

Reproductive Coercion and Abuse Report

A survey to learn more about
survivor experiences with reproductive
coercion and abuse.

Report in collaboration with **If/When/How**

thehotline.org

**NATIONAL
DOMESTIC
VIOLENCE
HOTLINE**

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About If/When/How

EXECUTIVE

Summary

Between October and December 2023, the National Domestic Violence Hotline (The Hotline) conducted a survey to learn about survivor experiences with reproductive coercion and abuse. The survey, conducted on The Hotline's website, collected qualitative and quantitative data.

Reproductive coercion and abuse are behaviors intended to maintain power and control in a relationship by dominating a partner's reproductive and sexual health and may include attempts to impregnate a partner against their will, control outcomes of a partner's pregnancy, coerce or force a partner to have unprotected sex, or interfere with contraceptive methods. Through this survey, we learned more about the prevalence of reproductive coercion and abuse. All responses were anonymous, and we collected no identifying information. 3,431 respondents completed the survey.

63% of all respondents said their current or former partner pressured or forced them to have sex or other sexual activity when they didn't want to. 39% said their current or former partner threatened them if they said no to sex or other sexual activity.

23% of respondents said their current or former partner pressured them into becoming pregnant, and 13% of respondents said their current or former partner used or threatened violence while they were pregnant, with the intention of ending the pregnancy. A small percentage of respondents to the survey indicated that their abusers threatened to report them to the police for their reproductive decisions.

32% of respondents said they do not have access to a medical professional who focuses on reproductive health or pregnancy, and 31% of those said they haven't found a provider they trust, validates their experience, or they want to see for services.

Of those who said they have experienced reproductive coercion, 42% said they have **never** reached out for support.

This report contains powerful information from survivors who voluntarily gave insight into their experiences by answering survey questions and telling their stories in their own words. They did so with the hope that the country will hear them, believe them, and make change. This survey is a powerful reminder of the importance of looking at the profound impact reproductive coercion and abuse have on the lives of survivors around the country.

This report contains firsthand stories and descriptions related to abuse, coercion, and violence. These topics can be deeply distressing, and it is important to prioritize your mental and emotional well-being while engaging with this material. If you feel uncomfortable or overwhelmed, please consider taking a break or contacting a trusted support system for assistance. For free and confidential support related to relationship abuse, please reach out to the National Domestic Violence Hotline at [thehotline.org](https://www.thehotline.org) or call **1.800.799.SAFE (7233)**. For free and confidential legal services related to reproductive rights please reach out to If/When/How's Repro Legal Helpline at [reprolegalhelpline.org](https://www.reprolegalhelpline.org) or **1.844.868.2812**.

OF THOSE WHO SAID THEY HAVE EXPERIENCED REPRODUCTIVE COERCION,

42% SAID THEY HAVE **NEVER** REACHED OUT FOR SUPPORT.



OUT OF 3,431 RESPONDENTS:

63%



Said their current or former partner **pressured or forced them to have sex** or other sexual activity when they didn't want to.

13%



Said their current or former partner **used or threatened violence while they were pregnant**, with the intention of ending the pregnancy.

39%



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

32%



Said they **do not have access to a medical professional who focuses on reproductive health** or pregnancy.

23%



Said their current or former partner **pressured them into becoming pregnant**.

FULL

Report

Reproductive coercion is the use of violence, sexual assault, manipulation, birth control sabotage, threats, and other means by an intimate partner to force or coerce pregnancy or a pregnancy outcome. When a violent intimate partner coerces their partner into becoming pregnant, they increase their means of control over that partner. Pregnancy and subsequent childbirth also heighten the abuse survivor's risk of injury and death at the hands of their intimate partner. Adolescents and young adults are especially likely to experience reproductive coercion.

The National Domestic Violence Hotline's (The Hotline) Reproductive Coercion and Abuse Survey is the first national survey since the U.S. Supreme Court reversed *Roe v. Wade* to capture survivors' experiences of reproductive coercion in this new and challenging landscape where obtaining healthcare now carries new fears of legal risks.

Of those survey respondents who indicated they had experienced intimate partner violence, more than 75% said that a partner had forced them or coerced them into sex when they did not consent to it. Nearly one third of all respondents indicated they had no healthcare provider they could turn to for reproductive healthcare, nearly 40% affirmed being a victim of reproductive coercion, 23% said a partner had pressured or coerced them into pregnancy, and over 20% indicated that a partner had tried to stop them from using birth control.

