MCEDV.

Maine Coalition to
End Domestic Violence

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Testimony of Regina Rooney
Speaking in support of L.D. 1237
"An Act To Require Insurance Coverage for Contraceptive Supplies"
Before the Committee on Insurance & Financial Services
Tuesday, April 18, 2017

Hello Senator Whittemore, Representative Lawrence, and Members of the Joint Standing Committee on Insurance and Financial Services:

My name is Regina Rooney, I live in Hope, Maine, and I am speaking today on behalf of the Maine Coalition to End Domestic Violence (MCEDV) in support of L.D. 1237, *An Act to Require Insurance Coverage for Contraceptive Supplies.*

In 2016, the Domestic Violence Resource Centers that comprise MCEDV provided services for more than 12,000 adult victims of domestic abuse and violence, sheltering 428 adults and 314 children, providing legal services for more than 3600 people, and providing specialized support for more than 2,000 families in the child welfare system. Through 24-hour helplines, outreach offices, shelters, and transitional housing sites, advocates help Maine's victims of domestic abuse and violence move from circumstances of terror and hopelessness to circumstances of possibility with plans to increase their safety, protect and nurture their children, and establish economically sustainable and stable lives.

Maine's domestic violence advocates are known for safety planning—for helping people figure out how they can manage the risks presented by their abusive partners, and do so within the greater context of their lives. While people often think that safety planning must involve the police, the courts, or a shelter, I am here today because we believe the bill before you presents an opportunity to strengthen and enhance the safety planning we do with women, particularly around reproductive coercion.

I will never forget the day when, working at the time as an advocate at a local domestic violence resource center, I answered the door to a young woman in an absolute panic. She was not looking for shelter, or a lawyer or a support group. She had already managed to get away, and had someone she and her young child could stay with, and had a plan for school in the fall, if only she could keep her location secret from the very violent man she'd left behind. What she needed was a pregnancy test: she didn't have insurance or money to buy one, and didn't know where else in the area to go, and so she turned to us. Her fear was palpable. She was perfectly clear: a pregnancy would severely jeopardize her carefully laid plans to start over. She had waited until her first child was older before making her escape and she did not think that she could possibly manage everything with a new baby. She said that if she was pregnant, she was afraid she would have no choice but to go back.

Her story is not uncommon. A woman's reproductive health is often a target of control for an abusive man. Some abusers will use deceptive tactics to force a woman to get pregnant against her will, poking holes in condoms, hiding her pills, or keeping her from medical appointments. The child is then used as a way to control the woman, and to limit her options to escape. It's an unfortunately solid plan from his perspective, since having a child together will keep them connected through the court system, if not through the relationship, probably for many years. Such behavior is called reproductive coercion, and it has a real impact on the rates of unintended pregnancy: 40% of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just eight percent of non-abused women.[1] At the same time, some abusers are more violent during pregnancy. Homicide is the second leading cause of traumatic death for pregnant and recently pregnant women in the U.S., accounting for 31% of maternal injury deaths.[2] The safety risks are all too real.

One of the most important things we can do when safety planning with a woman whose partner is using such tactics is to connect her with good, reliable contraception, and help her figure out how to hide its use from her partner. By extending the period for which contraception can be dispensed, we remove one of the layers of risk and effort that exists when she needs to go get that prescription refilled quarterly or monthly. For someone who needs to hide her use of contraceptives and whose activities are being monitored, this could make a real difference in her ability to control whether or not she gets pregnant, and for her overall safety.

Additionally, we believe this bill would have a positive impact for survivors in Maine who need contraception, even if they are not currently experiencing reproductive coercion. There are many, many women in our state who are working hard to keep their lives afloat amidst the havoc created by abusive partners. What are some of the things on their plates? Finding housing, managing ongoing civil and criminal cases, holding down a job when their partner keeps flooding the company phone lines, trying to transition joint cell phone plans into individual ones, navigating the process of accessing public benefits, finding therapy for themselves and their children, providing their partners with receipts for every penny spent at the grocery store, planning how to leave, planning how to stay safe in the relationship. This on top of the usual demands of life: dealing with broken-down cars, baking for the church fundraiser, showing up at the little league game.

One of the themes we hear very clearly from survivors is how exhausting and overwhelming all of this is... Keeping up with contraceptive refills is one item on a very long list, and may not even seem like one of the most important. But her ability to choose whether or not she gets pregnant is foundational to her long-term safety and economic stability. It has a profound impact on every single other item on the list. Just like for the young woman I met that day at the door: so much—and sometimes everything—hinges on it. And so, for all of these reasons, we believe it will greatly benefit survivors to have simpler access to birth control, and we respectfully ask that you support L.D. 1237.

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[1] Hathaway JE; Mucci, LA, Silverman JG, Brooks DR, Mathews R, Pavlos CA, Health Status and Health Care Use of Massachusetts Women Reporting Partner Abuse. American Journal of Preventive Medicine. 2000; 19(4); 318-321.

[2] Chang J, Berg C, Saltzman L, Herndon J. 2005. Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999. American Journal of Public Health. 95(3): 471-477.