STATE OF MICHIGAN
IN THE COURT OF APPEALS

NORTHLAND FAMILY PLANNING CENTER, on behalf of itself, its staff, its clinicians, and its patients; **NORTHLAND FAMILY PLANNING CENTER INC. EAST,** on behalf of itself, its staff, its clinicians, and its patients; **NORTHLAND FAMILY PLANNING CENTER INC. WEST**, on behalf on itself, its staff, its clinicians, and its patients; and **MEDICAL STUDENTS FOR CHOICE**, on behalf of itself, its members, and its members' patients,

Plaintiffs-Cross-Appellants,

v

DANA NESSEL, Attorney General of the State of Michigan; **MARLON I. BROWN**, Acting Director of Michigan Licensing and Regulatory Affairs; and **ELIZABETH HERTEL**, Director of the Michigan Department of Health and Human Services, each in their official capacities, as well as their employees, agents, and successors,

Defendants-Cross-Appellants,

and

THE PEOPLE OF THE STATE OF MICHIGAN,

Intervening Defendant-Cross-Appellees.

COA No.: 375785

Case No.: 24-000011-MM

Hon. Sima G. Patel

The appeal involves a ruling that a provision of the Constitution, a statute, rule or regulation, or other state governmental action is invalid.

BRIEF OF *AMICI CURIAE* MICHIGAN COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, NATIONAL DOMESTIC VIOLENCE HOTLINE, NATIONAL NETWORK TO END DOMESTIC VIOLENCE, AND IF/WHEN/HOW IN SUPPORT OF PLAINTIFF CROSS-APPELLANTS

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**Motion for pro hac vice admission filed herewith*

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INTERESTS OF AMICI CURIAE

Amici advocate for survivors of intimate partner violence in Michigan and throughout the United States. Each amicus is committed to preventing and addressing all forms of such violence, including reproductive coercion.[1]

The **Michigan Coalition to End Domestic and Sexual Violence** (MCEDSV) is a nonprofit membership organization comprised of more than 70 nonprofit organizations that are dedicated to the empowerment of all victims of domestic and sexual violence. MCEDSV seeks to build a legacy in which sexual and domestic violence no longer exist. For nearly 50 years, MCEDSV and its member organizations have provided direct support, legal services, and legal and policy advocacy to Michiganders experiencing intimate partner violence. MCEDSV is listed in the challenged statute as one of the organizations whose guidance the Michigan Department of Health and Human Services is required to consider before creating the coercion screening tool that abortion providers (and only abortion providers) must use when counseling patients. *See* MCL 333.17015(11)(i).

The **National Domestic Violence Hotline** is the only 24/7/365 hotline dedicated to supporting victims and survivors of domestic violence. Highly trained advocates offer compassionate support and validation, personalized safety planning, and connections to local resources via call, chat, and text. To date, The Hotline has answered nearly eight million calls, chats, and texts from people affected by relationship abuse in every state, U.S. territory, and U.S. military base around the world. The Hotline is a critical lifeline for millions of people seeking

[1] Amici and counsel for amici are the sole authors of this brief and are solely responsible for its preparation and submission. No counsel for a party to this case authored this brief in whole or in part. No counsel or party made a monetary contribution intended to fund the preparation or submission of the brief, and no person made such a monetary contribution.

safety, support, and hope in moments of crisis. The Hotline provides support to survivors experiencing all forms of domestic violence, including reproductive coercion, and has unique insight into the circumstances of those who experience this type of domestic abuse.

If/When/How: Lawyering for Reproductive Justice is a national non-profit legal organization that works to ensure that all people may make decisions about their own bodies and families without barriers, coercion, or punishment. If/When/How runs the first-of-its kind Repro Legal Helpline, a free legal service to people nationwide. If/When/How also engages in litigation in Michigan and states throughout the U.S., including representing Michiganders under the age of 18 who need abortion care without parental involvement in judicial bypass cases, and, recently, bringing a successful challenge to Michigan's law that nullified people's end-of-life decision-making when they are pregnant. Because reproductive coercion is frequently reported by callers to If/When/How's Helpline, the organization partnered with fellow amicus National Domestic Violence Hotline in its second survey on reproductive coercion, published in 2024.

National Network to End Domestic Violence (NNEDV) represents the 56 U.S. state and territorial coalitions against domestic violence. NNEDV is dedicated to creating a social, political, and economic environment in which domestic violence no longer exists, and was instrumental in the passage and implementation of the Violence Against Women Act. NNEDV works to make domestic violence a national priority, change the way society responds to domestic violence, and strengthen domestic violence advocacy at every level. NNEDV believes that survivors of domestic violence must have access to healthcare, including access to abortion. Compelling abortion providers to address only one aspect of reproductive coercion, especially when it is a less common tactic than forced pregnancy and birth, will interfere with survivors' ability to make the best decision for themselves and their families.

Amici write because the challenged law misapprehends the reality of reproductive coercion – a form of intimate partner violence typically used by abusive partners to coerce pregnancy and childbearing. People more often seek abortion because of, and to avoid worse, abuse. When they seek such care, often at great difficulty, the coercion screening, informed consent, and posting requirements diminish their trust in their healthcare provider, demean their autonomy, and may push them away from needed—even life-saving—medical care.

SUMMARY OF ARGUMENT

Reproductive coercion is a form of intimate partner violence, in which abusive partners use a variety of means, including birth control sabotage, restricting access to reproductive healthcare, threats, and physical and sexual violence, to gain and maintain dominance over their partners' lives. Research and experience demonstrate that abusers most often coerce their partners into pregnancy, rather than coerce them to have abortions. While both forms of coercion may devastate survivors, being pregnant with and having a child with an abusive partner is particularly dangerous to both the immediate and long-term safety of a survivor and their children. Given the reality of reproductive coercion, singling out a less frequent form, and only in the context of abortion care—access to which is a fundamental freedom protected by the Michigan Constitution—is both illogical and dangerous.

Enacted as part of an earlier effort to restrict access to abortion care, Michigan's abortion law requires abortion providers to screen their patients for coercion to have an abortion and display a sign describing criminal sanctions for abusive partners in large font. *See* MCL 333.17015(11) and MCL 333.17015a. The law also requires the Michigan Department of Health and Human Services to consider, in creating the mandated screening tool and sign, the recommendations of four organizations, including Amicus MCEDSV. *See* MCL

333.17015(11)(i). But those groups' recommendations for healthcare providers caring for survivors of intimate partner violence differ significantly from the provisions of the coercion screening requirement.