While a relatively small percentage of respondents to the survey indicated that their abusers have threatened to report them to the police for their reproductive decisions, the fact that so many, numerically, have experienced those threats now is telling - and chilling. By criminalizing people who provide abortions or help others obtain them, states are furthering harm by revictimizing survivors and emboldening abusive partners.

74% IDENTIFIED AS A SURVIVOR OF DOMESTIC VIOLENCE, SEXUAL ASSAULT OR GENDER-BASED VIOLENCE.

17% of those that did not explicitly identify as a survivor indicated that they experienced sexual coercion throughout the survey.

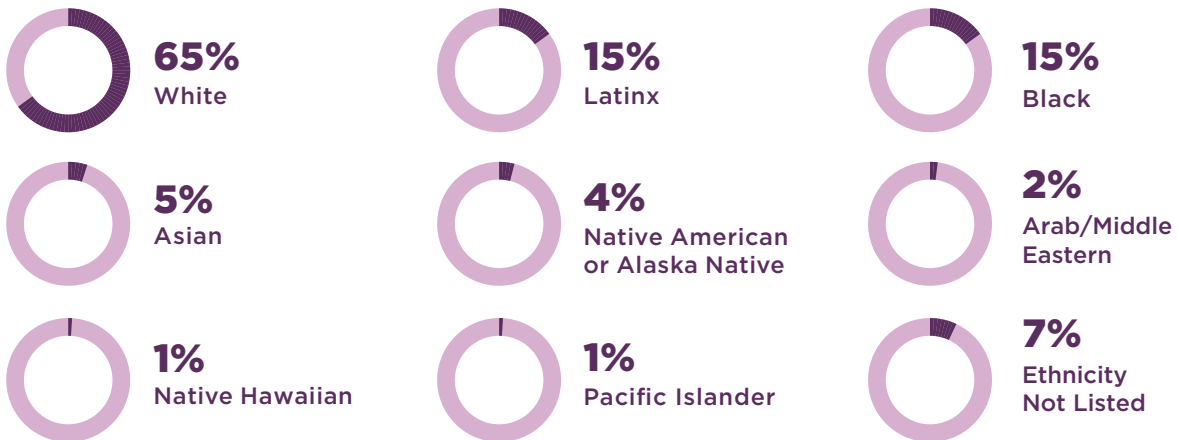
"I was pregnant every year, when the abuse was brought to the attention of social services they asked when I am going to stop having children. I felt so stupid, I wish someone had explained reproductive coercion to me."



DEMOGRAPHICS

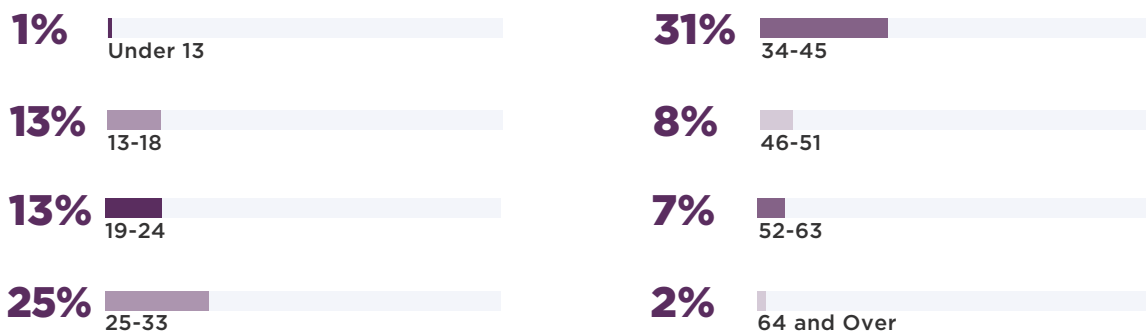
3,431 People responded to the survey

Ethnicities



Gender **86%** Female **8%** Male **6%** Non-binary, transgender, two-spirit or other

Age



Sexual Orientation

| | | | |
|---|------------------------|------------------------|---------------------------------------|
| 64% Heterosexual/ Straight | 6% Asexual | 15% Bisexual | 1% Gay |
| 2% Lesbian | 4% Pansexual | 2% Queer | 6% No Answer/ Not Listed |

Then and Now

The government – whether through federal law, state law, or the courts – has for decades influenced or controlled access to and the availability of reproductive healthcare. Since the 1960s, with the Supreme Court’s recognition of the constitutional right to use contraception, the types of birth control and contraception options have expanded dramatically. However, the cost has long been an access barrier, and it was not until the passage of the Affordable Care Act in 2010 that health insurance providers were mandated to cover contraception. Despite that mandate, unfortunately, prescription medication birth control has remained difficult to access for many, including those without healthcare providers or health insurance, or whose employers refuse to cover contraception because of religious objections. In March 2024, the first over-the-counter birth control pill was made available in the U.S., a development that may significantly reduce barriers to accessing birth control, allowing even more people the ability to control their reproductive lives and futures.

