



43 Gabriel Drive, Post Office
Box 587 Augusta, ME 04332-
0587

t: 207.622.7524 | f:
207.622.0836

[www.MaineFamilyPlannin
g.org](http://www.MaineFamilyPlannin
g.org)
[info@MaineFamilyPlannin
g.org](mailto:info@MaineFamilyPlannin
g.org)

Maine Family Planning
Testimony in Opposition to
LD 1197, An Act to Prevent Coerced Abortion
May 5, 2023

Senator Carney, Representative Moonen and honorable members of the Joint Standing Committee on Judiciary, Maine Family Planning is submitting testimony in opposition to LD 1197, An Act to Prevent Coerced Abortion.

Abortion coercion is the act of compelling or pressuring someone to have an abortion against their will. This coercion can take many forms, including emotional manipulation, threats of violence, and withdrawal of financial or emotional support. It is a harmful issue that affects numerous individuals, regardless of age, socioeconomic status, or cultural background.

Contrary to what LD 1197 suggests, existing studies and reports have consistently shown that the majority of abortion coercion takes place in environments outside of abortion clinics, most commonly within homes or relationships. A 2017 analysis by the Guttmacher Institute found that women who experienced pressure to abort were more likely to cite factors such as relationship instability, financial concerns, or pressure from family members as reasons for their decision. These factors are typically encountered and experienced outside of clinical settings.

There is a lack of evidence to suggest that abortion coercion is a prevalent issue within abortion clinics. In fact, medical professionals at these clinics are bound by ethical and legal obligations to ensure that patients are making autonomous, informed decisions about their healthcare. Maine Family Planning clinics have established protocols and procedures to screen for potential coercion, and staff members are trained to address any concerns related to coercion or patient autonomy.

Existing data strongly indicates that abortion coercion primarily occurs in homes and other non-clinical environments. To effectively address this important issue, it is essential to focus our efforts on educating communities, providing support to those in vulnerable situations, and promoting a culture of respect for individual autonomy and reproductive rights. We must work together to create an environment where individuals can make informed, voluntary decisions about their reproductive health without fear of coercion. Please vote ought not to pass on LD 1197.