Instead, in accordance with experts in both intimate partner violence and the kind of healthcare interventions that truly support survivors of that violence, these groups recommend protections for access to abortion care, along with comprehensive, compassionate, evidence-based screening for domestic violence across the spectrum of healthcare. Such screening and follow-up interventions emphasize the importance of survivor autonomy, promote privacy, and recognize the negative impact of promoting criminal sanctions on trust between provider and patient. The requirements of the challenged statute thwart these standards.

To meaningfully prevent and interrupt reproductive coercion, interventions must be based in the reality of how such coercion makes survivors less safe. By banning, restricting, or unnecessarily regulating abortion, the state creates yet another barrier to safety for survivors of intimate partner violence. In fact, since the U.S. Supreme Court eliminated federal constitutional protection for the right to abortion, intimate partner violence has increased in the states where abortion is banned or heavily restricted. The coercion screening requirement reinforces, rather than eliminates, state-imposed barriers to the very healthcare that may be critical for survivors and their children to stay safe within, and safely exit, abusive relationships.

ARGUMENT

I. Reproductive coercion is a form of coercive control used by abusive intimate partners to force pregnancy, deny their partners' bodily autonomy, and restrict their access to reproductive healthcare.

Intimate partner violence involves more than the physical assault of one partner by another. An abusive partner maintains their relationship, and their power within it, through

"coercive control:" the domination of an intimate partner through a variety of tactics that degrade the other partner's physical safety, economic security, freedom of movement and decision-making, and sense of self-worth.[2] These tactics include isolating the abused person from family, friends, and co-workers, and monitoring the abuse victim's whereabouts and relationships.[3]

Abusers may limit their partners' access to financial resources, track their use of transportation, and catalogue their time spent out of the home.[4] They may threaten to retaliate against their partners by harming or kidnapping their children.[5] They commonly use the legal system against them – a control tactic that is particularly dangerous to immigrants because their isolation from social support and vulnerability to immigration consequences are profound.[6] Coercive control tactics, combined with the ways structural discrimination and barriers further entrap survivors, position the abusive partner to use violence with relative impunity, because they ensure that the abused person's support system, economic security, and resources to seek safety have been severely compromised.[7]

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[2] *See* Stark, *Coercive Control: How Men Entrap Women in Personal Life* (Oxford: Oxford University Press, 1st ed., 2009), pp 198-200.

[3] *Id*. at 241-74.

[4] *Id*.; *see also*, Goodmark, *A Troubled Marriage: Domestic Violence and the Legal System* (New York: New York University Press, 2012), p 42.

[5] Sullivan et al., *The Use of Children as a Tactic of Intimate Partner Violence and its Impact on Survivors' Mental Health and Well-being Over Time*, 39 J Fam Viol. 153–163 (2024) ("By weaponizing children, abusive partners can have continued—and often prolonged—access to their victims.").

[6] *See* Alsinai et al., *Use of immigration status for coercive control in domestic violence protection orders*, 8 Frontiers in Sociology 1146102, 2 (2023), available at https://pubmed.ncbi.nlm.nih.gov/37188152/.

[7] *See* Tolmie et al., *Understanding Intimate Partner Violence: Why Coercive Control Requires a Social and Systemic Entrapment Framework*, 30 Violence Against Women 54, 56 (2024), available at https://pmc.ncbi.nlm.nih.gov/articles/PMC10666472/.

Because of its centrality to intimate partner violence, coercive control is increasingly recognized in the law, including in Michigan. *See MT v DM*, No. 359739, 2022 Mich. App. LEXIS 7448, at *6-7 (Dec. 29, 2022) (affirming a trial court's findings of domestic violence, and rejecting a former spouse's argument that because "coercive control" is not defined in Michigan statutes, the trial court could not consider that conduct in its determination); *accord, Bishop v Taylor*, No. 373010, 2025 Mich. App. LEXIS 3974, at *12-13 (May 21, 2025). At least five states now include coercive control as a form of domestic violence in civil protection order statutes. *See* Rev Code Wash 7.105.010(4)(a) (coercive control is "a pattern of behavior that is used to cause another to suffer physical, emotional, or psychological harm, and in purpose or effect unreasonably interferes with a person's free will and personal liberty"); *see also* Cal Fam Code 6320; Haw Rev Stat 586-1; Conn Gen Stat 46b-1(b); Mass Gen Laws Ann ch 209A, § 1. Other states have codified recognition of coercive control as intimate partner violence in other contexts. *See, e.g.,* Colo Rev Stat 14-10-127.5 (requiring courts in custody disputes where domestic violence is alleged to consider evidence of coercive control); Okla Stat tit 22, § 1090.2(4) (allowing for deviation from the standard sentencing range and application for resentencing for domestic violence survivors convicted of crimes, and explicitly recognizing coercive control as psychological abuse).

Reproductive coercion is a form of coercive control. *See, e.g.,* Rev Code Wash 7.105.010(4)(a)(i)(H) ("coercive control" includes "engaging in sexual or reproductive coercion."). The term describes a variety of tactics, from covert to violent, that abusive partners use to dominate their intimate partners' lives and maintain control over them.[8] As they have with

[8] *See* Miller et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 Contraception 316 (2010); Moore et al., *Male Reproductive Control of Women Who Have Experienced Intimate Partner Violence in the United States*, 70 Soc Science & Med. 1737

coercive control, courts and legislatures have begun to recognize reproductive coercion as intimate partner violence. *See, e.g., Planned Parenthood of the Heartland v Reynolds ex rel v State*, 915 NW2d 206, 219-20 (Iowa 2018) (*overruled on other grounds*, *Planned Parenthood of the Heartland, Inc. v Reynolds*, 975 NW2d 710, 716 (Iowa 2022)) ("Reproductive coercion is . . . a form of domestic violence that involves coercive behavior over a woman's reproductive health. Abusers understand a woman is less likely to leave the relationship if she has a child. Abusers may forcibly impregnate women, refuse to wear a condom, or manipulate contraception in order to further their control and dominance."); *see also Planned Parenthood of Montana v State*, 422 Mont 241, 284, 570 P3d 51, 81(2025) (recognizing reproductive coercion as a reason some people seek abortion care). In California, reproductive coercion is prohibited under that state's civil protection order law, and is defined as "control over the reproductive autonomy of another through force, threat of force, or intimidation, and may include, but is not limited to, unreasonably pressuring the other party to become pregnant, deliberately interfering with contraception use or access to reproductive health information, or using coercive tactics to control, or attempt to control, pregnancy outcomes." Cal Fam Code 6320(c)(5).

