## Iowa Coalition Against Domestic Violence Statement Opposing SJR 2

The Iowa Coalition Against Domestic Violence (ICADV) represents 22 crime victim service provider agencies across Iowa and the collective experience of agency staff who dedicate their lives to supporting victims of violent crime, specifically survivors of domestic violence and sexual abuse. Our direct service providers routinely witness the pain and suffering of crime victims, as well as their stunning resilience in surviving repeated violent acts (often over the course of months and years), inflicted on their minds and bodies by people they know and care about.

ICADV urges you to oppose SJR 2, amending lowa's constitution to say the State of Iowa does not secure or protect the right to an abortion or require public funding of abortion.

Reproductive health services are an essential component of routine medical care for all women, and victims of domestic and sexual violence have an acute need for timely access to the full range of reproductive health services, including abortion care. The link between intimate partner violence and negative reproductive health consequences is profound.

Restricting and ultimately prohibiting access to abortion is harmful to women's health and will not stop women from needing or obtaining an abortion. These policies have a far greater impact on the safety of health services women receive than whether women choose to terminate a pregnancy. And for victims of domestic and sexual violence – this bill negatively impacts their options for safety more broadly.

Domestic violence is a pattern of coercive, abusive, and threatening behaviors. Approximately 1 in 4 women experience rape, physical violence, and/or stalking by an intimate partner, and most first violent experiences occur before age 25. Importantly, approximately half of intimate partner violence occurs in unmarried relationships.

Reproductive coercion is an element of domestic violence that occurs when a male partner uses intimidation, threats, or violence to impose his intentions upon a woman's reproductive autonomy. This includes rape, sabotaging contraception, and coercing a woman to become pregnant and carry a pregnancy against her will.

lowa service providers report that overcoming barriers to accessing abortion care increases a survivor's risk for harm from an abusive partner. Without access to abortion care many women return to abusive relationships they would otherwise leave and carry unintended pregnancies to term at great risk to themselves and other children.

Unintended pregnancy is the primary reason women seek abortion care. It also doubles the risk for domestic abuse during pregnancy. Women with a history of domestic violence are 4 times more likely to be abused during pregnancy than women in relationships that were not violent prior to pregnancy. And regardless of the prevalence of domestic violence, homicide by a spouse or intimate partner is the number one cause of death for pregnant women.

Safety is not the antidote to domestic violence. Self-determination is. Our end goal is not only for individuals to reach safety, it is for individuals to have the ability to determine their own futures and have access to the services that would make this possible.

Erecting barriers to accessing safe and essential health care services functions exactly like reproductive health coercion. And for victims of domestic and sexual violence it also makes their lives a lot more dangerous.

Eliminating access to abortion care because of disagreements over individual health care decisions is harmful to women's health, bad public policy and does not reflect the reality of women's lives.

Please reject SJR 2.

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