

A Repro Legal Helpline Report:

STATE VIOLENCE AND THE FAR-REACHING IMPACT OF *DOBBS*

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Repro Legal Helpline Report

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Note: To protect the privacy of our callers, we have changed story details throughout this report to de-identify callers. Additionally, these stories are just examples intended to be representative of the many stories our callers share with us.

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Reproductive justice affirms the human right to have children, not have children, and parent the children one does have in a safe environment, free from violence.

INTRODUCTION

The Repro Legal Helpline provides confidential, judgment-free legal services no matter your age, location, or where you are in your reproductive life.

At the root of our legal services is the understanding that you know you, and we know the law.

The Repro Legal Helpline grew out of community-identified need for clear, reliable legal information for people who self-manage their abortion, as well as the people and community who support them. At the time, legal strategies focused primarily on protecting abortion providers, clinics, and the constitutional right to abortion. Though certainly important, these efforts didn't address the stigma fueling the criminalization of pregnant people or people having abortions. Many advocates were concerned about the legal safety of people needing or wanting to end pregnancies on their own after decades of pregnant people being reported, investigated, arrested, and incarcerated for alleged self-managed abortion.¹

Since its inception in 2018, the Helpline has consistently shifted to meet people's needs, mitigate risk, and respond to the harms of our legal system. This was especially true following the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, and the ever-changing maze of abortion bans and restrictions—impacting the full spectrum of people's reproductive experiences—it left in its wake.

In this report, we use the *Dobbs* decision as the starting point for our data analysis. Not only did the decision drastically change access to clinical abortion care throughout the country, but it also fundamentally undermined people's trust in our health care and legal systems. This is apparent from the thousands of inquiries the Helpline has received since *Dobbs*.

This report is for anyone. For everyone. By sharing trends that we see on the Repro Legal Helpline, we hope to provide people with a better understanding of the ways that reproductive oppression manifests throughout the country.

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We hope to dispel the notion that state violence is limited to police investigations and prosecutions. It is pervasive.

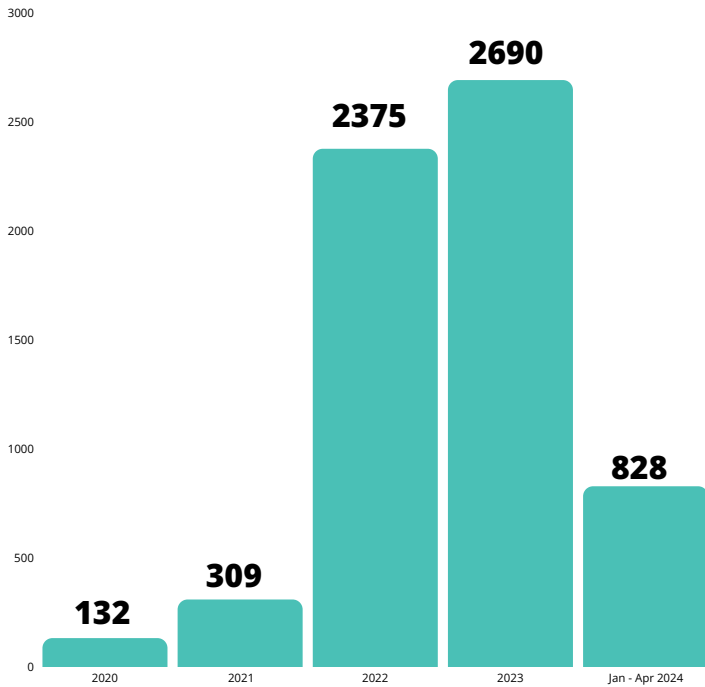
State violence is not just about the number of arrests or prosecutions people face related to abortion and pregnancy loss; it is grounded in the prevalent and insidious belief that certain people are disposable, and their bodies deserve to be surveilled, controlled, and punished by the state. State violence is living with the terror that a loved one will be sued or prosecuted for helping you get an abortion. State violence is the fear of confirming a pregnancy with a health care provider in a state with an abortion ban. State violence is confusion over whether you can legally travel to another state to access abortion care. State violence is being denied emergency abortion care. State violence is wondering if someone will be able to use your abortion against you in a divorce or custody proceeding. It is a thick blanket of fog. And it cannot be distilled only into the police or child protective services knocking on your door.

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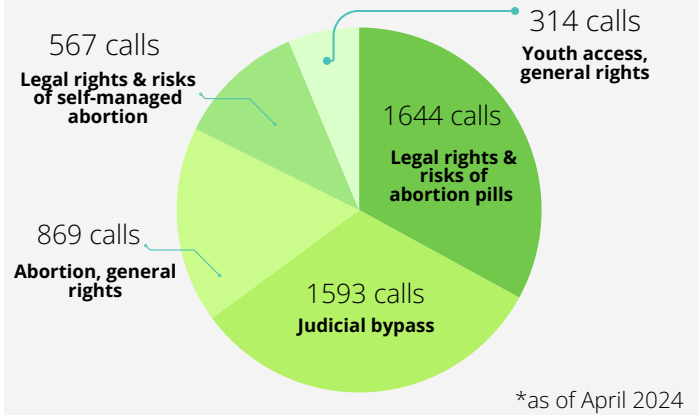
It is our hope that by sharing this information, we can move closer to a world where people have bodily autonomy and self-determination in all of their reproductive experiences—and that they don't need a lawyer to do so.

