

**Joint Statement from Albion Fellows Bacon Center and YWCA Evansville
on Supreme Court Decision Overturning Roe v. Wade**

Intimate partner violence is about power and control, and many abusers choose to weaponize a partner's bodily autonomy and reproductive choices as tools of violence. Every survivor deserves the right to make decisions about their bodies and lives, free from violence, coercion, and control from abusive partners or unjust laws. The Supreme Court decision overturning Roe v. Wade erodes the privacy and individual freedom that survivors need to regain safety and control over their lives. Without access to reproductive healthcare, including birth control and abortion, survivors of intimate partner violence lose the freedom and options they need to live independent of an abusive partner.

- **More than 1 in 4 women in the United States have experienced rape, physical violence, or stalking by an intimate partner in their lifetime.** [1] However, the true prevalence of sexual assault intimate partner violence is unknown because many survivors are afraid to disclose their personal experiences of violence.
- **Intimate partner violence advocates know that reproductive coercion is a form of victimization.** Sabotaging birth control, coercing a person into pregnancy, or forcing a partner to carry a pregnancy to term are all ways that abusers maintain power and control and entrap survivors. In fact, abusive partners often coerce survivors into "rapid repeat pregnancy" as a way to make it virtually impossible to leave the relationship.
- **Safe, confidential, and accessible reproductive healthcare can give survivors the freedom to leave abusers and create new lives for themselves and their children.** Being forced to carry a fetus would cause profound harm to survivors of sexual assault and intimate partner violence, both for the duration of the pregnancy and long after. Moreover, a shared child creates an enduring legal relationship between the abuser and the victim that is nearly impossible to sever.
- **Abuse often escalates when a victim becomes pregnant, and pregnancy substantially increases the risk of intimate partner homicide.** 1 in 6 abused women is first abused during pregnancy. More than 320,000 women are abused by their partners during pregnancy each year. [2] Homicide is the leading cause of death among pregnant and postpartum people. [3]
- **Mandating that survivors of sexual assault carry to term and assume the risks associated with giving birth to an unwanted child resulting from these crimes is cruel and traumatic and can be an extended or continual re-traumatization of the survivor.** 1 out of every 5 American women has been the victim of an attempted or completed rape in her lifetime. 1 in 3 female victims of completed or attempted rape experienced it for the first time between the ages of 11 and 17. [4] 51% of female victims of rape reported being raped by an intimate partner and 41% by an acquaintance. [5]

Like intimate relationships, reproductive healthcare is a deeply personal matter. Survivors of sexual assault and intimate partner violence, no matter where they live or how much money they make, deserve the right to make the personal decisions that are best for themselves and their families without interference from abusive partners, medical providers, or restrictive laws. Survivors' ability to decide for themselves what they need is central to self-determination, safety, and well-being.

In response to the Supreme Court's earlier leaked opinion, Deborah Vagins, the president and CEO of the National Network to End Domestic Violence said, "Roe has enshrined the fundamental right to privacy in our Constitution for nearly 50 years. Overturning Roe would deny the bodily autonomy of millions, erode

the right to privacy for all people, and further harm survivors in need...particularly devastating for low-income survivors, survivors of color, survivors with disabilities, and others who already face substantial barriers to accessing the healthcare they need.”

This ruling will undermine sexual assault and intimate partner violence programs and immediately endanger survivor safety and privacy.

1. Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release*. Centers for Disease Control and Prevention.
2. American College of Obstetrics and Gynecology, Intimate partner violence: Committee opinion, February 2012.
3. Wallace, M., Gillispie-Bell, V., Cruz, K., Davis, K. & Vilda, D. *Obstet. Gynecol.* **138**, 762–769 (2021).
4. Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release*. Centers for Disease Control and Prevention.
5. Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.