Reproductive autonomy is incomplete, however, without access to abortion. In 1973, in the landmark decision *Roe v. Wade*, the United States Supreme Court ruled that the U.S. Constitution guarantees the right to have an abortion. But that decision did not guarantee equitable access to abortion care. Almost immediately after *Roe* was decided, Congress enacted the Hyde Amendment, which eliminated or severely restricted access to abortion care for people receiving Medicaid, those insured through the Indian Health Service or the military, all federal

employees, and more.¹ As a result, the pre-*Roe* two-tiered system – where financial resources determined access to abortion care – remains in place.

Public insurance restrictions have a severe impact on access to abortion care. Because of Hyde, one in four people seeking abortion care who are insured through Medicaid in states that follow the federal restrictions is denied an abortion. Black and Latinx people are disproportionately likely to be insured through that program.²

As if Hyde was not enough, while *Roe* was the law of the land, state legislatures piled on other restrictions, making it even harder to get abortion care. Some of these laws – such as a requirement to notify a spouse when getting abortion care – were struck down by the courts, but many others were allowed to go into effect. Designed to make it harder to get abortion care and to provide abortions, these onerous barriers included everything from waiting periods to laws that target abortion providers’ laws that force parental involvement for young people seeking abortion care.³ Like Hyde, these restrictions hurt Black people, Indigenous people, Latinx people, immigrants, transgender and non-binary people, and people living in poverty more than other groups, increasing discriminatory health and economic inequities.⁴

My ex-husband prevented me from having an abortion. We lived in [a] small town in Georgia, and I had to travel to Atlanta for it. He slit my car tires and more.



Also, during the *Roe* era, medical developments meant new possibilities for abortion access. Medication abortion — mifepristone, approved by the FDA in 2000 for use in the U.S., and misoprostol, a common drug used in both abortion and postpartum care — improved access to abortion care around the world, and by 2020 became the most common abortion method in the U.S.⁵ Online access to abortion medication meant people who could not get clinic-based abortion care could safely and effectively self-manage abortion.⁶ A survey of people who sought abortion medications online during the COVID-19 pandemic found that some did so to protect themselves from an abuser’s scrutiny or violence.⁷

But the potential for abortion medication to ease access barriers was met with court decisions that limited — then ultimately struck down — the federal constitutional protection of abortion rights. In 2021, the Supreme Court allowed a Texas law known as Senate Bill 8 (or SB 8) to go into effect, essentially banning abortion in Texas and ostensibly allowing any person in Texas to sue anyone who provides or helps someone get an abortion in that state. In June of 2022, the Supreme Court reversed *Roe* in *Dobbs v. Jackson Women’s Health Organization*, and declared that the U.S. Constitution does not protect people’s right to decide whether to end their pregnancies, and allowed states to ban abortion.

“The overturning [of] *Roe v. Wade* destroyed my sense of safety and my life.”



As of March 1, 2024, fourteen states are now enforcing near-total bans on abortion care.⁸ These laws make it a crime for healthcare providers to provide abortions in those

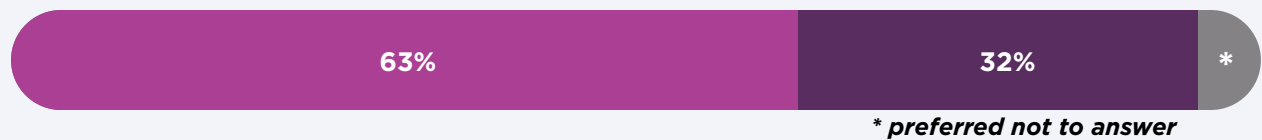


states. While those bans do not target people who have abortions for criminal sanctions, that fact is not widely understood, enabling abusive people to claim the state backs them by weaponizing access to reproductive healthcare and perpetuating harm. People have the constitutional right to travel to get abortion care in a state that protects abortion access, but getting away from an abuser (and, in some states, also having to pass through immigration checkpoints) to travel outside the state can be impossible.

The particularly dangerous ramifications of this new legal landscape for pregnant abuse survivors were both obvious and immediate. Abusers could now use new laws, or confusion about those laws, to harass and threaten their partners. And the stigma of abortion bans creates a culture where abusers feel even more entitled to control and punish their intimate partners for their reproductive decisions. Attacks on abortion access and harmful unnecessary restrictions put survivor’s lives and safety at risk. To ignore the impact of a victim not being able to control their own bodies is nothing short of cruel. The data in this survey is a window into that harm, and serves as a call to action to protect the rights of victims and survivors to control their own bodies and live a life free from violence.

