



**Senate Health and Welfare Committee- H. 57**

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Good morning. I am pleased to speak with you this morning in support of H. 57. As Vermont's leading voice on domestic and sexual violence, the Vermont Network works to promote policies that support victims and survivors of violence to thrive and live lives free from violence.

There is a strong correlation between domestic and sexual violence and the reproductive health and wellbeing of women. Domestic and sexual abuse take many forms including physical violence, and emotional, psychological and financial abuse. Although victims and survivors may be both men and women, and individuals of all races, identities and ages, national data indicates that women are at the greatest risk of violence from their intimate partners in their reproductive years. One important, and often overlooked, form of abuse is reproductive and sexual coercion.

Reproductive and sexual coercion is a form of violence that involves behaviors intended to exert control over an intimate partner's reproductive health – including contraceptive use and pregnancy. Victims who experience reproductive and sexual coercion may experience their intimate partners using threats or violence to impact their access to contraception, coercing their partner to engage in sex or threatening to hurt a partner who does not agree to become pregnant. Several studies have documented a strong link between individuals experiencing violence and unintended pregnancies. Women with unintended pregnancies are four times more likely to experience intimate partner violence than women whose pregnancies were intended<sup>1</sup>. In addition, it has been demonstrated that the prevalence of intimate partner violence is significantly higher for women seeking abortion services compared with women who desire to continue their pregnancies<sup>2</sup>.

Unfortunately, limiting or controlling a person's reproductive choice and agency is one way that abusive partners perpetuate involvement in victims' lives. It is very common for abusive partners to use pregnancy as a strategy to keep their partners in their lives and remain connected to them through children. Even if a relationship ends, abusive partners often use a custody or

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<sup>1</sup> Gazmararian JA, Adams MM, Saltzman LE, Johnson CH, Bruce FC, Marks JS, et al. The relationship between pregnancy intendedness and physical violence in mothers of newborns. The PRAMS Working Group. *Obstet Gynecol* 1995;85:1031–8.

<sup>2</sup> Bourassa D, Berube J. The prevalence of intimate partner violence among women and teenagers seeking abortion compared with those continuing pregnancy. *J Obstet Gynaecol Can* 2007;29:415–23.



other family court processes to harass, intimidate or control their former partners and co-parents of their child for decades.

Victims encounter many barriers to leaving an abusive relationship. Victims' reproductive health should not be one of these barriers. It is essential that victims of domestic and sexual violence have full reproductive choice and autonomy. For this reason and those listed above, we strongly support H. 57. Thank you for your time.