Intimate Partner Violence and Family Planning

INTERSECTIONS & OPPORTUNITIES FOR ACTION

DEFINITIONS

**Intimate partner violence (IPV)** refers to physical and/or sexual violence by a current or former partner. (WHO 2013)

**Reproductive coercion** refers to behaviors that interfere with a woman’s autonomous decision-making related to contraception and pregnancy. This may take the form of contraception sabotage, coercion or pressure to get pregnant, or pressure to continue or terminate a pregnancy. (Silverman and Raj 2014)

GLOBAL SETTING

**1 in 3** women worldwide has experienced IPV. (WHO 2013)

**60%** of women who experience violence do not seek help of any sort. (UN DESA 2015)

**More than 1 in 10** girls worldwide have experienced some form of forced sexual activity, and many girls’ first experience of sexual intercourse is forced or coerced. (UNICEF 2014)

IMPACT OF IPV ON FAMILY PLANNING

Unintended pregnancy is **more common** among women who have experienced IPV compared to those who have not. (Pallitto et al. 2013, WHO 2013)

Women who experience IPV are **more than 2x** as likely to have an induced abortion than those who have not. (Pallitto et al. 2013, WHO 2013)

Often women subjected to IPV are not able to choose when to have sex, to insist on contraception, or to effectively and consistently use contraception. (Gilles 2015, WHO 2013)

Women who experience IPV are significantly more likely to experience reproductive coercion than those who have not. (Clark et al. 2008, Falb et al. 2014, Silverman and Raj 2014)

HOW CAN WE ADDRESS IPV AND IMPROVE FAMILY PLANNING OUTCOMES?

**Equitable gender norms**

Promote and nurture equitable gender norms and behaviors that help reduce IPV and that support family planning and contraception use.

**National level involvement**

Ensure that IPV is addressed in national health care policies and programs, including those related to family planning, and that family planning and health care are explicitly incorporated into prevention strategies and response policies and plans.

**Contraception accessibility**

Ensure that a broad contraceptive method mix — including female-controlled and long-acting methods that can be used discreetly — is affordable and widely accessible to reduce barriers to use, especially for women whose autonomy may be limited by IPV.

**Support for providers**

Support family planning providers to identify IPV; to provide compassionate, effective responses; and to refer those who have experienced violence to the services they need.

TO LEARN MORE ABOUT IPV AND FAMILY PLANNING, SEE

Intimate Partner Violence and Family Planning: Opportunities for Action