REPRODUCTIVE COERCION AND THE IMPACT ON SURVIVORS OF DOMESTIC VIOLENCE

Many folks who experience domestic violence may experience reproductive coercion as a part of the abuse they endure. Reproductive coercion involves a pattern or series of behaviors an abusive partner may use to maintain power and control over their partner's reproductive health - interfering with their ability to make their own decisions over their body and health care. This puts their health and safety at risk. Reproductive coercion can present itself in a variety of different ways.

This May Include:

- Pressuring their partner to engage in sexual activity when they don't want to;
- Prohibiting the use of/or destroying contraception such as birth control pills, intrauterine devices (IUD), hormonal rings, and patches;
- Removing condoms during sex without their partner's knowledge, also known as "stealthing;"
- Intentionally exposing their partner to sexually transmitted infections (STIs), including HIV;
- Forcing pregnancy;
- Forcing their partner to have an abortion or controlling abortion related decisions and access; and
- Limiting access to medical appointments regarding reproductive health.[1]

These actions cause a loss of autonomy over ones' sex life and reproductive health, which can be traumatizing both physically and emotionally to the survivor. Healthcare providers have linked experiences of domestic violence and negative health outcomes due to cases of reproductive coercion. It is found that women who have experienced physical or sexual violence from an intimate partner are three times more likely to have a sexually transmitted infection than women who don't report violence.[2] Among adolescent women, it is found that one in three who tested positive for sexually transmitted infections and HIV have experienced domestic violence.[3]

People of all gender identities, sexual orientation, socioeconomic status, race and ethnicity are at risk of experiencing domestic violence and therefore may experience reproductive coercion. It is important to note however that certain groups may be impacted greater than others.

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THE IMPACT:

- Domestic violence disproportionately affects women. Women are at significantly higher risk than men of experiencing IPV[4]
- It is found that 55% of women living with HIV have experienced domestic violence, while women who are not positive experience domestic violence at about half that rate.[5]
- African-American women reported higher rates of victimization [of domestic violence] than women of other races.[6]
- 1 in 6 women and 1 in 33 men have been the victim of an attempted or completed rape in their lifetime.[7]
- Intimate partner abuse occurs at similar rates in same-sex male relationships as compared to heterosexual relationships. In a survey of gay and bisexual men, 32% reported any form of relationship abuse in a past or current relationship; 19% reported physical violence, and 19% reported unwanted sexual activity.[8]
- Women who experience domestic violence are three times more likely to contract an STI than women in nonviolent relationships.[2]
- 1 in 6 women has experienced sexual violence other than rape by an intimate partner.[9]
- 1 out of 10 women in the U.S. has been raped (forced penetration) by an intimate partner.[9]
- Victims of domestic violence are also 48% more likely to contract HIV than women who are not being abused.[5]

There is a clear connection between reproductive coercion, domestic violence, and adverse reproductive health outcomes. It is evident that this form of abuse can have long lasting impacts on a survivor’s health and well-being. Therefore, it is necessary that the domestic violence field acknowledge reproductive coercion as a tactic used by abusive partners. It is also crucial that domestic violence advocates familiarize themselves with reproductive coercion as a form of violence and gain confidence in discussing sex with survivors.

When survivors are accessing services, advocates should keep these examples of violence in mind when doing intake, discussing the support they are seek-ing, and safety planning, in order to provide appropriate referrals and link survivors to care they may need.

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