

2026

REPRO LEGAL HELPLINE REPORT

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helpline

A project of
If/When/How

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INTRODUCTION

If/When/How released its inaugural Helpline Report in June 2024. That report demonstrated the significant rise in calls to the Repro Legal Helpline after the *Dobbs* decision, and captured the fear, confusion, and new legal barriers people faced when making reproductive decisions or trying to access reproductive health care. Two years and thousands of calls later, many of the same challenges remain, along with new ones feared or realized under the current federal administration.

The pervasive use of state violence—criminalization, family policing, and immigration enforcement—to control and punish people for their reproductive lives has continued. Anti-abortion activists and lawmakers are emboldened to try new strategies to restrict access and sow fear and confusion. In a time of such heightened risks, in particular for immigrants and transgender people, the need for the Repro Legal Helpline and the help we provide is reflected by the numbers and needs of the people who call us.

OUR CALLERS

Since the *Dobbs* decision in 2022, we've answered 11,800+ calls. In the last two years, we've heard directly from our callers and identified the following trends:

- **Questions about self-managed abortion, abortion pills, and fears about possible legal consequences** continue to be the most common reason people contact the Helpline.
- **The increasing use of AI** to understand legal rights to abortion is contributing to more confusion, misinformation, and fear.
- **More families contact us** because of a family policing investigation opened in response to them getting abortion care for themselves or for supporting their children in accessing abortion care.
- **An increasing number of people with vulnerable immigration status** reach out because they fear that accessing any kind of reproductive healthcare puts them at risk of ICE detention and family separation.
- **Young people under the age of 18 face even more barriers** to getting abortion care, as they are forced to either involve a parent in their abortion decision or go to court to get a judicial bypass.
- **Reproductive coercion is used as a tool of intimate partner violence**, including threatening intimate partners with civil lawsuits and other forms of litigation abuse if they seek or get abortion care.



SINCE THE *DOBBS* DECISION, WE'VE ANSWERED

11,800+ CALLS

After Trump took office in January 2025, the Repro Legal Helpline received the most calls in a single month—even more than in the month after the *Dobbs* decision.



Fears about legal consequences

Uncertainty around abortion access reached an all-time high immediately following the 2024 election. After Trump took office in January 2025, the Repro Legal Helpline received the most calls in a single month—even more than in the month after the *Dobbs* decision. Many people wanted to understand if they could purchase abortion pills in advance for themselves or loved ones because they believed a nationwide abortion ban would go into effect on inauguration day. One parent called on behalf of their adult daughter because she lived in a restrictive state and was too terrified to call the Helpline herself. Her daughter had already traveled out of state to get an abortion and was worried about talking to her therapist about the experience “because of how people voted in this town.” While we reassured this parent that their daughter had not broken any laws, we sadly could not guarantee that the therapist would maintain their daughter’s privacy, even if required by law. As we tell people on the Helpline all the time, what the law says and what happens in reality can be very different.

Constantly-changing laws and new attacks

Legislators, prosecutors, and anti-abortion activist attorneys continue to find novel ways to harass and harm abortion seekers. An increasing number of states have passed laws specifically criminalizing the mailing or distribution of abortion pills, further isolating people who need abortions from the loved ones who want to support them.¹ Idaho and Tennessee² have laws making it a crime to help any young person access care within or out of the state, which creates even more barriers to care for young people despite still having the constitutional right to travel. More abusers are filing private lawsuits against their ex-partners—and those who supported them—for having an abortion.³

State violence and its permutations

The family policing system⁴ and ICE increasingly rely on anti-abortion stigma in their efforts to terrorize and separate families. A mother from Texas called our Helpline

1 Tex. Health & Safety Code §§ 171.204-12; Okla. Stat. tit. 63, § 1-745.31)(held unconstitutional in *Okla. Call v. State*, 2023 OK 60.

2 Idaho Code § 18-623; Tennessee Code § 39-15-201 (part of those laws are currently enjoined in litigation, which, while helpful to young people who need abortion care, demonstrates the near-constant change and confusion people must navigate just to get the care they need).

3 “*The Anti-Abortion Movement’s Alarming Control Tactics.*” <https://newrepublic.com/article/210112/anti-abortion-movement-lawsuits-coersion-control-tactics>

4 Although the more accurate term to refer to the system is the family policing system, child protective services (CPS) continues to be the more well-known way to refer to the local agencies that investigate, surveil, and separate families.

As the laws and people's needs shift and grow, our practices and supports shift and grow as well, because no one should have to make dozens of calls to get what they need, especially in a crisis.



seeking information about planning for an upcoming birth because merely stepping outside her home put her at risk of ICE detention. With a young child to care for, that risk was so great that she could not receive regular prenatal care or treatment for her chronic health condition. Her only option for delivery was the closest emergency room, where hospital staff are required by law to ask about her immigration status.⁵ After helping her understand her right not to answer that question, we also discussed legal options to ensure her partner or siblings had guardianship of her children if she were ultimately detained.

We continue to see the investigation, arrest, and prosecution of people based on their pregnancy outcomes or for supporting their loved ones in ending a pregnancy. Criminalization persists even though self-managed abortion is not a crime in any state, with the exception of Nevada, which retains a pre-Roe criminal statute that makes it a crime to end one's own pregnancy after 24 weeks.

OUR ROLE

Through all of this, our Repro Legal Helpline continues to be a source of accurate and up-to-date information on laws throughout the country, a connection to additional resources and support, including legal representation and legal funding, and the first line of defense for people actively experiencing state violence.

