



Formerly Family Violence Prevention Fund

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.¹ 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.²
- Almost one in five young women ages 18 - 24 have experienced forced sexual intercourse.³
- On average, almost 500 women (483) are raped or sexually assaulted each day in this country.⁴
- 53% women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner.⁵
- 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).⁶

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.*
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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.^{7,8}
- As many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives.⁹
- Some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.¹⁰
- 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.¹¹

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.¹²

- 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

¹ Rand, Michael. 2009. Criminal Victimization, 2008. U.S. Department of Justice Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/abstract/cv08.htm>.

² Davis, Antoinette, MPH. 2008. Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus. Available at http://www.nccd-crc.org/nccd/pubs/2008_focus_teen_dating_violence.pdf.

³ National Survey of Family Growth, 2002. Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/nchs/nstg.htm>

⁴ National Crime Victimization Survey: Criminal Victimization, 2005. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved September 2006. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf>

⁵ Miller E, Decker MR, McCauley HL, Levenson R, Silverman JG. Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception* - April 2010 (Vol. 81, Issue 4, Pages 316-322, DOI: 10.1016/j.contraception.2009.12.004)

⁶ National Crime Victimization Survey, 2005.

⁷ Silverman JG, Raj A, Clements K. Dating violence and associated sexual risk and pregnancy among adolescent girls in the United States. *Pediatrics* 2004;114(2):e220-5.

⁸ Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association* 2001;286(5):572-9.

⁹ Leiderman, Sally and Cair Almo. 2001. *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*. Center for Assessment and Policy Development and the National

Organization on Adolescent Pregnancy, Parenting, and Prevention. Available at

<http://capd.traininghelpdesk.com/pubfiles/pub-2001-10-01.pdf>

¹⁰ Ibid.

¹¹ Hathaway JE; Mucci, LA, Silverman JG, Brooks DR, Mathews R, Pavlos CA, Health Status and Health Care Use of Massachusetts Women Reporting Partner Abuse. *American Journal of Preventive Medicine*. 2000; 19(4): 318-321.

¹² Coker, AL, Smith PH, Bethea L, King MR, McKeown RE. Physical Health Consequences of Physical and Psychological Intimate Partner Violence. *Archives of Family Medicine*. 2000; 9 451-457.

¹³ 10Decker and, MR, Silverman, JG Raj, A; 2005 *Pediatrics*: Vol. 116 No. 2 August 2005, pp. e272-e276

¹⁴ Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. Male pregnancy promoting behaviors and adolescent partner violence: findings from a

qualitative study with adolescent females. *Ambulatory Pediatrics* 2007;7(5):360-366.

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- ¹⁶ Silverman, JG, Decker, MR, Reed, E, Raj, A. Intimate Partner Violence Victimization Prior to and During Pregnancy Among Women Residing in 26 U.S. States: Associations with Maternal and Neonatal Health. *American Journal of Obstetrics and Gynecology* 2006; 195(1): 140-148.
- ¹⁷ McFarlane, Judith M.; Groff, Janet Y.; O'Brien, Jennifer A.; Watson, Kathy; 2006. *Nursing Research*. 55(1):52-61
- ¹⁸ Miller E, Decker M, McCauley H, Tancredi D, Levenson R, Waldman J, Schoenwald P, Silverman J.A Family Planning Clinic Partner Violence Intervention To Reduce Risk Associated with Reproductive Coercion. *Contraception* - 01 September 2010 (10.1016/j.contraception.2010.07.013).
- ¹⁹ Ibid.
- ²⁰ Parsons, L., et.al. 2000. Violence Against Women and Reproductive Health: Toward Defining a Role for Reproductive Health Care Services. *Maternal and Child Health Journal*. 4(2): 135.
- ²¹ Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal* 2000; 4(2): 79-84.