



# SELF-MANAGED ABORTION, DOMESTIC VIOLENCE, AND THE LAW

A TRAINING WITH  
PROVIDE AND IF/WHEN/HOW

---

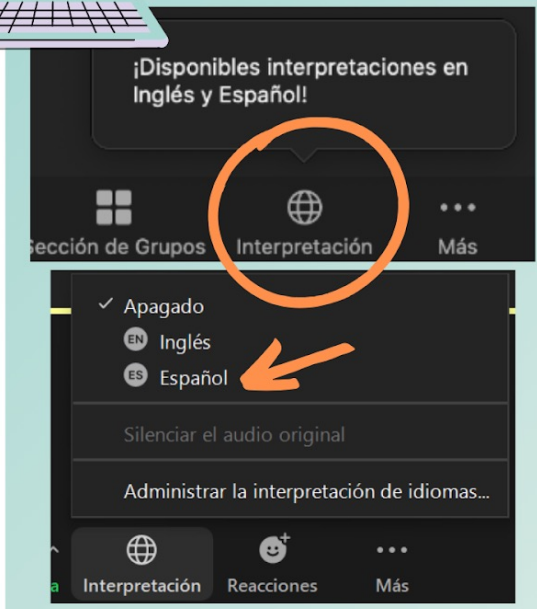
Thursday, August 29, 2024  
2-4pm Eastern



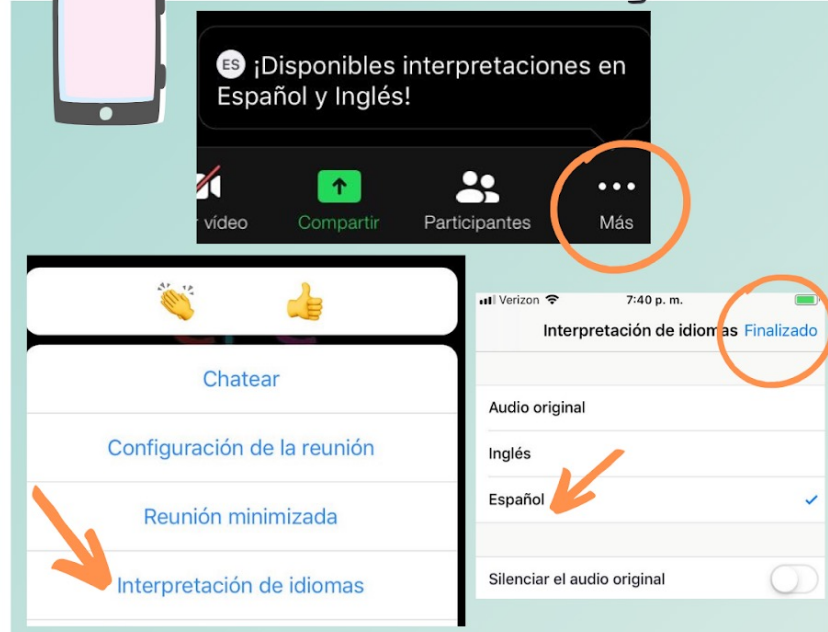
# PARA ACCEDER A LA INTERPRETACIÓN



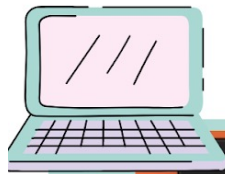
Por computador



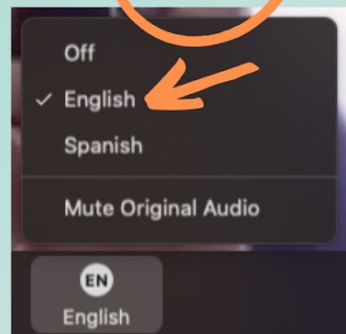
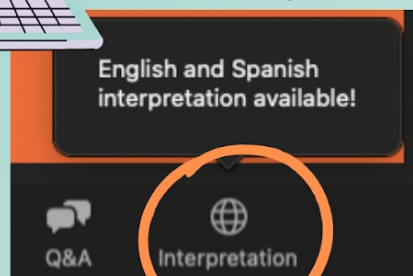
Por teléfono inteligente



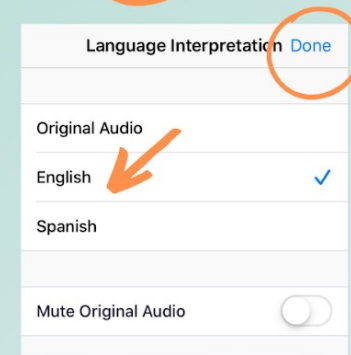
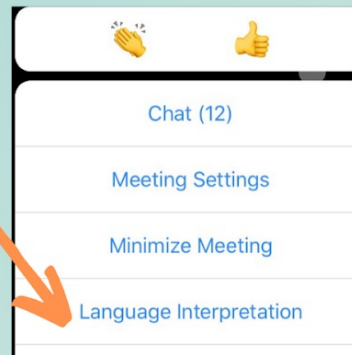
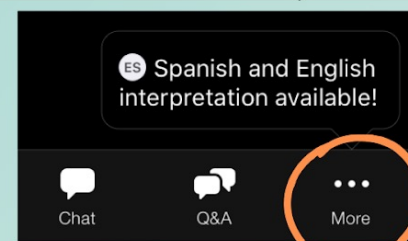
# TO ACCESS INTERPRETATION



Via computer



Via smartphone



# Webinar Housekeeping



This presentation is being recorded.  
Esta presentación será grabada.



Live transcriptions/closed captions are available.  
Ofrecemos transcripción en vivo/subtítulos.



Enter questions for the presenters in the Q & A.  
Ingrese preguntas para los presentadores en el Q & A.



Everyone's mics are muted, and cameras are turned off.  
Los micrófonos de todos están silenciados y las cámaras están apagadas.

