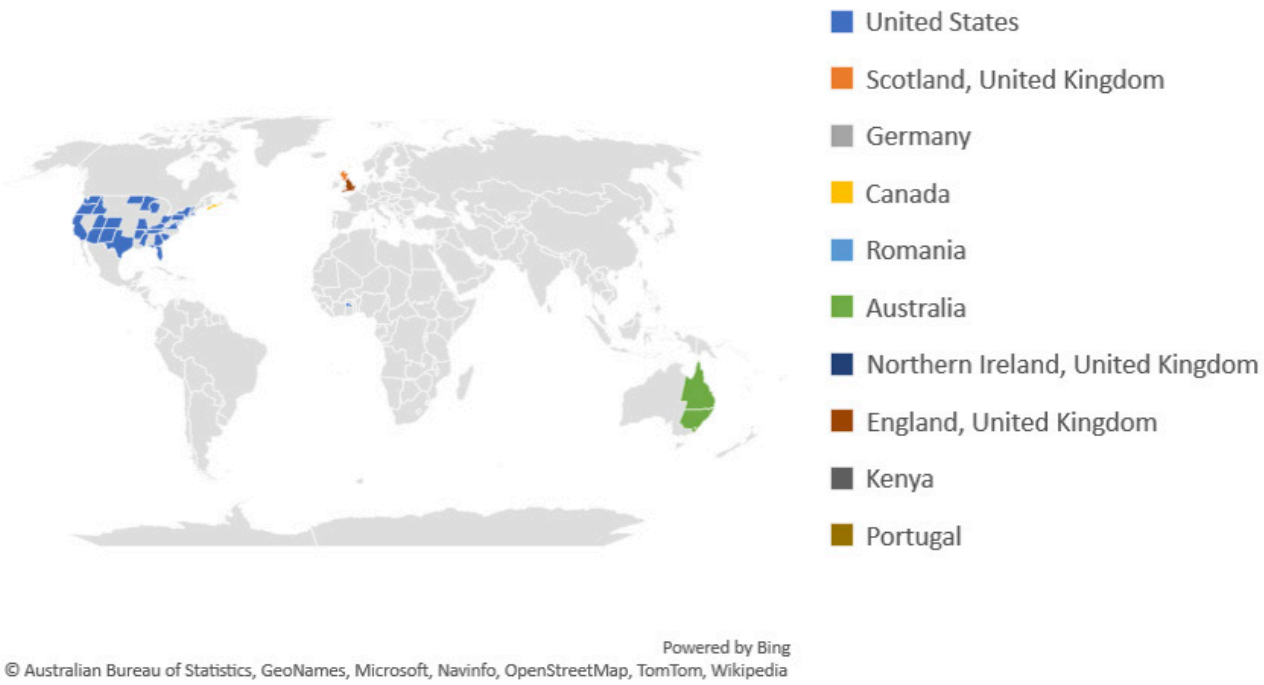
[a] *Group names were consolidated into 40 total individual listings.*

There were 87 responses to Demographic Information Question 12: Where are you located? Nine participants preferred not to say. The question yielded differing interpretations. Some participants responded by indicating where their cultic group involvement took place, while others shared their current location. Some were explicit in their interpretation of the question (e.g., "New Mexico but I grew up in Vermont, I was in the cult in both States"), while others were not. As a result, two data sets could not be reliably generated. Figure 1 illustrates the overall findings of the geographic data collection and should be interpreted cautiously, keeping in mind that some answers reflect participants' current locations, while others reflect where their cult involvement occurred.

ISSN: 2710-4028 ⊟ DOI: https://doi.org/10.54208/0008

Figure 1.

Demographic Information Question 12: Where are you located?



Note. Some responses included multiple locations, which were all included in the geographic data spread in Figure 1. In the United States, 38 individual states were represented in the sampling, accounting for most participant data. Participant data spanned ten countries in total.

Statistical Analysis

Measures of Central Tendency and Variability

Statistical analysis (using SPSS version 27) was run on the Reproductive Autonomy Scale (Upadhyay et al., 2014), EGIS (Dubrow-Marshall, Martin, & Burks, 2003), and PAEGS (Saldaña et al., 2017) to determine measures of central tendency and variability. Descriptive statistics, including mean and standard deviation for each measure, can be referenced in Table 3.

Table 3.

Means and Standard Deviations

Scale	Mean	Standard Deviation
PAEGS	130.36	19.02
EGIS	23.34	11.17
RAS Subscale: Coercion	37.57	13.09
RAS Subscale: Communication	40.85	9.51

Note. The Reproductive Autonomy Scale has two subscales that have continuous data. Both subscales, coercion and communication, comprised 15 questions with a minimum score of 15 and a maximum score of 75 per scale.

