



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Support of Senate Bill No. 832
Submitted to the Senate Finance Committee
March 15, 2023**

Dear Chair Griffith, Vice-Chair Klausmeier, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the States. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony in support of Senate Bill No. 832, (“SB 832” or “bill”), which is based in part on an AUL model bill, the Coercive Abuse Against Mothers Prevention Act. SB 832 prohibits coercive acts intended to force a woman into aborting her unborn child. I have thoroughly examined SB 832 and I urge the Committee to support this bill because it establishes necessary legal protections for women experiencing coercive abuse, including women who are victims of sex-trafficking, and furthers Maryland’s legitimate interest to protect the maternal health and safety of its citizens.

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Mar. 13, 2023). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Mar. 13, 2023).

I. The Bill Ensures that the Women of Maryland are Protected Against Coerced Abortions

SB 832 establishes necessary protections for women and young girls who are being coerced into seeking an abortion. Specifically, the bill prohibits an individual from engaging in coercive acts against a pregnant woman who refuses the individual's demand that she seek an abortion. These proscriptions include physically harming the pregnant woman, revoking an educational scholarship of the pregnant woman, firing the pregnant woman, selling the pregnant woman into sex-trafficking or forcing her to continue engaging in sex-trafficking, selling the unborn baby of the pregnant woman into sex-trafficking once he or she is born, etc. These safeguards are needed in Maryland because many women seek an abortion due to intimate partner violence ("IPV") or reproductive control from an intimate partner, family member, employer, or sex-trafficker.³ In fact, in a 2017 study on women's abortion experiences, 73.8% of women said that they "disagreed that their decision to abort was entirely free from even subtle pressure from others to abort," and 28.4% of women said that they "aborted out of fear of losing their partner if they did not abort."⁴

Women who experience IPV may be subject to physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.⁵ There are "[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion."⁶ For example, the prevalence of IPV for women seeking an abortion is nearly *three times*

³ See Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 *BMJ SEXUAL & REPROD. HEALTH* 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); see, e.g., *Testimony Directory*, SILENT NO MORE AWARENESS, <http://www.silentnomoreawareness.org/testimonies/> (last visited Mar. 13, 2023) (testimonies from women who were coerced into having an abortion and the devastating effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, BOSTON.COM (Sept. 18, 2006), http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/; Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, CHRONICLE HIGHER EDUC. (Sept. 17, 2002), <https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/>; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, WASH. POST (September 16, 2002), <https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/>; Damon Sims, *Cleveland Man Accused of beating 16-year-old Pregnant Daughter*, CLEVELAND.COM: COVERING NORTHEAST OHIO (July 8, 2008), http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html; Associated Press, *Girl, 16, Forced to Drink Turpentine to Induce Abortion*, N.Y. SUN (Sept. 27, 2006), <https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce-Forced-Abortion-in-America>, THE ELLIOT INST., 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

⁴ Kaitlyn Boswell et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 *J. AM. PHYSICIANS & SURGEONS* 113, 115 (2017); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, CHARLOTTE LOZIER INST., Mar. 2022, at 2, https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that "[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that 'they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.'").

⁵ Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 *PLOS MED.* 1, 15 (Jan. 2014).

⁶ *Id.*

*greater than a woman continuing a pregnancy.*⁷ IPV victims who do obtain abortions also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”⁸

Similarly, “[a]s many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”⁹ Reproductive control occurs over “decisions around whether or not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception gestation, and delivery.”¹⁰

Victims of sex-trafficking are among the number of women who experience reproductive control. A 2014 study on the health consequences for sex-trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, “[w]ithout accounting for possible underreporting.”¹¹ “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”¹² A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”¹³ Given the prevalence of coerced abortions among sex-trafficking victims, the authors of the 2014 study noted that “[h]ealthcare providers can play a crucial role in the trafficking rescue process by identifying possible victims and following up on those suspicions with careful, strategic questions, and actions that catalyze rescue or help create exit strategies.”¹⁴

This bill would ensure that abortion providers in Maryland take the necessary steps to protect the health and safety of women and young girls that enter their abortion clinics, including victims of sex-trafficking. Under Section 20-222(A), the bill requires an abortion provider to ask the pregnant woman while they are in a private room if she is being coerced to have an abortion and if she is being sex trafficked. By asking these questions, abortion providers will be able to identify victims of sex-trafficking and domestic abuse and can help “catalyze rescue or help create exit strategies” for these women.¹⁵

The bill also requires that healthcare providers offer to provide pregnant women with information about assistance, counseling, and protective services offered by social services and law enforcement, provide pregnant women with a telephone if they need to make a private call, and provide pregnant women with an alternative exit from the facility. These safeguards will ensure that women are informed about the essential resources and assistance available to them if they are facing IPV or reproductive control. Notably, Maryland

⁷ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

⁸ Hall, *supra* note 5.

