Chapter 19 Summary: Intimate partner violence and abortion

Also known as Domestic Violence, "Intimate Partner Violence (IPV) is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner."[1]Each year, IPV "results in an estimated 1200 deaths and two million injuries among women" in the United States.[2]

Studies worldwide report a correlation between IPV and abortion, revealing that women who suffer from intimate partner violence are more likely to have an abortion—both induced and spontaneous—than those who do not.

Abuse is often triggered or amplified by pregnancy. IPV directed towards pregnant women may cause miscarriage, whether intentionally or accidentally. Hence, there should be more screening for abuse during pregnancy.

Unintended pregnancy is more common in abusive relationships, where forced sex and rejection of contraception is more likely; and unintended pregnancies are typically those sought to be terminated. At the same time, however, abortion-seeking women who have experienced IPV are more likely to have been coerced to terminate their pregnancy. Thus, health professionals should be aware that a woman's termination of pregnancy may not be her free choice.[3]

Some research also indicates that women who have had an induced abortion may subsequently experience or exacerbate IPV. One Indian researcher found that "as the proportion of intervals in which abortion occurred increases, the odds of experiencing violence increases significantly."[4]

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[1]Black MC, Breiding MJ. Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence—United States, 2005. Morbidity and Mortality Weekly Report 2008; 57(5): p. 113.
[2] Ibid.
[3]Keeling J, Birch L, Green P. Pregnancy counselling clinic: a questionnaire survey of intimate partner abuse. Journal of Family Planning and Reproductive Health Care 2004; 30(3): p. 166.
[4]OR 3.74; Lee-Rife SM. Women's empowerment and reproductive experiences over the lifecourse. Social Science & Medicine 2010; 71(3): p. 639.