The Reproductive Autonomy Scale also has an initial Decision-Making Index, which is a multiple-choice nominal measure made up of four questions (as outlined in the method above). The Shapiro-Wilk Test results for the complete PAEGS scale were significant with p <.001 (test statistic = .931), which suggests that data on this measure was significantly skewed. The same skew was found with the Reproductive Autonomy Coercion subscale with a statistic of .948 (p = .001). This skew makes sense because of the purposeful sampling of survivors of abuse who were eligible to participate in the study. The Reproductive Autonomy Communication subscale showed a significance value of .627 (statistic of .989), indicating that the data on this measure is not significantly skewed. The EGIS was significantly skewed as well (p = <.001) with a statistic value of .901. Interestingly, the mean calculated on the overall EGIS demonstrated that participants scored low overall, indicating a lower extent of group identity (although this varies significantly across categories of participants). Although most of the data is significantly skewed, it was decided to proceed with parametric statistical tests in order to best address the research questions and acknowledge that skewed data is likely in such a population and that caution should be expressed in interpreting the results.

Reliability statistics were also run on each subscale of PAEGS, which included the following factors and their corresponding questions: "emotional abuse (2, 4, 10, 23, 25, 31); isolation (8, 9, 11, 18, 26, 27); control and manipulation of information (12, 16, 21, 24); control over personal life (3, 13, 15, 20, 28, 29); indoctrination in an absolute and Manichean belief system (1, 5, 6, 7, 17, 30); imposition of a single and extraordinary authority (14, 19, 22)" (Saldaña et al., 2017, p. 64). Originally, PAEGS was tested on a sample size of 138 people (Saldaña, et al., 2017), so additional tests were run to test reliability. In Table 4, each subscale is listed with their corresponding Cronbach's Alpha.

Table 4.

Reliability statistics: PAEGS subscales

PAEGS Subscales	Cronbach's Alpha	N=number of questions per subscale
Emotional Abuse	.751	6
Isolation	.784	6
Control and Manipulation Over Information	.737	4
Control Over Personal Life	.765	6
Indoctrination in an Absolute and Manichean Belief System	.710	6
Imposition of a Single and Extraordinary Authority	.701	3

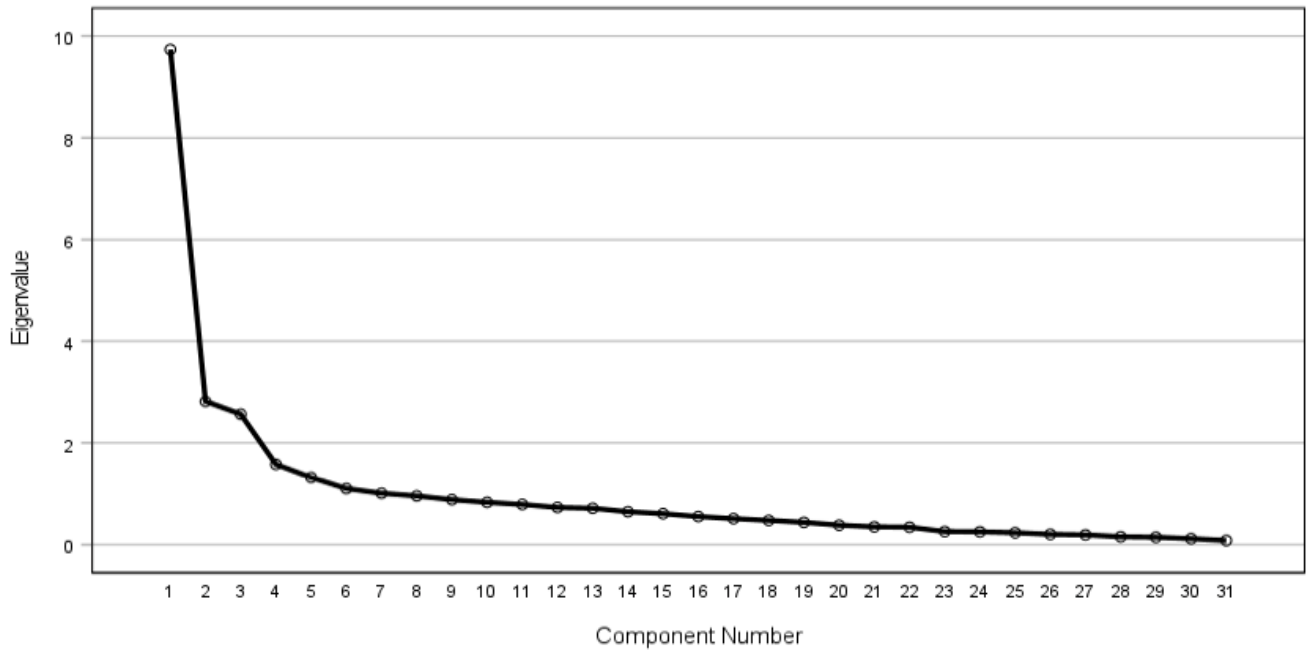
Note. The six subscales of the PAEGS make up the 31-question Likert scale.