Our Helpline not only responds to individual cases of state violence but also actively prevents criminalization by ensuring that people know their rights and have the resources they need. We share information about how police and carceral systems operate so people understand the best approach for their situation. We practice how to assert rights so our callers know how to advocate for themselves with police or healthcare providers. We call people back within minutes of police arriving at the hospital to invoke their rights and prevent interrogation from happening. If it happens anyway, we have already prepared them for how to respond to potential bedside interrogations. We connect people to safe healthcare providers who

Our Repro Legal Helpline continues to be a source of accurate and up-to-date information on laws throughout the country.

5 Texas Governor Greg Abbot Executive Order (August 8, 2024) available at https://gov.texas.gov/uploads/files/press/EO-GA-46_HHSC_Alienage_Data_IMAGE_08-08-2024.pdf

understand that they are under no legal obligation to report their patients to the police for a self-managed abortion. We find local lawyers to represent parents during a family policing investigation so their children never have to experience family separation. As the laws and people's needs shift and grow, our practices and supports shift and grow as well, because no one should have to make dozens of calls to get what they need, especially in a crisis.

One call to our Helpline means access to a coordinated response from If/When/How's internal team of expert defense attorneys and the Repro Legal Defense Fund. Helpline callers have had an attorney on the phone when police show up with an arrest warrant—an attorney who can invoke their rights and communicate with their loved ones to create care plans for their children. Meanwhile, our Litigation Team identifies local counsel who can appear at the first court appearance, and the Repro Legal Defense Fund contacts local bail resources to ensure that callers never spend an extra minute in jail. Because we know the harms of state violence extend far beyond the immediate legal needs, callers continue to receive that coordinated, wraparound support long after the emergency is over.

For callers with cases outside the scope of If/When/How's expertise, we connect people with what they need. This includes workers denied time off or other workplace accommodations after an abortion or miscarriage; patients who want to challenge abortion restrictions after they were denied abortion care; parents who need public benefits advocacy and emergency housing support after family separation; and people with a variety of family court needs, like divorce, custody, and intimate partner violence.

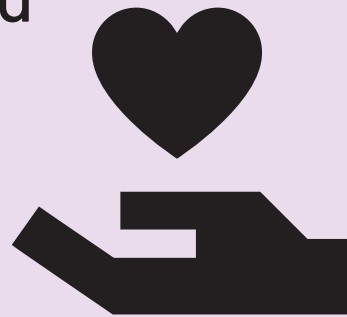
Making those connections is easier because of the If/When/How Network, which mobilizes lawyers, law students, and advocates to advance reproductive justice through direct client support, research, and policy advocacy. The only reason the scope of our work can be both broad and deep is that it is always done in collaboration with local attorneys, advocates, and values-aligned organizations.

OUR AUDIENCE

As with the Helpline's first report, the trends and client narratives shared in these pages are intended for everyone: for those already fighting against reproductive

oppression and state violence; for those still learning about how carceral systems intersect; and most importantly, for those who have been surveilled and harmed by the state because your stories matter and they help shape our advocacy. We continue to believe in and fight for a world where we can all self-determine our lives without needing a lawyer and without fear of violence. Until then, If/When/How remains steadfast in our commitment to provide one-of-a-kind wraparound legal services for pregnancy, birth, abortion, and parenting throughout the country.

We continue to believe in and fight for a world where we can all self-determine our lives without needing a lawyer and without fear of violence.



CALLERS AT A GLANCE

TOTAL NUMBER OF CALLS since *Dobbs*

1 1 , 8 0 0 +

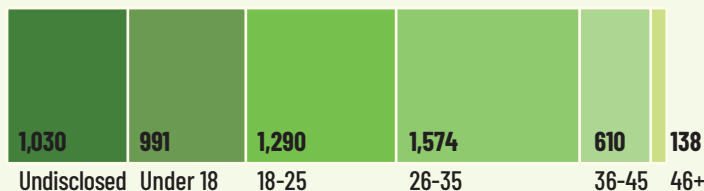
TOTAL CASES handled in 2024 and 2025

5,633

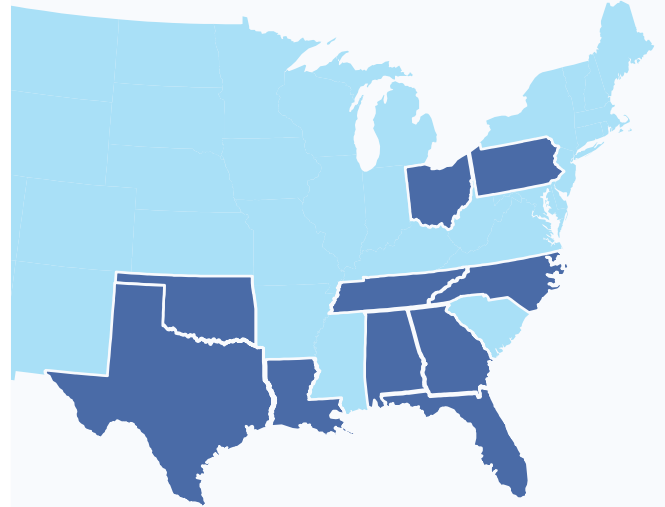
TOP 5 REASONS for calling from 2024 to 2025



CALLS BY AGE GROUP from 2024 to 2025



TOP 10 STATES by number of calls, 2024 to 2025



1	Texas	1,198
2	Florida	450
3	Georgia	281
4	North Carolina	277
5	Tennessee	231
6	Louisiana	184
7	Ohio	170
8	Oklahoma	159
9	Alabama	151
10	Pennsylvania	138

BREAKING DOWN THE NUMBERS

With every call we answer, we face the stark reality that our laws and systems are used to harm and punish people for governing their own lives and bodies. So we explain to callers: “What the law says and what happens in reality is often different.” We know that people do not live single-issue lives. A decision about whether to carry a pregnancy to term is not just about abortion, but also about family, relationships, immigration, housing, and much more. This has always been true. However, the ever-changing abortion landscape over the last four years, alongside growing abortion stigma, has placed pregnancy (and all reproductive decision-making) under increased threat.

