

If You Really Care About Intimate Partner Violence,¹ You Should Care About Reproductive Justice

What is Reproductive Justice?

The Reproductive Justice (RJ) movement places reproductive health and rights within a social justice framework.² The movement supports the right of individuals to have the children they want, raise the children they have, and plan their families through safe, legal access to abortion and contraception. In order to make these rights a reality, the movement recognizes that Reproductive Justice will only be achieved when all people have the resources, as well as the economic, social, and political power to make healthy decisions about their bodies, sexuality, and reproduction.³

A society that respects the sexual and procreative rights of each individual will be a society with less violence against women, and that provides greater support to those who experience violence within their relationships. By advancing RJ, you are working toward the elimination of violence against women.

How Can Advancing Reproductive Justice Reduce Violence Against Women?

Addressing the racial and socioeconomic inequities that deny some women Reproductive Justice will also reduce instances of violence and help victims escape their abusive relationship.

Intimate Partner Violence (IPV), including sexual, physical, emotional and economic abuse, affects the lives of women across all races and income levels.⁴ Nonetheless, women of different racial and socioeconomic backgrounds experience different rates of violence. Historic inequities in access to education and economic opportunity result in socioeconomic disparities. Poverty, stress, unemployment and substance use are all predictors of IPV.⁵ IPV may contribute to higher rates of unintended pregnancy and escalate during pregnancy.⁶ One study found that a woman's odds of experiencing IPV rose by 10% with each pregnancy.⁷

American Indian and Alaskan females have higher rates of nonfatal IPV as compared to either Black or White females,⁸ but Black women account for 22% of all intimate partner homicide victims.⁹ There are also both linguistic and cultural barriers to seeking help for many women, who may fear authorities even more than their batterer,¹⁰ or may have trouble accessing culturally appropriate services in the language they are most comfortable speaking.¹¹

The social and economic costs of IPV include isolation from friends and family, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children. These outcomes perpetuate a lack of control and autonomy for victims, contributing to their further subjugation to their abusers.

Further, while it is difficult for any woman experiencing violence to end her relationship, the need to provide for a child makes escaping far more difficult for some mothers. Children who are exposed to violence also face long term effects, and are more likely to have violent relationships themselves.¹²

Controlling a woman's sexual and reproductive life is often a component of abuse, so restrictions on access to family planning and abortion keep women both physically and financially vulnerable.

An abuser may try to get a woman pregnant in order to keep her economically dependent and physically vulnerable. Health professionals report seeing cases of young men who use various techniques to control women's reproductive lives, including demanding unprotected sex, lying about "pulling out," hiding or destroying birth control, and preventing abortion.¹³

Governmental restrictions on family planning and abortion services only further abusers efforts to control their victims. Because a woman experiencing IPV has greater difficulties negotiating contraception with her abusive partner, it is especially important that she has access to methods that are not dependent on a partner's cooperation, or that can be used without her partner's knowledge.¹⁴

The Hyde Amendment, which bans federal funding of abortion except in cases of rape, incest, or life endangerment, may force a woman to carry her pregnancy to term¹⁵ and maintain contact with her abuser, despite her desire to limit his involvement in her life. In *Planned Parenthood v. Casey*, the Supreme Court acknowledged that restricting a woman's access to abortion by requiring her to notify her husband of her decision can result in her being abused. The Supreme Court explains that requiring a woman to notify her husband of a pregnancy "is frequently a flashpoint for battering and violence," including physical and psychological abuse.¹⁶

When women are not provided the basic resources to raise their children, including those related to health services, they may be left economically dependent on their abusers.

Reproductive justice demands that we work to improve economic conditions for women who want to parent. A woman may stay with an abuser if he is the only means of financial support for her child. Policies that improve economic conditions for women and their families help women escape violent relationships.

Some states attempt to discourage child bearing by women receiving public assistance by denying them additional assistance for the birth of another child.¹⁷ These are known as child exclusion policies, or "family caps." Such policies hinder reproductive justice by discouraging childbearing or encouraging women to terminate pregnancies they would otherwise carry to term. Women may also feel forced to stay in abusive relationships for fear of not being able to feed their children. Likewise, policies that increase women's ability to care for their children, such as strong child support enforcement,¹⁸ and subsidized child care,¹⁹ increase low-income women's ability to escape violent relationships.

An abuser may also force a woman to stay by threatening to seek sole custody of her child. Judges, unaware of the dynamics of abuse, may actually penalize a woman who is in an abusive

relationship by removing her children from her, instead of invoking the power of the state to protect her from abuse.²⁰

How You Can Combat Intimate Partner Violence and Support Reproductive Justice

- Advocate for access to comprehensive reproductive health care. Because abusers often isolate their victims, contact with a health care provider can present a rare opportunity for a woman who is being abused to get help. All providers should screen for IPV and be able to direct patients to resources for those experiencing violence.²¹
- Oppose restrictions on access to family planning services and abortion, which are especially burdensome to women who are experiencing violence and do not want to become pregnant or continue their pregnancies.
- Support laws that expand access to contraceptives²², including emergency contraception, so women are not dependent on their partners' cooperation in preventing unintended pregnancies.
- Support laws and policies that improve economic conditions for low-income women, so women have the financial ability to leave abusive relationships.