ISSN: 2710-4028 ☐ DOI: https://doi.org/10.54208/0008

The measure of internal consistency amongst the PAEGS subscales demonstrated acceptable reliability based on Cronbach's Alpha findings (>.70). Additionally, and to confirm if the subscales are reliable for this sample, a factor analysis was run on the PAEGS scale to measure internal reliability in relation to the overall construct of the scale. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was a value of .813, and Bartlett's Test of Sphericity produced a Sig. <.001 demonstrating a substantial correlation in data. These statistical tests produced values indicating that a factor analysis could be run on the data set because sufficient correlations were found between variables. The complete Rotated Component Matrix extracted seven components (factors) in total using the Principal Component Analysis. The rotation converged in 15 iterations using the Varimax with Kaiser Normalization Method. The full factor analysis findings can be found in Appendix I.. The eigen values for the principal components (factors) confirm the steepness of the scree plot below, with the first factor accounting for 31.412% of the variance (eigenvalue = 9.738), as found in Table 5.

Table 5.

Scree Plot



Other factors account for much less variance, and importantly, the factor loadings do not conform with the subscale items found previously (Saldaña et al., 2017) (see Appendix B). Therefore, it was decided to use the PAEGS total, as the subscales did not appear to be reliable for this sample.

Inferential Statistics

Several *t*-tests were run using data from the nominal variables on the Decision-Making Index of the Reproductive Autonomy Scale. Each data variable was relabeled according to whether participants' decision-making was autonomous (data relabeled to a value of 1) or cult-led (data relabeled to a value of 3). The PAEGS total was compared across the categories (conditions) of each question of the Decision-Making Index, as was the EGIS total. The *t*-tests can be referenced in-depth in Appendix I.

A two-way ANOVA was conducted to test the effects of combined Decision-Making Question 1 and group type on EGIS. In a two-way ANOVA, "statistical significance" means that at least one independent variable significantly affects the dependent variable, suggesting that the differences between groups are

unlikely to arise from random chance. The main effect of Decision-Making Question 1 on EGIS is significant (F (1, 91) = 5.948, p = .017), with the autonomy condition (mean = 26.057) scoring significantly higher than cult-led (mean = 20.757), which is not in the expected direction (this will be discussed further later). The main effect of group type on EGIS is not significant (F (1, 91) = 3.080, p = .083) but approaches statistical significance (as p < .10). The trend in the means shows that first-generation former members (mean = 25.314) score higher on EGIS than those born and raised (mean = 21.5), which can be explored further in future research with a larger sample that has greater power to detect a potential main effect. This finding is intriguing because research indicates that identity issues significantly affect former members who were born or raised in the community (Matthews & Salazar, 2014). Therefore, it can be assumed that this group would score higher on the EGIS compared to first-generation members. The interaction effect is not significant (F (1, 91) = .220, p = .640), indicating that the differences between autonomy and cult-led on the EGIS are not significantly different between first-generation and born-and-raised former members.

The main effect of Decision-Making Question 2 on EGIS is significant (F (1, 91) = 4.892, p = .029), with the autonomy condition (mean = 25.672) scoring higher than the cult-led condition (mean = 20.851). However, the main effect of group type on EGIS is not significant (F (1, 91) = 1.711, p = .194), and the trend in the means again shows that first-generation (mean = 24.688) former members score higher on EGIS than those who were born and raised in the group (mean = 21.863). Additionally, the interaction effect is not significant (F (1, 91) = .128, p = .721).

The main effect of Decision-Making Question 3 on EGIS is somewhat anomalous, as it is the only effect that is not significant (F (1, 91) = 1.599, p = .209), with the autonomy condition (mean = 25.520) again scoring higher than cult-led (mean = 22.412). However, it is the only question where the group type on EGIS is significant (F (1, 91) = 4.188, p = .044), and the trend in the means continues the pattern where first-generation (mean = 26.481) former members score higher on EGIS than those who were born and raised (mean = 21.450). The interaction effect is again not significant (F (1, 91) = 1.895, p = .172).

The main effect of Decision-Making Question 4 on EGIS is highly significant (F (1, 91) = 19.275, p = .000), with the autonomy condition (mean = 30.125) scoring significantly higher than the cult-led condition (mean = 20.092). The main effect of group type on EGIS is once again not significant (F (1, 91) = 2.866, p = .864), and the trend in the means follows the pattern observed in questions 1 through 3, as first-generation (mean = 25.305) former members score higher on EGIS than those born and raised (mean = 24.912). The interaction effect is not significant (F (1, 91) = .345, p = .558).

Correlational Statistics

A Pearson's correlation was conducted to determine whether significant relationships exist between the scales. The results can be reviewed in Table 6.