A. Reproductive coercion tactics

California's statutory definition of reproductive coercion captures the current understanding of the phenomenon, developed over the last few decades through research into the direct experiences of abuse survivors. As that definition indicates, reproductive coercion

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(2010); Stoever*, Legally Recognizing Reproductive Coercion While Questioning Sexual Violence Exceptionalism*, 51 J L Med & Ethics 560, 562 (2023); Coker, *Does Physical Intimate Partner Violence Affect Sexual Health? A Systematic Review*, 8 Trauma,Violence, & Abuse 149, 151-53 (2007); Camp, *Coercing Pregnancy*, 21 Wm & Mary J Women & L 275, 310 (2015) ("Reproductive coercion broadly is the 'deliberate restriction of options' intended to control and regulate autonomous and informed decision-making regarding whether and when to become pregnant, or whether to maintain or terminate an existing pregnancy.").

includes birth control restriction and sabotage, forced or coerced pregnancy, coerced sexual activity and rape, coercing pregnancy outcomes (including childbirth, abortion, and miscarriage) and limiting or entirely restricting a partner's access to reproductive healthcare.[9] In the context of abortion care, reproductive coercion may include tactics like "making a woman eat on the day of her abortion so she would be ineligible for the procedure, being disruptive at the abortion clinic to get the woman to leave, and refusing to provide money for an abortion or for transportation to the abortion clinic," as well as threatening to harm or kill a partner if they have an abortion.[10]

Amicus National Domestic Violence Hotline ("the Hotline") has conducted two reproductive coercion surveys of thousands of survivors of intimate partner violence.[11] In the 2011 survey, twenty-five percent of respondents reported that their abusive partner sabotaged birth control or tried to coerce pregnancy.[12] Some of the 2011 survey participants shared their experiences:

- "I better be pregnant, or I'm in trouble with him."
- "He refuses to use a condom. I've bought them and he throws them out."

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[9] *See Pregnancy Coercion,* 81 Contraception at 316; *Male Reproductive Control,* 70 Soc Science & Med at 1737.

[10] Grace & Anderson, *Reproductive Coercion: A Systematic Review,* 19 Trauma, Violence, & Abuse 371, 380 (2018), available at https://pmc.ncbi.nlm.nih.gov/articles/PMC5577387/.

[11] *See* National Domestic Violence Hotline, *Hotline News, 1 in 4 Callers Surveyed at the Hotline Report Birth Control Sabotage and Pregnancy Coercion*, (Feb. 18, 2011), available at https://espanol.thehotline.org/news/1-in-4-callers-to-the-national-domestic-violence-hotline-report-birth-control-sabotage-and-pregnancy-coercion/ (hereinafter *2011 Reproductive Coercion Report*); National Domestic Violence Hotline and If/When/How, *Reproductive Coercion and Abuse Report* (2024), available at https://hdl.handle.net/20.500.11990/10778 (hereinafter *2024 Reproductive Coercion Report*).

[12] *2011 Reproductive Coercion Report.*

- "He has tried to talk me into having a child. He told me he wanted to keep me from leaving him."

- "He admitted to me and the psychologist that he intentionally got me pregnant to trap me."[13]

In 2024, the Hotline and Amicus If/When/How published the results of the second survey of Hotline callers about their experiences of reproductive coercion.[14] Respondents indicated higher rates of birth control sabotage and pregnancy coercion than those found pre-*Dobbs*,[15] and, in response to a new question about forced or coerced sexual activity, sixty-three percent said they had been forced or coerced by an intimate partner into sexual activity.[16] Among respondents who identified themselves as survivors of gender-based violence, *more than three quarters* had experienced forced or coerced sexual activity.[17]

Respondents to the 2024 survey described similar experiences of the ways their intimate partners sought to restrict their reproductive and bodily autonomy:

- ". . . I was already on birth control before I met him. He insisted I get off it. He wouldn't let me get my refills. Or he would make excuses and delay my appointments."

- "He was withholding my birth control and refusing to use a condom when he raped me. I escaped from the relationship and filed a police report. . . I ended up not becoming pregnant but I was relieved that I was in a state where I could easily be able to get an abortion if I were. . . He had told

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[13] *Id*.

[14] *See 2024 Reproductive Coercion Report.*

[15] *Id.*, Executive Summary, p. 2 (37% of respondents reported that their partner refused or prevented them from using barrier contraceptive methods; 20% reported their partner destroyed, hid, tampered with, or withheld hormonal birth control methods; 23% said their current or former partner pressured them into becoming pregnant).

[16] *Id*. at 8.

[17] *Id*.

me before he would kill me if I ever had an abortion. If I ever had a child, he would try as hard as possible to gain custody of the child."

- "I became pregnant as a result of rape [by an intimate partner]."[18]

- "When I found out I was pregnant with our daughter, my ex-husband informed me had had an STD. When I became upset that he had not told me about it before then, he threatened to throw me down the stairs in our home to make me have a miscarriage."[19]

- "My ex/abuser was extremely against me getting an IUD. After I got an IUD "against his wishes" there was an extended period of heightened abuse and neglect. He [said] that my choices for my own body were unfair to him because they. . . prevented him from having children if/when he wanted them."[20]

- "[My partner] Got me pregnant deliberately against my will after I made it clear I didn't want kids. I believe he did it to keep me trapped and tied to him."[21]

- "My late abusive husband would purposely impregnate me to force me to abort."

- "[During] each pregnancy, I was controlled, abused badly, and had a knife pressed against my belly and threatened."

- "He said he would kill me if I had an abortion."

- ". . . I was not able to terminate due to [the abuser] going to my very religious mother to tell her I was pregnant. [The child] is now 7 years old and so [I] am going through custody battles with his father, his father has plead guilty to battery of the child and myself and there's still a possibility he could have some kind of custody. His father uses him as a way to stay connected to me."

- "My ex [child's father] threatened violence when I wanted to terminate the pregnancy with my now current three-year-old; [the ex] pulled knives on me, threatened self-harm, etc."

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[18] *Id.* at 8.

[19] *Id.* at 10.

[20] *Id.* at 11.

[21] *Id.* at 12.

- "When I was 16 years old, I became involved with a controlling partner. He removed the condom behind my back multiple times. Since I was young, I could not tell…I ended up pregnant. I was not given the option of abortion [and] was coerced by my partner and his family to keep the baby."[22]

- "My ex-husband went to all of my ob-gyn appointments so he could try to control the situation. He told my doctors not to give me an epidural or pain medication during labor."

- "My husband has taken my birth control because he told me it was making me gain weight. He has come with me to ob-gyn appointments expecting to talk to the doctor."[23]

- "Respondents explained ways their current or former partners prevented them from using abortion medication:
    - Using emotional manipulation, begged them not to have an abortion or else they might commit suicide
    - Lit (the medication) on fire
    - Locked up the survivor so they couldn't get an abortion
    - Threatened the survivor and their family's lives if they got an abortion"[24]

The experiences described above, while devastating to the individuals who lived through them, are not unique. They are reflected in decades of studies addressing the links between reproductive coercion, intimate partner violence, and unintended pregnancy.

