

On reproductive violence: Framing notes

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“Who decides what is called out as violence? Who determines the forms of violence we are allowed, and permit ourselves, to see?” (Rose 2021, p. 6)

Introduction

Global struggles for reproductive justice have intensified across a range of contexts. These struggles are a response to continued state, institutional, legal, medical, colonial, racist and patriarchal forms of reproductive control and oppression across transnational borders. In some settings, efforts to constrain and destroy reproductive autonomy are growing. In 2020, six geopolitically diverse countries (the United States of America (USA), Brazil, Egypt, Hungary, Indonesia and Uganda) co-sponsored the Geneva Consensus Declaration on Promoting Women’s Health and Strengthening the Family. This global anti-abortion declaration denies that abortion is a fundamental human right, and endeavours to uphold the so-called ‘natural rights’ embedded in the cisnormative and heteropatriarchal ‘family’ (Berger 2020).

With the ascendancy of (often pronatalist) right-wing governments, and under the guise of conservative religious values or traditional customs, attacks on reproductive autonomy, the rights of sexual- and gender-diverse people, and against so-called ‘gender ideology’, have surged in countries as diverse as Brazil, Uganda, and Poland (Hinz et al. 2021). Some settings have seen increased restrictions on abortion access (i.e. parts of the USA and Poland), while activists in other parts of the world continue to battle incredibly repressive laws on abortion (e.g. Egypt, El Salvador, Nicaragua, Malawi, Dominican Republic, Senegal) and various forms of reproductive violence (forced sterilisation, forced pregnancy, denial of abortion, obstetric violence).

Such manifestations of structural violence and state reproductive coercion (DeJoy 2019) have resulted in feminist uprisings and mobilisations (Pantano 2021; Pase 2021), as well as a flurry of social media campaigns against ‘obstetric violence’ across a range of contexts (Russia, Croatia, France, Finland, Hungary, Brazil, Chile, the Netherlands, England, Spain). In some locations, activist struggles have resulted in important gains for reproductive rights. For example, countries such as Argentina, Mexico, Ecuador, and Mozambique have recently decriminalised abortion (to varying extents), and ‘obstetric violence’ has been legally recognised as a criminal offence in some Central and Latin American countries (e.g. Venezuela, Argentina, Mexico, Bolivia).

In African contexts, US Christian-based right-wing groups are funding anti-abortion ‘pregnancy crisis centres’ in several countries (including South Africa) (Namubiru & Wepukhulu 2020), and abortion is still criminalised in many countries; obstetric violence is a widespread problem (Abuya et al. 2015; Perrotte, Chaudhary & Goodman 2020; Dutton & Knight 2020); and there is a persistent lack of access to quality healthcare services. Like other parts of the Global South, the continent is still living with the long afterlives (Hartman 2006) of colonial oppression, systemic violence, and dispossession which disrupted local practices and understandings of reproductive matters (abortion, pregnancy, birth) and produced unequal, apartheid-style healthcare systems in certain contexts (i.e. South Africa). Thus, as Klausen (2015) notes, the criminalisation of abortion in many African settings is a relatively

recent development and the product of colonial rule. Even in African contexts where abortion is legally available (i.e. South Africa), pregnant persons still face substantial obstacles to freely and safely access abortion (Favier, Greenberg & Stevens 2018) and racialised inequalities continue to persist.

The realities of reproductive oppression are such that systems of power are especially invested in controlling (whether by restriction or refusal) the reproductive freedoms, capacities and futures of multiply marginalised groups. For example, in many countries the “criminalisation of migration” (Keygnaert et al. 2014, p. 218) plays a significant role in the reproductive oppression perpetrated against immigrants. This oppression takes various forms, including being shackled during childbirth or forcibly sterilised whilst in immigration detention centres in the USA (Andersen, Mikkelsen & Palomo 2021; Desai & Samari 2020), inaccessible maternity care in the EU (Keygnaert et al. 2014), or being subjected to unnecessary caesarean sections in South Africa (Chekero & Ross 2018).

In South Africa (and elsewhere), ableist narratives, policies and practices which cast disabled persons as ‘undesirable’ reproducers result in violences such as lack of access to comprehensive and accurate sexual and reproductive information, exclusion and marginalisation within reproductive health services and programmes, forced sterilisation, and higher maternal mortality rates for disabled persons (McKenzie, McConkey & Adnams 2014; Mohamed & Shefer 2015; Muswera & Kasiram 2019; Peta 2017). These practices affect disabled people’s ability to have children or not under conditions of their choosing, free from violence.