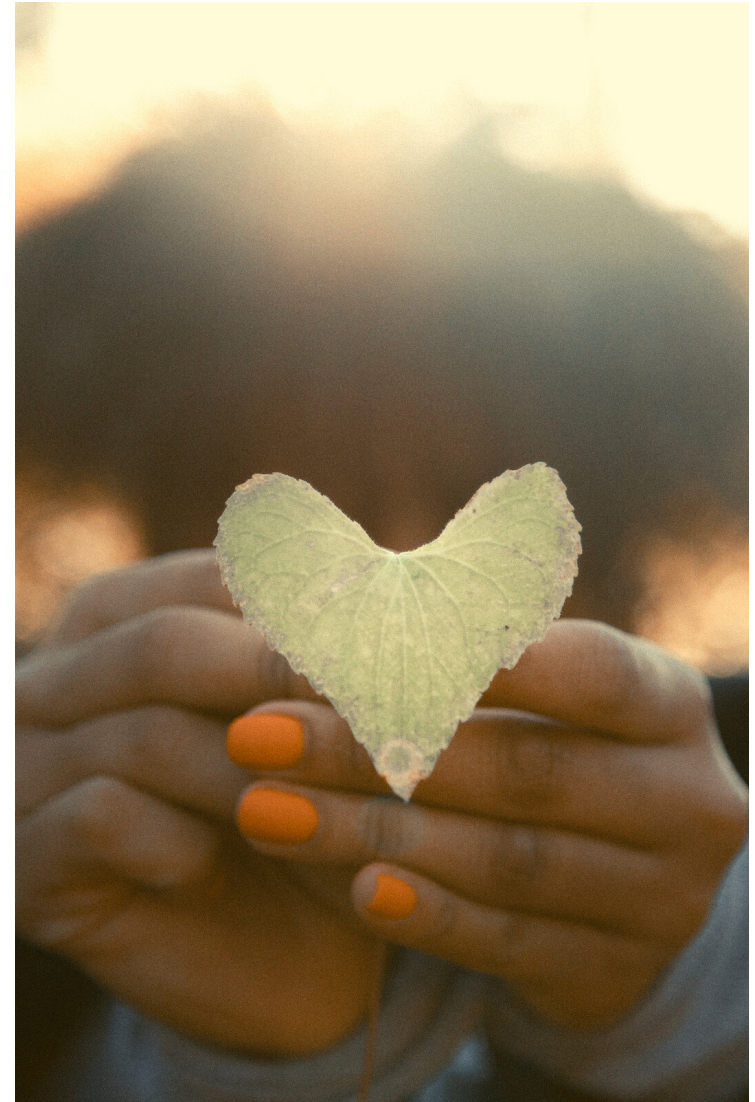


Please reach out to our staff if you are experiencing ongoing technical issues.  
Comuníquese con nuestro personal si tiene problemas técnicos.



MISSION: TO STRENGTHEN AND  
TRANSFORM EFFORTS TO END  
DOMESTIC VIOLENCE.

The National Resource Center on Domestic Violence ([www.nrcdv.org](http://www.nrcdv.org)) provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials.



if  
when  
how

Lawyering for  
Reproductive  
Justice

provide

NRCDV

August 29, 2024

# Self-Managed Abortion, Domestic Violence, and the Law

DESIGNED FOR DV ADVOCATES BY PROVIDE & IF/WHEN/HOW  
LOW, REBECCA WANG, AND LAUREN PAULK

if  
when  
how

Lawyering for  
Reproductive  
Justice

provide

NRCDV

August 29, 2024



Low (they/them) NM,  
Provide Technical Assistance Specialist



Provide is a nonprofit that works in partnership with health care and social service providers to build a health system that is equipped to respond to clients needs around unintended pregnancy and abortion.

We envision a healthcare system that cares for the whole person, meets their needs with dignity and respect, and where workers have the tools and support to offer the best care to their clients.

# Who We Train



Health Administration  
Management &  
Non- Management



Medical  
Assistants



Social  
Workers



Advanced Practice  
Clinicians



Counselors &  
Case Managers



Registered  
Nurses



Client Educators  
& Advocates



Physicians



if  
when  
how

Lawyering for  
Reproductive  
Justice

provide

NRC DV

August 29, 2024



Lauren (she/her) DC,  
If/When/How Senior Research Counsel





## **If/When/How**

We are a legal services and advocacy organization that represents people in crisis, reshapes the law, and builds a network of lawyers working for reproductive justice.

## About us



### Repro Legal Helpline

Legal services for your reproductive life, including abortion, pregnancy loss, and birth.



### Repro Legal Defense Fund

An abortion and pregnancy defense fund.



### If/When/How Network

The If/When/How Network mobilizes lawyers and advocates to support people in legal crisis around abortion, pregnancy, and birth.

if  
when  
how

Lawyering for  
Reproductive  
Justice

provide

NRC DV

August 29, 2024



Rebecca Wang (she/her) CA,  
If/When/How Senior Research Counsel



## ROAD MAP

- Introductions
- Why is self-managed abortion relevant to DV work?
- Self-Managed Abortion 101
- Mandatory Reporting
- Questions

# Reproductive Justice

The human right to have children, to not have children, and to raise the children that we do have in safe and healthy environments, free from violence.

# Values clarification



---

**Why this? Why now?**

# Reproductive Coercion

Behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship.

## Reproductive Coercion

Approximately 20% of women seeking care in family planning clinics who had a history of abuse also experienced pregnancy coercion and 15% reported birth control sabotage.

# What advocates had to say..

- This topic matters to the work.
- Is it safe?
- Is it legal?
- How do I support survivors?



# Reasons for obtaining an abortion

- A child would interfere with education, work or ability to care for dependents.
- Finances
- Not wanting to parent alone or having problems with current relationship
- Finished having the number of children they want
- Not ready for children or don't want to be a parent
- Problems with the pregnancy

## When unable to access abortion care...

Greater odds of unemployment and income under poverty line.

Increased likelihood of not have enough money for basic necessities.

More likely to stay in contact with violent partners.



# Reproductive Coercion and Abuse Report

National Domestic Violence Hotline & If/When/How

Between October and December 2023, the National Domestic Violence Hotline (The Hotline) conducted a survey to learn about survivor experiences with reproductive coercion and abuse.