OUR CALLERS AT A GLANCE

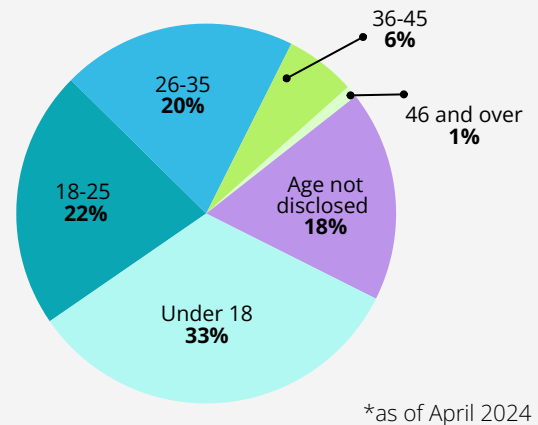
Number of calls to the Helpline



TOP 5 reasons for calling the Helpline*



Ages of Helpline callers*



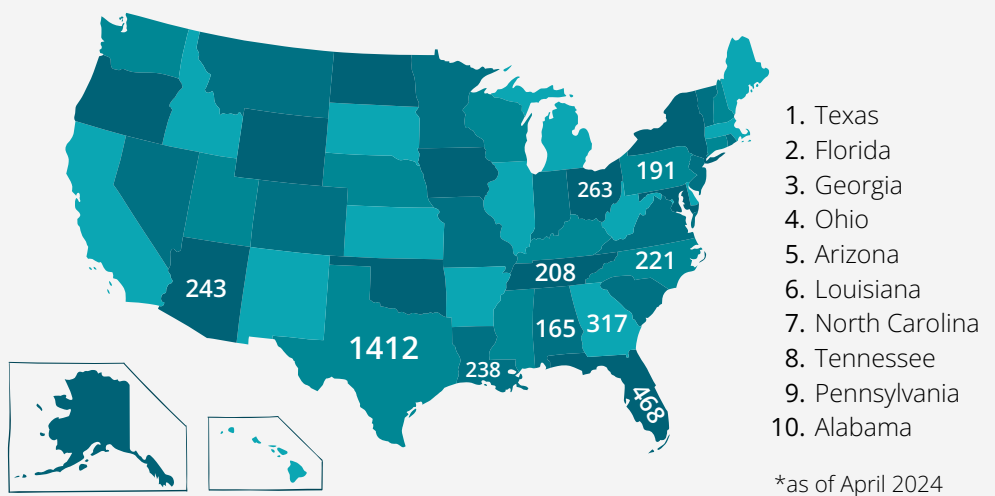
5,361

Calls to the Helpline since the *Dobbs* decision

6,334

Total number of calls from 2020 to April 2024

TOP 10
states callers have questions about*



POST-DOBBS TRENDS

Since the *Dobbs* decision, the Helpline has responded to 5,361 calls.

The Repro Legal Helpline received its most significant spike in call volume on June 24, 2022, the day the Supreme Court officially released the *Dobbs v. Jackson Women's Health* decision and overturned *Roe v. Wade*. The Helpline received 70 unique inquiries—ten times the number of inquiries received just one day before.

In fact, we received more inquiries during the summer 2022 Supreme Court session than we did in all of 2020 and 2021 combined. Since the *Dobbs* decision, the Helpline has responded to 5,361 calls.²

Both the quantitative and qualitative data in this report reflect the tremendous confusion and chaos sown by abortion bans, restrictions, and novel legislation like SB 8³ and bans on abortion support.⁴

Narratives on paper, let alone numbers, can never fully capture the fear and panic we hear in people's voices every day. The information in this report also does not capture the many people we don't talk to because they don't know the Helpline exists or the ones who don't reach out to learn about all their options because the looming threat of criminalization is too much to bear.

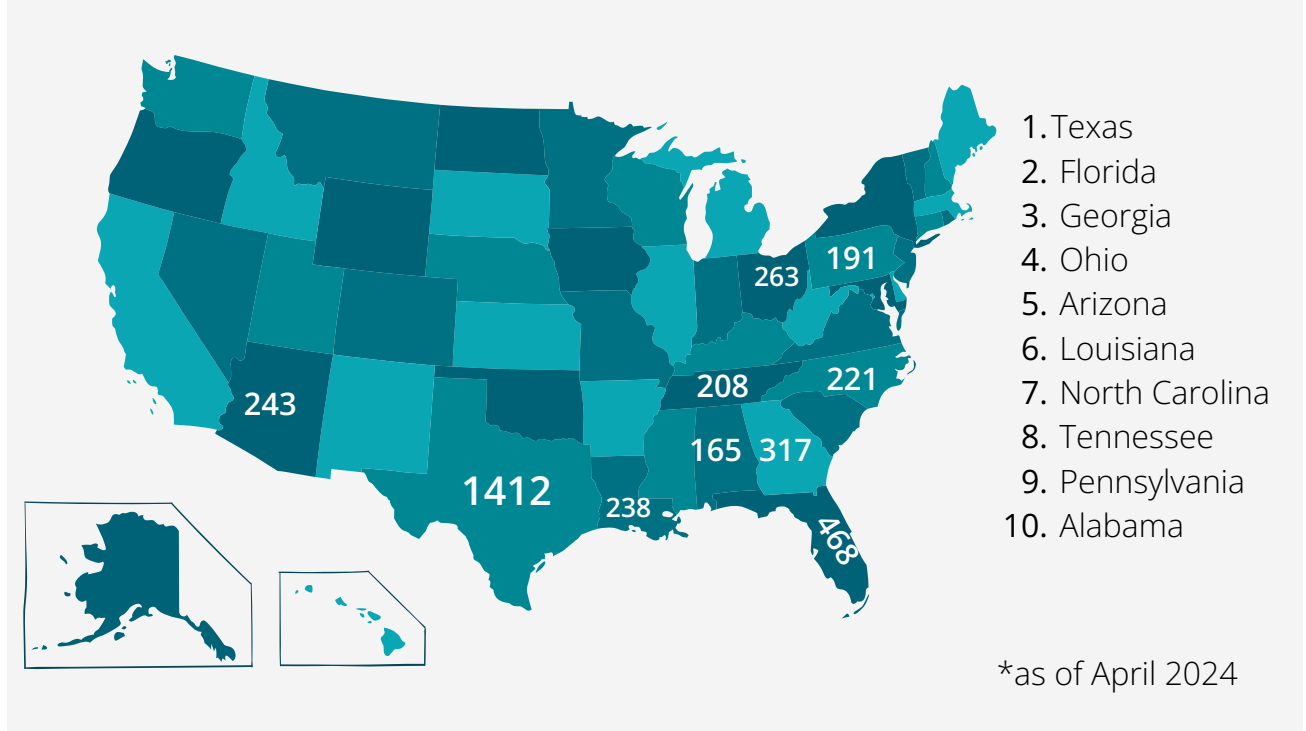
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Repro Legal Helpline Report