Sexually Coercive Behavior

A significant majority - **63%** of all respondents - said their current or former partner pressured or forced them to have sex or other sexual activity when they didn't want to. Amongst those who explicitly identified as survivors of gender-based violence that percentage increases to **76%**.



About three years ago, I was dating someone for about three months. 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 said I should get off since he wanted a family, but we barely started dating. From the beginning, he was very controlling and never wore condoms. Or he would act like he did and then remove it. He was abusive also. But when I had enough, I grabbed my bag and ran for the door. He caught up to me, pulled my ponytail, threw me on the floor, punched my face, and repeatedly kicked me on the floor. While I was on the floor, I had a bloody nose. I was going in and out, and he took my pants off, and he raped me. He kept saying I was going to be the mother of his child. I was terrified. So, I lay there beaten until he finally went to sleep. I quietly got up and ran away in the middle of the night. I called my friend to pick me up, and she took me to get a Plan B pill. I never went back since, but he would threaten me over text, saying if I killed our baby, he would hurt me. I had to change numbers and keep no contact.

I was in a physically and sexually abusive relationship. 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 was five weeks late with my period. I ended up not becoming pregnant but was relieved that I was in a state where I would easily be able to get an abortion if I were. He had the money and means to chase me down if I were pregnant. He had told 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.

My partner knowingly and forcefully kept having sex after [my] consent was withdrawn. I became pregnant as a result of rape. I was raped again once I discovered I was pregnant while I was in an incredibly vulnerable state. After the first rape, I wanted to go to the pharmacy as soon as possible to get the morning-after pill. However, I had no way of getting there and feared trying to go on my own, of what he would have tried to do if I left. I had to wait until he took me, which was well over the amount of time I wanted to go, and obviously, the pill by this point was ineffective, as I became pregnant as a result.

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



** preferred not to answer*

[A former partner] told me if I did not have sex with him, he'd call a group of his friends, and all six of them would rape me. He made a joke, mocking me for having a small pocketknife to protect myself. I had to allow him to have sex I didn't want with me, figuring bearing it would be better than fighting six.

I was young. He was five years older. He was controlling. "If you love me, you'll do this..." He'd drink and get aggressive. We'd argue, fight, get physical. Then he'd force me to have make-up sex. If I didn't have "make-up sex," he'd take my birth control from my purse or hide it. Often, he'd kick me out of the house if I didn't have sex with him. "Put out or get out" were his exact words.

Birth Control, STI/STD, and Pregnancy Prevention

23% said their current or former partner knowingly exposed them to an STI/STD.

When I found out I was pregnant with our daughter, my ex-husband informed me he 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.

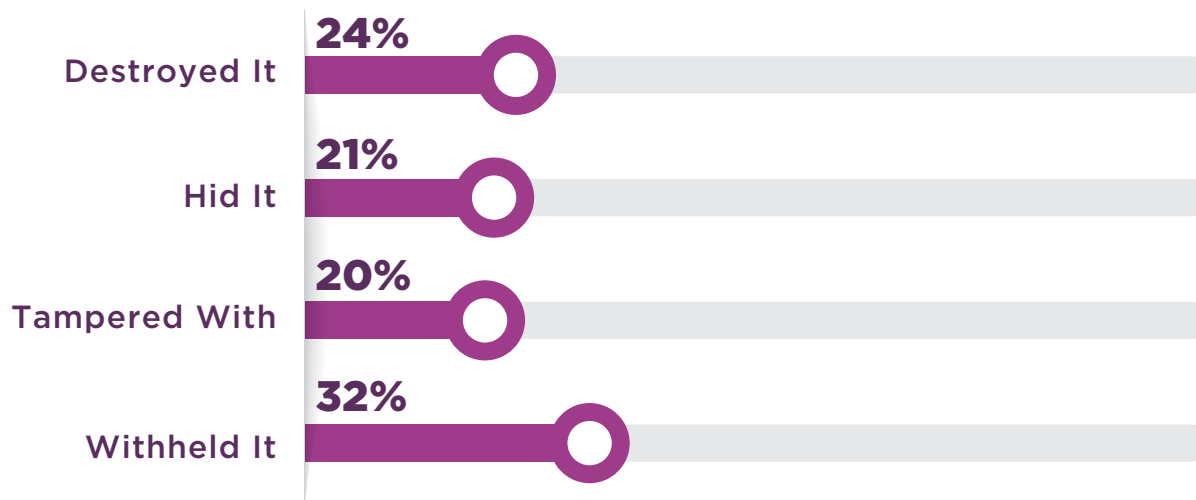
37% said their current or former partner refused to or prevented them from using condoms, diaphragms, or STI/STD prevention methods.