All responses were anonymous, and we collected no identifying information. 3,431 respondents completed the survey.

# Reproductive Coercion and Abuse Report

National Domestic Violence Hotline & If/When/How

63% of all respondents said their current or former partner pressured or forced them to have sex or other sexual activity when they didn't want to.

23% of respondents said their current or former partner pressured them into becoming pregnant

39% said their current or former partner threatened them if they said no to sex or other sexual activity.

13% of respondents said their current or former partner used or threatened violence while they were pregnant, with the intention of ending the pregnancy.

---

# Self-Managed Abortion 101

## What is medication abortion?



Medication abortion means an abortion with pills. The standard regimen in the U.S. is to prescribe the medications mifepristone and misoprostol, up to 10 weeks gestation.

The World Health Organization says that a safe and effective abortion can also be done up to 12 weeks, and also done with misoprostol alone.

# What is self-managed abortion?

Self-managed abortion is an abortion that someone does on their own. It takes place outside contact with traditional medical systems. It is often supported by friends, family members, or partners. It can be with the same medication regimen used in a clinic, traditional cultural means, and at times it can be through unsafe means.

**No one should be criminalized for their abortion, regardless of method.**

# Updated and additional recommendations



The image shows the cover of the WHO Abortion Care Guideline. At the top, it features the logos for the World Health Organization and the Health Research Promotion Programme (hrp). The title 'Abortion care guideline' is prominently displayed. Below the title, the section 'Self-management approaches' is highlighted. The main text states that the new guideline supports self-management of medical abortion in early pregnancy (< 12 weeks of gestation) and that the overall process and its three component parts are now 'strong' recommendations. The word 'strong' is circled in red. At the bottom, a URL is provided: <https://www.who.int/publications/i/item/9789240039483>

World Health Organization  
hrp  
Health Research Promotion Programme  
research for impact

## Abortion care guideline

### Self-management approaches

As in previous WHO abortion guidelines, this new guideline supports self-management of medical abortion in early pregnancy (< 12 weeks of gestation). In this guideline, the overall process of self-management, as well as the three component parts of self-management, are now **strong** recommendations.

<https://www.who.int/publications/i/item/9789240039483>



The infographic features a pink header with the title 'INDIVIDUALS CAN SELF-MANAGE MEDICAL ABORTION IN THE FIRST TRIMESTER'. Below the header, it states 'The self-management of medical abortion is:' followed by a list of four benefits: 'Non-invasive', 'Cost-effective', 'Acceptable', and 'Improves autonomy'. Each benefit is preceded by a green checkmark. To the right of the text is an illustration of a person in a yellow shirt holding a smartphone. Below the list, a green box with a red cross icon contains the text 'Links to a health-care provider should always be available, if needed'. The footer includes the logos for hrp, the World Health Organization, and the Sustainable Development Goals wheel.

### INDIVIDUALS CAN SELF-MANAGE MEDICAL ABORTION IN THE FIRST TRIMESTER

The self-management of medical abortion is:

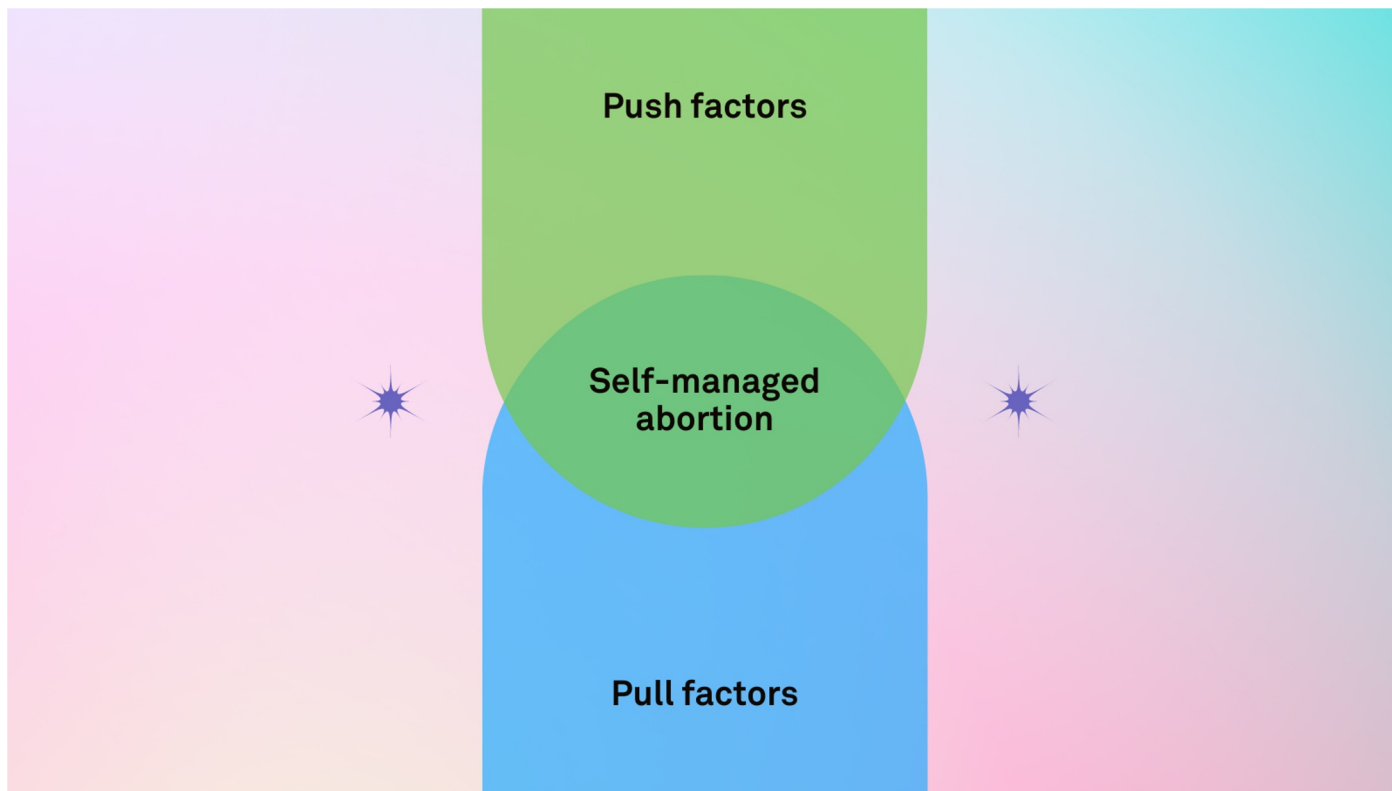
- ✓ Non-invasive
- ✓ Cost-effective
- ✓ Acceptable
- ✓ Improves autonomy