Similarly, anti-fat discourses about who is ‘fit’ to reproduce and what ‘healthy’ gestational bodies and parenting look like, result in fat pregnant persons being subjected to dehumanising obstetric care in Aotearoa New Zealand (Parker & Pausé 2019). In Canada, several fertility centres restrict or deny fat persons’ use of assisted reproductive technologies to become gestational parents (Friedman 2014).

In countries where queer people are afforded equal *constitutional* protection (albeit in reality, various violences persist in many spheres), normative understandings of queer rights frequently don’t extend to reproduction, with queer people facing various kinds of discrimination in their family-making efforts (Craven 2019; Weissman 2017). In several countries, legal recognition of the gender and sex identities of trans people is conditioned on their not being able to biologically reproduce, thus requiring that they undergo gender-affirming care that may have sterilising effects (Nixon 2013). Capitalist, racist and patriarchal systems mean that fertilisation preservation and retrieval procedures are inaccessible for many trans people with and without uteri, and trans women, especially of colour, face barriers to motherhood through adoption and assisted reproductive technologies (such as insemination using cryo-preserved sperm) (Cárdenas 2016; Chace 2018). Moseson et al. (2020) and Riggs et al. (2020) show how the imagining of gestating subjects as cisgendered and cissexual women produces reproductive healthcare that is thoroughly designed around and for these reproductive subjects, resulting in sex and gender non-conforming people with uteri being denied reproductive care or being subjected to ‘care’ that is othering and dehumanising.

Intersex genital mutilation, still routinely practised in South Africa (and elsewhere) to erase intersex variations from human diversity, in many cases has a sterilising effect, thus erasing intersex people as reproductive subjects (Maquba & Schoole 2018). We live in a world where

the murders of queer people across the globe play an important role in shaping queer people's reproductive experiences, freedoms, capacities, and futures. Indeed, this violence, which is especially perpetrated against trans women of colour, means that many who do want children will not live long enough to do so, nor to parent their children free from violence (Cárdenas 2016).

Struggles for freedom from reproductive control have long been at the forefront of grassroots feminist activism across diverse contexts, and feminist scholars have written extensively about the entangled relations between reproductive politics and broader political, economic, and ideological realms (e.g. Ginsburg & Rapp 1991; Roberts 1997; Briggs 2017; Morgan & Roberts 2012). There has also been extensive writing about the racist stratification of reproductive labour (Davis 1981; Colen 1995; Roberts 1997), as well as the racist violence that has historically shaped Black reproduction, procreativity and maternity in a range of contexts (Klausen 2010; Hartman 2016; Cooper-Owens 2018). In the African context there has been rich and important analyses of sexual and reproductive health and rights. For example, *Agenda* has published several issues on reproductive rights and the politics of women's health over the years (e.g. special themed issues in 1995, 2008, 2011 and 2012), as well as numerous articles on various aspects of reproductive politics (teenage pregnancy, childcare, breastfeeding, contraceptive use, forced sterilisation, and uterine health), focusing specifically on (cis) women. However, this is the first issue dedicated to looking specifically at reproductive violence and exploring its possibility as a potentially productive conceptual tool and activist concept.

A key aim of this Special Issue was to curate a space for transnational feminist dialogue about reproductive violence across different geopolitical spaces and contexts. We were interested in the following kinds of questions: How do we define and conceptualise reproductive violence? What does it do (or undo) to adopt a language of violence to think about reproductive injustices? How do such violences manifest in different settings and what gets to count as 'reproductive violence'? In the call for papers, we indicated a particular interest in soliciting writing from Southern, decolonial, and Afrofeminist perspectives committed to thinking through the complexities, intersectional entanglements, and nuances of reproductive violence across a range of marginalisations. We defined 'reproductive violence' broadly as "practices, representations, policy, state, and institutional efforts to coerce, control, punish, diminish, devalue or oppress the reproductive capacities/bodies of marginalised peoples". In this issue we are thus centrally interested in thinking about how we might make sense of, theorise, and visibilise reproductive violence, drawing on Afrofeminist, decolonial, and Southern theories/positionalities. We believe that challenging, addressing, and rethinking reproductive violence is an urgent feminist task.