Threats, violence, and manipulation used by an abusive partner to try to control the outcome of the pregnancy are also aspects of reproductive coercion, but research indicates that such violence is less often used to coerce abortion or prevent abortion than it is the reason a survivor sought an abortion – "to end the relationship or to prevent a continuing connection to an

[22] *Id.* at 13.

[23] *Id.* at 17.

[24] *Id.* at 12.

abusive partner."[25] Both coercion to have an abortion and coercion to stop a person from having an abortion are profound violations of human dignity and bodily autonomy. But MCL 333.17015's misplaced emphasis on coercion to have an abortion impedes survivors' abortion access and ignores the particularly devastating abuse tactic of coercing or forcing pregnancy. *See Planned Parenthood of Montana,* 422 Mont at 284 (striking down several abortion restrictions because they violated the Montana Constitution and noting that the state's emphasis on coercion to have an abortion ignored that "survivors of domestic violence may be forced to carry through with their pregnancies to entrap them in the relationship.").

B. Reproductive coercion is common.

Reproductive coercion in the United States is disturbingly common. Before the U.S. Supreme Court reversed decades of precedent affirming federal constitutional protection for the abortion right, *see Dobbs v Jackson Women's Health Organization*, 597 US 215, 142 S Ct 2228, 213 L Ed 2d 545 (2022), general population studies found that between 8 and 16% of people report being subjected to reproductive coercion.[26] For example, a 2014 study found that 16% of women reported experiencing reproductive coercion in their lifetimes.[27] When *amicus* the Hotline surveyed over 3,000 survivors in 2011, more than 25% reported that their abusive partner sabotaged birth control and tried to coerce pregnancy.[28]

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[25] *Reproductive Coercion,* 19 Trauma, Violence, & Abuse at 380.

[26] *Id*. at 381.

[27] Clark et al., *Reproductive Coercion and Co-occurring Intimate Partner Violence in Obstetrics and Gynecology Patients*, 210 Am J Obst & Gyn 42.e1, 42.e6 (2014).

[28] *2011 Reproductive Coercion Report*.

Research demonstrates that some groups are even more likely to experience reproductive coercion. Adolescents are at higher risk of being subjected to reproductive coercion, including rape, coerced sex, and pressure to get pregnant as a means of proving loyalty to the abusive partner.[29] A study published in 2019 found that one in eight female high school students, ages 14-19, had experienced recent reproductive coercion.[30] Among adults, Black and multi-racial women experience disproportionately higher rates of reproductive coercion.[31]

Reports from survivors indicate that reproductive coercion has increased since the *Dobbs* decision. From 2022-2023, the first year post-*Dobbs*, calls to Amicus National Domestic Violence Hotline from people seeking help because of reproductive coercion doubled from the year prior.[32] To better understand this increase, the Hotline conducted the second reproductive coercion survey with Amicus If/When/How. The *2024 Reproductive Coercion Report* found that 63% of the over 3,000 respondents to the survey were forced or pressured by their intimate partner to engage in unwanted sexual activity, and 39% had been threatened with physical

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[29] *Pregnancy Coercion,* 81 Contraception at 363-64; *Male Reproductive Control,* 70 Soc Science & Med at 1737, 1740.

[30] Hill et al., *Reproductive Coercion and Relationship Abuse Among Adolescents and Young Women Seeking Care at Health Centers*, 134 Obst & Gyn 351 (2019).

[31] Grace, *Caring for Women Experiencing Reproductive Coercion,* 61 J Midwifery Women's Health 112, 113-114 (2016), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579411/#R2.

[32] Jennifer Gerson, *Domestic violence calls about reproductive coercion doubled after the overturn of Roe*, The 19th (Oct. 18, 2023), https://19thnews.org/2023/10/domestic-violence-calls-reproductive-coercion-dobbs-decision/ (from late June 2021 to May 2022, 1,230 people who contacted the Hotline said they experienced reproductive coercion; in the same period after the June 2022 *Dobbs* decision, the number of people calling with such experiences rose to 2,442).

violence if they tried to reject sexual activity.[33] Another 37% said their partner refused or prevented them from using birth control, and 23% had been coerced into becoming pregnant.[34]

C. Reproductive coercion is closely linked to unintended pregnancy.

Given the prevalence of reproductive coercion, is it unsurprising that unintended pregnancy is associated with intimate partner violence.[35] This is particularly true for adolescents, whose unintended pregnancies correlate highly with abuse and reproductive coercion.[36] While reproductive coercion may take place within a relationship that is not violent, in the context of intimate partner violence the prevalence is higher, the severity is higher, and the risk of unintended pregnancy is doubled.[37]

Unintended pregnancies and forced childbearing are associated with worse health outcomes for pregnant people and infants.[38] Black women are at particular risk, because of the

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[33] *2024 Reproductive Coercion Report*, Executive Summary, p.2

[34] *Id*.

[35] American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women, *Committee Opinion No. 554: Reproductive and Sexual Coercion* 2 (Feb. 2013), available at https://www.acog.org/-/media/Committee-Opinions/Committee-onHealth-Care-for-Underserved-Women/co554.pdf?dmc=1&ts= 20151228T1259486661.11.

[36] Miller et al., *Male Partner Pregnancy-Promoting Behaviors and Adolescent Partner Violence: Findings from a Qualitative Study with Adolescent Female*s, 7 Ambulatory Pediatrics 360, 364-65 (2007); *see also* Silverman et al., *Dating Violence and Associated Sexual Risk and Pregnancy Among Adolescent Girls in the United States*, 114 Pediatrics e220, e221 (2004).

[37] Thaller & Messing, *Reproductive Coercion by an Intimate Partner: Occurrence, Associations, and Interference with Sexual Health Decision Making*, Health & Social Work, Advance Access 2 (Dec. 12, 2015); *see also* Miller et al., *Editorial: Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy*, 81 Contraception 457 (2010); *see also* Miller et al., *Pregnancy Coercion,* 81 Contraception at 320.

[38] Nelson et al., *Associations of Unintended Pregnancy With Maternal and Infant Health Outcomes: A Systematic Review and Meta-analysis*, 328 JAMA 1714–1729 (2022), available at https://jamanetwork.com/journals/jama/fullarticle/2797874.

deep and appalling disparities in maternal health outcomes—including maternal death—for Black women in the United States[39] and in Michigan.[40] For a survivor of intimate partner violence, these already unacceptable levels of risk are increased because of the risks of heightened violence and coercive control from the abuser.

