

SENATE BILL 832, Favorable
(Coercive Abuse Against Mothers Prevention Act)

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I am a medical doctor, specializing in psychiatry. My qualifications to give this testimony include:

- MD degree 1984, Wake Forest University Medical School.
- Completion of Psychiatry Residency, Wake Forest Baptist Medical Center, 1988.
- Completion “with commendation” of Harvard Medical School’s Global Clinical Scholars Research Training Program, Diploma, 2014.
- Advisory Board Member, Global Centurions (an anti-trafficking organization).
- Adjunct Faculty, Psychology Department, Belmont Abbey College, current.
- Provider of accredited continuing education to health professionals and mental health professionals, concerning trafficking and intimate partner violence, reproductive issues and psychiatric illness, over many years.
- Author of peer-reviewed article concerning abortion and violence against women.
- 35 years in the practice of psychiatry with experience in treating women who have had psychiatric illness associated with coerced abortions.

The American College of Obstetrics and Gynecology (ACOG), Committee on Underserved Women, published a “Committee Opinion” on reproductive coercion in 2013 (reaffirmed in 2022). In this opinion ACOG indicated that reproductive coercion is a problem affecting so many women that women should be screened for reproductive coercion at the first prenatal visit, and at least once a trimester during pregnancy.¹

Coercion has been identified by a textbook of the National Abortion Federation as a risk factor for adverse reactions after abortion.² A “needs assessment” form in this book is used by some abortion clinics to screen for coercion. Screening prior to abortion and offering resources can help to prevent forced or coerced abortions.

¹American College of Obstetrics and Gynecology, Committee on Underserved Women. (2013, reaffirmed 2022). ACOG Committee Opinion (No. 554). Reproductive and sexual coercion *Obstetrics and Gynecology*, 121(2 Pt 1), 411-415.

²Baker, Anne, & Beresford, T. (2009). Chapter 5, Informed consent, patient education and counseling. In M. Paul, E.S. Lichtenberg, L. Borgatta, D. A. Grimes, P. G. Stubblefield, & M. D. Creinin (Eds.), *Management of unintended and abnormal pregnancy: Comprehensive abortion care*. Chichester, UK: Wiley-Blackwell.

Intimate Partner Violence (IPV): This is a serious problem that is often co-occurring with reproductive coercion. The American College of Obstetrics and Gynecology (ACOG), Committee on Underserved Women, in a 2012 committee opinion, states that “approximately 324,000 pregnant women are abused each year in the United States” and “the severity of violence may sometimes escalate during pregnancy or the postpartum period.”³ This report discusses research from 2007 that revealed that “the prevalence of IPV was nearly three times greater for women seeking an abortion compared with women who were continuing their pregnancies.”

“Because of the established association between reproductive health and violence, health care providers should screen women and adolescent girls for intimate partner violence and reproductive and sexual coercion” periodically, including during “new patient visits, and during obstetric care...” including the first prenatal visit.⁴ Upon arrival at an abortion clinic, the abortion patient is very likely a “new patient” and this is also likely to be her “first prenatal visit” one of the woman for whom this screening is urged. Certainly this guidance from ACOG alerts us to the need for protection that women have in regard to coercion.

3. Human Trafficking: Lederer and Wetzel have shown that many trafficked women receive healthcare in clinics, emergency rooms and other facilities without their trafficked situation being recognized by the healthcare professional.⁵ The majority of trafficked women, while in trafficking, have multiple forced abortions, with one woman reporting 17 abortions.

The Task Force on Human Trafficking of the American Psychological Association in a 2014 report recognized the problem of forced abortion of girls and women in sex

3. American College of Obstetrics and Gynecology, Committee on Underserved Women (2012, reaffirmed 2022). ACOG Committee Opinion (Number 518): Intimate partner violence. *Obstetrics & Gynecology*, 119(2), 412-417.

4. American College of Obstetrics and Gynecology, Committee on Underserved Women. (2013, reaffirmed 2022). ACOG Committee Opinion (No. 554). Reproductive and sexual coercion *Obstetrics and Gynecology*, 121(2 Pt 1), 411-415.

⁵ Lederer, L.J., & Wetzel, C.A. (2014). *The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities*, 23 *Annals of Health Law*, 23(1), 61-91. Retrieved from <https://lawcommons.luc.edu/annals/vol23/iss1/5>

trafficking.⁶ The American Psychological Association (A.P.A.), in 2017, adopted a policy on human trafficking, urging that “health and social service providers need training and tools to identify and attend to victims effectively.”⁶⁷ This policy also advocates for trauma-sensitive and culturally-attuned approaches to working with patients who are trafficking survivors. In light of research and the A.P.A. recommendation, it appears important for professionals to screen women for trafficking, particularly during pregnancy, in order to identify those in trafficking and offer effective help, sensitive to the effects of trauma, and culturally appropriate.

I also have experience in treating women who have had coerced abortions, sometimes due to coercion by parents, and other times by intimate partners, and others. This is harmful to women’s mental health.

I know a woman who is currently a resident of Maryland who was sedated and restrained and had a forced abortion years ago when she had stated that she did not consent, who sought my professional help for this trauma.

Based on all of the above research and my clinical experience, it is my opinion that all the provisions of SB 832 are necessary and will be very helpful to Maryland women.

Martha Shuping MD
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6. American Psychological Association (2017). Resolution on human trafficking in the United States, especially of women and girls. Retrieved from <https://www.apa.org/about/policy/trafficking-women-girls>