STATES CALLERS HAVE LEGAL QUESTIONS ABOUT⁵

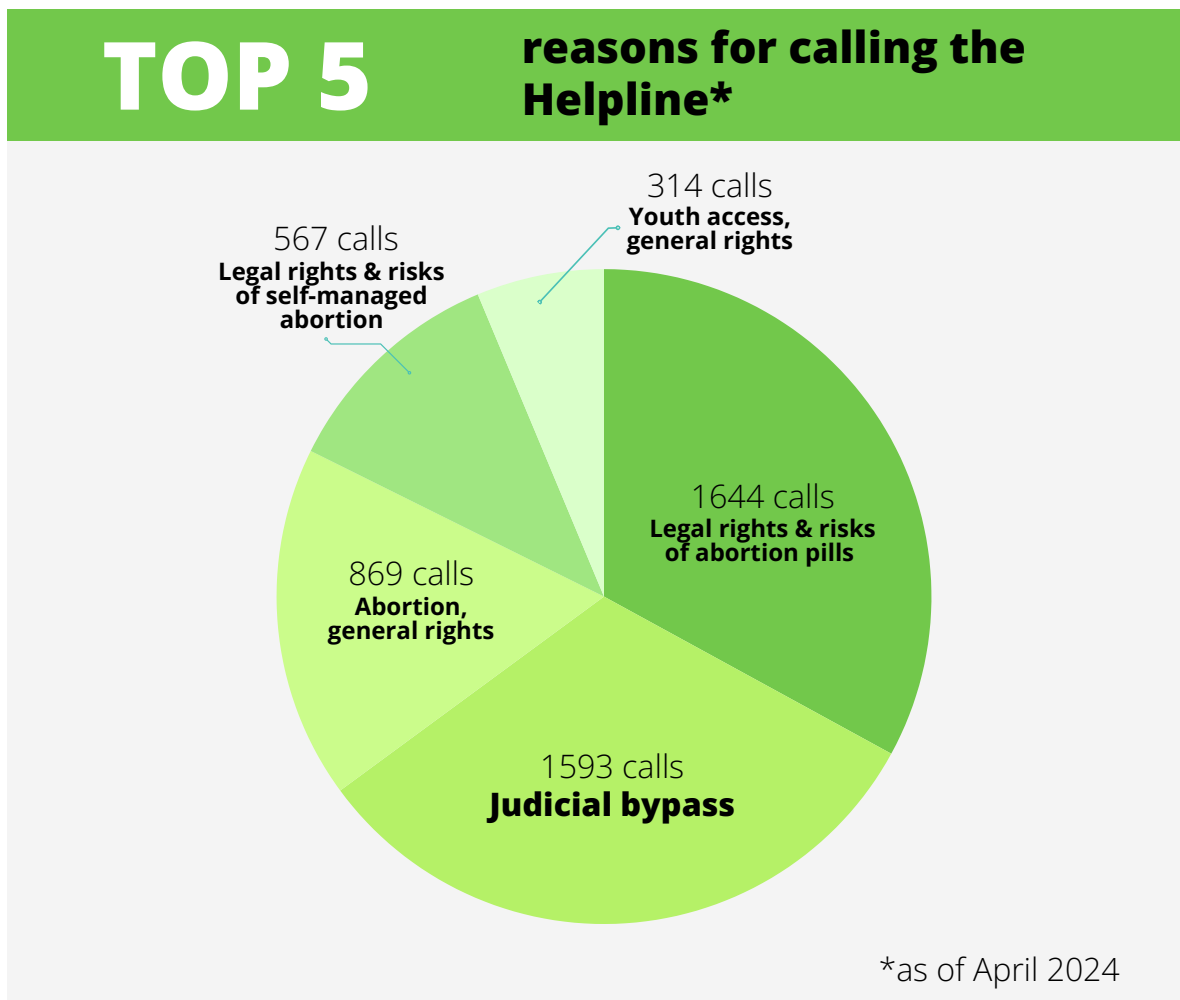
The Repro Legal Helpline receives the most requests from states where abortion has always been heavily restricted, where abortion restrictions have changed multiple times since *Dobbs*, or where access to a wide range of reproductive healthcare is limited. But the need for our legal services is not limited to these states. The Repro Legal Helpline receives requests for legal services from every state. This reflects the reality that abortion is, and always has been, inaccessible for some people, even in places where there is a legal right to one.