He would do a cycle of refusing to wear condoms or letting me use sperm-killing gel to prevent pregnancy, would sneakily remove the condom he'd put on, or finish inside of me without my knowledge or permission. He swore he didn't know if he came, wasn't sure where he came, didn't come at all, etc.

My spouse removed the condom during sex in order to impregnate me because we had recently lost a child due to extreme prematurity. He decided that I needed another baby to take the place of the one we lost. He made this decision without consulting me. I was not ready to be pregnant again so soon after the loss. Our son was born exactly 14 months after the death of our daughter. I did not talk to anyone about it for 20 years.



20% said their current or former partner prevented them from using birth control (pills, patches, rings, IUDs, etc.)



I wanted an IUD after trying several other methods of birth control. 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 voiced his belief that my choices for my own body were unfair to him because they were against his wishes and prevented him from having children if/when he wanted them.

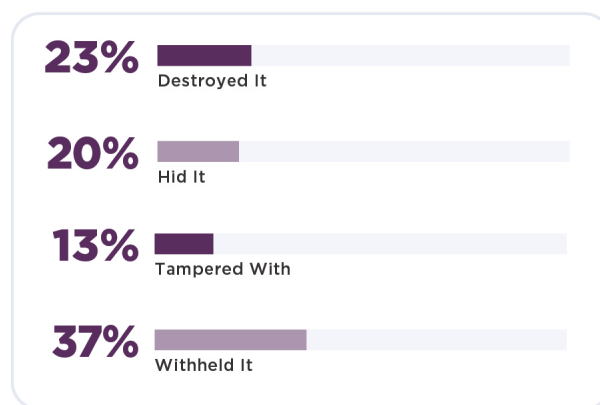
[My partner] refus[ed] to wear condoms, putting one on then taking it off right before penetration and or ejaculation, “finishing” inside despite telling not to, threatening to rip out the IUD.

My former partner refused to allow me the recommended six-week post-partum recovery period of no penetration after the birth of our first child. He warned me when I got out of the hospital that he would not hold off on having sex for six weeks, so I needed to get that notion out of my head. Two weeks after giving birth, he initiated penetration with no discussion or permission while we were in bed for the night. Since my pregnancy and onward, he had become more violent and refusing sex was not an option for me. I did not begin birth control

immediately after birthing my first child. I was in survival mode and looking for the first opportunity to escape from my abusive partner, hopefully with my baby. I did not know how he would respond to me being on birth control. After a couple of months of unprotected sex, I did not know if I was pregnant again and was afraid to start birth control if I was. So I asked my former partner if we could use condoms during sex until I knew for sure whether I was pregnant again or not. If I was not pregnant, I intended to begin birth control again. My former partner emphatically refused to use condoms. Not too long after, I discovered I was pregnant again. I was devastated, even more so was my mom because I had major complications during the birth of my first child and she was afraid another birth could kill me. Unfortunately, my second baby died in my womb nearly halfway through the pregnancy. The discovery of the loss of my baby and acceptance thereof were traumatic experiences I suffered through mostly alone. Soon after losing my baby, my former partner accused me of purposely killing my baby in my womb. Fortunately, I was finally able to seek protection for my first child and myself from my former partner soon after.

Abortion Access and Control

7% said their current or former partner prevented them from using medication abortion to have an abortion (medication abortion is the use of pills intended to end a pregnancy).



Respondents explained ways their current or former partners prevented them from using abortion medication. They stated that their current or former partners prevented them from using medication abortion by:

- o *Using emotional manipulation, begged them not to have an abortion or else they might commit suicide*
- o *Lit (the medication) on fire*
- o *Locked up the survivor so they couldn't get an abortion*
- o *Threatened the survivor and their family lives if they got an abortion*

I was forced to have sex, unwanted and unprotected. I was often told he'd "pull out," but then he wouldn't. He wanted me pregnant. When I became pregnant (which he wanted and I did not), I went on my own to Planned Parenthood to terminate the

pregnancy. It took so long for him to allow me to leave the home alone, let alone to PP, that I was between 9 and 10 weeks when I finally got there. I chose to take the pills because I had no people allowed in my life except my partner and had no ride home. When I came home with the pills, I told him I was taking them. He decided to leave the house as soon as I did, leaving me with our 2-year-old about to be fed. I was doubled over, cramping, crying, bleeding, and trying to care for my 2-year-old. It was one of my lowest, most painful experiences.