This issue is grounded in the belief that struggles for reproductive justice are central to intersectional and decolonial feminist praxis (Vergès 2021). Following Black feminist theorists (Ross 2017; Ross & Solinger 2017), these struggles involve the right to define, direct, own, and author our reproductive bodies, capacities, and futures, to resist/refuse state, racist, and structural violences, and (not) reproduce, (not) gestate, and/or (not) parent in safe and affirming environments. Understanding the ways in which modes of violence are integral to the persistent reiteration of reproductive injustices, is a central task for anti-racist and anti-colonial feminism. In the context of surging transnational struggles across North/South divides, the present moment invites sustained reflections and critical feminist analyses of the persistent violences that shape and stick to reproductive matters.

Hidden in plain sight

While reproductive violence has long been recognised as a central (and centuries old) tool of patriarchal, capitalist, and colonial oppression (Federici 1998), and there is widespread evidence of various forms of racist and systemic violence directed at reproductive subjects across a variety of settings, including forced sterilisation (Rucell et al. 2019; Carranza 2019), forced abortion (Vergès 2020), the denial of abortion (Zureik 2015) and physical, psychological and structural forms of obstetric violence (Šimonović 2019), the phenomenon of ‘reproductive violence’ is not widely recognised as a legally or epistemically distinctive category of violence. Instead, it is often regarded as a form of ‘gender-based violence’ more broadly and/or lumped together with ‘sexualised violence’ (Altunjan 2021; Lavery & De Vos 2021). Other concepts, such as ‘reproductive coercion’ and ‘obstetric violence’, have received more direct attention, with obstetric violence now legally recognised as a punishable form of violence in some Latin American countries (Williams et al. 2018). Reproductive coercion has been defined as actions (understood as usually perpetrated by intimate partners) which are intended to impede reproductive autonomy and decision-making, for example birth control sabotage, pregnancy coercion, or coerced abortion (Grace & Anderson 2018).

More recently, feminists have broadened the concept of ‘reproductive coercion’ to include state-level coercion. Thus, for DeJoy (2019, p. 37), state policies on reproductive health that constrain, coerce, and impede reproductive autonomy should be recognised as “structural manifestations of interpersonal reproductive coercion, and should be considered forms of violence”. For example, policies such as the Hyde Amendment in the USA that blocks the use of federal funding for abortion (except in cases of life endangerment, rape or incest) should be recognised as a form of state-sanctioned reproductive violence. Similarly, restrictive legislation that impedes access to safe abortion is state violence, responsible for increased deaths (due to unsafe abortion and birth complications) and life-long psychological, emotional, economic, and embodied suffering via forced pregnancy and parenting. Across these various conceptualisations, cis women continue to be centred, to the exclusion of various reproductive and gestating subjects.

There is much scope for the development of feminist activism and theorising that insists on, unpacks, and foregrounds reproductive violence as a distinctive and harmful mode of violence directed at reproductive subjects. To do so, more work needs to explore the specific harms and contours of such violence. While advocacy for ‘sexual and reproductive rights’ has been incredibly crucial, this lexicon might not be enough to generate substantive shifts in normative discursive fields or hegemonic ‘social imaginaries’, towards the recognition of reproductive and gestating subjects, in all their sex and gender diversity, as full human citizens deserving of full embodied autonomy. This is because the rhetoric of human rights often remains inadvertently modelled on assumptions of white masculinist and non-procreative embodiment. As argued by Villarme (2020), the so-called ‘uterine influence’ has long framed gestating persons as irrational, incapable, and thus falling outside the remit of (male-defined/non-gestational) autonomous subjectivity. Deploying and insisting on a language of violence might be necessary in order to expose the unacceptable, dehumanising, and persistent violations specifically committed against reproductive subjects. According to Altunjan (2021, p. 3), reproductive violence is “an attack against an individual’s reproductive capacity and autonomy”. Similarly, Lavery and De Vos (2021, p. 12) define reproductive violence as involving “violations of reproductive autonomy and self-determination: the ability to decide if, when, how, and under what conditions to have and raise children”. As with ‘obstetric violence’, the deliberate use of the concept of ‘reproductive violence’ as an

activist tool could be a productive strategy in gaining social, institutional, and inter-governmental recognition of its specific harms. As both Altunjan (2021) and Laverty and De Vos (2021) argue, the tendency to collapse reproductive violence into broader definitions of sexual violence or gender violence risks impeding our ability to trace the complex specificities of such forms of violence. It also risks leaving reproductive violence “in the shadows” (Altunjan 2021, p. 1), untheorised, hidden in plain sight, and unrecognised.