TOP 10 states callers have questions about*



REASONS FOR CONTACTING THE HELPLINE

The Supreme Court's decision in *Dobbs* changed much more than the constitutional right to abortion in this country. Accessing basic health care now requires navigating a dangerous web of abortion restrictions that can impact legal rights and risks based on nothing more than the difference of a few days of pregnancy or a few minutes of travel across a state border. Because of this, we receive the most calls from people with legal questions about abortion pills, self-managed abortion, judicial bypass,⁶ and a variety of general questions, like whether people can legally travel to another state for an abortion or what the gestational limit is in their state.



The confusion and fear created by rapidly changing laws can make accessing abortion without the support of lawyers and other resources seem impossible.

"It truly means the world to know how many people are willing and able to help when it feels like the country is completely against my rights."

For example, let's look at South Carolina. The state passed a law in 2021 that prohibited doctors from providing abortion after six weeks of pregnancy. That law went into effect three days after the *Dobbs* decision. Less than two months later, the state's Supreme Court temporarily blocked the six-week abortion ban from going into effect until arguments were complete and a final decision was issued. While the law was not in effect, doctors could resume providing abortions up until about 24 weeks of pregnancy, though many did not out of extreme caution. On January 5, 2023, the South Carolina Supreme Court issued its final ruling and found the six-week ban unconstitutional. But anti-abortion lawmakers introduced another six-week ban that passed on May 23, 2023, took effect on May 24, 2023, and was temporarily blocked by the court on May 25, 2023. Three months later, on August 23, 2023, the same state Supreme Court that found the previous six-week ban unconstitutional upheld this new six-week ban.

So in one state, over a period of 14 months, the availability of receiving clinical abortion care shifted between six to 24 weeks numerous times. Although these court decisions were issued and laws were enacted several months apart, each one upends weeks of planning and preparation that can go into getting an abortion. Clinics are forced to reschedule or cancel appointments, and people must rearrange—if they can—time off from work, rides to and from their appointments, transportation or hotel expenses, or childcare.

While the abortion ban may only apply within the borders of South Carolina, the loss of abortion access in one state always means a greater strain on resources in states without abortion bans.⁷

Similarly, someone living in St. Louis, Missouri, cannot get an abortion at any stage of pregnancy from a health care provider in their state unless a hospital believes that their life is sufficiently at risk. But just five miles away in Granite City, Illinois, people can get virtual or in-clinic abortion care through 27 weeks of pregnancy. This means people must parse through the often dense and convoluted language of laws in order to understand if and where they can access health care.

For young people, in addition to navigating abortion bans or restrictions, they must also consider whether a state has a forced parental involvement law. The far-reaching impact of *Dobbs* is reflected not only in the reasons why people contact the Repro Legal Helpline, but also in the tremendous sense of relief, gratitude, and safety our callers express when we validate their confusion and fear and equip them with the information they need to make a decision. As one caller shared, “Everything feels so scary, and it is nice to have a place to ask questions.”

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MEDICATION ABORTION

Medication abortion is the most common method of ending a pregnancy in the first trimester in the U.S.⁸ Research has also consistently shown that abortion pills are an effective method of ending a pregnancy, regardless of whether the pills are taken under the supervision of a healthcare provider.⁹ For some, the ability to end a pregnancy at home, and with the support of trusted loved ones, offers a more private and comfortable alternative to an in-clinic procedure. This is especially true for Black and brown communities who have a long history of being discriminated against, dismissed, and disrespected in health care settings. As abortion restrictions proliferated, abortion pills became even more critical to ensuring people could access the health care they need. Abortion pills are now available in some states through telehealth and mailing options, telehealth with a doctor who is in a state with a shield law, or community networks outside of our formal medical system that offer people a more affordable way to end their pregnancy at home.

Because abortion pills put power back into the hands of the people making decisions about their own bodies, it is no surprise that they have been a primary target of anti-abortion attacks for years. Several states have laws specifically restricting or limiting access to abortion pills that are contrary to the scientific and evidence-based recommendations of healthcare agencies like the Food and Drug Administration (FDA) or World Health Organization (WHO). For example, in December 2021, Texas made it a felony for anyone to mail or provide a pregnant person with abortion pills if they are more than seven weeks pregnant.¹⁰ In other states, only doctors can prescribe abortion pills, and they must meet with the patient in person in order to dispense the medication. Meanwhile, the FDA authorizes health care providers to use telehealth to prescribe and mail abortion pills to pregnant people through 10 weeks of pregnancy and the WHO recommends using abortion pills, with or without provider support, through 12 weeks.

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But for as long as people have existed, they have also found ways to end their pregnancy. No law will change that. Two years after *Dobbs*, people are either traveling to another state or self-managing their own care.¹¹ As a result, the most common questions we receive on the Repro Legal Helpline focus on what state laws say about abortion pills and potential legal risk depending on how someone accesses abortion pills.