Table 6.
Pearson's Correlation

Relationship	Correlation (r value)	Significance Level (p value)
RAS Coercion and PAEGS	.282	.005
RAS Communication and PAEGS	.012	.904
EGIS and PAEGS	- .170	.093
RAS Communication and RAS Coercion	- .298	.003
EGIS and RAS Coercion	- .021	.835
EGIS and RAS Communication	- .002	.983

Note. Correlation is significant at the 0.01 level (2-tailed).

ISSN: 2710-4028 ⊟ DOI: https://doi.org/10.54208/0008

The Pearson correlation coefficient for the 99 total responses reveals the following: a small positive relationship between the PAEGS and RAS: Coercion scores (r = .282, p = .05); no significant relationship between the PAEGS and RAS: Communication scores (r = .012, p = .904); a weakly positive relationship between the PAEGS and EGIS scores was found (r= -.170, p = .093); a weakly negative relationship between the RAS: Coercion and RAS: Communication scores (r = -.298, p = .003); no significant relationship between the RAS: Coercion and EGIS scores (r = -.021, p = .835); and no significant relationship between the RAS: Communication and EGIS scores (r = -.002, p = .983). Therefore, it was decided not to proceed with multiple regression analysis due to insufficient significant potential predictor variables (for coercion and communication as sub-scales of reproductive autonomy).

Discussion

Through the use of the Reproductive Autonomy Scale (Upadhyay et al., 2014), as adapted by the researchers, the Extent of Group Identity Scale (EGIS) (Dubrow-Marshall et al., 2003), and the Psychological Abuse Experienced in Groups Scale (PAEGS) (Saldaña et al., 2017), empirical data were gathered to improve knowledge on the research aims 1–3. Additionally, a content analysis of the Reproductive Autonomy Scale was provided to explore aim 4. The research aims are as follows:

1. to improve knowledge regarding destructive group influence and the experience of reproductive coercion in these settings;

2. to measure the relationships between psychological abuse experienced in groups, the extent of group identity, and reproductive coercion;

3. to investigate whether group psychological abuse and the extent of group identity predict reproductive coercion, and,

4. to generate an understanding of how reproductive coercion manifests in cults from a sampling of those who have left cultic environments.

Data Findings

Our research found that 50.5% of the participants indicated that they were born and raised in a cultic group, and 45 out of the 99 participants were assumed to be first-generation former cult members. The extent of group identity is exclusive to those born and raised in cultic environments. Overall, significant findings suggest that people born and raised in cults may experience reproductive coercion differently than first-generation members or those involved in family systems and one-on-one relationships. This conclusion was formed from multiple considerations.

Distinct Coercion Patterns

Individuals raised in cults exhibited higher scores on the reproductive coercion subscale but lower scores on the communication subscale of the Reproductive Autonomy Scale, indicating unique patterns of coercion experienced.

Psychological Abuse and Coercion

The study initially hypothesized a strong correlation between group identity (measured by EGIS) and psychological abuse (measured by PAEGS), anticipating that a stronger sense of cult identity would correlate with higher levels of reported abuse. As predicted, PAEGS demonstrated a positive relationship with reproductive coercion. However, contrary to expectations, EGIS did not significantly predict reproductive coercion. Therefore, multiple regression analyses incorporating both EGIS and PAEGS as predictors of coercion were not conducted.

Group Identity and Background

First-generation former cult members scored higher on the EGIS than those born and raised in a group, approaching statistical significance. This suggests that individuals raised in cultic environments may identify less strongly with the group compared to first-generation members. This finding underscores the need for future research, particularly in adapting the EGIS to accurately measure group identity among individuals born and raised in cults.

Further Exploration

Although there were no significant differences in the PAEGS results between the two groups, the two-way ANOVA suggests that further exploration of experiences related to reproductive coercion is necessary. Decision Making Question 4 was a strong predictor of higher EGIS scores, and there seems to be a potential connection between high autonomy-related scores and EGIS scores. Investigating these areas further could yield valuable insights into the differing experiences of these populations.

Content Analysis of the Reproductive Autonomy Scale

According to Upadhyay, Dworkin, Weitz, and Foster (2014), the "Reproductive Autonomy Scale offers researchers a reliable instrument with which to assess a woman's power to control matters regarding contraceptive use, pregnancy, and childbearing, and to evaluate interventions to increase women's autonomy domestically and globally" (p. 19). As noted in the methodology, the fourth aim of this research project was to understand how reproductive coercion manifests in cults by sampling individuals who have left cultic environments and conducting a content analysis of the Reproductive Autonomy Scale. The overall scale comprises three essential subscales for measuring reproductive autonomy: decision-making, freedom from coercion, and communication (Upadhyay, Dworkin, Weitz, & Foster, 2014). In the online questionnaire, participants responded to the questions based on their experiences in a cultic group setting. A list of all questions in the subscales is available for reference in Appendix C.

