



The Maine Coalition
to End Domestic Violence

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**Testimony of Amanda Taisey on behalf of the Maine Coalition to End Domestic Violence
In Opposition to LD 1197: "An Act to Prevent Coerced Abortion"**

**Before the Joint Standing Committee on Judiciary
Friday May 5, 2023**

Senator Carney, Representative Moonen, and members of the Joint Standing Committee on Judiciary, my name is Amanda Taisey and I am testifying on behalf of the Maine Coalition to End Domestic Violence (MCEDV)¹ in opposition to LD 1197, "An Act to Prevent Coerced Abortion "

MCEDV recognizes the important role that reproductive healthcare generally, and abortion care specifically, plays for survivors of domestic abuse and violence. In most cases, having a child binds two people together for the long term, even if their relationship ends, sharing custody and co-parenting is a long-term project that is overseen and enforced by the courts. People who perpetrate abuse understand this and frequently use pregnancy as a way of inducing long-term connection, dependence, and compliance. They may coerce pregnancy by damaging contraceptives or refusing to use them, they may commit sexual assault without using protection, or they may simply wait to show their true abusive colors until after their partner has had a child, only then revealing overtly controlling and violent behavior. Pregnancy itself is dangerous for survivors, pregnant patients are more likely to die from homicide than any other pregnancy related conditions², and the homicide rate among pregnant and postpartum women in 2020 increased 33% from 2019³. Given this reality, contraceptive care and abortion must be understood as key tools of safety planning for survivors of domestic abuse and violence.

Recognizing the many connections between healthcare and domestic abuse, MCEDV and our local members have collaborated with healthcare systems for years, and in 2022, MCEDV established the position of Health Systems Engagement Coordinator, a new full-time

¹ MCEDV serves a membership of eight regional domestic violence resource centers as well as the Immigrant Resource Center of Maine. Our member programs provided services to more than 12,000 victims of domestic violence in Maine last year, including court advocacy services in the civil and criminal courts.

² "The Biggest Danger During Pregnancy: Homicide." *The Crime Report*, March 15, 2022. Accessed at <https://tinyurl.com/2w43eeyh>

³ "What I Wish I Had Known About Domestic Violence." *Everytown for Gun Safety*. Accessed at <https://tinyurl.com/ye22y68t>



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In our work with health care professionals, we spend a lot of time working on the concept of “it’s not *what* you ask, it’s *how* you ask ” When providers simply rush through a list of prescribed questions from the electronic medical record without pause or ask about abuse with no eye contact and a tone that indicates their mind is elsewhere, screening doesn’t result in patients feeling their provider is a safe person to whom they could look for support, nor does it provide the opportunity for meaningful engagement to provide resources and information – both of which are the objectives of the best practice approach

While we wholeheartedly support the goal articulated in this legislation’s title, the legislation itself is inconsistent with best practices for screening and intervening with survivors Rather than supporting the ongoing work to build Maine providers’ readiness to recognize and ask about a comprehensive list of abusive and coercive behaviors, this legislation creates a standalone script for providers to follow, detailing a list of topics that must be covered orally and in writing, and focusing on one very narrow example of abusive behavior (criminal threatening) This approach will do nothing to contribute to the special knowledge and skills that the Homicide Review Panel reminds us are needed to effectively intervene We know from decades of experience and research We can ask providers to say words about abuse, but without the right technique and approach, our interventions are ineffective

While we of course support informed consent for any medical procedure, including abortion, we have not heard from any survivors that they have experienced pressure from a provider to continue with an abortion against their wishes or were unaware that they had the right to change their minds In addition, Maine’s family planning clinics are among our close partners They have a proven track record of keeping current victim services information on hand for patients, of making successful referrals to DVRCs, and of reaching out for consultation when they want guidance for how they can help a patient We are therefore unsure what problem this legislation seeks to solve with regard to the connections and referrals that are already firmly in place at the community level

For these reasons, we respectfully ask you to vote “ought not to pass” on LD 1197 I am happy to answer any questions

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