The highest number of calls we receive are still from states that ban or restrict abortion

While much has changed since the first Helpline report, the Helpline still continues to receive the most calls from people living in states with abortion bans or significant restrictions and where the laws frequently change, like Texas, Louisiana, Georgia, and Florida.

In 2024, the Texas attorney general initiated the first criminal case against a California-based provider for mailing abortion pills to a Texas resident. Texas is also the state where we have seen the most frequent use of civil lawsuits by abusive partners to harass and continue to abuse their partners who sought or had an abortion, and their loved ones who supported them. Similarly, Louisiana was the first state to



LOUISIANA WAS THE FIRST STATE TO PASS A LAW CATEGORIZING MIFEPRISTONE AND MISOPROSTOL AS CONTROLLED SUBSTANCES UNDER THE GUISE OF COMBATING REPRODUCTIVE COERCION.

pass a law categorizing mifepristone and misoprostol as controlled substances under the guise of combating reproductive coercion.⁶

Meanwhile, Florida and Georgia demonstrated that abortion bans are, and have always been, part of a broader strategy of reproductive oppression. Florida has not only become the first state in the country to eliminate young people’s rights to get an abortion without involving a parent, but it was also where healthcare providers used the court system to force two Black women to

6 La RS 40:964

undergo unconsented cesarean sections.⁷ And in Georgia, residents watched as courts debated their fundamental right to make decisions about their own bodies and health. In the span of one week, abortion care was banned at 6 weeks of pregnancy, was then available until about 24 weeks, and then banned again at 6 weeks. Healthcare providers cited the very same law that restricted Georgians' abortion rights as their justification for keeping Adriana Smith, who had died while 9 weeks pregnant, on life support in violation of her family's wishes.⁸

Self-managed abortion with medication abortion is the most common reason people call

The legal risk of self-managed care and abortion pills by mail continue to be the most common reason people contact the Helpline. Abortion pills offer people access to, and privacy over, their reproductive health, and options for abortion pills by mail have steadily increased in the last two years. Despite only one state making it a crime to end one's own pregnancy,⁹ states are increasingly investigating, arresting, and prosecuting people for ending their own pregnancies or for helping a loved one do so. That kind of criminalization happens even in states that protect abortion access, not only in the states with the most severe abortion restrictions.

In the last year, anti-abortion groups have pushed ever more ridiculous claims in their efforts to ban medication abortion: from claiming that it pollutes the drinking water (it does not) to claiming that it will help prevent reproductive coercion (it won't). In May of this year, the Fifth Circuit temporarily prohibited healthcare providers in all 50 states from using telehealth to prescribe and mail mifepristone to their patients. Although only in effect for about three days, the order did exactly what



STATES ARE INCREASINGLY INVESTIGATING, ARRESTING, AND PROSECUTING PEOPLE FOR ENDING THEIR OWN PREGNANCIES OR FOR HELPING A LOVED ONE DO SO.

7 "She Was in Labor at a Florida Hospital. Then She Was in Zoom Court for Refusing a C-Section." <https://www.propublica.org/article/florida-court-hearing-c-section>; "They Didn't Want to Have C-Sections. A Judge Would Decide How They Gave Birth." <https://www.propublica.org/article/florida-court-ordered-c-sections>

8 "Hospital tells family brain-dead Georgia woman must carry fetus to birth because of abortion ban." <https://apnews.com/article/pregnant-woman-brain-dead-abortion-ban-georgia-a85a5906e5b2c4889525f2300c441745>

9 Nev. Rev. Stat. § 200.220

every other court case about mifepristone has done: sow confusion and instill fear. Within an hour of the court's order, we received calls from people wondering whether they would still be able to access care in states like California or if they could be charged with a crime now for having obtained abortion pills by mail in the past.

Many people have questions about their legal right to travel for abortion care

Despite self-managed abortion not being a crime in nearly all states, the fear of state violence is so great that no amount of legal risk is tolerable for some callers. Yet, traveling out of state—the only alternative to ordering abortion pills by mail—is not as unequivocal of a right in practice as has been stated by courts.¹⁰ For the Helpline caller on pre-trial house arrest, even a letter from her doctor explaining the urgency and necessity of an abortion did not spare her from needing to seek permission from a judge to travel. Nor did the constitutional right to travel prevent a Helpline caller in Texas from being forced to continue her pregnancy after she was denied permission to travel while on probation following a grueling, months-long court process. For the undocumented family who received a fatal fetal anomaly diagnosis, they had the right to travel but they were forced to make the impossible choice between risking immigration consequences or carrying a pregnancy to term. They chose to carry to term knowing that their baby would not survive after birth.

¹⁰ *Yellowhammer Fund v. Marshall*, No. 2:23-cv-00450-MHT-KFP (M.D. Ala. Mar. 31, 2025); *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022), Kavanaugh Concurrence.

EMERGING TRENDS IN PREGNANCY LOSS, ABORTION, BIRTH, AND PARENTING

ARTIFICIAL INTELLIGENCE IS CREATING EVEN MORE CONFUSION AND MISINFORMATION ABOUT ABORTION

The last two years of rapid growth in generative artificial intelligence have only added to the confusion and fear around rights and resources for people seeking an abortion.

The year that the Supreme Court stripped away the constitutional protection to abortion was also the year that generative artificial intelligence (AI) began taking over the technology industry. Two years later, we have an internet that deprioritizes reliable, accurate information in favor of AI-generated results. As a result, the way people find information and resources online has changed dramatically, and for the worse. Just as these changes have affected the ability to find reliable information about any subject, they have also affected the ability of people seeking abortion to understand their legal rights.