People are fundamentally confused about the legality of medication abortion. As of February 2023, about half of adults reported they were unsure if medication abortion was legal.¹² Some of the confusion from people contacting the Helpline stems from contradictory messaging around abortion pills from state governments, the federal government, courts, anti-abortion advocates, and even within the reproductive health, rights, and justice movement.

For example, despite laws like the one in Texas that criminalizes mailing abortion pills, the Department of Justice has issued a legal opinion stating that the United States Postal Services can continue to mail abortion pills into states with abortion bans.¹³ Meanwhile, the Supreme Court is considering a case that challenges the validity of the FDA’s current regulations of mifepristone. Although FDA’s regulations remain unchanged until the Court makes its final decision, constant reporting about the case and possible outcomes in the news, social media, and other platforms led to a 70% increase in Helpline calls in the days immediately following oral arguments at the Supreme Court.

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This is why it's essential that our desire to motivate people politically does not come at the expense of people having accurate information about their rights and ability to access abortion.

While abortion restrictions continue to proliferate in some states, other states have responded by passing new "shield laws" to protect abortion providers in those states who choose to prescribe and mail abortion pills to people across the country, including those where abortion is heavily restricted or banned.¹⁴ While this does mean abortion pills are being sent to all 50 states and more people can access the care that they need, it's important to know that these laws don't impact the potential legal risk to abortion seekers in those states. The primary thrust of shield laws is to protect abortion providers from out-of-state legal actions only in the state with the shield law.

Although some shield laws protect a people's medical records from out-of-state disclosures, they cannot and do not change the laws in states that restrict or ban abortion. No one can predict when the state will investigate and prosecute someone for ending their pregnancy, regardless of how they obtained abortion pills. No one can know what pains the state will take, if any, to discern how someone obtained abortion pills, or whether the source will matter to police or prosecutors.

As the legal system has shown us time and time again, police and prosecutors often make decisions in spite of the law, not because of it. For most people, the legal risk of ending a pregnancy with abortion pills, regardless of how they obtained them, is not significantly different than it was before *Dobbs*.

But every day on the Helpline, we hear the difference in people's voices and in the questions they ask us. First, we hear overwhelming terror that they, or anyone who helps them, will be punished for having an abortion or losing a pregnancy, regardless of what the law actually says, because they trusted the wrong person with their private information. Then, we hear relief when their confusion is validated, their anxieties have been heard, and their questions answered, allowing them to make a fully-informed decision that is best for them.

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CONCERNING TRENDS

Since the Supreme Court issued its decision in *Dobbs*, we have witnessed emerging and alarming trends that are curtailing people's access or punishing people for abortion, denials of emergency abortion care, increasingly using health care providers as arms of the state, the criminalization of abortion supporters, and the carceral system's interference in abortion.

EMERGENCY ABORTION CARE

Since its passage in 1986, the Emergency Medical Treatment and Labor Act (EMTALA) has ensured public access to emergency medical care, including stabilizing treatment or transfer to another medical facility if necessary. This specifically includes the treatment of pregnancy-related emergencies, which is critical to preventing maternal morbidity and mortality.

One of the most concerning developments since the *Dobbs* decision is the denial of emergency abortion care, which has been a significant departure from medical standards of care. It has put pregnant people at risk in states that ban and restrict abortion if they experience a range of serious pregnancy-related concerns, including preterm prelabor rupture of membranes, miscarriage or early pregnancy loss, and placental abruption, among others. What has shifted since *Dobbs* is not the types of emergencies health care providers see. Rather, this state-inflicted fear has forced medical providers to question how close to morbidity or mortality a pregnant person must be in order for the provider to be able to legally provide abortion care. At what point does it become an emergency that will not put their license at risk under state law? *Dobbs* opened the door to doctors being forced by the state, and against their medical judgment, to treat emergency abortions differently than any other emergencies.¹⁵

In states where abortion is banned or severely restricted, the Helpline receives calls for assistance from people whose life and health are at risk—qualifying for care within the state’s abortion exceptions—but are still denied care. Sometimes because health care providers are anti-abortion. Sometimes because hospital personnel are scared. And sometimes because the state law actually conflicts with the requirements of EMTALA.¹⁶

In one particularly concerning case, our caller, a pregnant woman in a state with a six-week abortion ban, was rushed to the hospital by ambulance after a preterm premature rupture of membranes (PPROM) at 16 weeks, only to be denied emergency abortion care. She was told that she either had to wait for her baby’s heartbeat to stop, or for her body to “reject the baby” through infection.

PPROM presents major maternal risks of abruption, infection, sepsis, and death.¹⁷ This particular woman was already very high-risk, having received numerous blood transfusions in order to save her life after giving birth to her first child. With her previous birthing complications and trauma looming in the background, the suggestion that she wait until her life was sufficiently at risk before receiving care became even more horrifying.

Forced into a situation with zero reasonable options, she reluctantly decided to be transported by ambulance across two state lines in order to receive emergency abortion care. She and her husband, with the support of her parents, spoke with providers at four different hospitals located on the route they would be traveling to access care. During those conversations, they made sure the hospitals knew when she would be leaving her home state in case she needed emergency care prior to making it to the end destination.

This case illustrates how *Dobbs* has not only severely limited access to abortion care, but has changed how people, even those with significant resources and family support, can access life-saving health care. At least 10% to 20% of all pregnancies end in spontaneous pregnancy loss.¹⁸ Losing or weakening the protection of EMTALA would threaten the lives of all pregnant people. No pregnant person should lose a major organ because of delayed or denied abortion care. No one should lose their loved one to a completely treatable medical emergency. No medical provider should be forced to weigh their license and livelihood against their expertise, conscience, and patient's health.