II. The common result of reproductive coercion—forced pregnancy—carries significant risks to survivors of intimate partner violence.

A. Intimate partner violence increases or may begin during pregnancy.

Abuse often begins or intensifies during pregnancy. Pregnant women experience high rates of domestic violence; physical assaults are often more severe, resulting in more serious injuries.[41] Low birth weight, premature delivery, miscarriage, and stillbirth are all associated with violence during pregnancy.[42] The extreme levels of violence directed at pregnant women by

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[39] From 2023 to 2024, Black women in the U.S. were more than three times more likely than white women to die from pregnancy-related complications. Centers for Disease Control and Prevention, Maternal Mortality Prevention, *Data from the Pregnancy Mortality Surveillance System* (Dec. 18, 2025) https://www.cdc.gov/reproductivehealth/maternalmortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity. And they are twice as likely as white women to experience other severe pregnancy-related health complications. *See* Howell et al., *Addressing American's Black Maternal Health Crisis*, In Our Own Voice: National Black Women's Reproductive Justice Agenda 1 (2020), available at http://blackrj.org/wp-content/uploads/2020/04/6217IOOV_Maternal_trifol.pdf; *see also* Herrero et al., *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*, Black Mamas Matter Alliance 9, 21 (2018), available at https://www.reproductiverights.org/sites/default/files/ documents/USPA_BMMA_ Toolkit_Booklet-Final-Update_Web-Pages.pdf.

[40] Teague et al., *Maternal Mortality in Michigan*, CHRT, University of Michigan (Dec. 9, 2025), available at https://chrt.org/publication/maternal-mortality-in-michigan/(Black women in Michigan were 2.2 times more likely to die from pregnancy-related causes between 2016 and 2020 than their white counterparts).

[41] Gazmararian et al*., Prevalence of Violence Against Pregnant Women*, 275 JAMA 1915, 1918 (1996).

[42] Janssen et al., *Intimate Partner Violence and Adverse Pregnancy Outcomes: A Population-Based Study,* 188 Am J Obst & Gyn 1341, 1346-47 (2003); *see also* Altarac & Strobino, *Abuse*

their abusers may have the ultimate horrific result: the murder of the pregnant woman. In the United States, homicide is a leading cause of the deaths of pregnant women.[43]

Thus, not only do pregnant people in abusive relationships face all the risks of unintended pregnancies, but they must also contend with the dangers of the violent intimate partner. And if the survivor of intimate partner violence who is coerced into a pregnancy goes on to have a child with that partner, the ability to sever that abusive relationship is significantly curtailed.

B. Having a child with an abuser tethers a survivor to that abusive partner.

Safely separating from a violent relationship is exponentially more difficult when the survivor has a child in common with the abusive partner.[44] Using children to threaten and further intimidate the other parent is a common aspect of abusive relationships,[45] and the fear a protective parent experiences not just for their own safety, but for that of their children, is grounded in a stark reality. *See, e.g., Town of Castle Rock v Gonzales*, 545 US 748,125 S Ct 2796, 162 L Ed 2d 658 (2005) (holding there is no procedural due process right to enforcement of an order for protection that, by its terms, mandated such enforcement; the case arose from the

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During Pregnancy and Stress Because of Abuse During Pregnancy and Birthweight, 57 J Am Med Women's Assn 208 (2002).

[43] Harvard T.H. Chan School of Public Health, *Homicide Leading Cause of Death for Pregnant Women in the United States,* (October 21, 2022), https://hsph.harvard.edu/news/homicide-leading-cause-of-death-for-pregnant-women-in-u-s/ (attributing these figures to the "deadly mix" of intimate partner violence and guns); *see also* Chang et al*., Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States*, *1991-1999*, 95 Am J Pub Health 471, 473 (2005) (homicide ranked third among causes of pregnant women's deaths; Black women and very young women were most likely to be murdered during pregnancy).

[44] *See, e.g.*, Cahn, *Civil Images of Battered Women: The Impact of Domestic Violence on Child Custody Decisions*, 44 Vand L Rev 1041, 1051 (1991) (describing abused parents' legal difficulties when leaving with children and their reluctance to flee without them).

[45] *See The Use of Children as a Tactic of Intimate Partner Violence,* 39 J Fam Viol. 153.

abduction and murder of Jessica Lenahan's three young daughters by their abusive father). As *Castle Rock* illustrates, the U.S. legal system is not a failsafe against private violence for abuse victims, particularly for those who have children in common with their abusive ex-partners.

Moreover, the legal rights of the abusive parent require that the abused parent utilize the legal system to try to obtain custody and ensure protective parenting arrangements. All too frequently, a parent must do this without legal advice or representation.[46] Violent partners use this system to their advantage; abusive fathers are more likely to seek child custody than non-abusive fathers, and when they do, they succeed in gaining it more than half the time.[47] The terrible irony is that while abused parents, particularly mothers, face deep skepticism from the family law system about their claims of abuse, the family policing (child welfare) system is quick to hold them accountable for "failure to protect" their children from the intimate partner violence their mothers experience.[48] This "damned if you do, damned if you don't" legal response undermines the civil rights of protective parents, and provides abusive partners with yet another weapon of control. *See Nicholson v Williams*, 203 F Supp 2d 153, 248, 250 (EDNY 2002) (holding New York City's policy of removing children from their mothers solely because their mothers suffered domestic violence violated numerous constitutional rights, including rights to equal protection and substantive due process).

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[46] *See* Legal Services Corporation, *The Justice Gap* 27-31(2017), available at https://lsc-live.app.box.com/s/vvg3z2a0ze7444jgge49v7y530q3ykkx (less than fifty percent of people in the U.S. eligible for free legal services sought help in custody disputes; survivors of intimate partner violence were particularly likely to face legal problems in addition to domestic violence).

[47] *See* Silberg & Dallam, *Abusers gaining custody in family courts: A case series of overturned decisions,* 16 Journal of Child Custody 140 (2019).

[48] *See* Schneider et al., *Domestic Violence and the Law: Theory and Practice* (St. Paul: Foundation Press, 3rd ed., 2013), ch. 12, *Domestic Violence and the Child Protective System*.

Thus, a decision to terminate a pregnancy in the context of a violent relationship is informed by the pregnant survivor's understanding of how keep themselves and their current and future children safe. Singling out abortion for intrusive regulations ignores that intimate partner violence is often the reason that pregnant people seek abortion care.

