

S.28 – An act relating to access to certain legally protected health care services Charlie Gliserman, Policy Director Vermont Network Against Domestic and Sexual Violence April 4, 2025

Thank you for the opportunity to testify in support of provisions in S.28 to allow patients to obtain a medication abortion prescription through asynchronous telehealth care via an adaptive questionnaire.

Sexual and reproductive coercion is a complex and often overlooked form of abuse. We appreciate the committee's attention to the perspectives of survivors and access to reproductive health care in S.28.

Behaviors intended to exert control over an intimate partner's reproductive health – including limiting contraception use, sexual assault, and forced pregnancy – are common. One in 20 women in the United States have experienced a pregnancy from rape, sexual coercion, or both during their lifetimes.¹

Research illustrates survivors' experience of abusive partners interfering with their reproductive health care to influence pregnancy outcomes. Survivors report abusive partners destroying medication abortion after it is obtained, as well as using and threatening violence when a victim attempts to terminate a pregnancy.²

Reproductive coercion is one way that abusive partners perpetuate involvement in victims' lives. Abusive partners use pregnancy as a strategy to prevent victims from leaving or remain connected to them through children. Even if a relationship ends, abusive partners often use a custody or other family court processes to harass, intimidate, or control their former partners.

In situations of coercion, accessing abortion care can be dangerous. Asynchronous telehealth care through an adaptive questionnaire provides survivors an option when a call or in-real-time chat with a provider is not safe. This timely, confidential care can support survivors in accessing the reproductive health care they need, when they need it.

Thank you for the opportunity to speak with the committee today. I look forward to staying in touch with the committee on issues of health care for survivors of violence. I would be happy to answer any questions.

¹ Rape and Sexual Coercion Related Pregnancy in the United States, D'Angelo, Denise V. et al. American Journal of Preventive Medicine, Volume 66, Issue 3, 389-398.

² <u>Reproductive Coercion and Abuse Report</u>, National Domestic Violence Hotline and If/When/How, June 2024.