Google search results, which still account for 90% of search traffic worldwide, now automatically include an AI summary before any other results. The AI summary pushes primary sources—the websites that the AI-generated information is based

on—further and further below the search results. Social media platforms similarly have AI features integrated into the basic user interface, which encourages engagement with content over accurate information. Because AI is woven into an overwhelming number of the most popular digital platforms, it is increasingly difficult to discern what is AI-generated and what is generated by human beings.

The Helpline fields AI-related questions from our callers:

- Are the AI responses to their questions correct?
- Why do different AI sources give conflicting information?
- Are they speaking with a real human or an AI-generated bot?

With growing frequency, the Helpline fields AI-related questions from our callers: Are the AI responses to their questions correct? Why do different AI sources give conflicting information? Are they speaking with a real human or an AI-generated bot?

The sighs of relief that accompany our answers to the final question are both audible and concerning. The law is complicated. Neither a bot nor a collection of algorithms is able to provide accurate legal advice geared toward a specific person's unique needs. Nor is AI bound by the same professional rules and ethics that establish critical obligations like confidentiality

and attorney-client privilege. During a time of rapidly changing technology that often removes or impedes human connection, our Repro Legal Helpline exists to provide tailored support and human connection that is also legally protected.

This is particularly important when you consider the 16-year-old who called us in a panic because ChatGPT told her that abortion was completely unavailable in her state. In reality, her state has a 6-week abortion ban, not a complete ban—a critical piece of information for a young person who would need to factor in the time it takes to get a judicial bypass. Although this caller would have preferred not to involve a parent in her decision, she ultimately did because traveling was impossible, and she did not want to miss her very small window of time to get care.

In an effort to reduce experiences like this—and to make AI summaries more accurate—our Helpline is working closely with other movement partners to ensure the information on our websites is as clear and accurate as possible. This involved many months of carefully parsing how to maximize the accuracy of AI results by explaining the numerous nuances of abortion restrictions without sacrificing accessibility to real people.

As carceral systems in the U.S. continue to wreak violence, the Helpline remains committed to supporting families who fear or experience family separation.



FAMILY SEPARATION AND DEPORTATION AS A TOOL OF REPRODUCTIVE OPPRESSION

Whether they are seeking to safely give birth or access an abortion, our callers are forced to balance medical care with threats of criminalization and family separation.

As carceral systems in the U.S. continue to wreak violence, the Helpline remains committed to supporting families who fear or experience family separation, whether at our borders or in our backyards. The right to parent our children in safety, free from state violence, has always been a core tenet of reproductive justice, and that is confirmed by the increasing number of parents who contact us with questions about ICE and/or child protective services (CPS).¹¹

Many callers ask about how to keep their families as safe as possible:

- Can I have a home birth?
- Do I have to share my immigration status?
- If I do, will my doctor report me?
- Does the hospital know about my CPS history?
- Will they report me just because of my previous case?
- What can I do to avoid the state intervening in my family's life?

For parents who have lived through the trauma of having their newborn ripped away from them—because of their birthing plan, a positive drug test at birth, or a poverty-related allegation of neglect—pregnancy can be complicated. Receiving care at the same site from which you were reported to the state can seem more like surveillance than medical care. The same is true for a parent who is concerned that receiving medical care will put them at risk of family separation because of their immigration status. Instead of celebrating a growing family, many of our callers ask about how to keep their families as safe as possible: Can I have a home birth? Do I have to share my immigration status? If I do, will my doctor report me? Does the hospital know about my CPS history? Will they report me just because of my previous case? What can I do to avoid the state intervening in my family's life?

¹¹ Although the more accurate term to refer to the system is the family policing system, child protective services (CPS) continues to be the more well-known way to refer to the local agencies that investigate, surveil, and separate families.

Callers are frequently concerned that their health care providers will report them to ICE or CPS. This is no surprise given that health care sites have never been safe places for vulnerable populations.¹² Today, for immigrants, the increasing presence of ICE in hospitals results in fear of accessing healthcare. Immigrants contact the Helpline about the risk of having an in-clinic abortion and whether they have to disclose their immigration status to their doctor, as well as questions about how an abortion in their medical record might impact their ability to become a naturalized citizen. Because of the increased risk of interacting with ICE or border patrol, our callers often have to make the impossible decision between receiving healthcare and putting their family’s immigration status and safety at risk.

A caller in Texas exemplifies the ways in which many immigrants are faced with myriad difficult options, none of which feel entirely safe. When she contacted the Helpline, she explained that she needed an abortion and needed to understand the laws in her state if she chose to end her pregnancy at home, as well as the risk she and her family might face if she traveled to another state for clinic-based care. The Helpline explained the practical and legal considerations of traveling for care versus ending her pregnancy at home, and after she made a decision armed with that information, our support continued. We helped her create a safety plan for travel, including short and long-term care for her children in contemplation of the worst-case scenario, connected her with practical support, and had an immigration attorney on standby, ready to represent her should she be detained. We also maintained a connection with her during travel to the clinic, the appointment, and travel home, to ensure that she returned home safely to her children.

While some parents are navigating their own healthcare—like whether they can travel to get care from a provider in another state or if they can be reported and separated from their children for accessing care—others are concerned about punishment from the state if they support their children in getting abortion care. Take, for instance, a parent who contacted us on behalf of their pregnant teenager. This family lived in a state where abortion



WHILE SOME PARENTS ARE NAVIGATING THEIR OWN HEALTHCARE, OTHERS ARE CONCERNED ABOUT PUNISHMENT FROM THE STATE IF THEY SUPPORT THEIR CHILDREN IN GETTING ABORTION CARE.