In her recent book *On violence and on violence against women*, Jacqueline Rose (2021) begins by highlighting how gendered, racialised, and sexualised violence is often wilfully hidden by the operations of patriarchal, white-supremacist, imperialist, and state power. As a result, many “moments of violence move silently” (p. 7) and operate quietly. Interestingly, Rose opens her book with a scene of reproductive violence that took place in January 2017, when a group of white American male politicians signed the Global Gag rule in effect. With an act as banal and everyday as a series of signatures, these men condemned many people (mostly in the Global South) to unnecessary deaths from unsafe abortions and births. However, this violence remains largely unseen and unrecognised (even by the men themselves), and as Rose argues, it is thus particularly insidious and destructive. Instead of being seen as violent, these men’s actions are cloaked as ‘pro-life’, as upholding ‘Christian values’, and as benevolent, while the deaths and suffering that materialise in the wake of their actions exist ‘somewhere else’, in another place and time, on the backstreets, and in corners of the world marginalised by North-South (neo-)colonial geopolitical relations. It is urgent that these most hidden, unacknowledged, and normalised forms of violence are exposed, for, according to Rose, “not naming violence” (p. 6) is one of the key strategies whereby systems of oppression sustain and reproduce themselves. A key objective of this issue of *Agenda*, therefore, was to provide a space for feminist scholars working in diverse contexts to reflect on the phenomenon of ‘reproductive violence’, to name it, unpack it, and to bring it out of the shadows.

Mapping the violent reproductive matrix

The articles in this Special Issue are written from a diverse range of transnational contexts, including: South Africa, Zimbabwe, Ethiopia, Malawi, Zambia, the Netherlands, Brazil, Chile, Ecuador, and India. Collectively, the articles ask questions about the usefulness of the concepts of reproductive and/or obstetric violence in a range of Southern and African settings, and explore the criss-crossing complexities of such violences across intimate, discursive, structural, interpersonal, and state domains. While some of the articles focus specifically on ‘obstetric violence’, there is a strong sense (across all of the contributions) of the importance of articulating a conceptual frame which is able to expansively and inclusively incorporate and understand the broad materialisations of violence against reproductive subjects (e.g. not just confined to childbirth). As a result, even those authors in the issue that write about ‘obstetric violence’ are often interpreting this violence expansively, to include a range of violations that occur across reproductive lives (including abortion-related violence). As a result, the articles in the issue can be read as opening up a conversation about the use of particular lexicons and thinking with and against the productivity of concepts such as ‘obstetric violence’ and ‘reproductive violence’.

Written from predominantly Southern and African settings, the articles are also unified by a strong commitment to intersectional praxis; by this, we mean that the authors are attuned to exploring the multifaceted nature of reproductive violence rather than trying to “parse complexity” (Mays 2015, p. 73). According to Tamale (2020), thinking with the

intersectional logic of the matrix (as theorised by Patricia Hill Collins and Vivian May), is central to Afrofeminist approaches to decolonising systems of oppression. This means adopting an approach that explores heterogeneous knots, layers, and entanglements, rather than single-systems or phenomena (Tamale 2020). It also means embracing a logic of both/and rather than either/or. As such, the contributions to the issue explore reproductive violence expansively and sometimes also in “unexpected places” (De Ruiters, this volume). From the violence reproduced by cisnormative language and discursive frames to the ritual violence of obstetric institutions, the contributions showcase the heterogeneous forces, actors, and power relations that operate to constrain, violate, coerce, and oppress reproductive subjects.