Decision-Making Index

The first subscale in the Reproductive Autonomy Scale was the Decision-Making Index, which was questions 1–4. This subscale aimed to determine who had the most influence over various types of decisions. According to the subscale, "most say" refers to the person who would have the final decision in case of a disagreement. If the participant had never been involved in making the decision, they were asked to consider who would have the most influence. Initially, this subscale offered three options to choose from: 1) my closest relationship (which can include a sexual partner or someone else such as family or extended family); 2) both me and my closest relationship (which can include a sexual partner or someone else like family or extended family); or 3) me. Furthermore, the researchers modified the scale to include two additional options: 4) the cult leader or 5) the cult's ideological or theological beliefs or practices.

The four questions in this subscale are available for reference in Appendix C. While the participants' answers varied, the option "me" was the least selected, indicating that individuals believed that they had the least say in decision-making. In other words, individual autonomy was impacted by the influence of others regarding choices about preventing pregnancy, the methods used for prevention, timing for having a baby, or options concerning unplanned pregnancy. In contrast, the opposite extreme was evident in identifying who exercised the most influence over various decisions. Interestingly, across all questions in the subscale, results indicated that the cult's ideological or theological beliefs or practices were selected the most by participants as having the most say. This is notable because 84 participants indicated that their cult had a leader during their group involvement, whereas 15 did not. Given that 84.8% of participants had a cult leader, it was initially assumed that the data would show the leader making the most decisions. However, this was not reflected in the data sampling regarding this subscale. The "cult leader" was the second least selected response for the first two questions of the subscale concerning the use of pregnancy prevention methods and determining which method to use. The data suggested that the cult leader may not have significantly influenced the choice of birth control or methods to prevent pregnancy. However, the cult leader did hold considerable sway over decisions regarding when someone should have a baby while in the group and the options available in the case of an unplanned pregnancy (abortion, adoption, or raising the child).

Finally, because participants indicated that they would have the least say regarding their reproductive health and decision-making, this implies that even their closest relationship (which can include a sexual partner or someone else, such as family or extended family relationships) held more influence over their

ISSN: 2710-4028 | DOI: https://doi.org/10.54208/0008

own individual autonomy. This may have been the case for those who identified as female during their time in destructive group settings in which gender hierarchies, patriarchal systems, or group cultural norms limited female independence. Overall, our data highlight Gupta, Falb, Kpebo, and Annan's (2012) important findings on the impact of extended family relationships on reproductive autonomy. Additionally, the research on cultural factors that can perpetuate an environment for reproductive coercion includes cultures that approve of male violence, cultures that protect the "good of the group" at all costs (power hierarchies), and patriarchal cultures (Marie Stopes Australia, 2018).

Coercion Subscale

The coercion subscale comprised questions 5–19 of the Reproductive Autonomy Scale. Participants were asked to select the degree to which they experienced coercion on a 1–5 point Likert scale, with a 0 indicating never experiencing coercion and four indicating that they very often experienced coercion. Participants were informed that "the questions are about you, your closest relationship (can include a sexual partner or someone else such as family or extended family relationships), the cult leader, or the cult ideological/theological beliefs or practices" (see Appendix C). Overall, observational findings of the coercion subscale echo findings from the previous subscale on decision-making.

Questions 5–9 of the coercion subscale focus on "the partner" as the possible source of coercion and their relationship to birth control interference, methods used to prevent pregnancy, and pregnancy coercion. The questions concerning these items are typical screening questions used in healthcare settings when screening for reproductive coercion or intimate partner violence. In health care centers, "the partner" was typically found to be the source of coercion. However, in cultic environments, this was found not to be the case. The data showed that most participants selected "never" on these questions relating to the partner being the primary source of control. However, it should not necessarily be implied that this would be the case for every individual in a cultic environment. There were participants who indicated that they experienced coercion from their partner. However, the majority indicated that it was not the case that the partner was the primary source of control.

Regarding the subscale with the variations in answers to the remaining questions, the most frequent answers selected were "never" and "very often," which may seem contradictory at first glance since they are the two extremes of the Likert scale. For instance, Question 12 asks, "When you were in the cultic group, the cult ideological/theological beliefs or practices put pressure on you to become pregnant." Thirty-four participants answered "never," while 41 responded "very often." How could this be the case? Examining Question 18 provided a helpful clue. The results of Question 18 indicated that 49 participants were required to remain celibate by the cult leader or the cult's ideological or theological beliefs, which constitutes 49.5% of the data. While analyzing this subscale, it became evident that two categories emerged, highlighting the opposing extremes of sexual and reproductive issues in psychologically abusive environments. The first extreme involves the requirement of celibacy in a destructive group setting, influenced by the teachings of a cult leader or the group's theological or ideological beliefs. For example, the International Society of Krishna Consciousness (ISKCON) Movement mandated celibacy for individuals unless married (Siskind, 2016). The second extreme occurs in cultic settings focused intensely on childbearing, most commonly observed among religious groups or environments such as The Church of Jesus Christ of Latter-Day Saints (Mormons), Fundamentalist Latter-Day Saints (FLDS), or the Children of God (Coman, 2003; Siskind, 2016). According to Table 2, participants who left groups with Christian theological influences were the most represented in this study. In the last question of the subscale, 78 participants indicated that they felt pressure to abstain from sex until marriage or face negative consequences. In contrast, 17 individuals reported never experiencing such pressure. This discrepancy may be because some participants were required to remain celibate during their involvement in the group, which may not have applied to their situation. As this survey was completed by those who identified as having faced reproductive coercion, the results should not be seen as indicative of individuals in general who have been in cults.