Links to a health-care provider should always be available, if needed

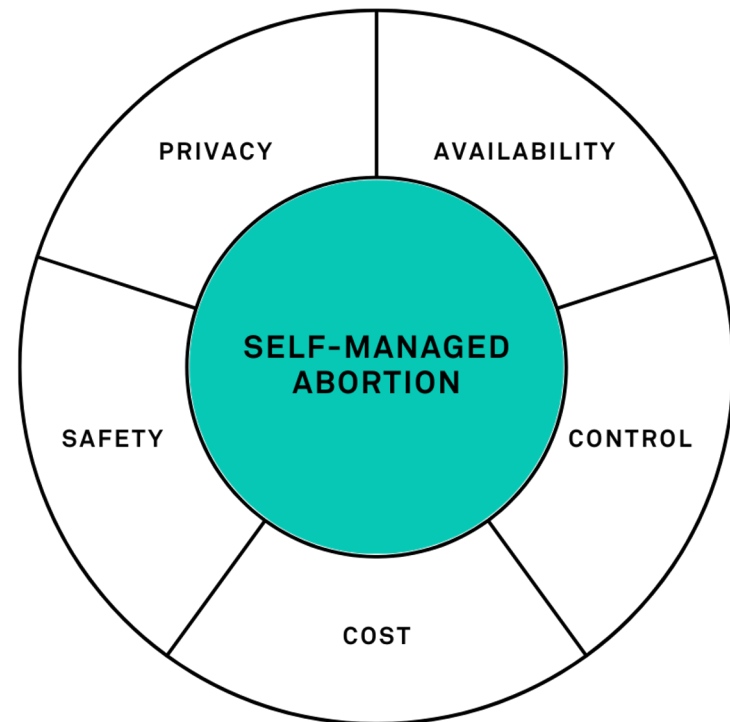
hrp  
World Health Organization



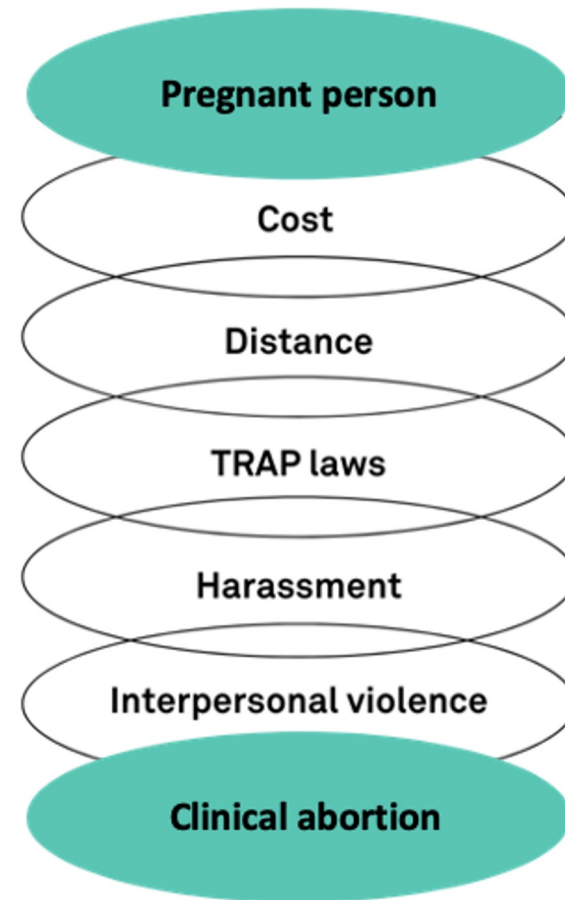
# Why do people self-manage?