For example, Elthea de Ruiters takes an expansive approach, exploring how reproductive violence manifests in the language practices of South African ‘feminist publics’ (in this case online Twitter collectives). Following the word ‘uterus’ around on social media and via an online survey, De Ruiters explores the ways hetero- and cisnormative imaginaries of the uterine body and reproductive norms shape feminist subjectivities, feelings about uterine experiences, and gendered ‘body talk’. De Ruiters finds that feminist talk about the uterus is filled with antagonistic relations, anticipatory violence, and ambivalence, as ‘uterine subjects’ attempt to negotiate the violent frameworks and reproductive norms embedded in cis-heteronormative reproduction. The discursive realm or broader social imaginary is thus cleverly explored by De Ruiters as itself implicated in the reproduction and inscription of violent scripts, assumptions, norms, and narratives. For example, De Ruiters understands as violence assumptions (including within the language practices of South African feminist Twitter) that uterine subjects are ‘women’, expectations of heterosex and heteroprocreativity, and the scripting of pregnancy and birth as natural, happy events. De Ruiters reminds us that “doing work to think through reproductive violence in unexpected places is important”.

Dimpho Maponya also looks for reproductive violence in an ‘unexpected place’, exploring traditional (customary) heterosexual marriage in African contexts as a potential site of reproductive coercion. According to Maponya, the essence of womanhood (across diverse African settings) is strongly tied to procreation and reproduction. As a result, various forms of reproductive control and coercion are directed at women by partners, family, and the wider community. As these practices of control are often aimed at limiting reproductive autonomy, Maponya argues that they can be regarded as forms of reproductive coercion. As such, traditional customs around marriage and procreation need to be subjected to Afrofeminist critique, particularly given the close association between childbearing and full personhood for women in many contexts. Maponya also argues that linking women’s worth to biological childbearing (and thus ostracising and discriminating against women without children) is incongruous with principles of Ubuntu, which call for the recognition of humanity, and needs to be challenged.

Rachelle Chadwick looks for reproductive violence in a more expected place – in the sphere of obstetrics – and attempts to advance our conceptualisation of obstetric violence as more than a mode of description or legal concept. While ‘obstetric violence’ is typically understood narrowly as a phenomenon that takes place during intrapartum and birthing care, Chadwick tries to broaden the framework and argues that obstetric violence is violence against reproductive subjects more broadly (i.e. not confined to birth violence). She draws inspiration from recent legal developments in Bolivia and Mexico that have articulated more expansive definitions of obstetric violence as, for example, ‘violence against reproductive rights’ (thus including a wider spectrum of violations). Chadwick also argues that the conceptual

apparatus of obstetric violence is an important epistemic intervention that refuses the normalisation of reproductive oppression, and suggests that we need to do more work to grapple with what makes this form of violence (against reproductive subjectivity) distinctive.

Writing from Latin America, Sara Larrea, Mariana Pradini Assis and Camila Ochoa Mendoza similarly adopt a more expansive definition of ‘obstetric violence’ and seek to explore and conceptualise ‘abortion-related obstetric violence’ via testimonies from Brazil, Chile, and Ecuador. This is an under-documented form of obstetric violence, and the authors show that abortion-related violence is used as a means of punishing and controlling feminised subjects in contexts where abortion is legally restricted (i.e. in all three settings). Larrea, Assis and Mendoza show that abortion-related obstetric violence manifests as a multifaced phenomenon involving both explicit threats, denial of services, and substandard care, and implicit practices of producing physical and psychological harm (i.e. via unnecessary and painful medical procedures, gaslighting, denying pain relief, and threats of criminal action). Medical staff were found to create arbitrary barriers in order to refuse abortion care (i.e. requesting an official report of rape even when it is not a legal requirement). Despite the pervasive violence that characterised seeking abortion care in these contexts, the violence was normalised in testimonies.

Using the lexicon of ‘reproductive violence’, Jabulile Mary-Jane Jace Mavuso explores the violence embedded in coercive abortion counselling in the South African context. Mavuso argues that the concept of reproductive violence can be a productive framework for understanding the harms of reproductive control, but only if the gender and sex diversity of people seeking abortions is acknowledged and centred. Their article is an important intervention that argues powerfully for the de-centring of cis women as “the only legitimate” and “default gestational subjects”, as a critical and non-negotiable part of the re-imagined praxis of Afrofeminist informed languages of reproductive violence. Indeed, Mavuso argues that the patriarchal and cisnormative imagining of abortion seekers (and pregnant people more generally) as cis women results in various harms for *all* people with uteri. When used to inform abortion care, patriarchal narratives of the uterine subject as always already female and always already mother produces violent abortion counselling, which results not only in psychological and emotional suffering (i.e. shame, hurt, confusion, fear), but also may result in forced pregnancy and parenthood, forced adoption, or forced illegal and unsafe abortion. For intersex, trans and gender non-conforming abortion seekers, violent abortion care may likely be compounded by anti-queer dehumanising ‘care’ or be expressed through a refusal of care. Mavuso notes that it is not enough to point to individual healthcare workers as ‘the perpetrators’. Instead, we need to acknowledge and highlight state responsibility for not being fully committed to ensuring non-directive abortion counselling, and supportive and accessible abortion care. Similarly, they argue that as feminists we must hold *ourselves* accountable for the ways in which we uphold and produce violence through our own taken-for-granted presumptions of who reproductive subjects are.