Despite stigmatizing anti-abortion narratives, the Helpline receives inquiries from pregnant people who want to carry a pregnancy to term, but are frightened to do so if they live in a state that bans or severely restricts abortion because of their previous medical complications. Others have reached out because they are terrified of facing complications during their pregnancy that bring them to the brink of death in a state that has consistently denied emergency abortion care. Others still have asked whether it is safe for them to even try to become pregnant in their own state, purposely avoiding growing their families.

HEALTHCARE PROVIDERS AS AN ARM OF THE STATE

For far too long, health care providers have been deputized by the government to act as an arm of the state during the patient-provider interaction. This manifests through actual mandated reporting requirements, primarily to the family policing system, as well as confusion about those requirements, leading to increased surveillance and reporting while providing health care.¹⁹

It also includes providers who purposefully report patients to the state in spite of the law and in breach of their duty of care,²⁰ and who knowingly provide false information to patients.²¹ The 2023 report, *Self-Care, Criminalized: The Criminalization of Self-Managed Abortion from 2000 to 2020*, documents that many of individuals criminalized for self-managed abortion were reported to police by health care providers they entrusted with information, but who were not legally required to report them to the police.²² Based on the ways health care settings have turned into locations of surveillance, it is no surprise that health care providers are often seen as working in tandem with violent state systems—like the criminal, immigration, and family policing systems.

Calls to the Repro Legal Helpline from people distressed about sharing any pregnancy-related information with their health care providers have skyrocketed since the *Dobbs* decision. For those who contact us out of fear of punishment, that distress can stop people from accessing additional needed health care, create anxiety, and build fear. For those actively being investigated or prosecuted, the absolute terror and trauma of state violence can show up as a deep despair because the person knows their life will be forever changed.

A caller traveling from a state with an abortion ban to Kansas for abortion care was worried she could be investigated and prosecuted after returning to her state if she disclosed the abortion to her health care providers, or if the laws later changed. Despite the constitutional right to interstate travel and protections from retroactive liability or punishment, she was panicked.²³ “This is horrifying that I have to worry about legal implications instead of just focusing on my health,” she shared, and went on to ask whether and how she could discuss this with her health care providers “because there is so much stigma.”²⁴

■■■■■

In states where abortion is banned, the majority of people contacting the Helpline are scared to have anything related to a pregnancy documented in their patient charts, from confirming and dating a pregnancy to seeking any type of follow up medical care. In reality, confirming a pregnancy does not create additional legal risk, but it certainly can put people's health at risk. Confirming and dating a pregnancy can provide important information to help determine the efficacy of abortion pills, or identify ectopic pregnancies. Being able to seek follow up care can confirm whether an abortion is complete or whether someone needs additional care. But an increasing number of people contacting the Helpline are avoiding the formal health care system entirely because they believe their pregnancy or abortion might be used against them.

Other callers contact the Helpline as a result of something their health care provider said about the laws in their state that confused or disturbed them. For example, within days of each other, the Helpline received several questions specifically about what a doctor said during their medical appointment. Every caller lived in the same state where abortion is banned. Every caller had confirmed and dated pregnancies with their health care providers. And every caller had a different distressing interaction with their doctors. One person contacted the Helpline because, without even asking about her intentions, the doctor told her that it was a crime to travel to another state for an abortion. Another reached out with questions about options because her doctor would not discuss them with her, including refusing to say the word "abortion" or explain that traveling for care was a possibility.

The impact of health care providers functioning as—or even being perceived as—an arm of the state has colossal repercussions. For more than two decades, all major U.S. public health and medical organizations have taken an unequivocal stance against criminal responses to pregnancy outcomes.²⁵ Being the source of reporting for purposes of punishment is harmful to the patient-provider relationship. It is detrimental to broader public health efforts. It also prevents people from seeking medical care when they need it.

CRIMINALIZATION OF ABORTION SUPPORT

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We all deserve to have the care and support of trusted loved ones. That includes anytime someone is pregnant, becomes a parent, or chooses to have an abortion for any reason. Unconditional community support is especially important in light of the tremendous shame, stigma, and practical barriers that people who need abortions face in this country. As is true in many other contexts, those who live in isolation can face insurmountable odds to getting the help they need.

Unfortunately, anti-abortion advocates, lawmakers, and prosecutors understand this all too well and are specifically targeting abortion support.²⁶ We have seen this in civil laws like SB 8 in Texas that encourage people to surveil and police their own community members by allowing them to sue anyone who helps another person access an abortion. And we have seen it in criminal laws, in Idaho and Tennessee, that seek to punish anyone who helps a young person travel to access abortion care without the consent of a parent.²⁷

While there may only be a handful of bans on abortion support that are actually in effect, proposed legislation and anti-abortion rhetoric used to promote them has had a profoundly chilling effect on people all over the country. The Helpline regularly receives calls from people who are worried about their legal risk if they simply offer emotional support to a friend who chooses to self-manage their abortion, or practical support to help a loved one travel to a different state.