12 Huss, L., Diaz-Tello, F., & Samari, G. (2023). *Self-Care, Criminalized: The Criminalization of Self-Managed Abortion from 2000 to 2020*

care is available until 24 weeks of pregnancy. There are multiple clinics within a short drive from the family. And the parent knew about the laws impacting abortion care for their child. But this parent did not call the Helpline for any of those typical reasons; they called because their teenager is trans and they were terrified that a healthcare provider would report them to the family policing system. The hateful rhetoric in decisions like *United States v. Skrimetti*¹³ and ever-increasing bans on gender-affirming care instill a deep, legitimate fear in families that any decision they make will be scrutinized and punished simply because of their child's identity.

On the Helpline, we do not have the resources or geographic presence to provide direct legal representation to every person who contacts us in every kind of case. But we provide help to every caller nonetheless. We do an initial intake with our callers, identify their needs and goals, engage in harm reduction and provide legal support when appropriate, and then connect them with local counsel with specific expertise in their legal needs when necessary. That is exactly the kind of care and legal analysis the Helpline provided to the parent fearing family policing reprisal simply for getting their child the care they needed. We spoke with local advocates who were familiar with providers in this caller's area and how they practice the state's reporting laws, as well as family defense attorneys with expertise in local family policing practices. With that information, we reviewed the options available, discussed the types of questions the parent and their child could be asked, and provided them with the contact information for a qualified family defense attorney in the event a report was made.

The Helpline provides this type of legal support for families around the country because we know that early involvement and support *before* an important decision—or during the earliest stages of a CPS investigation *before* there is any judicial involvement or case filed in court—can help prevent family separation. Early defense, or pre-petition advocacy, does not wait to react to state violence. It focuses on preventing CPS investigations. If there is already an investigation, it focuses on preventing further state violence by keeping families together and avoiding a case filing in court. And it is an opportunity for the Helpline to provide support to families who would otherwise have no access to legal services or advocacy.¹⁴

13 *United States v. Skrimetti*, 605 U.S. 495 (2025)

14 Ismail, Tarek and Hernandez, Julia, Radical Early Defense Against Family Policing (November 22, 2022).

The Helpline provides legal support for families around the country because we know that early involvement and support, before an important decision, can help prevent family separation.



In connection with If/When/How's mission, we specifically support families in which the state's involvement is directly connected to reproductive decision-making, including investigations based on pregnancy loss or abortion, having the birthing experience you want even when it conflicts with what your hospital or care provider prefers, and supporting your child's reproductive decisions.

For example, a parent contacted the Helpline after her teenage daughter developed an infection after a medication abortion. When the mother and daughter sought follow-up care in a state where abortion is constitutionally protected, the parent was surprised when the hospital social worker interrogated her about where her daughter had received abortion pills. Despite there being no legitimate reasoning for this questioning, patients and their families are often questioned about their pregnancy loss, and because this parent had heard of families being interrogated like this, she contacted the Repro Legal Helpline. Just as her instincts were right in seeking medical attention for her daughter, her instincts in seeking legal support were right as well. The hospital social worker reported the abortion to CPS and the police, and both agencies opened investigations into this family. With the support of the Helpline in the beginning of the investigations, along with connecting the family with local counsel to represent them during subsequent questioning, both cases were closed without charges or family separation.

Whether a caller's concern is ICE, CPS, or both, the Helpline provides risk assessments based on callers' specific needs and circumstances. We help people create safety plans, including connecting them with local advocates who can help them navigate bureaucracy and avoid state violence. We collaborate with practical support organizations that are skilled at knowing which resources are safest and most accessible. We provide wraparound support, including connecting them with local immigration or family defense attorneys, so callers can fully understand the myriad ways their decisions may impact their lives and families and have an attorney ready to help if they need legal advocacy.

Whether a caller's concern is ICE, CPS, or both, the Helpline provides risk assessments based on callers' specific needs and circumstances.

YOUNG PEOPLE ARE NAVIGATING EVEN MORE BARRIERS TO ABORTION

Between 2024 and 2025, the Helpline received nearly 1,000 calls from young people wanting to understand the laws in their states, their legal rights, and their options when pregnant.

Even before *Dobbs*, young people's ability to access abortion came with significant challenges.¹⁵ But today, between abortion bans and forced parental involvement laws, those barriers are even more pronounced.

Just as we did during the period covered by our first Helpline Report, we continue to receive calls from young people around the country who need help understanding their legal options. Sometimes a young



SOMETIMES A YOUNG PERSON WHO NEEDS ABORTION CARE CALLS THE HELPLINE BECAUSE THE CLOSEST STATE THAT PROVIDES ABORTION CARE IS MORE THAN 12 HOURS AWAY BY CAR, AND THEIR PARENTS CANNOT AFFORD TO TAKE TIME OFF WORK.

person who needs abortion care calls the Helpline because, even though a parent supports their decision, the closest state that provides abortion care is more than 12 hours away by car, and their parents cannot afford to take time off work. Others live in extremely anti-abortion households, and they would be forced to carry the pregnancy to term against their will if they told their parents. Others explain that they reside with a family member who supports them but cannot legally consent to the care because they lack documentation of legal guardianship. And others share that they have a beautiful relationship with their parents and do not want their pregnancy or abortion to change that.

Young people, regardless of their own immigration status, are also exposed to government officials dehumanizing immigrant families and communities. Too many children have watched their parents, caregivers, and community members being violently kidnapped and taken into ICE custody, leaving them to navigate their

¹⁵ Kebé et al., *If/When/How: Lawyering for Reproductive Justice, A Repro Legal Helpline Report: State Violence and the Far-Reaching Impact of Dobbs* (June 2024); Andrea J. Hoopes et al., *Elevating the Needs of Minor Adolescents in a Landscape of Reduced Abortion Access in the United States*, 71 J. ADOLESCENT HEALTH 530 (2022).