¹ While men may also experience partner violence, and violence may occur between same-sex partners or among family members such as siblings or between parent and child, this fact sheet addresses the type of violence most closely related to limitations on Reproductive Justice, that between a male perpetrator and a female victim. Eighty-five percent of IPV victims are women. Bureau of Justice Statistics Crime Data Brief, *Intimate Partner Violence, 1993-2001* (February 2003), cited in Nat'l Coalition Against Domestic Violence, *Domestic Violence Facts* (2007), [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf).

² SisterSong, *What is Reproductive Justice?*, http://www.sistersong.net/reproductive_justice.html (last visited Oct. 19, 2009).

³ Asian Communities for Reproductive Justice, *Mission and Vision*, <http://www.reproductivejustice.org/mission-vision.html> (last visited Oct. 19, 2009).

⁴ Nat'l Coalition Against Domestic Violence, *supra* note 1.

⁵ University of Minn. Inst. on Domestic Violence in the African American Community, *Fact Sheet: Intimate Partner Violence (IPV) in the African American Community*, http://www.dvinstitute.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf (last visited Oct. 19, 2009).

⁶ L. Roth et al., *Predictors of Intimate Partner Violence Among Women Requesting Medical Abortion*, 78 CONTRACEPTION 190 (2008).

⁷ Rebekah E. Gee et al., *Power Over Parity: Intimate Partner Violence and Issues of Fertility Control*, 201 AM. J. OF OBSTETRICS AND GYNECOLOGY 148.e1 (2009), available at <http://www.ajog.org/article/PIIS0002937809004426/abstract>.

⁸ Bureau of Justice Statistics, *Intimate Partner Violence in the U.S.: Victim Characteristics* (2007), available at <http://www.ojp.usdoj.gov/bjs/intimate/victims.htm>.

⁹ Black women are only 8% of the U.S. population. University of Minnesota Institute on Domestic Violence in the African American Community, *supra* note 5.

¹⁰ Sakhi for South Asian Women, *The Need for Sakhi's Services*, <http://www.sakhi.org/about/needsakhisvcs.php> (last visited Oct. 19, 2009).

¹¹ Alianza- National Latino Alliance for the Elimination of Domestic Violence, *Public Policy* (Mar. 3, 2009), <http://www.dvalianza.org/home.htm>.

¹² Nat'l Coalition Against Domestic Violence, *supra* note 1.

¹³ Elizabeth Miller, et al., *Adolescent Intimate Partner Violence and Contraceptive Nonuse among Adolescent Females Utilizing Teen Clinics*, 42 J. OF ADOLESCENT HEALTH 8 (Feb. 2008).

¹⁴ Rebekah E. Gee et al., *supra* note 7. Such methods might include hormonal shots, implants, the IUD or oral contraceptives, though there is a risk that pills could be discovered. For information on contraceptive options, please visit <http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>.

¹⁵ Stanley K. Henshaw et al., *Restrictions on Medicaid Funding for Abortions: A Literature Review* (Guttmacher Institute 2009), available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>.

¹⁶ *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 889 (1992).

¹⁷ Jodie Levin-Epstein, *Lifting the Lid Off the Family Cap: States Revising Problematic Policy for Welfare Mothers*, Childbearing and Reprod. Health Series (Ctr. for Law and Soc. Policy, Washington, DC), Dec. 2003, available at http://www.clasp.org/publications/family_cap_brf.pdf. The states most likely to implement the family cap are states with higher percentages of African-Americans and Latinos receiving assistance. *Id.* at 2. For information on state family cap policies, see Office of Family Assistance, Admin. for Children and Families, Dep't of Health and Human Services, *TANF Eighth Annual Report to Congress*, available at <http://www.acf.hhs.gov/programs/ofa/data-reports/annualreport8/chapter12/chap12.htm#15> (last visited Oct. 20, 2009).

¹⁸ Vicki Turetsky, Ctr. for Law and Soc. Policy, *Child Support: Ripple Effects Throughout the Community* (2008), available at http://clasp.org/publications/child_support_ripple_effects_formatted.pdf.

¹⁹ To find out how you can advocate for increased funding for child care, please visit the National Women's Law Center's Child Care page at <http://www.nwlc.org/display.cfm?section=childcare>.

²⁰ Daniel G. Saunders, *Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Risk Factors, and Safety Concerns* (National Resource Center on Domestic Violence 2007).

²¹ The American College of Obstetricians and Gynecologists recommends that all patients be screened for all forms of violence. American College of Obstetricians and Gynecologists, *Screening Tools-- Domestic Violence*, http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585 (last visited Oct. 20, 2009).

²² For information on how you can increase access to contraceptives, please visit the National Women's Law Center's Medicaid Family Planning Project at <http://www.nwlc.org/details.cfm?id=3483§ion=ReproductiveChoices> and the National Women's Law Center's Contraceptive Coverage Project at <http://www.nwlc.org/details.cfm?id=2184§ion=ReproductiveChoices>.