⁹ Rowlands, *supra* note 3, at 62.

¹⁰ *Id.*

¹¹ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014).

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.* at 84.

¹⁵ *See id.*

does not have an informed consent process that would require abortion providers to provide a woman with vital and material information to guide her in her abortion decision. Thus, SB 832 fills this gap in Maryland’s law by establishing legal protections for women that will empower them to make informed, *voluntary* decisions regarding an abortion.

Under Section 20-221(1)-(2), the bill would enact additional safeguards against coerced abortions by requiring abortion providers to post informational signs in patient waiting rooms, consultation rooms, and procedure rooms. As a result, women and whoever accompanies them to the facility will be able to read and understand that both coercion and sex-trafficking are illegal. This would also provide women with information on how to tell the provider if they are being sex-trafficked in a discrete manner. This is a necessary safeguard given that Maryland is “an attractive destination for traffickers,” as noted by the Governor’s Office of Crime Prevention, Youth, and Victim Services.¹⁶ For example, from June 2013 to April 2020, there have been 671 reports of suspected sex trafficking reported in Maryland.¹⁷ Most alleged victims were between the ages of 14–17.¹⁸

In sum, many women who come to abortion clinics are not there of their own free “choice,” and instead are there due to others forcing or pressuring them to undergo an abortion. This bill responds to the rising need for legal protections for women and young girls who are being forced to seek an abortion against their will, especially those who are victims of sex-trafficking. In effect, this bill will not only protect against coerced abortions, but it will also help increase the number of women and young girls rescued from sex trafficking.

¹⁶ *Human Trafficking*, GOVERNOR’S OFF. CRIME PREVENTION, YOUTH, & VICTIM SERV., <https://goccp.maryland.gov/victim-services/human-trafficking/> (last visited Mar. 13, 2023).

¹⁷ *2021 Maryland Statistics*, MD. HUM. TRAFFICKING TASK FORCE (updated Jan. 19, 2021), <https://static1.squarespace.com/static/53d105bae4b009be345a11ba/t/607604b13a440767d6a681d7/1618347185527/Maryland+HT+Stats+Updated+1.21.20.pdf> (finding that in 2019 there were 187 human trafficking cases reported, which represents an 11% increase from 2018 and a 55% increase from 2017).

¹⁸ *Id.*

II. Maryland Has Broad Powers to Enact Protections that Ensure the Health and Safety of Pregnant Women

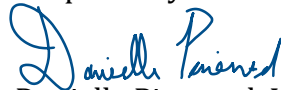
This Committee can further Maryland's legitimate interest in protecting the maternal health and safety of its citizens by voting in support of SB 832. In *Dobbs v. Jackson Women's Health Organization*, the United States Supreme Court found that "States may regulate abortion for legitimate reasons" if the law is rationally related to those reasons.¹⁹ The Supreme Court also held that a State has a legitimate interest in "the protection of maternal health and safety."²⁰ Accordingly, Maryland has broad powers to pass protections like SB 832 that ensure the health and safety of pregnant woman.

Notably, at least 23 states currently have some form of coercive abuse prevention law: Alabama, Arizona, Arkansas, Delaware, Idaho, Kansas, Louisiana, Michigan Minnesota, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Pennsylvania, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin. By enacting SB 832, Maryland will be joining numerous states that have recognized the need to implement safeguards to protect women and young girls from being coerced by partners, family members, employers, or sex traffickers.

III. Conclusion

For these reasons, I strongly encourage the members of this Committee to support SB 832 and continue to uphold Maryland's duty to protect the health and safety of pregnant women.

Respectfully Submitted,



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AMERICANS UNITED FOR LIFE

¹⁹ *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2283 (2022).

²⁰ *Id.* at 2283-84.