

# American Journal of Preventive Medicine Releases Data on Rape-Related Pregnancy in the US

Using 2010-2012 data from the National Intimate Partner and Sexual Violence Survey (NISVS) (Smith et al., 2017), the article "Rape-Related Pregnancy and Association With Reproductive Coercion in the <u>U.S.</u>" is the first study since 1996 to provide nationally representative information on rape-related pregnancy (Basile et al., 2018). Highlights from the report are provided below, as well as recommendations for improving services and prevention.

To view a factsheet on this research, visit: https://www.cdc.gov/violenceprevention/datasources/nisvs/understanding-RRP-inUS.html.

## 1. Almost 2.9 million women have experienced rape-related pregnancy in their lifetime.

- Using the NISVS data set, the authors found that 2.4%, or almost 2.9 million U.S. women, experienced vaginal rape-related pregnancy during their lifetime.
- Although multi-racial, Black, Hispanic, American Indian, and Alaskan women are disproportionately impacted by sexual violence (Smith et al., 2017), this study found that lifetime prevalence rates were similar across racial and ethnic groups (Hispanic [2.8%], White non-Hispanic [2.2%], Black non-Hispanic [3%], and other non-Hispanic [2.4%]).

## 2. Those that experience intimate partner rape are more likely to experience rape-related pregnancy.

- People who sexually offend are usually known to the victim, and in instances where rape-related pregnancy was reported, 77.3% were current or former intimate partners, 13.9% were acquaintances, and 5.3% were strangers. Note that not enough data was available on family members as offenders to produce reliable estimates for this article.
- 26.2% of victims of intimate partner rape also experienced pregnancy as compared to those raped by acquaintances (5.2%) or strangers (6.9%).

## 3. Reproductive coercion by partners is associated with rape-related pregnancy.

Reproductive coercion is defined as behaviors that interfere with contraception use and pregnancy to maintain power and control in a relationship (Chamberlain & Levenson, 2012). While there are many forms of reproductive coercion, NISVS included the following ways: (1) tried to get you pregnant when you did not want to become pregnant or tried to stop you from using birth control, and (2) refused to use a condom when you wanted them to use one.

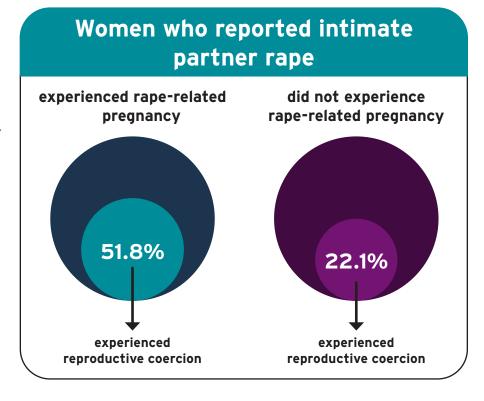
- Results found that 30% of women raped by an intimate partner experienced reproductive coercion by that same partner.
  - 19.6% reported their abuser tried to get them pregnant when they did not want to be pregnant or the partner tried to stop them from using birth control.
  - 23.3% reported their partner refused to wear a condom.

• Women who reported intimate partner rape-related pregnancy were significantly more likely to experience reproductive coercion (51.8%) than women who experienced intimate partner rape but not rape-related

pregnancy (22.1%).

- 44% of women that reported intimate partner rape-related pregnancy also said that their partner refused to wear a condom, while 16.1% of those that did not experience rape-related pregnancy reported this behavior.

- 38.9% of women that experienced intimate partner rape-related pregnancy and 12.4% of women that didn't experience rape-related pregnancy reported that their partner tried to get them pregnant when they did



not want to be pregnant or tried to stop them from using birth control.

## 4. Violence impacts reproductive health, but early prevention efforts can make a difference.

These findings deepen our understanding of the impact of rape and can be used to inform and enhance our prevention efforts.

- **Integrated and coordinated services are critical.** Approaches that address the connections between rape, intimate partner violence, and reproductive health are essential, and working across multiple sectors can impact multiple forms of violence.
- Trauma-informed routine health assessments can help. Quality sexual and reproductive health care can be a crucial connection to information, services, and treatment. When health care providers routinely assess patients for experiences with violence and reproductive coercion in a trauma-informed way, they may increase access to emergency contraception and counseling services. Sexual assault and domestic violence organizations that link their services with reproductive health care can also increase access to contraceptive counseling and referrals.

- Prevention efforts must start early. Prevention efforts with youth that seek to build healthy intimate relationships, healthy sexuality, and address harmful gender roles can change the nature of relationships and reduce risk for violence and unwanted pregnancy.
- Control over one's reproductive health is a human right. Preventing sexual violence and reproductive coercion requires a comprehensive approach that impacts individual behaviors, relationship, families, communities, and social structures. Reproductive justice is defined as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities" (SisterSong Inc., n.d.). Using a reproductive justice framework and approaching the prevention of rape and reproductive coercion as a human right addresses inequality in our communities, attends to multiple risk and protective factors, integrates multiple movements, and centers the needs of those most impacted by sexual harassment, assault, and abuse.

## References

Basile, K. C., Smith, S. G., Liu, Y., Kresnow, M. D., Fasula, A. M., Gilbert, L., & Chen, X. (2018). Rape-related pregnancy and association with reproductive coercion in the U.S. American Journal of Preventive Medicine, 55, 770-776. doi:10.1016/j.amepre.2018.07.028

Chamberlain, L., & Levenson, R. (2012). Addressing intimate partner violence, reproductive and sexual coercion: a guide for obstetric, gynecologic and reproductive health care settings (2nd ed.). Retrieved from Futures Without Violence: https://www.futureswithoutviolence.org/userfiles/file/ HealthCare/reproguidelines\_low\_res\_FINAL.pdf

SisterSong, Inc. (n.d.). What is reproductive justice? Retrieved from https://www.sistersong.net/reproductive-justice

Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., ... Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report. Retrieved from the Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/pdf/ NISVS-StateReportBook.pdf

#### **About NSVRC**

NSVRC is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. The center also works with the media to promote informed reporting. Every April, NSVRC leads Sexual Assault Awareness Month (SAAM), a campaign to educate and engage the public in addressing this widespread issue. NSVRC is also one of the three founding organizations of RALIANCE, a national, collaborative initiative dedicated to ending sexual violence in one generation.

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