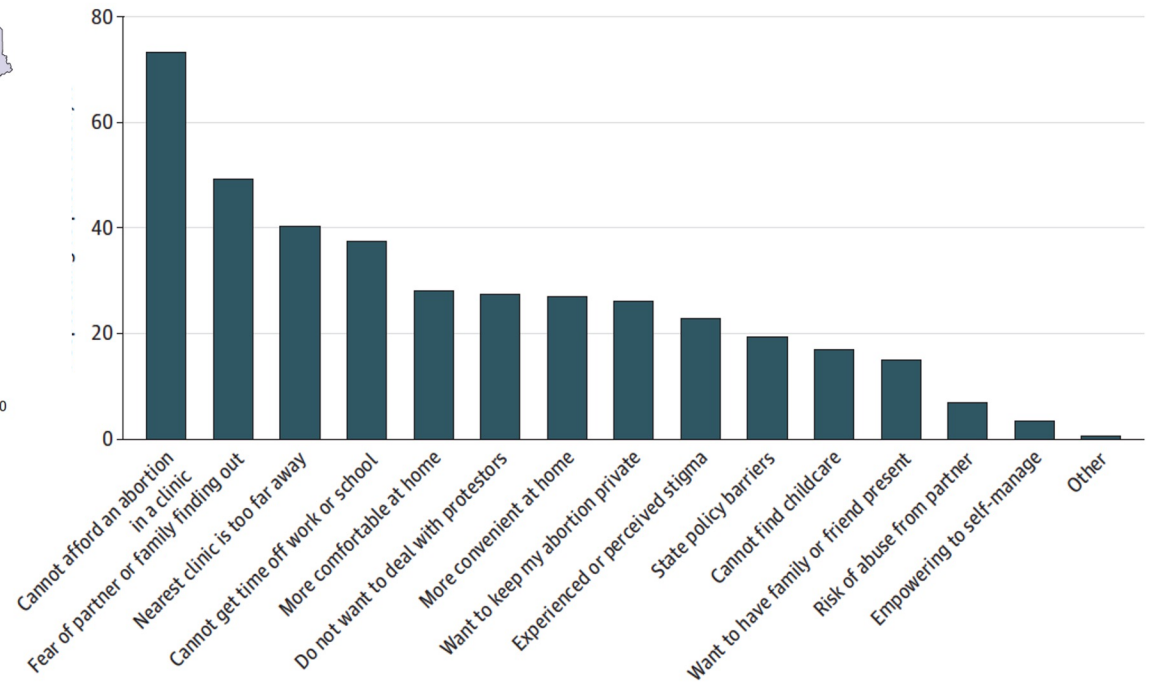
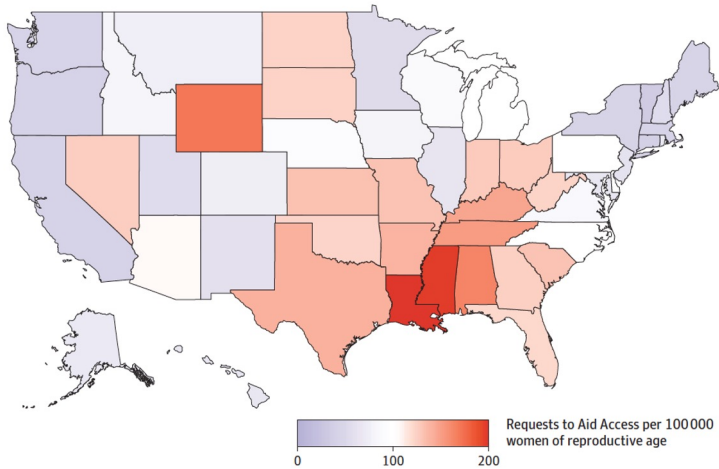
Pull factors are the realities that may attract or pull someone toward self-managing their abortion.



Push factors are the barriers between someone and clinical abortion care.