For many young people considering their abortion options, immigration status is now an even greater concern than ever before:

- What are the risks of going to court for a judicial bypass if ICE agents are now present and arresting people in court?
- Do healthcare providers work with ICE or law enforcement?
- Is it safe for me to travel to another state?
- What if my parents support my decision, but it's not safe for them to travel to the clinic with me?
- If I can't travel, can I get into trouble for ordering abortion pills? If I get in trouble, will I also put my family at risk?

lives without family support.¹⁶ Nor are children or young people exempt from these violent arrests and deplorable conditions in detention centers.¹⁷ For many young people considering their abortion options, especially those in mixed-status families, immigration status is now an even greater concern than ever before. What are the risks of going to court for a judicial bypass if ICE agents are now present and arresting people in court? Do healthcare providers work with ICE or law enforcement? Is it safe for me to travel to another state? What if my parents support my decision, but it's not safe for them to travel to the clinic with me? If I can't travel, can I get into trouble for ordering abortion pills? And if I get in trouble, will I also put my family at risk? These are the harsh situations that many young people must navigate, in addition to the ever-changing landscape of abortion laws.

The past two years have been particularly devastating for young people's access to abortion care. On May 22, 2025, Florida's Fifth District Court struck down the parts of the parental involvement laws that allowed young people to seek a judicial bypass instead of parental consent and notification when seeking an abortion.¹⁸ The court then made the highly unusual

move of inviting the state attorney general to submit an *amicus curiae* brief in the case. Florida's attorney general then moved to intervene in the case, joining as an adverse party, and argued that the judicial bypass process conflicts with parents' constitutional rights. The Fifth District Court adopted the attorney general's reasoning, making Florida the first and only state since *Dobbs* to eliminate the judicial

16 "The administration has detained 400,000 immigrants: What do we know about their children?" <https://www.brookings.edu/articles/the-administration-has-detained-400000-immigrants-what-do-we-know-about-their-children/>

17 "Worms, Bugs and Mold: Conditions for Detained Immigrant Children Worsen Under Trump" <https://imprintnews.org/top-stories/worms-bugs-and-mold-conditions-for-detained-immigrant-children-worsen-under-trump/271341>

18 "Florida Set to Trample Young People's Rights" <https://ifwhenhow.org/news/us-florida-set-to-trample-young-peoples-rights/>

bypass option for the vast majority of young people. Coupled with the state’s 6-week limit on abortions that went into effect on May 1, 2024, young people’s options for care in the state are so limited that they are practically nonexistent.

Young Nevadans had been accessing care without being legally required to involve a parent since *Roe v. Wade*. Even when legislators targeted young people’s abortion access in 1985 with a forced parental involvement law, it was never enforced and was permanently enjoined as unconstitutional in 1991. But in March 2025, a federal district court granted a motion by several state district attorneys to reverse the 40-year-old injunction now that abortion decision-making was returned to the states. For a year, young Nevadans had to navigate a process that their courts were not prepared to administer, and that local advocates and attorneys had to scramble to turn into a workable process. As of publication, the Nevada Supreme Court has enjoined the parental notice requirement pending litigation; so while young people can currently access abortion care in Nevada as they did for decades—without forced parental involvement—the uncertainty and confusion continue. As is often the case with abortion restrictions, young people bore the brunt of the chaos this anti-abortion litigation unleashed. Rather than receive care in their own communities, some young Nevadans were forced to find the time and money to travel to nearby states like California.

Our Helpline attorneys walk young people through the multistep process involved in getting a judicial bypass:

- Do they have access to reliable transportation?
- What is their school schedule?
- Are they engaged in extracurriculars?
- Is anyone tracking their phone location?
- What days do the closest clinics offer abortion care?

For young people in restrictive states who are unable to travel, our Helpline attorneys walk the young person through the multistep process involved in getting a judicial bypass. Do they have access to reliable transportation? What is their school schedule? Are they engaged in extracurriculars? Is anyone tracking their phone location? What days do the closest clinics offer abortion care? For young people in smaller or rural communities, some of these logistics and practical considerations are simply insurmountable. One young person we spoke to lived in a small community, and her parents were community leaders. Getting a judicial bypass in the courthouse, where staff knew her parents, negated the entire point of the process to offer young people a confidential alternative. The time it took for the courts to sort out whether she

For young people in restrictive states who are unable to travel, our Helpline attorneys walk the young person through the multistep process involved in getting a judicial bypass.



could request a judicial bypass in a county where she was not a resident, even though the statute imposes no such residency requirement, was just enough time for her family to discover her pregnancy. While with the judicial bypass granted, she did not need her parents' permission to have an abortion, the violation of her privacy and disruption to her family's relationship was enormous.

Not only do young people worry about their own rights and potential legal risk, but they now worry about the risk that asking for support could bring to their parents or another trusted adult. In 2023, Idaho passed the first law specifically criminalizing anyone who transports, harbors, or recruits a young person accessing an abortion in or out of the state without consent from a parent or guardian. A year later, in 2024, Tennessee followed suit and made it a crime for anyone to even attempt to help a young person access care in or out of the state. These restrictions are particularly harmful to young people living hours away from abortion clinics in rural communities. Without the support of a trusted adult, many of these young people simply cannot make the trip to the clinic, let alone the multiple trips needed for a judicial bypass, state-mandated counseling or ultrasound requirements, and the abortion appointment itself.

Anti-abortion legislators and advocates attempt to justify these bans on abortion support as necessary to strengthen parental rights. But that ruse is exposed when parents are punished by the state for supporting their child's decision to have an abortion. In the previous Helpline Report, we described talking to parents who feared a potential family policing case for taking their child out of state. Those fears have become a reality for some families. One parent contacted us after her daughter was removed from their home without a court order because the local CPS office received an anonymous report that she was supporting her daughter's decision to have an abortion by taking her out of state for care. CPS threatened this mother with murder charges and the additional removal of her younger child from the home. Although we were able to connect this parent to a local lawyer to prevent a CPS case from being filed in court, the CPS intervention meant this family was forever changed: the pure terror of actual, not just threatened, family separation was enough to shatter this parent's plans for her daughter's abortion care. The state's intervention and threats meant her daughter was forced to give birth and become a parent against her will.