One of our callers was an older sibling who planned to pay for a younger sibling's flight from Texas to get an abortion. In addition to needing an abortion, their sibling was actively struggling with mental health needs that could be better addressed outside of Texas. Our caller was determined to support their sibling, no matter the consequences, but wanted to understand whether they could be criminally prosecuted, or privately sued under SB 8, for helping their loved one get clinical abortion care. Perhaps most striking about this exchange is that their sibling was seeking medical care for two separate concerns. Both highly stigmatized. But only the decision to seek abortion made them pause and worry about how they might be punished by the state of Texas. Abortion has been so stigmatized that parents are scared to fulfill a basic duty of parenthood—to get their child the medical care they need.

Many parents contact the Helpline because they fear that supporting their child to get an abortion in another state will land them in jail.

One parent living in a state where abortion is banned contacted us, deeply concerned about his child whose pregnancy made her so ill that she had already needed to be hospitalized. This parent was equally worried that taking her out of state to get an abortion, the medical care she wanted, was a crime or grounds for her to be removed from his care. Rather than making a decision based solely on love and unconditional support of his child, this parent had to contend with balancing the very real emotional and physical harms to his child if she remained pregnant versus if she lost a parent because of incarceration or family separation.

Rather than making a decision based solely on love and unconditional support of his child, this parent had to contend with balancing the very real emotional and physical harms to his child if she remained pregnant versus if she lost a parent because of incarceration or family separation.

As this case suggests, those most harmed by bans on abortion support are young people—those under age 18. Although most young people do choose to involve a parent in their decision to get an abortion, there are many reasons why some young people cannot or do not want to tell a parent about their pregnancy or decision to end a pregnancy. For young people living in a state with an abortion ban or restriction, traveling to another state is exponentially more challenging simply because of their age. Not only is it difficult to leave home for several days—which is often required because of restrictions like mandatory waiting periods—but young people often can't access resources like transportation, hotels, or money without help from another person.²⁸ But a supportive adult in their life may be reluctant to help a young person when there are prosecutors like Missouri's Attorney General suing abortion providers for helping young people access an abortion in another state.²⁹

INTIMATE PARTNER VIOLENCE (IPV)

Dobbs and the resulting loss of access to health care not only exposes people to greater medical risk, but has also made people even more vulnerable to intimate partner violence (IPV). If/When/How's research on the criminalization of self-managed abortion showed that people criminalized were often reported to the police by other people in their lives.³⁰ The risk of criminalization increases when people are in relationships with IPV because abusers use legal systems to harass their victims by reporting them to the police, initiating traumatizing and costly litigation, or revealing their private information to garner public shame.³¹ Pregnancy is also well understood to be a time of heightened risk of violence for people in relationships with IPV.³²

Even before *Dobbs*, people contacted the Helpline because they feared an abusive partner could use their decision to end a pregnancy, or even just knowledge of a pregnancy, against them. Since *Dobbs*, the frequency of these calls has increased, as have the specificity of the threats people describe to us: calling the police on family members who help them access abortion in any way; claiming it is a crime to leave the state or that the abuser must consent to the abortion; and suggesting the decision to get an abortion is so immoral that it will count against them in an unrelated court proceeding. Unfortunately, there will always be an unknown number of people who contact us but do not disclose IPV. Some may fear that doing so can place them at greater physical and emotional risk, or they may think it is irrelevant because their IPV experiences have been routinely dismissed and ignored by legal systems.

Those who do share the IPV they experience are often incredibly aware of their heightened legal risk, because their abusers have previously disclosed or threatened to reveal other private information to shame and isolate them from their communities. Others are confused about what their state actually considers a crime and want to know if their abuser can really have them arrested for having an abortion. One person called us while she was in the process of leaving her abusive partner. In an attempt to continue to assert his control, he threatened to report her and her family members to the police for her self-managed abortion.

Specifically, he threatened to give police screenshots from a text conversation about how her family may have supported her in accessing abortion pills.

Because they were in court to finalize their separation, he also threatened to introduce evidence of her abortion in the pending litigation. There was not, and still is not, a law that makes it a crime for someone to self-manage their abortion in the state where this caller lived. Nor did her abusive partner have actual knowledge that she ended her own pregnancy. She only discussed the possibility with him before deciding to stop sharing private information with him. Nevertheless, she was terrified about the public exposure of her abortion and the real risk that her family could be punished simply for supporting her.

Other times, people share that their partner has done more than isolate them and has successfully used information to trigger a carceral response from the criminal, immigration, or family policing systems. For a few, their fears had already become realities. Within a few months of *Dobbs*, a Texas man sued his ex-wife's friends and co-workers for allegedly helping her get an abortion. He has used that lawsuit to further harass his ex-wife by asking a court to require her to respond to a subpoena. This lawsuit and the publicity around it forced her to get legal counsel to defend her privacy.

People familiar with the dynamics of power and control at the core of IPV relationships will also understand that none of the threats or behaviors in these cases are unique.

Abusers, like the state, have long turned to our legal systems to deny their victims bodily autonomy. But post-*Dobbs*, abusers have new tools to wield against their intimate partners.

Abusers, like the state, have long turned to our legal systems to deny their victims bodily autonomy. But post-*Dobbs*, abusers have new tools to wield against their intimate partners. They have been emboldened by actual laws and language espoused by anti-abortion advocates and lawmakers—some of whom are elected officials responsible for leading their communities.