Malvern Chiweshe, Tamara Fetters and Ernestina Coast use the concept of reproductive violence to explore the multifaced control, coercion, and punishment experienced by adolescents seeking abortion care in Ethiopia, Malawi and Zambia. The authors demonstrate the complex multiplicity of such violence and its diverse actors: partners, parents, healthcare workers, potential employers, structures. As a result, they note that reproductive violence “manifests in multiple ways – often within a single abortion trajectory”. Reproductive violence thus involves a range of relationships, coercions, and sets of controls, including: coercion to accept post-abortion contraception, constrained contraceptive choices prior

to/after pregnancy, coercion by parents and relatives to not/use contraceptives and/or abortion, lack of sexual decision-making, asymmetrical gendered power relations in relationships, and a broader lack of control over reproductive and sexual embodiment. Chiweshe, Fetters and Coast argue that the concept of 'reproductive violence' is able to capture a broader set of violent experiences than single-issue concepts such as reproductive coercion or pregnancy coercion (which are often centred on intimate partner behaviours). As such, they argue that 'reproductive violence' is a productive analytic concept that enables us to explore "the multiple ways in which coercion and violence happen across either the life course or a pregnancy". While linked to sexual violence, the authors show that reproductive violence can occur independently, and showcase the multiple actors (including institutions) of such violence and its concurrent, overlapping, and cumulative trajectories (even in an individual abortion experience).

Adelaide Mufandaeza and Manase Kudzai Chiweshe explore everyday narratives of obstetric violence in Zimbabwe, finding that various forms of abuse, disrespect, and violence are prevalent in public sector maternity settings. However, this violence is routinely normalised, with many birthers regarding abusive comments, being shouted at, and not being supportively attended, as a "normal part of giving birth". Mufandaeza and Chiweshe note that there is a distinct lack of knowledge about 'obstetric violence' among pregnant and birthing persons, with a lack of institutional, governmental, or activist advocacy efforts to raise awareness of reproductive rights. For the birthers interviewed in this study, violent interactions during intrapartum care are seen as something to be accepted, because of their status as poor and marginalised subjects (choice and humanising care being a 'luxury' within capitalist systems), and violence is also regarded as a 'rite of passage' that is part of the birthing process. The authors also emphasise the importance of an intersectional approach which is able to untangle the class and age differences that shape the diverse materialisations of obstetric violence in everyday contexts. Thus, their article contributes to knowledge about how classism and ageism operate, sometimes in intersecting ways, to mean that younger, working class birthers are subjected to particular forms of obstetric violence in government-funded obstetric care.

Kaveri Mayra, Zoe Matthews and Jane Sandall use an innovative methodology – the voice-centred relational method – to explore experiences of obstetric violence in Bihar, India. Focusing on 'surrogate decision makers', Mayra, Matthews and Sandall showcase the ways in which impoverished Indian women often lack control over their reproductive and birthing bodies, having little to no room to make their own decisions. In the article, surrogate decision makers are defined as diverse actors (parents, partners, healthcare providers, unqualified care providers, birth companions) who endeavour to make decisions on women's behalf during childbirth, thus limiting the agency and decision-making power of birthers themselves. Through a series of powerful, evocative, and moving 'I poems', Mayra, Matthews and Sandall foreground the voices of participants as they narrate their experiences of birth and surrogate decision making. Across the poems, it becomes evident that obstetric violence operates in large part via the disenfranchisement of birthers from the birth process. Being framed as marginal to your own birth experience, and not being recognised as a decision-making subject nor even informed about what is happening, results in distress and detachment and is rooted in a broader patriarchal culture which disregards and disallows reproductive agency. At the same time, these authors note that birth narratives were not univocal or one-dimensional, but included the articulation of multiple voices (across the contrapuntal chords of discord, suspension, and concord), which included voices of resistance and agency that were frequently ignored and dismissed by surrogate decision-makers.