Communication Subscale

Questions 20–34 of the Reproductive Autonomy Scale comprised the final subscale focusing on communication. Identically to the coercion subscale, participants indicated the degree to which they experienced coercion on a 1–5 point Likert scale, with 0 representing never experiencing coercion and 4 indicating very often experiencing coercion (see Appendix C). The results of this subscale showed that communication was impacted in a cultic environment, with forty-nine participants reporting that discussing sex was challenging in such settings. Additionally, 51 participants stated that the cult's ideological or theological beliefs did not support their reproductive health decisions. The lack of communication in abusive environments aligns with the findings from Question 26. Approximately half of all participants indicated that the cultic beliefs or practices would not encourage communication about reproductive health with their closest relationships. Isolation does not necessarily mean physical distancing (though that can occur) and can interfere with relationships due to influences from leadership, group pressures, or beliefs. This practice is common in psychologically abusive settings, even in a group setting (West & Langone, 1986).

Additionally, isolation is considered a risk factor for reproductive coercion (Marie Stopes, 2018). Relationships can significantly impact reproductive autonomy, as found in the literature, whether through positive or negative influence (Gupta et al., 2012). One of the most disturbing findings in the communication subscale was surrounding the topic of consent; 80.8% reported that the cult's ideological or theological beliefs or practices never communicated the subject of consent when discussing sexual health and well-being. In addition, 60.6% of respondents reported that they did not feel that they could have disagreed with what the cult leader demanded of their reproductive health. These findings reflect how cults can control even extremely personal issues in individuals' lives and ultimately even influence their sexual reproductive health and well-being.

Review

Our research study addressed an identifiable research gap concerning a subset of the population whose experiences with reproductive coercion have yet to be adequately represented in the literature. While the internet and media have highlighted cults as a contemporary issue, individuals involved in cultic groups or relationships remain a hard-to-reach population to document due to the several factors discussed (Shaghaghi, Bhopal, & Sheikh, 2011). Previous studies on reproductive coercion within interpersonal contexts are usually conducted in healthcare settings and primarily focus on reproductive coercion inflicted by an intimate male partner (Grace & Anderson, 2018; Miller et al., 2010; Clark et al., 2014). Moreover, healthcare providers are not typically expected to inquire whether individuals are in highly controlling groups. On a structural level, certain factors have been identified that may contribute to an increased likelihood of reproductive coercion, such as religious beliefs and cultural practices (Tarzia & Hegarty, 2021; Marie Stopes Australia, 2018; Gupta, Falb, Kpebo, & Annan, 2012), which can exist in various forms within cultic environments. Cultic settings have potential sources of reproductive control that extend across both the interpersonal and structural domains. A content analysis of the Reproductive Autonomy Scale demonstrated that intimate partner abuse can still occur within a coercive group environment, although it is not the primary source of control identified by the study's population sample.

Research Limitations

One identifiable study limitation is that participants' cultic involvement was not independently verified. One of the benefits of this approach is the random sampling of individuals who self-identified as leaving a cultic group or setting provided a range of demographic data. However, different vetting approaches, such as more strict eligibility requirements, could have produced different outcomes. Differences in approaches are primarily due to the challenges in providing an operational definition across the disciplines of the term "cult" (Langone, 2005; Aronoff, Lynn, & Malinoski, 2000). For this initial exploratory study, it was interesting to receive a range of responses from participants who reported differing levels of harm in psychologically abusive environments.

ISSN: 2710-4028 ☐ DOI: https://doi.org/10.54208/0008

Future Study

Within the cultic studies community, professionals who interact with those affected by cultic phenomena can help implement harm reduction strategies for individuals facing reproductive coercion through education, referrals, and resources. Previous social science research suggested that educating individuals about healthy gender norms and roles can reduce the risk of violence against women (Park et al., 2016). Similarly, in situations where reproductive coercion is present (Park, Nordstrom, Weber, Irwin, 2016), an imbalance of social power thrives in cult environments (Lifton, 2012). Education can be an especially valuable tool for survivors, particularly since many may not recognize that they experienced a loss of reproductive autonomy within a cultic context. On a broader scale, further research is needed regarding the experiences of those who have faced reproductive coercion and were born and raised in cultic environments, as compared to those considered first-generation members. Individuals involved in destructive group settings often experience marginalization and stigma, which can significantly impact their lives and well-being (Rosen, 2014). Survivor experiences provide critical insights into the complex dynamics of reproductive coercion. Understanding the narratives of those who have faced such group influences can illuminate the various ways in which coercive practices manifest and affect personal autonomy. By integrating the voices of survivors of cults and destructive groups into the wider conversation, we can develop a more comprehensive understanding of reproductive rights and the obstacles individuals confront within oppressive social structures.

