

Extended Contraceptive Coverage as Gender-Based Violence Prevention and Response

Prepared by Ingrid D. Johnson, PhD (Associate Professor of Justice, UAF¹; idjohnson@alaska.edu);
March 2026

Currently, healthcare insurers in Alaska only provide coverage for 1 to 3 months of contraceptives at a time and can impose non-medically-related restrictions on which type of contraception will be covered (e.g., step-therapy). Senate Bill 276 (SB 276; 'CONTRACEPTIVES: INSURANCE COVERAGE') would require that healthcare insurers extend coverage for up to 12 months and cover the contraception of the patient's preference. This fact sheet summarizes the complex relationship between ease of contraceptive access and gender-based violence, making the case for extended coverage because of the disproportionate impact of access limitations on victims of intimate partner abuse, the risk for future violent victimization, and the risk for pregnancy among sexual violence victims posed by these limitations.

- **1 in 2 (48%) of Alaskan women have had partners who control what they can do and where they can go,² which can make regular trips to a medical provider and/or pharmacy difficult.** These controlling behaviors include monitoring and controlling who a partner can associate with, what they eat and wear, where they go and when, and their access to and use of money.
- **1 in 5 (19%) of Alaskan women have experienced reproductive control,³ which makes ease of access to contraceptives essential for reducing unintended pregnancies.** 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.
- **Alaskan women are at high risk for intimate partner sexual assault, thus increasing their risk for unintended pregnancies, particularly if there is a lapse in their preferred contraception regime.** Almost 1 in 5 (18.0%) women from an unweighted sample of ~13,000 adult Alaskan women had been sexually assaulted by an intimate partner.⁴
- **Getting pregnant puts women at an increased risk for violent victimization, particularly for women already in abusive relationships.**
 - Qualitative research has demonstrated that abusive partners will attempt to forcibly impregnate their partners to keep them from leaving the relationship.⁵
 - Pregnancy increases women's risk of being a victim of homicide,⁶ and Alaska has the highest rate of women killed by men in the US, with a rate that is more than twice the national average.⁷
- **2 in 5 (41%) Alaskan women have experienced attempted or completed forced and/or alcohol/drug-involved non-consensual sexual penetration. 1 in 3 (35%) have experienced coerced sexual penetration.⁸** This includes others using lies, threats, persistent demands, and/or influence or authority to pressure them to have sex.
 - **1 in 6 (16%) female rape and/or sexual coercion victims get pregnant as a result.⁹**
 - The prevalence of rape and sexual coercion along with the risk of pregnancy associated with these behaviors demonstrates the importance of consistent access to contraceptives for all Alaskan women of reproductive age.

¹ The research presented in this fact sheet is presented by Dr. Johnson only and does not indicate or imply endorsement by the University of Alaska, its officers, or its Board of Regents.

² UAA Justice Center (n.d.) *AVS results*. Retrieved from <https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/avs/avs-results/>

³ Id.

⁴ Johnson, I. D., & Gonzalez, A. (2023). *Relationships between intimate partner violence and Alaskan women's health*. Retrieved from <https://scholarworks.alaska.edu/handle/11122/14768>

⁵ Grace, K. T., & Anderson, J. C. (2018). Reproductive Coercion: A Systematic Review. *Trauma, Violence, & Abuse, 19*(4), 371–390. <https://doi.org/10.1177/1524838016663935>

⁶ Wallace, M. E., PhD, Hoyert, D., PhD, Williams, C., ScD, & Mendola, P., PhD. (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. <https://doi.org/10.1016/j.ajog.2016.03.040>

⁷ Violence Policy Center. (2022). *When men murder women: An analysis of 2020 homicide data*. <https://vpc.org/when-men-murder-women/>

⁸ Id (n 2)

⁹ 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.