CRIMINALIZING ABORTION IS A TOOL OF INTIMATE PARTNER VIOLENCE AND REPRO COERCION

Callers not only need support navigating the legal landscape, but also threats and reproductive coercion from abusive intimate partners. Almost every day, we talk to callers who describe their abusers threatening to, or actually reporting them, to law enforcement for self-managed abortion, suing their ex-partners' friends or loved ones for helping them access care, or threatening to report their immigrant partners to ICE if they have an abortion.

Even when the federal constitutional right to abortion still existed, abortion restrictions heightened the risk of deadly intimate partner violence. Homicide was, and remains, among the leading causes of death for pregnant people and people who have recently given birth.¹⁹ Research demonstrated that denials of abortion care resulted in ongoing and increased risk from abusive partners.²⁰

Knowing this reality, survivors of intimate partner violence and advocates for survivor safety predicted abuse would increase if states were permitted to ban access to abortion care.²¹ Now, research and experience confirm what survivors knew all along: state criminalization of abortion care gives abusers another tool for intimate partner violence and makes it harder for survivors to attain safety.²²

Since the fall of *Roe*, the abortion bans passed across the country have been a gift to abusers. Abusers have sought to control their partners and exes by using state anti-abortion laws to intimidate and threaten them for seeking or having an abortion. People living in states with abortion restrictions face a seven to ten percent higher risk of intimate partner violence than they did when abortion was available in their state. That risk increases with the distance residents have to travel to

19 Wallace M, Gillispie-Bell V, Cruz K, Davis K, Vilda D. Homicide During Pregnancy and the Postpartum Period in the United States, 2018-2019. *Obstet Gynecol.* 2021 Nov 1;138(5):762-769.

20 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).

21 See, e.g., Elizabeth Tobin-Tyler, *A Grim New Reality: Intimate Partner Violence After Dobbs and Bruen*, 387 *New England Journal of Medicine* 1247 (Oct. 1, 2022).

22 See 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").

Abortion care is a lifeline
for many survivors of
intimate partner violence.



obtain abortion care in a state where it is legally protected.²³ Reproductive coercion²⁴—a form of intimate partner violence in which abusive partners threaten or engage in violence designed to control their partners’ autonomy and limit (or force) access to reproductive health care—has also increased.²⁵ The National Domestic Violence Hotline and If/When/How, in our Reproductive Coercion Report published in 2024, found that 23% of survey respondents said their current or former partner pressured them into becoming pregnant, and 7% said their partners refused to allow them access to medication abortion to end an unintended pregnancy.²⁶ Respondents described abusive partners using tactics to prevent them from having an abortion, such as threatening suicide, locking them in their homes, threatening them and their family’s lives, and setting the medication on fire.²⁷

Abusers are capitalizing on the environment of fear and stigma to keep their pregnant partners trapped in violent relationships. While we can assure callers that, as of this writing, no state has an enforceable, constitutional law that allows criminal charges against people who have abortions, we cannot assure them that their abusive partner may not try to involve law enforcement. We help them navigate the fact that, in an environment of fear and stigma, law enforcement may investigate or even pursue charges without legal authorization.

One caller from Texas knew that she needed a protective order to keep herself safe from a partner she had just left. But her biggest concern was not her physical safety. She was most worried that her ex-partner, who knew she ordered abortion pills, would reveal her decision to end her own pregnancy during any litigation for a protective order and that she would be arrested. After explaining to her that she had not committed any crime, we reached out to If/When/How’s Network and connected this caller to an experienced attorney. The local attorney was not only

23 See Ellie Rudnick, *Abortion Restrictions and Intimate Partner Violence*, The Regulatory Review (Nov. 18, 2025), <https://www.theregreview.org/2025/11/18/rudnick-abortion-restrictions-and-intimate-partner-violence/>.

24 See National Domestic Violence Hotline and If/When/How, *Reproductive Coercion and Abuse Report* (2024), <https://www.thehotline.org/stakeholders/research-and-surveys/>.

25 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/#:~:text=Durrani%20explained%20that%20reproductive%20coercion,endangering%20their%20lives%20and%20safet>

26 National Domestic Violence Hotline Report, pp. 3 and 12.

27 National Domestic Violence Hotline Report, p. 12.

familiar with seeking protective orders in this caller's county but also understood the risk of criminalization for a self-managed abortion and provided the caller with the support they needed.

We work directly with callers to mitigate the risk from an abusive partner and create a safety plan that works for them.

Even without the explicit threat of reproductive coercion or abortion criminalization, safety planning in the context of intimate partner violence is a challenging, individualized task that must reflect the person's specific circumstances. We work directly with callers to mitigate the risk from an abusive partner and create a safety plan that works for them. Sometimes, it may be safer for the caller to frame their medication abortion as a pregnancy loss to protect themselves from retaliation by their abuser for having an

abortion. Other callers may need to avoid telling their partner that they are pregnant altogether, so that there is no anticipation of continuing the pregnancy should they ultimately decide to end it.

Pregnant people who avoid telling anyone that they are pregnant may feel added pressure to terminate their pregnancy within a much earlier and shorter time frame before the signs and symptoms of pregnancy become more noticeable to others. Across the board, the safest thing an abortion seeker can do when they are in an unsafe relationship is to keep their abortion private. As people who have survived violence or cared for someone who has, asking survivors to further isolate themselves is a crushing task. In this way, abortion bans and abusers work hand in hand: isolating victims, forcing them to care for themselves without their support networks.