III. Pregnant people experiencing reproductive coercion decide to have abortions to keep themselves safe.

Given the prevalence of sexual violence and reproductive coercion in abusive relationships, it is unremarkable that people who seek abortions may be victims of intimate partner violence.[49] In every study to consider the question, in the United States and around the world, researchers found an association between intimate partner violence and pregnancy termination.[50] The reasons an individual survivor of intimate partner violence may choose to end a pregnancy are as personal and unique as any person's reproductive decisions; however, research indicates that that decision is informed by the context of a violent relationship.[51]

A survivor of intimate partner violence may terminate a pregnancy to avoid exposing a child to violence and abuse.[52] Many people in violent relationships already have children whom

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[49] *See, e.g* Postmus, ed., *Sexual Violence and Abuse: An Encyclopedia of Prevention, Impacts, and Recovery, Vol I (A-M)* (Santa Barbara: ABC-CLIO, 2013), *A: Abortion* pp 1-3; Evins & Chescheir, *Prevalence of Domestic Violence Among Women Seeking Abortion Services*, 6 Women's Health Issues 204 (1996); Glander et al., *The Prevalence of Domestic Violence Among Women Seeking Abortion*, 91 Obst & Gyn 1002 (1998).

[50] Hall et al., *Associations between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis,* 11 PLoS Med e1001581 (2014) (identifying 74 studies from the U.S. and other countries that found a correlation between seeking abortion and experiencing intimate partner violence).

[51] Chibber et al., *The Role of Intimate Partners in Women's Reasons for Seeking Abortion*, 24 Women's Health Issues e131, e134–36 (2014).

[52] *Id*.

they struggle to protect from exposure to violence and abuse.[53] Becoming pregnant makes the parent of those children more vulnerable to more severe abuse, raising the children's risks of witnessing or experiencing violence themselves.[54]

If the pregnancy is a result of a rape or coercion, a survivor of intimate partner violence may decide to terminate the pregnancy; approximately half of women who become pregnant as a result of rape will have abortions.[55] A survivor may terminate the pregnancy because of fear of ongoing physical harm during pregnancy.[56] Others may fear becoming trapped in the abusive relationship if the pregnancy continues.[57]

Research conducted as part of the Turnaway Study—a study of people who sought an abortion but were unable to have one—bears this out. For women in abusive relationships, having a baby with the abuser was associated with ongoing violence, measured over the course of two and one-half years after the pregnancy.[58] Conversely, "having an abortion was associated

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[53] *See, e.g.,* Meier, *Domestic Violence, Child Custody, and Child Protection: Understanding Judicial Resistance and Imagining the Solutions*, 11 Am U J Gender Soc Pol'y & L 657 (2003) (describing the skepticism that protective parents, particularly mothers, face when seeking to protect their children from abuse through the family law system).

[54] *The Role of Intimate Partners in Women's Reasons for Seeking Abortion*, 24 Women's Health Issues at e132.

[55] Holmes et al., *Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women*, 175 Am J Obst & Gyn 320, 322 (1996) (50 percent of women pregnant through rape had abortions).

[56] Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion,* 12 BMC Medicine 1 (2014); *see also* Woo et al., *Abortion Disclosure and the Association with Domestic Violence*, 105 Obst & Gyn 1329 (2005) (a significant subset of women who do not disclose their abortion decision to their partners did so because they feared physical violence).

[57] *Risk of Violence from the Man Involved,* 12 BMC Medicine at 2, 5.

[58] *Id.* at 5.

in a reduction over time in physical violence" from the man involved in the pregnancy.[59] As the Turnaway Study demonstrates, for pregnant people in abusive relationships, abortion access may be a lifeline.

IV. Abortion restrictions make survivors of intimate partner violence less safe.

Restrictive and invasive abortion laws contribute to, rather than address, reproductive coercion. Even before *Dobbs,* pregnant people living in highly abortion-restrictive states had a fifty to seventy-five percent higher chance of experiencing intimate partner violence during pregnancy and birth than people in states that protected abortion access, and Black pregnant people had a higher rate of such exposure than their white counterparts.[60] Abortion restrictions subject survivors of intimate partner violence to yet another violation of bodily and decisional autonomy, this time imposed not by the abuser, but by the state.

This unremarkable proposition is perhaps most terribly borne out by what has happened in states that banned abortion post-*Dobbs*. In less than four years, researchers have found a seven to ten percent rise in intimate partner violence in states with abortion bans and where people must travel the longest distances to access abortion care.[61] For amicus If/When/How, calls to its Repro Legal Helpline from survivors of intimate partner violence reveal the way abusive people have taken advantage of the post-*Dobbs* legal landscape; survivors describe

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[59] *Id.*

[60] Neff et al., *State abortion restrictiveness and prevalence of intimate partner violence and domestic violence among recently birthing black and white individuals*, 7:15358 Frontiers in Reprod Health 4 (2025).

[61] Dhaval Dave et al., *Abortion restrictions and intimate partner violence in the Dobbs Era*, 104 J Health Econ 103074, p.2 (2025) (finding that abortion restrictions "significantly increased the rate of [intimate partner violence]for reproductive-age women in treated counties by about seven to 10 percent").

abusive partners "calling the police on family members who help [the survivors] 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."[62]

V. The challenged coercion screening requirement is an abortion restriction, not a meaningful intervention for survivors of intimate partner violence.

MCL 333.17015(11) and MCL 333.17015a were not put in place to ensure the safety and reproductive autonomy of survivors of intimate partner violence. "Rather, such laws have been successful because of advocacy of those within the anti-choice movement who seek not to protect a woman's reproductive autonomy or safety, but to preserve the life of the fetus."[63] That is why, at the time the challenged statutes were introduced in 2006, organizations like the ACLU of Michigan opposed them as a "misuse of the informed consent law" designed to make it harder to get abortion care.[64]

Plaintiff abortion providers challenged the coercion screening requirement for a reason. As they testified at trial, and as the research and accounts of survivors of intimate partner violence show, when people experiencing reproductive coercion make it to an abortion provider, they have already traveled a gauntlet of barriers, some quite dangerous, to get there.[65] What they

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[62] Kebé et al., *State Violence and the Far Reaching Impact of Dobbs*, If/When/How 24 (2024), https://ifwhenhow.org/resources/reprolegalhelplinereport2024/.

[63] *Coercing Pregnancy,* 21 Wm & Mary J Women & L at 315 (*citing* Siegel, *The Right's Reasons: Constitutional Conflict and the Spread of Woman-Protective Antiabortion Argument*, 57 Duke L J 1641, 1642 (2008)) (referring explicitly to laws that criminalize coercing someone to have an abortion).