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

In my experience with teen dating violence, I was 18-19 years old with an abusive partner who would attempt to control my access to reproductive healthcare and coerced me into many sexual experiences that I did not consent to. The combination of coercion and violence led to an unwanted pregnancy, which I never told him about, and I accessed an abortion (pill). I was able to leave the relationship by attending college out of state and never went back home. I now have my master's degree in clinical psychology, and I work with victims of domestic and sexual violence and have a safe, healthy marriage.

[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.

13% of respondents said their current or former partner pressured or forced them to terminate a pregnancy.

I had a bf who did not force me to get pregnant but it happened even with a condom and they forced me to have an abortion and then flipped and called me the devil and blamed me for everything.

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

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

I was threatened with violence if I became pregnant (he threatened to throw me down a flight of stairs).

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

9% of the respondents said their current or former partner used or threatened violence if they wanted to or were trying to terminate a pregnancy.

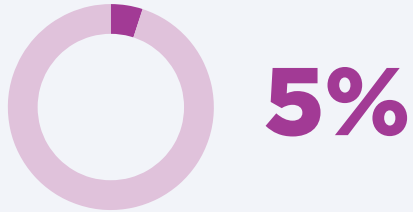
He asked me what I would do if I were pregnant, and before I answered, he said he would kill me if I had an abortion. I didn't take him seriously at the time, but as I got to know him better, I realized he probably meant it. Luckily, I had good friends and a counselor who helped me see the relationship was unhealthy, and I got out before it was too late. I have never heard of reproductive abuse before seeing this survey on Instagram. I feel validated that this is a thing. Thank you.

I became pregnant and experienced abuse, both mental and physical during the pregnancy that I was not able to terminate due to him going to my very religious mother to tell her I was pregnant, she then begged me not to terminate and I ultimately kept the baby. He is now 7 years old and so 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. It has been a complete nightmare physically, emotionally and financially. I would like to add that in the time I've had this child I have been able to go back to school and become a nurse, an RN. I worked 3 jobs and had a lot of support to get here but there is hope to continue to improve and live your life but only after you put a stop to your abuser. I reported his dad, sought help from safe home for the time that it was most dangerous, went through and am still going through the court process but I'm continuing on with my life.

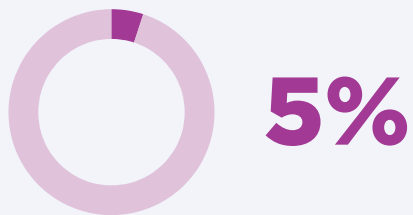
My ex and last child's father threatened violence when I wanted to terminate the pregnancy with my now current three-year-old; he pulled knives on me, threatened self-harm, etc. And then, when I got past the point of termination, he abandoned me by going to the police and getting what he thought was a temporary restraining order, but because of COVID-19, it lasted a year because the courts were closed.

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 at those times. 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. I am an intelligent and strong two-spirit woman. Because of this man, the promising plans I had for myself in the future were taken away from me.

Criminalization and Threats



of respondents indicated their current or former partner **threatened to report them to the police** or other legal authority for considering or having an abortion.



of the respondents indicated their current or former partner **threatened to take them to court or sue them** if they had or wanted an abortion.



of respondents indicated their current or former partner **used a previous abortion against them** in some way.



During my relationship with my abuser. He would force me to have unprotected sex so [I] could have more children to further my financial and economic abuse making it harder for me to leave. During the beginning of our relationship I had 2 abortions. The first he financed and the second he refused. I had to come up with the money myself which ever way I could and later he accused me, saying that wasn't his baby that's why I had an abortion to cover up. He used that as an excuse to mentally, verbally, emotionally and at times physically abused me throughout our relationship During our relationship He also knowingly transferred an std to me to further punish me.

Reproductive Healthcare Access

61% of respondents said they have access to a medical professional who focuses on reproductive health or pregnancy.

The most used services are: 81% accessed gynecological exams, 52% accessed birth control, 48% accessed STI/STD testing and treatment.