Rodante van der Waal, Veronica Mitchell, Inge van Nistelrooij and Vivienne Bozalek build on the work of Achille Mbembe and Denise Ferreira da Silva to theorise the obstetric institution as imagined and produced through colonialism, slavery, bio- and necropolitics and patriarchy. They draw on this work to both innovatively retheorise the obstetric ‘rite of passage’ originally postulated by Robbie Davis-Floyd, and theorise the modern obstetric subject (doctor or midwife) as effectively produced through violence and via the othering and engulfment of the (m)other. As a result, obstetric violence is not aberrational but integral, indeed, *built into* the modern obstetric machinery. Using data collected from both South Africa and the Netherlands in which students reflected on their curricular experiences of obstetric and midwifery training, the authors argue that obstetric violence and obstetric racism are an integral part of the ‘rite of passage’ of becoming obstetric workers; obstetric workers are trained to achieve their subjectivity by routinely denying the subjectivity of the birthers they care for, and ‘care’ is routinely practised violently. Students thus “come of age through the violent appropriation of the (m)other”, and the oppression of the (m)other and the birthing subject are thus foundational to the development of the modern obstetric subject (obstetrician, doctor or midwife). The (m)other is recast as a subaltern subject (affectable, corporeal, outer-determined, and without universal reason) and thus is not recognised as a full and autonomous subject. Van der Waal, Mitchell, van Nistelrooij and Bozalek show the continuity of obstetric violence as a rite of passage across the diverse settings of South Africa and the Netherlands. They argue that it is not enough to try and empower the (m)other or include them as equal partners while obstetric culture remains intact. In fact, such moves are doomed to fail, as it is ‘obstetric subjectivity’ (made through racialised violence, appropriation and hierarchical power relations) that needs to be dismantled.

In thinking about reproductive violence, we find the idea and symbolism of chains – used on our cover – to be especially reflective and powerful. For us, the articles in this Special Issue visibilise the violent reproductive matrix as one in which reproductive violences are produced by interlocking and interacting systems of power, such that efforts to coerce, control, punish, diminish, devalue, or oppress various groups’ reproduction and reproductive freedom, decision-making, capacities, and futures thread together various reproductive violences and experiences thereof.

As a whole, then, the articles in this Special Issue open rich lines of dialogue for thinking about the complexities of reproductive and/or obstetric violence. They collectively act against the tendency for reproductive violence to remain in the shadows and hidden in plain sight. Written from diverse transnational contexts and centring Southern, Afrofeminist, and intersectional positionalities, the articles show the rich possibilities of thinking about obstetric and reproductive violence from a range of perspectives.

However, there are reproductive subjects whose experiences are often still not considered as oppression nor as violence and are thus invisibilised, even within much feminist endeavours, because systems of power have denied their status as *reproductive subjects*. For example, much theorisation and activism around reproductive and obstetric violence centres cis, non-disabled women who have citizenship status in the countries in which they live, thus privileging them as subjects of reproductive oppression. Our Special Issue largely reflects this pattern. As such, while the articles featured here visibilise the reproductively violent workings of various systems of power, none speak to anti-fatness, ableism and the criminalisation of migration, while a vast majority take as their focus reproductive or obstetric violence against cis women. Similarly, much scholarship focuses on the violent reproductive experiences of *gestating* persons (Cardenas, 2016). This, too, is reflected in

most of the articles featured here. This Special Issue, then, is a *partial* account of the range and experiences of reproductive violence that are routinely practised and invisibilised in many parts of the world. We therefore hope that this issue sparks further work in this area.

Indeed, as we continue the struggle for reproductive justice and autonomy, and against all forms of reproductive violence and injustice, work that sheds light on the various manifestations of reproductive oppression is vitally important to challenge – including *within* feminist spaces – narrow and oppressive ideas about what reproductive violence is, and who counts as a reproductive subject and is therefore both capable and deserving of reproductive self-determination, freedom and dignity.

Funding

This work is based on research funded by the National Research Foundation (Grant no:129408) and the University of Pretoria.

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