# Self-managed abortion: rates and reasons



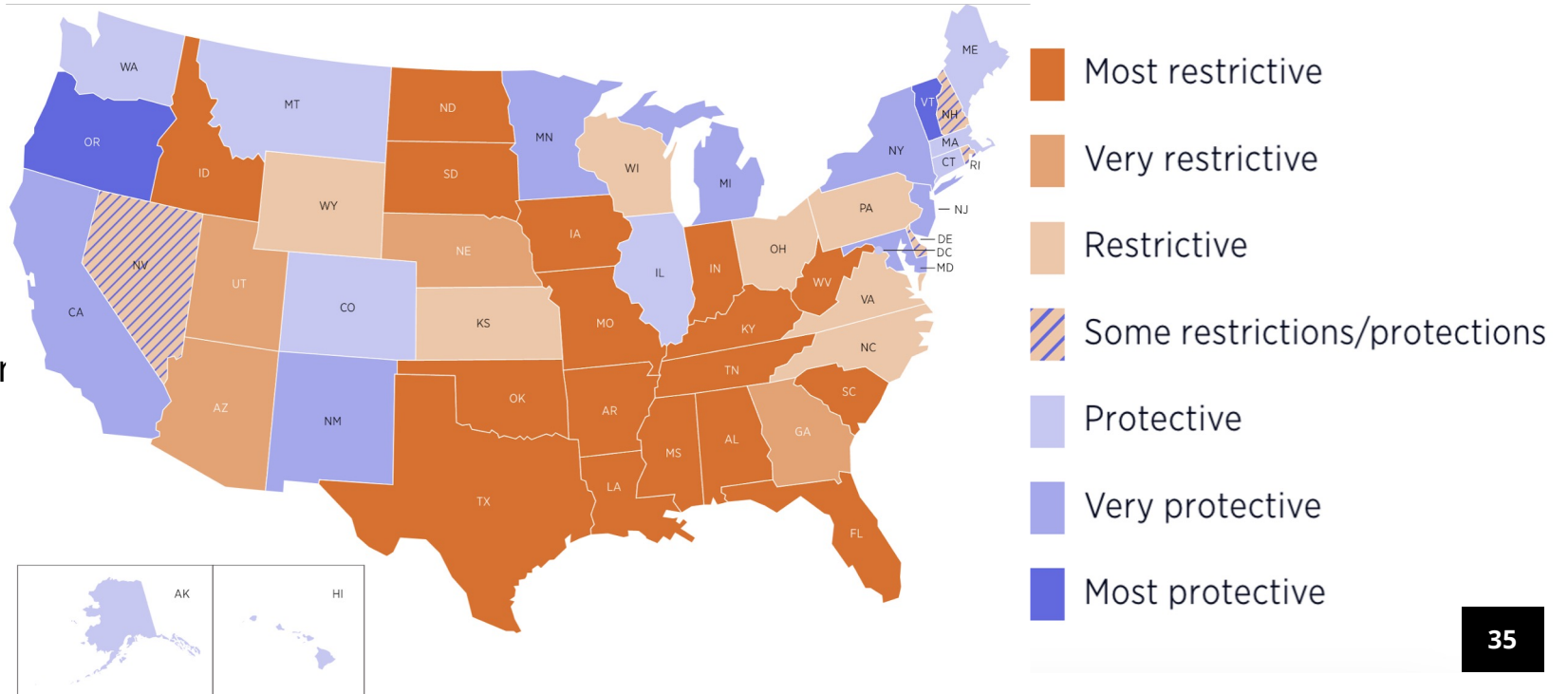
---

# **Abortion & the Legal Landscape Post-*Dobbs***



# Current abortion bans

As of July 2024  
Source:  
Guttmacher  
Institute



## People who *have* abortions are not typically criminalized in these new bans

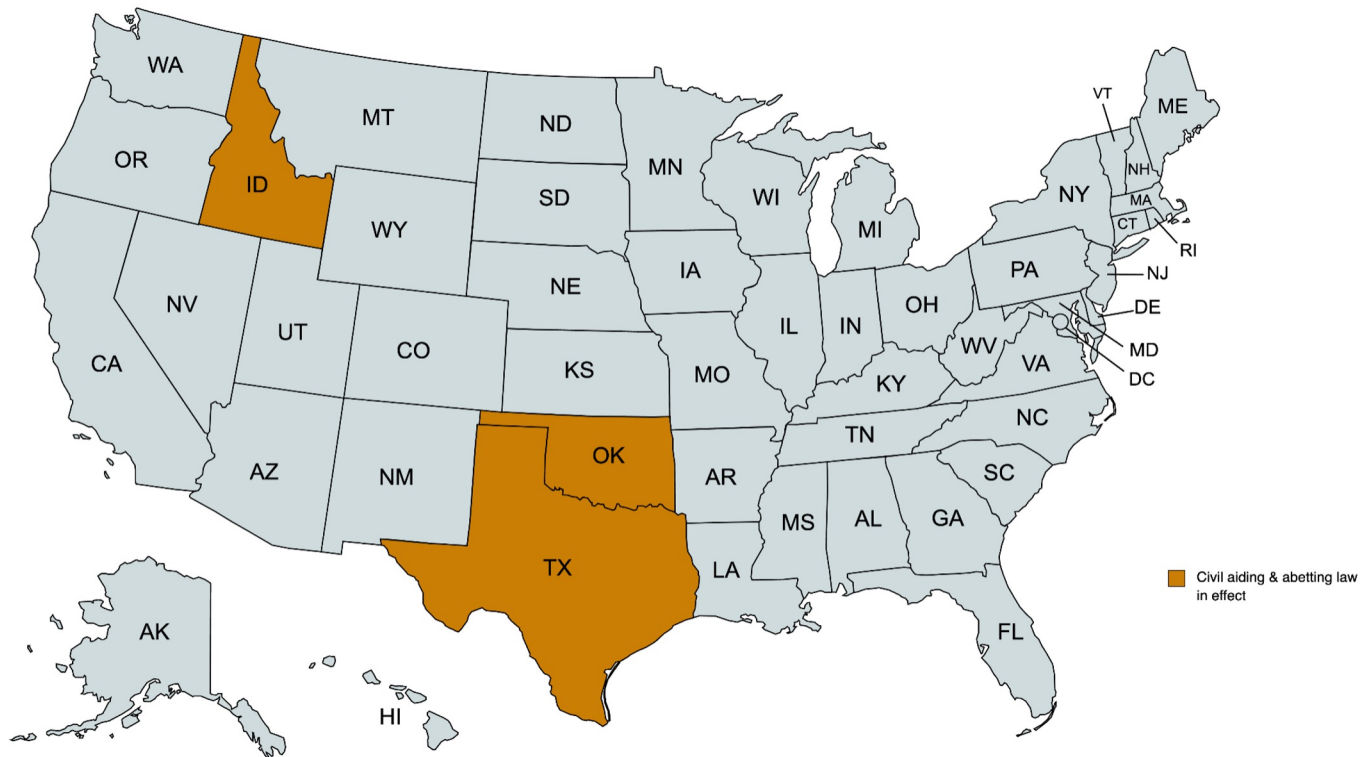
"No woman upon whom an abortion is performed or attempted to be performed shall be criminally or civilly liable." Ala. Code § 26-23H-5

"This chapter may not be construed to authorize the imposition of criminal, civil, or administrative liability or penalties on a pregnant female on whom an abortion is performed, induced, or attempted." Tex. Health & Safety Code § 170A.003

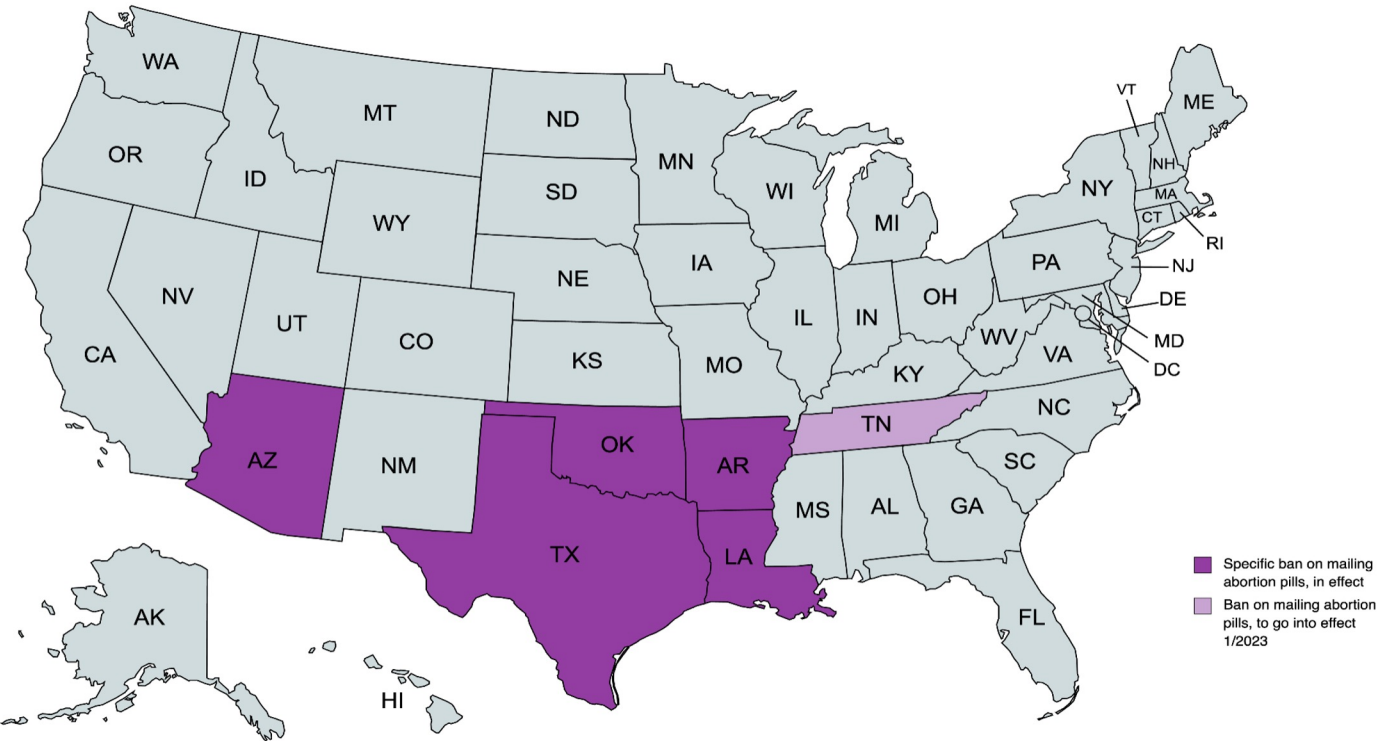
"Nothing in this Section may be construed to subject the pregnant mother upon whom any abortion is performed or attempted to any criminal conviction and penalty." La. Rev. Stat. Ann. § 40:1061 H



