# Intimate Partner Violence and Family Planning

### INTERSECTIONS & OPPORTUNITIES FOR ACTION

Updated 2023

#### **DEFINITIONS**



**Intimate partner** violence (IPV) refers to physical violence, sexual violence, stalking, and psychological aggression (including controlling behavior) by a current or former intimate partner.

(Breiding et al. 2015, WHO 2021)



Reproductive coercion refers to behaviors that interfere with an individual's autonomous decisionmaking related to contraception and pregnancy. This may take the form of contraception sabotage, coercion or pressure to get pregnant, or controlling the outcome of a pregnancy.

(Silverman and Raj 2014)

### **GLOBAL SETTING**



**MORE THAN** 

women worldwide has experienced physical and/or sexual IPV at least once in their lifetime

(WHO 2021)



**ABOUT** 

of women who have experienced physical and/or sexual violence do not seek help of any sort

(World Bank 2022)



ABOUT IN 16

women worldwide have experienced non-partner sexual violence at least once in their lifetime

(WHO 2021)

### **IMPACT OF IPV ON FAMILY PLANNING**



Women who have experienced IPV may be MORE

to report their pregnancy as unintended as compared to those who have not experienced IPV

LIKELY

(Pallitto et al. 2013,WHO 2013)

Women who have experienced IPV may be

more likely to have an induced abortion than those who have not experienced IPV

(Pallitto et al. 2013,WHO 2013)

Women who experience IPV may not be able to choose when to have sex, to insist on contraception, or to effectively and consistently use contraception (Gilles 2015, WHO 2013)







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

## **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

response policies



### Ensure that a

broad contraceptive method mix including femalecontrolled and

long-acting methods that can be used discreetly — is affordable and widely accessible to reduce barriers to use, especially for women whose

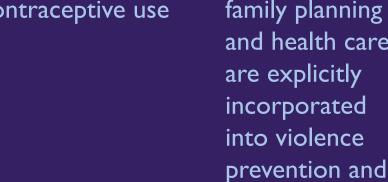
autonomy may be

limited by IPV



### Support 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







and plans