ABORTION UNDER THE CARCERAL SYSTEM

The plague of the criminal, immigration, and family policing systems continue to escalate and intensify. In addition to the well-known and documented violence of the carceral state, pregnant people are subjected to further harms based on their reproductive capacity and decision-making. From being shackled³³ or ignored and denied care while giving birth³⁴ to being denied abortion care,³⁵ reproductive control and violence are intentionally baked into carceral systems. Even before *Dobbs*, and in violation of the U.S. Constitution, several states didn't allow incarcerated people to have abortions, and many others only allowed them during the first trimester.³⁶

Now, in the absence of the constitutional right to abortion—as is always true—people under state surveillance have suffered the most. The Helpline has received an increase in calls from pregnant people who are incarcerated, on parole, or on probation, with questions about their legal rights and potential risk in this post-*Dobbs* landscape. With a staggering 5.5 million people punished by incarceration, probation, and parole,³⁷ and with the massive growth of incarcerated women³⁸—4% of whom enter prison while pregnant³⁹—this need for help will only continue to grow.

The Helpline received a call about a young person in juvenile detention who was pregnant and wanted an abortion. Because of the complete abortion ban in her state, the length of her detention, and the inability of the defense attorney to request a medical furlough for abortion because of the judge's anti-abortion stance, we had to work with her defense attorney to think creatively about what arguments to make in order to get her the care she needed. While the arguments in her case were ineffective and she was denied the ability to get the abortion she needed, an adult in the same jurisdiction and state was able to access care using the same arguments. This is yet another example of how someone's ability to get an abortion is not just influenced by the laws in their state, but can also dramatically shift based on a few days, the age of the person seeking care, and the judge deciding the case.

For people under state surveillance, there is no constitutional right to travel to another state to get the care they need.

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For people under state surveillance, there is no constitutional right to travel to another state to get the care they need. This is true beyond incarceration. People on probation and parole have severe restrictions on the ways they can move through their daily lives, including who they are able to spend time with, when and where they are able to travel, and when certain travel requires explicit permission from their probation or parole officers.

For multiple pregnant people on probation and parole who reached out to the Helpline, they had to confront a false choice. In order to ensure they didn't violate the terms of their probation or parole, they could ask their officer for the explicit permission to leave the state for an abortion.

However, their request could be denied by anti-abortion parole officers who could, additionally, increase surveillance of them through random check-ins intended to keep them from leaving the state to get an abortion. Or they could take the extraordinary risk of being further punished for violating the terms of their probation or parole by crossing state lines to get an abortion.

One caller from a state where abortion is banned who was on parole said she was certain that her cruel and openly anti-abortion officer would not permit her to travel the necessary 500 miles to find care for any health-related need, let alone for an abortion. During the course of our conversations, she decided she absolutely could not remain pregnant. Her only option was "to take a chance" and "deal with any consequences later." Another caller from a state where abortion is banned made that same calculus and decided to travel across state lines for a two-day procedure with the hope that her officer wouldn't require an immediate report. They had no other options. For people ensnared in carceral systems, abortion is not only less accessible than it is to the general population—often, it is entirely inaccessible.

Carceral systems isolate people from their communities and loved ones while they deprive people of basic human needs, like movement, safety, and health care. At their core, incarceration, parole, and probation are about punishment and control. That control is particularly depraved when the state denies pregnant people their bodily autonomy. Because reproductive freedom will never be a reality while people are put in cages, we must work toward a future where every one of us has the power and support to make decisions about our bodies, families, and communities without barriers, coercion, or punishment, in safety, and with dignity.

CONCLUSION

Despite our current reality, we know that another world is possible. Together, we can build a future free from state violence—one where people have bodily autonomy and self-determination in all of our reproductive experiences.

But until that day comes, we remain steadfast in our dedication to providing confidential, judgment-free legal services for people's reproductive lives. Regardless of why, when, or how people end their pregnancies, we're here for you.

Repro Legal Helpline Report

RESOURCES

REPRO LEGAL HELPLINE

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helpline

No matter your age, we provide legal services about abortion, pregnancy loss, and birth. Whether you need a judicial bypass, are being denied an emergency abortion, or are facing criminalization for a pregnancy outcome, we can support you.

Always free and confidential: reprolegalhelpline.org or 844-868-2812.

[GET INVOLVED: ifwhenhow.org/get-involved/](https://ifwhenhow.org/get-involved/)

LAWYER OR ADVOCATE?

Help us stop state violence against pregnant people.
Join the If/When/How Network.

State violence has a domino effect on someone's life. The Network is about providing each person with the right services and community support to defend them and reduce harm.

If you're an attorney, we need your pro-bono skills to help us provide criminal, immigration, and family defense. We're also looking for advocates and attorneys to support people with judicial bypass, housing, domestic and intimate partner violence, and other client-centered needs.

HEALTH CARE PROVIDER?

Health care providers can stop state violence before it starts. If you have questions about your mandated reporting requirements, we provide legal analysis, know your rights materials, and trainings for health care providers.

Repro Legal Helpline Report

ACKNOWLEDGMENTS

We appreciate and are grateful for:

The **Helpline Counsels** who support people in crisis every single day.

Our **colleagues** who make this work possible and sustainable.

The **criminal, immigration, and family defense attorneys** who fight state violence.

Our **movement partners** who work locally and nationally in service of reproductive justice.

Our **contributors and donors** who support our work.

Everyone, everywhere, every day, who helps get people what they need.

We thank you for your help in continuing our work to support, defend, and organize to create a future where people can make decisions about their reproductive lives free of oppression, fear of criminalization, and harm.

Contact

If/When/How: Lawyering for Reproductive Justice

ifwhenhow.org

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