[64] ACLU of Michigan, *Local Comment: A New Tactic to Intimidate Women* (May 8, 2006), https://www.aclumich.org/news/local-comment-new-tactic-intimidate-women/.

[65] *See* Ranji et al., *Women's Experiences with Intimate Partner Violence*, KFF (May 6, 2025), available at https://www.kff.org/womens-health-policy/womens-experiences-with-intimate-

need, when they finally arrive, is a provider who will honor their autonomy, protect their privacy, validate their experience, and provide them with necessary reproductive healthcare.[66] Advocates for survivors of intimate partner violence understand this, and thus recommend that all healthcare providers—not just abortion providers—are trained to identify reproductive coercion not for reporting purposes or to pursue criminal sanctions, but to provide support and resources to increase the likelihood that an abused person will be able to get and stay safe.[67]

A. The statute's requirements do not align with recommendations of survivors, advocates, or experts – including those named in the statute.

To support healthcare providers in identifying reproductive coercion, the American College of Obstetricians and Gynecologists and Futures Without Violence authored a 60-page manual "to reframe the way in which health care systems respond to [intimate partner violence] and reproductive and sexual coercion."[68] (hereinafter "the Guide"). The Guide drew on research that showed that reviewing specific questions on a safety card with patients at family planning clinics resulted in a 71% reduction in the likelihood of the patient experiencing pregnancy

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partner-violence/ (fourteen percent of women who needed healthcare as a result of intimate partner violence did not get it; the most significant barriers to accessing that care were privacy concerns, fear, and intimidation by intimate partners).

[66] ACOG, *Committee Opinion No. 554* at 3-4; *Caring for Women Experiencing Reproductive Coercion,* 61 J Midwifery Women's Health at 113 (healthcare providers should ensure "supportive space for women to reveal reproductive coercion.").

[67] Chamberlain & Levenson, *Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings*, American College of Obstetricians & Gynecologists and Futures Without Violence (3rd Ed., 2013), available at https://ipvhealth.org/wp-content/uploads/2017/02/FINAL-Reproductive-Health-Guidelines.pdf (noting that the guide is applicable to healthcare providers in a variety of settings, not only abortion care).

[68] *Id*. at 4.

coercion at the time of the follow-up appointment.[69] According to the Guide, "women who received information about safety were more likely to report ending a relationship because the relationship was unhealthy or because they felt unsafe."[70]

The questions on the card include questions about all forms of reproductive coercion, including pressure to either have an abortion or pressure to keep a pregnancy.[71] Providers are encouraged to ask these questions verbally as well as displaying information about intimate partner violence resources in places where patients will encounter it, but are cautioned that some patients will not feel safe disclosing when asked.[72] The Guide emphasizes the importance of establishing a safe environment, being direct and honest about any legal reporting requirements, and providing information that is culturally sensitive and available in multiple languages.[73]

Amicus MCEDSV, named in MCL 333.17015(11)(i) as a group whose recommendations Michigan's Department of Health and Human Services must follow, supports the Guide's comprehensive approach to addressing reproductive coercion and abuse, an approach that accounts for the many manifestations of coercive control as well as the needs of the individual.[74] Like MCEDSV, the American Medical Association (AMA), another of the four groups listed in

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[69] *Id*.

[70] *Id*. at 21.

[71] *Id.*

[72] *Id*. at 22.

[73] *Id.*

[74] *See, e.g.*, MCEDSV, *Maternal Health Resources*, https://mcedsvorg/maternal-health-resources/ (last visited May 1, 2026) (listing numerous resources aimed at serving the needs of pregnant survivors of intimate partner violence, grouped by communities (such as people with disabilities) to acknowledge their unique concerns and barriers to safety).

MCL 333.17015(11)(i), rejects restrictions on abortion access as human rights violations.[75] It also opposes government-imposed restrictions on physician-patient communication in the context of abortion, "strongly condemn[ing] any interference by the government or other third parties that causes a physician to compromise their medical judgment as to what information or treatment is in the best interest of the patient."[76] Amici's search of AMA policies in its database turned up no policy that mentions coercion to have an abortion at all, let alone a policy that reflects the challenged statute's requirements of emphasizing only that form of reproductive coercion. Rather, AMA policy on intimate partner violence, while less comprehensive than the Guide, recommends screening, counseling, and referring patients experiencing intimate partner violence, and objects to intrusive actions like mandated reporting of adult survivors of abuse unless the reporting is deidentified.[77]

Similarly, the challenged statute references the Joint Commission on Hospital Accreditation. MCL 333.17015(11)(i). Amici's search of the Joint Commission's public database of standards, conducted on April 25, 2026, found no policies that mention abortion, reproductive coercion, or reproductive or sexual health. The only relevant policy requires screening for domestic and sexual violence using standard protocols, without defining them. *Amici* also note that the Michigan Domestic and Sexual Violence Prevention Board, the fourth

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[75] *See* American Medical Association, AMA Policy Finder, *Abortion: Right to Privacy in Termination of Pregnancy H:5.993* (2022), https://policysearch.ama-assn.org/policyfinder/detail/abortion?uri=%2FAMADoc%2FHOD.xml-0-4544.xml.

[76] *See* American Medical Association, AMA Policy Finder, *Abortion: Freedom of Communication Between Physicians and Patients H:5.989* (2024), https://policysearch.ama-assn.org/policyfinder/detail/abortion?uri=%2FAMADoc%2FHOD.xml-0-4540.xml.

[77] *See* American Medical Association, AMA Policy Finder, *Violence and Abuse: Family and Intimate Partner Violence H-515.965* (2024), https://policysearch.ama-assn.org/policyfinder/detail/intimate%20partner%20Violence?uri=%2FAMA Doc%2FHOD.xml-0-4664.xml.

organization listed in MCL 333.17015(11)(i), is administratively housed in the Michigan Department of Health and Human Services (DHHS). DHHS Director Elizabeth Hertel agrees with Plaintiffs that the coercion screening requirement burdens abortion access and violates the Michigan Constitution. *See* Brief of Cross-Appellee Director Elizabeth Hertel, filed herein.

Although the challenged statute requires DHHS to consider the recommendations of these four groups, the statute's other provisions makes it impossible for DHHS to comply with them. None of these groups recommend emphasizing one kind of coercion when treating patients who are experiencing intimate partner violence, none limit their recommendations to only one kind of healthcare provider, and none would emphasize criminal sanctions when screening for intimate partner violence.