# Civil aiding & abetting



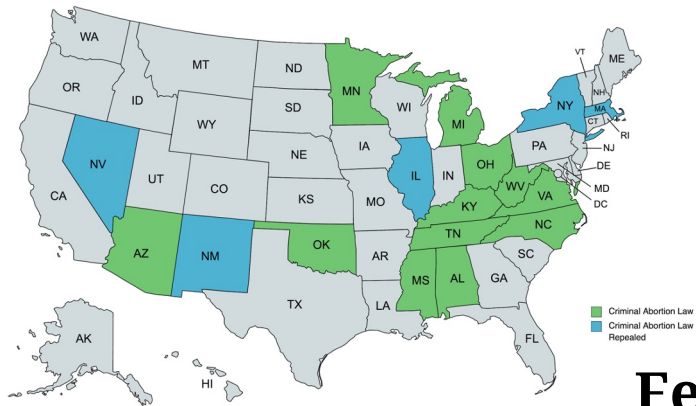
# Mail bans



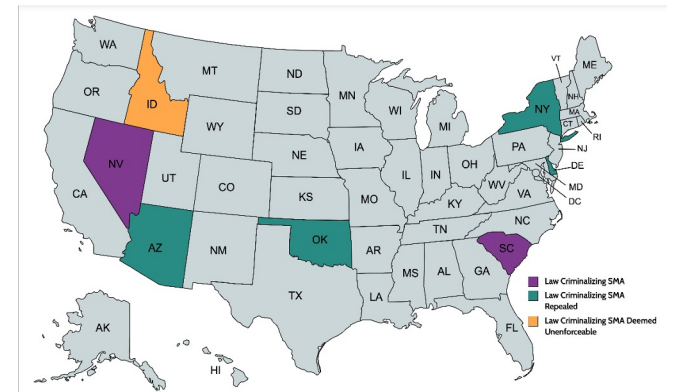




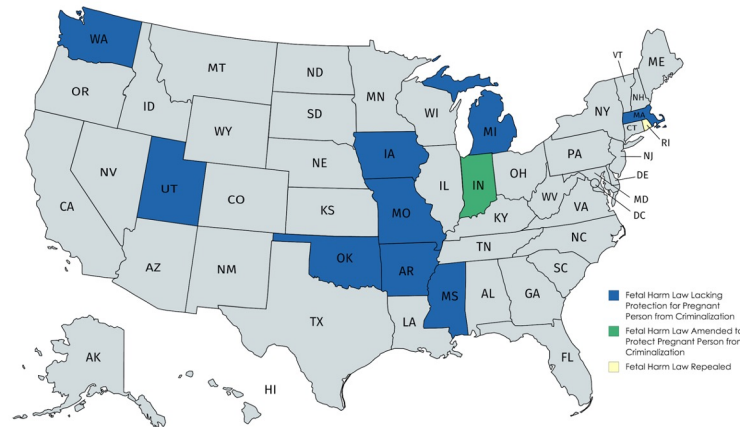
# Criminal Abortion Laws



# Explicit SMA Bans



# Fetal Harm Laws





# Understanding Criminalization

## It's Discriminatory

- Race
- Poverty
- Gender
- Disability
- Informal economies

## It's Discretionary

- Statutes
- Constitution
- Local police
- Prosecutorial discretion
- Social workers

## It's Circumstantial

- Fetal remains
- Medical emergencies
- Medical providers
- Other participants

---

# Ethical issues in mandatory reporting

State law or policy

Required or permissive



**Generally, no one is required to report self-managed abortion to the police or CPS, and doing so is likely a HIPAA violation.**



## **Mandatory Reporting**

- Many people conceive of this as a safety mechanism
- Does not always - or even often - encourage safety
- Involving police can increase the risk of violence



## **Mandatory Reporting**

- Child abuse laws can be difficult to navigate
- Discourages help-seeking behaviors
- Can make a bad situation worse

**How to balance your obligations while ensuring survivors are in control?**

# Information v. advice

# What are health care providers required to report?

- In many or all states
  - Communicable disease
  - Certain injuries
  - Abortion (anonymous)
  - Fetal death
  - Child/vulnerable adult abuse
  - Self-harm
- In some states
  - Certain crimes, like assault
  - Domestic violence or sexual assault
  - Statutory rape
  - Overdose

## Risk assessment for safety planning It's your specialty!

We want to share abortion resources with survivors seeking that care, and our funding does not restrict that work.



**Yes, you can!** The First Amendment protects our rights to share information.

We want to help survivors seeking abortion care to assess and plan for their state and batterer-generated risks.



**Yes, you can!** Even in states that restrict abortion, helping a survivor assess risk when accessing abortion care is not a crime.

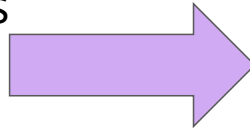
We want to keep Plan B on hand in programs and shelters.



**Yes, you can!** Plan B is an over-the-counter drug for people of all ages and is not illegal in any state. (It is not an abortifacient).

## Questions about legal risks for supporting survivors

Do mandatory reporting laws require advocates to report survivors who want to seek abortions or self-manage abortion?



