The Facts on Reproductive Health and Partner Abuse

Sexual coercion and violence is a costly and pervasive problem, and women of reproductive age – in particular, those ages 16 to 24 – are at greatest risk. Violence limits women’s ability to manage their reproductive health and exposes them to sexually transmitted diseases. Abuse during pregnancy can have lasting harmful effects for a woman, the developing fetus and newborns. A growing body of research indicates that the strong association of intimate partner violence and unintended pregnancy, abortion and sexually transmitted disease results from male coercive behaviors around sex and contraception.

Prevalence of Coercion, Intimate Partner Violence, and Reproductive Coercion:

- Approximately 1 in 3 teens reports some kind of abuse in a romantic relationship, including emotional and verbal abuse.  
- Almost one in five young women ages 18 - 24 have experienced forced sexual intercourse.  
- On average, almost 500 women (483) are raped or sexually assaulted each day in this country.  
- 53% women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner.  
- Approximately one in five young women said they experienced pregnancy coercion and one in seven said they experienced active interference with contraception (also called birth control sabotage).

The Strong Links Between Coercion, Violence and Unintended Pregnancy

- Girls who are victims of dating violence are 4 to 6 times more likely than non-abused girls to become pregnant.
- As many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives.
- Some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.
- Forty percent of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just eight percent of non-abused women.

Violence Can Lead to Sexually Transmitted Infections:

- Women disclosing physical violence are nearly three times more likely to experience a sexually transmitted infection than women who don’t disclose physical abuse.

What is sexual and reproductive coercion?

Sexual and reproductive coercion is coercive behavior that interferes with a person’s ability to control his/her reproductive life such as:

- intentionally exposing a partner to a sexually transmitted infections (STIs);
- attempting to impregnate a woman against her will;
- intentionally interfering with the couple’s birth control; or
- threatening or acting violent if a partner does not comply with the perpetrator’s wishes regarding contraception or the decision whether to terminate or continue a pregnancy.
• One in three adolescents tested for sexually transmitted infections and HIV have experienced domestic violence.13
• Girls who have been abused by a boyfriend are five times as likely to be forced into not using a condom and eight times more likely to be pressured to become pregnant.14

Violence during Pregnancy – and Its Consequences
• Homicide is the second leading cause of traumatic death for pregnant and recently pregnant women in the U.S., accounting for 31 percent of maternal injury deaths.15
• Women experiencing abuse in the year prior to and/or during a recent pregnancy are 40 to 60 percent more likely than non-abused women to report high-blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections and hospitalization during pregnancy and are 37 percent more likely to deliver preterm. Children born to abused mothers are 17 percent more likely to be born underweight and more than 30 percent more likely than other children to require intensive care upon birth.16

Decreasing and Preventing Violence or Reproductive Coercion
• Assessment for reproductive coercion and counseling in health settings has demonstrated positive outcomes. Women who were assessed for abuse and given a wallet sized referral reported fewer threats of violence, assaults or even harassment at work.17
• A recent study demonstrated that assessment for reproductive coercion during family planning clinic visits was associated with a 70% reduction in pregnancy coercion.18
• Women in family planning clinics who received both assessment and counseling on harm reduction strategies were 60% more likely to end a relationship because it felt unhealthy or unsafe. 19
• Few doctors assess their patients for abuse,20 even though up to one in 12 pregnant women are battered.21

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8 Ibid.
14. Ibid.

Developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence.

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