B. The statute's requirements make survivors less safe by undermining provider-patient trust.

1. Emphasizing coercion to have an abortion over other forms of reproductive coercion is not best practice.

Intimate partner violence screening requires sensitivity and care. While most patients support such screening, some express "concern about loss of privacy; worries about provoking abuse by disclosing [intimate partner violence]; feelings of sadness, depression, or emotional distress; feeling judged by the provider or disappointed in the provider's response."[78]

As explained above, the Guide developed by ACOG and Futures Without Violence does not encourage healthcare providers to emphasize one form of reproductive coercion. Rather, it includes in its screening tool questions about various forms of reproductive coercion, and just one question about whether an intimate partner has tried to coerce a pregnancy outcome: "Has

[78] Nelson et al., *Screening Women for Intimate Partner Violence: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation*, 156 Annals of Intern Med 796 (2012).

my partner told me he would hurt me if I didn't do what he wanted with the pregnancy (in either direction – continuing the pregnancy or abortion)?"[79] The question is neutral in tone and subject, does not suggest criminal penalties, and as such, is affirming of a patient's individual needs. That question and the ones alongside it were proven to work to prevent future violence.[80]

Further, the Guide is for *all* healthcare providers, not just abortion providers, in recognition of the fact that intimate partner violence and reproductive coercion screening is a critical aspect of all healthcare: "[t]he health care provider is the hub of a wheel in a trauma-informed, coordinated health care response that includes universal education and prevention."[81] Singling out abortion providers for a requirement to screen for a less frequent form of reproductive coercion flies in the face of best practices developed by experts; worse, the statute's requirement that providers emphasize criminal sanctions is likely to shut down any developing trust between the abortion provider and their patient.

2. Emphasizing criminal sanctions threatens patient trust.

As Renee Chelian testified at trial, "When patients see [the coercion poster], very often they are afraid of the police. And the first thing that happens is, I can't talk to anybody. They're going to put my loved one in jail and they shut down." APP 143.4 In Ms. Chelian's experience, patients experiencing coercion or domestic violence "are often financially dependent on [their abuser]. They're afraid if, if its reported[,] that the abuse will be worse later." APP 145.

Ms. Chelian's testimony aligns with the reality for many survivors of intimate partner violence, for whom a criminal legal system response may result in their own criminalization,

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[79] *Addressing Intimate Partner Violence,* p. 21.

[80] *Id.* at 4.

[81] *Id.*

further violence from the abuser, or the loss of their children to the family policing system.[82] As intimate partner violence researchers explained in a recent review of consequences of policing:

> There are numerous reasons why survivors of [intimate partner violence] may not want to engage with the criminal legal system or may not want their abusive partner to be arrested. For example, they may have strong emotional and/or financial ties with the abusive partner, they may fear that the abusive partner will become more violent in retaliation for having the police called on them, or they may not trust the system to deliver safety.[83]

Amicus National Domestic Violence Hotline, in its 2021 survey of survivors of intimate partner violence's experience with law enforcement, found that 39% of people who contacted the police to report their victimization felt *less safe* than they did before calling the police.[84] Strikingly, 77% of those who called the police were afraid to call them again.[85] With good reason: among those who called the police, 25% were threatened with arrest, and 12% were

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[82] *See generally* Richie, *Arrested Justice: Black Women, Violence, and America's Prison Nation* (New York University Press, 2012) (describing the systemic failure to protect Black girls and women and the use of the criminal legal system as punishment and control rather than a source of protection); Kajeepeta *et al.*, *The Relationship Between Intimate Partner Violence Policing and Family Surveillance in Large U.S. Counties*, 16 Race Soc Probl 378–396 (2024) (research indicating that intimate partner violence police response hurt Black families by leading to family policing system surveillance of Black survivors and their children when they lived in predominately white counties); Goodmark, *Imperfect Victims: Criminalized Survivors and the Promise of Abolition Feminism* (Oakland: University of California Press, 2023), pp 46-57 (describing reasons police arrest survivors, including because they don't believe them, view them as perpetrators because of racism, conflate mental health with lack of credibility, or are themselves abusers).

[83] Kajeepeta et al., *Generalized and racialized consequences of the police response to intimate partner violence in the United States; a systematic scoping review*, 78 Aggression and Violent Behavior 101947 (2024) (survivors of intimate partner violence fear police involvement because of risks to economic security, fear of danger from the abuser, and family policing responses).

[84] National Domestic Violence Hotline, *Law Enforcement Experience Report* (2021), https://www.thehotline.org/stakeholders/research-and-surveys/.

[85] *Id*. at 3.

actually arrested despite being identified as the victim of abuse.[86] Another 21% were afraid to seek law enforcement help because the police had threatened to call child protective services on them and, in fact, did call child protective services in 15% of the cases where survivors called the police.[87] One respondent's statement exemplified the fears and frustration of so many survivors: "Police have never helped—not when I was being stalked, harassed, or abused. Incarceration isn't the solution I want and that's the best police have to offer. That kind of violence—police and incarceration—only escalates a situation and makes it less safe for me and my family."[88]

Survivors of reproductive coercion seeking care at an abortion clinic are, like all survivors, in need of a healthcare response that prioritizes their safety and wellbeing. MCL 333.17015(11) and MCL 333.17015a were not designed for that purpose, nor do they serve it.

CONCLUSION

Every person who is pregnant within an abusive relationship should receive individualized, evidence-based support from every system available to help them attain safety, including the healthcare system. Thoughtfully-designed public policy to support survivors of intimate partner violence does not single out for restrictions just one kind of healthcare – the kind that survivors often need and want, and that research proves is a safer option for surviving an abusive relationship than having a child with an abuser. Michigan's requirement that abortion providers—and only abortion providers—inform their patients about only one aspect of reproductive coercion does not conform to the recommendations of Amicus MCEDSV, the

[86] *Id*. at 5.

[87] *Id*. at 9-10.

[88] *Id*. at 9; *see also generally*, Ritchie, *Invisible No More: Police Violence Against Black Women and Women of Color* (Boston: Beacon Press, 2017).

medical profession, or other experts and advocates for survivors of intimate partner violence. Rather, the challenged statutes contravene those recommendations and misapprehend the nature of reproductive coercion, impeding access to needed reproductive healthcare for survivors of intimate partner violence.

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Respectfully submitted,

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ATTESTATION OF TAX EXEMPT STATUS

As provided by Michigan Court Rule 7.212(H)(2)(f), If/When/How: Lawyering for Reproductive Justice, the National Domestic Violence Hotline, the Michigan Coalition Against Domestic Violence, and the National Network to End Domestic Violence are each tax-exempt organizations under section 501(c)(3) of the Internal Revenue Code, 26 USC 501.

Dated: May 4, 2026

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CERTIFICATE OF SERVICE

I hereby certify that on May 4, 2026, I served the foregoing electronically on counsel of record via filing through MiFile.

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