References

Aebi-Mytton, J. (2021). "That's not me": An exploration of first-generation, second-generation, and multigenerational adult leavers. *ICSA Today, 12*(1), 6–13. https://docs.google.com/document/d/1aoMgWDfTPUD4Eah53aA3g3P7SX23xebyeVYHKwmW4nE/edit#

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651–680. https://doi.org/10.1037/0033-2909.126.5.651

Aronoff, J., Lynn, S., & Malinoski, P. (2000). Are cultic environments psychologically harmful? *Clinical Psychology Review, 20*(1), 91–111. https://doi.org/10.1016/s0272-7358(98)00093-2

Asser, S. & Swan, R. (2000). Child fatalities from religion-motivated medical neglect. *Cultic Studies Journal, 17* https://www.icsahome.com/articles/childfatalitites-from-religion-asser

Ayella, M. (1998). *Insane Therapy.* Temple University Press.

Basile, K., Smith, S., Liu, Y., Miller, E., & Kresnow, M. (2019). Prevalence of Intimate Partner Reproductive Coercion in the United States: Racial and Ethnic Differences. *Journal of Interpersonal Violence, 36*(21–22), 1–18. https://doi.org/10.1177/0886260519888205

Basile, K., Smith, S., Liu, Y., Kresnow, M., Fasula, A., Gilbert, L., & Chen, J. (2018). Rape-related pregnancy and association with reproductive coercion in the U.S. *American Journal of Preventive Medicine, 55*(6), 770–776. https://doi.org/10.1016/j.amepre.2018.07.028.

Clark, L., Allen, R., Goyal, V., Raker, C., & Gottlieb, A. (2014). Reproductive coercion and cooccurring intimate partner violence in obstetrics and gynecology patients. *American Journal of Obstetrics and Gynecology, 210*(1), 42.e1–42.e428. https://doi.org/10.1016/j.ajog.2013.09.019

Collins, G. (1982, March 15). The psychology of the cult experience. *The New York Times*, Section B, p. 5. https://www.nytimes.com/1982/03/15/style/the-psychology-of-the-cult-experience.html

Coman, J. (2003, October 19). Three wives will guarantee you a place in paradise. The Taliban? No: welcome to the rebel Mormons. *The Daily Telegraph*. https://www.telegraph.co.uk/news/worldnews/northamerica/usa/1444578/Three-wives-will-guarantee-you-a-place-in-paradise.-The-Taliban-No-welcome-to-the-rebel-Mormons.html

Dubrow-Marshall, R. (2010). The influence continuum—the good, the dubious, and the harmful—evidence and implications for policy and practice in the 21st century. *International Journal of Cultic Studies, 1*, 1-12. Retrieved from https://www.icsahome.com/articles/the-influence-continuum-dubrow-marshall-ijcs2010

Dubrow-Marshall, R. & Dubrow-Marshall, L. (2016). Cults and mental health. *Encyclopedia of Mental Health (Second Edition),* 393–401 https://doi.org/10.1016/B978-0-12-397045-9.00153-1.

Escaping the Bhagwan. (2009, April 11). *The Sydney Morning Herald.* https://www.smh.com.au/world/escaping-the-bhagwan-20090411-a35u.html

Grace, K. (2016). Caring for women experiencing reproductive coercion. *Journal of Midwifery & Women's Health, 61*(1), 112–115 https://doi.org/10.1111/jmwh.1236968

Grace, K. & Anderson, J. (2018). Reproductive coercion: A systematic review. *Trauma, Violence, & Abuse, 19*(4), 371–390. https://doi.org/10.1177/1524838016663935.

Goldberg, L. (2006). Raised in cultic groups: The impact on the development of certain aspects of character. *Cultic Studies Review, 5*(1), 1–28. https://www.icsahome.com/articles/raised-in-cultic-groups-goldberg

Gupta, J., Falb, K., Kpebo, D. & Annan, J. (2012). Abuse from in-laws and associations with attempts to control reproductive decisions among rural women in Côte d'Ivoire: a crosssectional study. *BJOG: An International Journal of Obstetrics & Gynaecology, 119*, 1058–1066. https://doi-org.salford.idm.oclc.org/10.1111/j.1471-0528.2012.03401.x

Kazmerski, T., Mccauley, H. L., Jones, K., Borrero, S., Silverman, J. G., Decker, M. R...Miller, E. (2015). Use of reproductive and sexual health services among female family planning clinic clients exposed to partner violence and reproductive coercion. *Maternal and Child Health Journal, 19*(7), 1490–1496. http://dx.doi.org.salford.idm.oclc.org/10.1007/s10995-014-1653-2

Langone, M. (2005). Academic Disputes and Dialogue Collection: Preface. *ICSA e-Newsletter, 4*(3). https://articles1.icsahome.com/articles/academicdisputes

Lifton, R. J. (2012). *Thought reform and the psychology of totalism: A study of 'brainwashing' in China.* UNC Press Books.