**No.** IWH has done extensive research, and we have found no law, in any state, that requires a mandatory reporter to report self-managed abortion or a clinic-based abortion to law enforcement or child welfare. Doing so may also violate other protections for survivors.

Would it be legal for our programs to give a survivor money to buy abortion pills?



**Maybe.** The answer depends on your state, whether the pills are for self-management or from a clinic, and other factors.



## Questions about legal risks for supporting survivors

Could we be sued under these “bounty hunter” laws if we help survivors seeking abortion care?



**Unlikely.** Only Texas and Oklahoma have such laws on the books now, and they limit the reasons for a lawsuit. But someone could file a frivolous lawsuit. Programs in Texas and Oklahoma should get legal advice.

We heard that some prosecutors in states that ban abortion want to file charges against anyone who helps someone leave a state to get an abortion. Could we be prosecuted if we help a survivor leave a state?



**Unlikely.** We have heard prosecutors say that, but people have the constitutional right to travel in the U.S. and the law does not support such a prosecution. A national network of attorneys will provide legal advice and defense in any such case.

# Additional Considerations

- Jonathan Mitchell
- Colorado lawsuit

- Louisiana Miso/Mife classification
- Misuse of survivor experience (Texas)

## Resources



### Repro Legal Helpline

Legal services for your reproductive life, including abortion, pregnancy loss, and birth.



### Repro Legal Defense Fund

An abortion and pregnancy defense fund.



### If/When/How Network

The If/When/How Network mobilizes lawyers and advocates to support people in legal crisis around abortion, pregnancy, and birth.

**Questions?**

# Continuing the work...



Provide's Resource Library

Tailored support for organizations

Training for addressing stigma and making abortion referrals

Webinars for health care and social service providers



# Provide's Resource Library

## Options for Continuing Pregnancy

Start prenatal care as soon as possible to screen for and manage potential risk factors.

**Do you have a prenatal care provider(s) you trust?**

Doula  Midwife  OB/GYN

---

**Do you know what birthing options are available in your area?**

Vaginal  Cesarean  
 In Home  In Hospital  
 Medicated  Unmedicated

**Do you have the emotional support you need?**

How will your family and friends react to your decision?  
 If you have other children, how will your decision affect them?

All Options Talkline is a free counseling network for anyone at any stage in or after pregnancy. Call (888) 493-0092.

ProvideCare.org

## Options for Ending Pregnancy

Abortion is normal, safe, and common!

**How far along is your pregnancy?**

First day of last period: \_\_\_\_\_  
 Gestational age: \_\_\_\_\_ weeks

Visit [AbortionFinder.org](http://AbortionFinder.org) to get accurate info on local gestational age limits and laws.

**Are you under 18 years old?**

Has parent/guardian consent  
 Judicial bypass needed

You can get an order from a judge that allows you to have an abortion without parental notification or consent. Learn more: [JudicialBypassWiki.fkwhenhow.org](http://JudicialBypassWiki.fkwhenhow.org)

**What kind of abortion do you want?**

Medication: A doctor provides abortion pills (mifepristone) alone or in combination with misoprostol. Available up to 11 weeks.  
 Procedural: A doctor provides abortion in a clinic.

Visit [AbortionFinder.org](http://AbortionFinder.org) for info about costs, gestational age limits, and laws in your area. Visit [AbortionFunds.org](http://AbortionFunds.org) and [INeedANA.com](http://INeedANA.com) to find abortion funding and support.

**What other expenses do you need to plan for?**

Gas money  Transportation  
 Lodging  Wage replacement  
 Food assistance  Child care

ProvideCare.org

Options become more limited and costly further into pregnancy.

**Do you know where the nearest abortion providers are?**

---



---



---



---

**Do you have the emotional support you need?**

How will your family and friends react to your decision? If you have other children, how will your decision affect them?

All Options Talkline is a free counseling support network for anyone at any stage in or after pregnancy. Call (888) 493-0092.

**Do you have other needs?**

Birth Control  
 Emergency Contraception  
 Substance Use  
 Testing or Treatment for Hep C/HIV/STIs  
 Intimate Partner Violence  
 Sexual Assault  
 Translation Services

## Pregnant? You have options!

### End the Pregnancy

Because options become more limited and costly further into pregnancy, time is of the essence.

**Medication Abortion**

A doctor provides abortion pills. Available up to 11 weeks.

**Procedural Abortion**

A doctor provides abortion in a clinic. You may need special services if you are 12+ weeks pregnant.

If you are under 18 years old, you can get an order from a judge that allows you to have an abortion without parental notification or consent. Learn more: [ReproLegalHelpline.org/abortion-laws-by-state](http://ReproLegalHelpline.org/abortion-laws-by-state)

**Abortion Resources**

AbortionFinder.org  
costs, gestational age limits, local laws

INeedANA.com  
funding & support

### Continue the Pregnancy

Start prenatal care as soon as possible to screen for and manage potential risk factors.

**Birthing**

- vaginal or cesarean
- home or hospital
- medicated or unmedicated
- doula, midwife, and/or obstetrician

**Adoption**

- open
- closed
- familial

**Parenting**

- single parenting
- co-parenting
- community parenting

**Pregnancy Support**

All-Options.org/Find-Support/Talkline  
free counseling support network

Talk to us about your needs! We'll support you with quality resources and information.



## Next Steps

Complete the post survey!

Join us for our next training or webinar

Reach out to us for organizational support

[info@providecare.org](mailto:info@providecare.org)

## Connect with us



1-800-537-2238



nrcdvTA@nrcdv.org



National Resource Center on Domestic Violence



@NRCDV



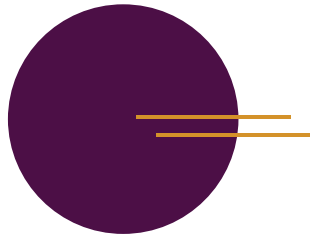


# Thank you!

WE CAN'T WAIT TO WORK WITH YOU.



National Resource Center  
on Domestic Violence



National Resource Center  
on Domestic Violence

This event was made possible by Grant Number #90EV042802 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.

