# 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**



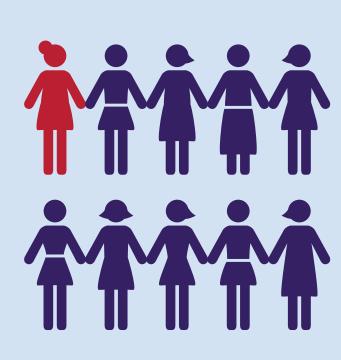
women worldwide has experienced **IPV** (WHO 2013)



**MORE THAN** 

(UN DESA 2015)

of women who experience violence do not seek help of any sort



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

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)







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

Women who experience IPV are significantly

# **FAMILY PLANNING OUTCOMES?**

**HOW CAN WE ADDRESS IPV AND IMPROVE** 



Promote and

nurture equitable gender norms and behaviors that help reduce IPV and that support family planning and contraceptive use



# 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 violence prevention and

response policies



# Ensure that a

broad contraceptive method mix including femalecontrolled and

methods that can use, especially for women whose

autonomy may be

long-acting be used discreetly — is affordable and widely accessible to reduce barriers to



# Support family

planning providers to identify IPV; to provide compassionate, first-line response; and to refer those who have experienced violence to the services they need





limited by IPV



and plans