Marie Stopes Australia. (2018). Hidden forces: Shining a light on reproductive coercion: *White paper (1st ed.)* Retrieved from https://resources.msiaustralia.org.au/Hidden-Forces_MSA-RC-White-Paper_FINAL_WEB.pdf

Matthews, C. & Salazar, C. (2014). Second-generation adult former cult group members' recovery experiences. Implications for Counseling. *International Journal for the Advancement of Counselling, 36*(2), 188–203. https://doi.org/10.1007/s10447-013-9201-0

Miller, E., Decker, M., McCauley, H., Tancredi, D., Levenson, R., Waldman, J., Schoenwald, P., & Silverman, J. (2010). Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception, 81*(4), 316–322. https://doi.org/10.1016/j.contraception.2009.12.004

Miller, E., Decker, M., McCauley, H., Tancredi, D., Rebecca, R., Levenson, J., Waldman, P., & Silverman, J. (2011). A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. *Contraception, 83*(3), 274–280. https://doi.org/10.1016/j.contraception.2010.07.013.

Nishida, K. & Kuroda, F. (2004). The impact of living in a "destructive cult" on the psychological problems of members after leaving. *The Japanese Journal of Psychology, 75*(1), 9–15. https://doi.org/10.4992/jjpsy.75.9

Oates, J., Carpenter, D., Fisher, M., Goodson, S., Hannah, B., Kwiatowski, R., Prutton, K., Reeves, D., & Wainwright, T. (2021). *BPS Code of Human Research Ethics.* British Psychological Society. https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf70

Park, J., Nordstrom, S., Weber, K., & Irwin, T. (2016). Reproductive coercion: uncloaking an imbalance of social power. American Journal of Obstetrics and Gynecology, 214(1), 74–78. https://doi.org/10.1016/j.ajog.2015.08.045

Rosen, S. (2014). Cults: A natural disaster— looking at cult involvement through a trauma lens. *International Journal of Cultic Studies, 5,* 12–29. Retrieved from https://www.icsahome.com/articles/cults-a-natural-disaster

Saldaña, O., Rodríguez-Carballeira, A., Almendros, C., & Escartín, J. (2017). Development and validation of the Psychological Abuse Experienced in Groups Scale. *The European Journal of Psychology Applied to Legal Context, 9*(2), 57–64. https://doi.org/10.1016/j.ejpal.2017.01.002.

Shaghaghi, A., Bhopal, R., & Sheikh, A. (2011). Approaches to recruiting 'hard-to-reach' populations into research: A review of the literature. *Health Promotion Perspectives, 1*(2), 86–94. https://doi.org/10.5681/h2011.009

Silverman, J. & Raj, A. (2014). Intimate partner violence and reproductive coercion: Global barriers to women's reproductive control. *PLoS Med, 11*(9): e1001723. https://doi.org/10.1371/journal.pmed.1001723

Siskind, A. (2016). Child-rearing issues in totalist groups. In B. Zablocki & T. Robbins (eds.) *Misunderstanding cults: Searching for Objectivity in a Controversial Field* (pp. 415– 451). University of Toronto Press. https://utppublishing.com/doi abs/10.3138/9780802081889.015

Smith, S., Zhang, X., Basile, K., Merrick, M., Wang, J., Kresnow, M., & Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – 71 Updated Release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf

Tarzia, L. & Hegarty, K. (2021). A conceptual re-evaluation of reproductive coercion: Centering intent, fear and control. *Reproductive Health 18*(87). https://doi.org/10.1186/s12978-021-01143-6

Tarzia, L., Wellington, M., Marino, J., & Hegarty, K. (2019). "A Huge, Hidden Problem": Australian health practitioners' views and understandings of reproductive coercion. *Qualitative Health Research, 29*(10), 1395–1407. https://doi.org/10.1177/1049732318819839

Upadhyay, U., Dworkin, S., Weitz, T. & Foster, D. (2014). Development and validation of a Reproductive Autonomy Scale. *Studies in Family Planning, 45*, 19–41. https://doiorg.salford.idm.oclc.org/10.1111/j.1728-4465.2014.00374.x

West, L. J. & Langone, M. D. (1985). Cultism: A conference for scholars and policy makers. Summary of proceedings of the Wingspread conference on cultism, September 9–11. American Family Foundation. Re-printed in *ICSA Today, 6*(3), 4-6. https://www.icsahome.com/articles/onusingtermcult