



**MCEDV.**

The Maine Coalition  
to End Domestic Violence

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**Testimony of Regina Rooney on behalf of the Maine Coalition to End Domestic Violence  
In support of LD 1619: “An Act to Improve Maine’s Reproductive Privacy Laws” and LD 1343:  
“An Act to Protect the Reproductive Freedom of Maine People by Preempting the Field of  
Abortion Regulation”**

**Before the Joint Standing Committee on Judiciary  
Monday, May 1, 2023**

Senator Carney, Representative Moonen, and members of the Joint Standing Committee on Judiciary, I am writing on behalf of the Maine Coalition to End Domestic Violence (MCEDV)<sup>1</sup> in support of LD 1619, “An Act to Improve Maine’s Reproductive Privacy Laws,” and LD 1343: “An Act to Protect the Reproductive Freedom of Maine People by Preempting the Field of Abortion Regulation.”

Abortion plays an important role 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 escalating their behavior. Pregnancy itself is dangerous for survivors; pregnant patients are more likely to die from homicide than any other pregnancy related conditions,<sup>2</sup> and the homicide rate among pregnant and postpartum women in 2020 increased 33% from 2019.<sup>3</sup> Given this reality, abortion must be understood as a key tool of safety planning for survivors of domestic abuse and violence.

By changing the statutory language to ensure that abortions later in pregnancy are made available in the best judgment of a physician, LD 1619 removes barriers and ensures that the right people – patients and their providers – are the ones involved in making health care decisions. This will benefit a wide array of Mainers, including survivors. Research shows that

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<sup>1</sup> 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.

<sup>2</sup> Badcom, Emma. “Pregnant women more likely to be murdered than die from other causes.” Oct. 24, 2022.

<sup>3</sup> Wallace, Maeve. Trends in Pregnancy-Associated Homicide, United States, 2020. *Am J Public Health*. 2022 Sep;112(9):1333-1336. doi: 10.2105/AJPH.2022.306937. Epub 2022 Jul 7.

intimate partner violence is one of the top reasons that individuals end up not accessing abortion until later in pregnancy.<sup>4</sup> This only makes sense, when we consider the obstacles presented by someone who monitors their partner's every move, creates a multitude of urgent crises which must be dealt with immediately (many of which center on children already in the home), isolates them, controls the family finances, and even convincingly promises they will change and that things will get better. Of course, services are harder to access under such conditions.

Additionally, LD 1619 attends to important privacy concerns. At MCEDV, we understand the importance of confidentiality in data collection. Our member programs are required to collect and provide data to funders about their work with individuals, and we work diligently to ensure that no data that is made available outside of their confidential organizations – even that which is shared with us at MCEDV – can be personally identifying. A data breach can happen easily, given the nature of small Maine communities. It doesn't take too many demographic factors before one can begin to guess someone's identity in a small town. And the stakes are high: In DV work, that kind of data breach can put people's lives in danger. The same could be said for abortion service data, given today's charged environment, with political and hate-motivated violence on the rise. Patients expect that their health care information will be kept confidential, and this legislation attends to that important need.

LD 1343 addresses another important issue. By making sure that municipalities are unable to create their own ordinances prohibiting abortion, we make sure that Maine people, including survivors, continue to have access to this critical service.

There is a concerted effort underway across the nation and in our state to restrict abortion in any way possible. But when we restrict abortion, we narrow the options that survivors have to protect themselves against a partner's reproductive coercion. We collude with the people committing abuse, giving them leverage and taking away safety planning options from their victims, who are working hard to keep themselves and their children safe. When we expand access, we expand survivors' options and resources.

For these reasons, we encourage you to vote "ought to pass" on LDs 1619 and 1343. Thank you for the opportunity to testify on this important bill.

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<sup>4</sup> Foster, D.G. and Kimport, K. (2013), "Who Seeks Abortions at or After 20 Weeks?". Perspectives on Sexual and Reproductive Health, 45: 210-218. <https://doi.org/10.1363/4521013>