One person called the Helpline to understand all of her options for care while living in a state that bans abortion care at any stage of pregnancy. In walking her through the legal risks of abortion pills by mail versus traveling out of state, she shared that her partner knew that she was pregnant and surveilled her every move. He knew her work schedule, tracked her location, and expected a phone call anytime she left her job or home. Any deviation from her routine immediately raised alarms, so much so that he interrupted our conversation because it was out of character for her to be in a different room than him for so long. Despite this level of intense surveillance, this caller

ultimately decided that traveling to a neighboring state was the safer option. It was more plausible in their relationship for her to take a weekend trip with a friend who her partner knew, but more importantly, who she trusted to keep her decision private.

Abortion care is a lifeline for many survivors of intimate partner violence. It offers them a way to ensure they are not chained to their abusers for life and can allow them to protect themselves from the heightened, and often lethal, violence they are likely to experience when pregnant.

RISING AUTHORITARIANISM AND ITS IMPACTS ON OUR COMMUNITIES

A question we often hear from callers is, “Who is it safe for me to talk to?”

Many callers who have experienced criminalization have been turned into law enforcement by a nurse, doctor, friend, family member, or partner. Other callers are deeply worried about the possibility of this happening to them.

“Will my doctor report me to the police if I travel out of state?” “I confirmed my pregnancy with my doctor, and now I’m scared because I told them I wasn’t sure what I wanted to do.” “I want to process my experience with my therapist. Will they report me for having an abortion?”

The punishment—or the fear of punishment—our callers experience is real. We have all seen how rising authoritarianism pushes people towards our worst impulses as a society, and to turn on our neighbors and loved ones. The politician who wants to take away medication abortion, or a nurse who disagrees with someone’s choices, or a family member who does not want their teen to have an abortion. Their actions stem from the idea that the government, and those who align themselves with the government, should have ultimate power and control over our decision-making. Authoritarianism relies on all of us viewing each other with suspicion, turning each other in, and encouraging us to feel isolated and alone.

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However, we see the antidote in our callers' stories when people care for each other instead—when a parent supports their child who needs an abortion, when a nurse understands an abortion is not subject to mandatory reporting, when doctors protect their patients from hospital interrogations by contacting our Helpline, when we find local attorneys to take a case pro bono, when a doula supports someone through a birth that they were forced to have—and that is what counters criminalization.

When we support our neighbors, our communities, and our loved ones, we keep each other safe.

When we support our neighbors, our communities, and our loved ones, we keep each other safe.



WAYS TO TAKE ACTION

TOGETHER, WE CAN TRANSFORM LIVES AND LAWS AND KEEP OUR COMMUNITIES SAFE



Share the Repro Legal Helpline with your community

No matter your age or immigration status, we provide legal services about abortion, pregnancy, birth, and parenting. Always free and confidential.

reprolegalhelpline.org or 844-868-2812



Fund bail

Donate to the Repro Legal Defense Fund to help keep people out of jail. We're an abortion and pregnancy bail fund that provides financial support for bail and legal fees.

reprolegaldefensefund.org



Ensure dignity in pregnancy loss

Outdated, sexist laws are being weaponized to criminalize pregnancy loss and abortion. We are going after these state laws that are used to criminalize people for their abortions and pregnancy loss.

ifwhenhow.org/decriminalize-pregnancy-loss



Expand youth access

Fight for young people’s abortion access by learning about and challenging the parental involvement laws that force youth to navigate unnecessary legal hoops to access basic healthcare. Sign up to protect young people’s abortion access in your state.

ifwhenhow.org/young-people-need-abortion



Get technical assistance

Whether you’re a lawyer, healthcare provider, or movement partner navigating the complex legal landscape around abortion and pregnancy, reach out to If/When/How for free legal information, technical assistance, and expert support.

ifwhenhow.org/technical-assistance



Join the If/When/How Network

If you’re an attorney or advocate, join the If/When/How Network to put your skills directly toward reproductive justice. You’ll also have opportunities for skills-based training, networking, and keeping up-to-date with the legal landscape throughout the country.

ifwhenhow.org/network

ACKNOWLEDGEMENTS

We appreciate and are grateful for:

- ♥ Our **contributors and donors** who support this work.
- ♥ Our **colleagues** who make this work possible and sustainable.
- ♥ The **criminal, immigration, and family defense attorneys** who fight state violence every day.
- ♥ Our **movement partners** who work locally and nationally in service of reproductive justice, with a special thank you to Brigid Alliance and ARC-Southeast, as well as JustChoice, Immigrant Defense Project, Center for Worklife Law, Women's Law Project, and Amplify Legal.
- ♥ Our **Communications Team**, including Desireé Martin, Sage Carson, Tayler Tucker, and Jen Girdish, who helped shape this report in countless ways.
- ♥ **Everyone**, everywhere, every day, who helps get people what they need.



if **when** **how**

ABOUT IF/WHEN/HOW

Mission

If/When/How defends and furthers reproductive justice in courts, capitol, and communities.

Our Values

Client-centeredness

Our work is rooted in the needs of our clients and people experiencing reproductive oppression. We design our services, resources, and advocacy to be trauma-informed and responsive to the real-life situations of our clients.

Collaboration

We know state violence touches many parts of people's lives—so we work in coalitions with movement organizations, cross-movement partners, and community groups, to respond to people's immediate legal needs, create new laws, and change culture.

Impact

If/When/How works where we can make the biggest impact—for our individual clients, for each caller, for the legal landscape across the country, and for reproductive justice on the whole.

Rigor

Our staff bring a thoughtful, high-quality approach to our work to ensure that our partners and clients receive excellent resources and services, because we know that marginalized communities often receive second-class care.

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If/When/How



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