

The Importance of Reproductive and Sexual Health Care Access in Preventing and Responding to Gender-Based Violence

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This fact sheet summarizes research demonstrating that access to reproductive and sexual health care is essential for preventing and responding to gender-based violence.

Gender-based violence is widespread in Alaska.ⁱ

Gender-based violence encompasses a wide array of harmful behaviors that are disproportionately perpetrated by men against women, including intimate partner violence, sexual violence, and stalking. Of particular importance to reproductive and sexual health:

- **1 in 5 (19%) Alaskan women have experienced reproductive control in their lifetime.** This includes partners trying to get them pregnant when they did not want to be or trying to stop them from using birth control; and/or partners refusing to use a condom when they wanted to use one.
- **1 in 2 (48%) Alaskan women have had partners who control what they can do and where they can go in their lifetime.** These controlling behaviors include monitoring and controlling who a partner can associate with, where they go and when, and their access to and use of money.
- **2 in 5 (41%) Alaskan women have experienced attempted or completed forced and/or alcohol/drug-involved non-consensual sexual penetration in their lifetime.**
- **1 in 3 (35%) Alaskan women have experienced coerced sexual penetration in their lifetime.** This includes others using lies, threats, persistent demands, and/or influence or authority to pressure them to have sex.
- **Alaska has the highest rate of women killed by men in the US, with a rate that is more than twice the national average.ⁱⁱ**

Gender-based violence has multiple reproductive and sexual health consequences.

- **2 in 5 (39%) female rape victims experience physical injury, including vaginal tears and other internal injuries.ⁱⁱⁱ**
- **1 in 8 (12%) female rape victims contract a sexual transmitted disease (STD).^{iv}**
- **1 in 6 (16%) female rape and/or sexual coercion victims get pregnant as a result.^v**
- **Pregnancy coercion and birth control sabotage are associated with increased risk of unintended pregnancy.^{vi}** Birth control sabotage includes removing access to birth control and intentionally breaking or removing condoms.
- **Traumatic experiences (for example, from abuse and sexual assault) increase the likelihood of engaging in consensual but risky sexual activity such as sex with multiple partners or sex without condoms.^{vii}** These risky behaviors increase the risk of contracting STDs and unintentional pregnancies.

Access to reproductive and sexual health care providers includes multiple dimensions.^{viii}

Health care access represents the degree of “fit” between a client and the system of care, but there are multiple, interrelated dimensions to that “fit.” These include:

- **Availability:** Adequacy of supply of providers to meet specific needs of patients.
- **Accessibility:** Relative proximity of providers to patients.
- **Accommodation:** The ease and comfort of attaining care.
- **Affordability:** The actual and perceived costs of care relative to patients’ resources.
- **Acceptability:** Patient and provider attitudes of acceptance toward each other.

Reproductive and sexual health care access is essential for responding to and preventing gender-based violence.

Given the reproductive and sexual health (RSH) consequences of gender-based violence, **victims are likely to need physical exams; STD testing and treatment, including HIV post-exposure prophylaxis; emergency contraception; testing for date-rape drugs; and/or abortion care; all within a trauma-informed care model** that recognizes, acknowledges, and accommodates the harm experienced.

Access to RSH care – specifically to contraceptives – is critical for women’s safety, as getting pregnant puts women at an increased risk for violent victimization:

- Qualitative research has demonstrated that **abusive partners sometimes attempt to forcibly impregnate their partners to keep them from leaving the relationship**,^{ix} putting them at an increased risk of on-going abuse.
- **Pregnancy increases women’s risk of being a victim of homicide.**^x

Positive experiences with knowledgeable health care providers increases victims’ likelihood of formal help-seeking, such as contacting the police.^{xi} Not all health care providers are viewed as fair or competent by GBV survivors,^{xii} thus creating barriers to further help-seeking.

Reduced access to RSH care is related to increases in violence:

- **Laws that limit the capacity of abortion providers** through standards that go beyond what is medically necessary to ensure patient safety **are associated with increases in intimate partner homicide.**^{xiii}
- **Greater barriers to reproductive and sexual health care are associated with increased rates of non-intimate partner homicide.**^{xiv}
- **Greater distances to abortion clinics from municipalities without those clinics increases rates of GBV in those municipalities.**^{xv}

ⁱ UAA Justice Center (n.d.) AVS results. Retrieved from <https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/avs/avs-results/>

ⁱⁱ Violence Policy Center. (2022). *When men murder women: An analysis of 2020 homicide data*. Retrieved from <https://vpc.org/when-men-murder-women/>

ⁱⁱⁱ Basile, K. C., Smith, S. G., Chen, J., & Zwald, M. (2020). Chronic Diseases, Health Conditions, and Other Impacts Associated with Rape Victimization of U.S. Women. *Journal of Interpersonal Violence*, 36(23-24), NP12504-NP12520.

^{iv} Id.

^v D’Angelo, D. V., Liu, Y., Basile, K. C., Smith, S. G., Chen, J., Friar, N. W., & Stevens, M. (2024). Rape and sexual coercion related pregnancy in the United States. *American Journal of Preventive Medicine*, 66(3), 389-398.

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^{ix} Grace, K.T., & Anderson, J.C. (2018). Reproductive Coercion: A Systematic Review. *Trauma, Violence, & Abuse*, 19(4), 371-390.

^x Wallace, M. E., Hoyert, D., Williams, C., & Mendola, P. (2016). Pregnancy-associated homicide and suicide in 37 US states with enhanced pregnancy surveillance. *American Journal of Obstetrics and Gynecology*, 215(3), 364.e1-364.e10.

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^{xiii} Wallace, M. E., Stoecker, C., Sauter, S., & Vilda, D. (2024). States’ abortion laws associated with intimate partner violence–related homicide of women and girls in the US, 2014–2020. *Health Affairs*, 43(5), 682-690.

^{xiv} Boyle, K. M., Regoeczi, W., & Meyer, C. B. (2024). State divorce laws, reproductive care policies, and pregnancy-associated homicide rates, 2018-2021. *JAMA Network Open*, 7(11), e2444199.

^{xv} Muratori, C. (2025). Is TRAP a trap?: The impact of abortion access on violence against women and their children. *The Journal of Human Resources*