When I was married and absolutely terrified of getting pregnant again (I felt if I had another child, my children and I would never break free from the violence), I had an amazing obgyn who listened to and recognized my fears and worked with me to get a Norplant implant and figured out a way to get it thru insurance without raising concern from my then husband. I was fearful that if I was on the pill, my pills would disappear... So I didn't give my ex a chance to do so. He never threatened me about sex, but I always gave in because of the general fear that I lived in. He had me convinced that if I left or attempted to do

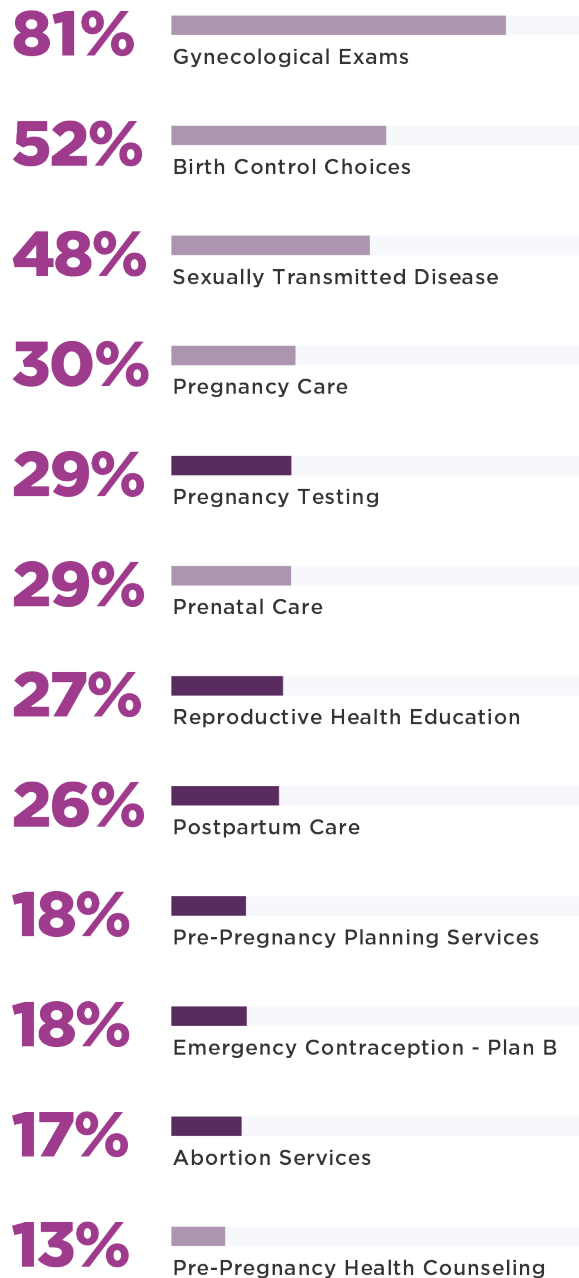
so, he would make me watch as he killed the kids and then kill me. I did whatever I could to help my kids and I survive. My obgyn was a lifeline. My therapist, too. It took a village for us to escape/flee. The emotional/psychological with some physical violence lasted another 10 years or so as I was forced by the legal system to make sure his parental rights weren't violated, even though the children were terrified of him. This December marks 30 years since we fled. There's been a great deal of healing and I'm very grateful. However, there are times when my body recalls what happened and I re-experience the events with physical reactions. (I hope that makes sense) I also know I'm no longer in that situation and am very grateful for the life that I have. I don't know what I would have done without access to comprehensive reproductive health care.

32% of respondents said they do **NOT** have access to a medical professional who focuses on reproductive health or pregnancy

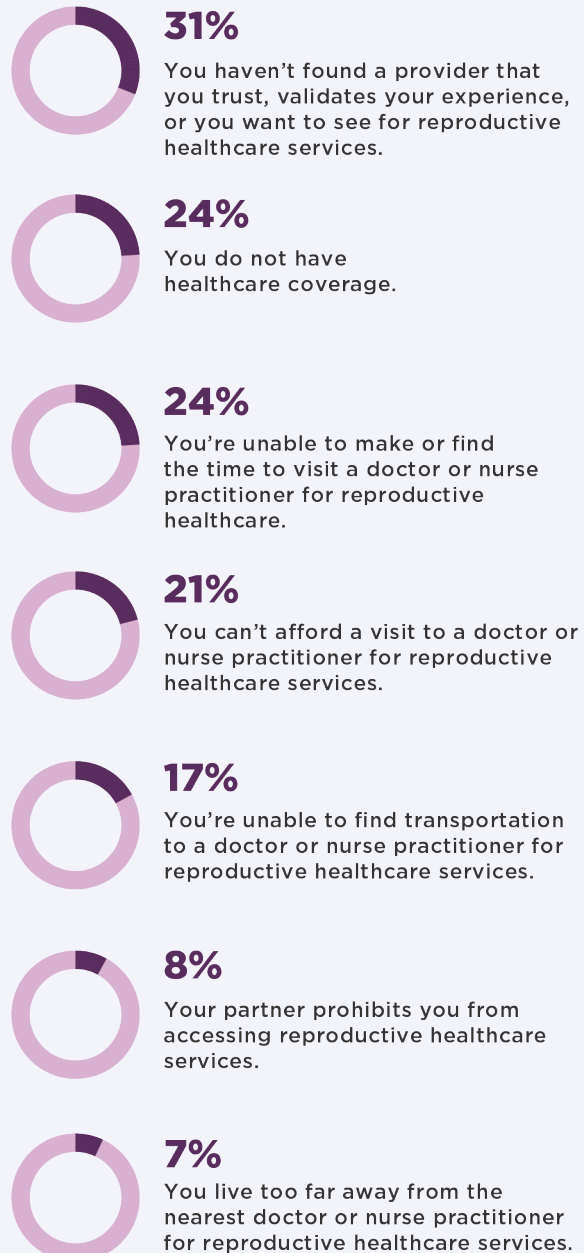
The most common reasons given for lack of access:

- 31% said they haven't found a provider they trust, validates their experience, or they want to see for services
- 24% said they were unable to find the time to visit a reproductive healthcare professional
- 24% said they don't have healthcare coverage and 21% said they can't afford a visit
- Distance prevented 7% of respondents access to reproductive healthcare services

Most Important Services Accessed from OB-GYN or Reproductive Health Clinic

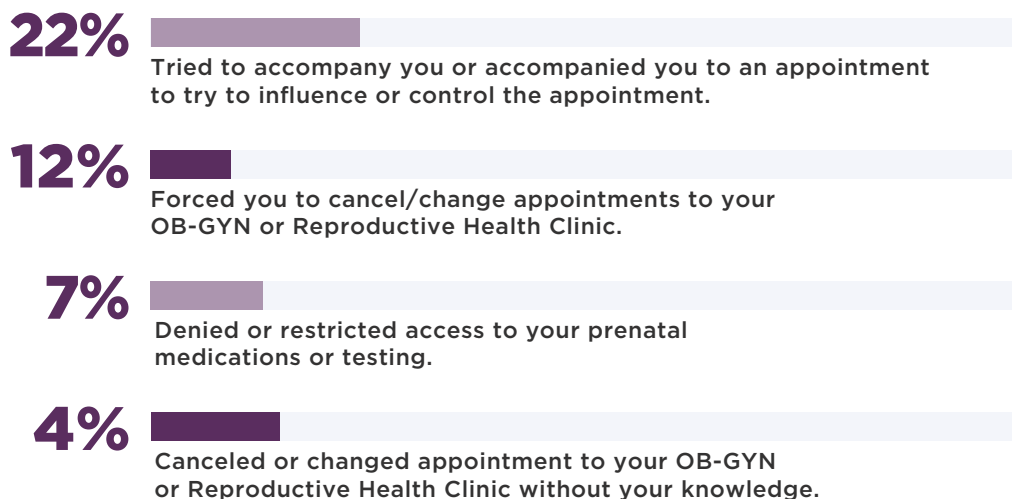


Things Preventing Survivors from Accessing a Reproductive Health Medical Professional/ Doctor



22% of respondents said their current or former partner tried to accompany them to/ accompanied them to an appointment to influence or control the appointment.

12% of respondents said their current or former partner forced them to cancel or change appointments to their OB-GYN or clinic.



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 about my birth control. He has cheated multiple times and forced me to continue to have unprotected sex.

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. He wouldn't let me get medical care and dental care very often. Poor dental health contributed to my children all being premature. He blamed me for it, demanding I breastfeed them for two years to ensure their immune systems are better developed.

I'm scared, too. These types of things sometimes aren't believed, and women are blamed. I'm scared to go alone. My mom passed away, and I have no one anymore.

During those two years, I couldn't take birth control. My ex-husband would have sex with me when I was sleeping. I confided in my ex-mother-in-law, who told me that a husband can't rape his wife. He just wanted me to keep having babies until I had a boy. Yet, he'd punish [me] for the expense of having children to take care of or [for] the time it took away from him. The whole thing was a nightmare. After my third and last child, I covertly went on birth control using a patch. My ex-husband thought it was a bandage.

[My] husband refuses to drive me to appointments; I have no license. He also refuses to pay for driving lessons or to drive me to said lessons.

My abusive husband didn't want a doctor seeing my lady parts (I am currently divorcing him).

Reproductive Autonomy is Critical to Survivor Safety

Control over their own reproductive lives is critical for survivors of intimate partner violence, who navigate a dangerous sea of risks imposed by their abusers, even when not pregnant or parenting with them. Described as “batterer-generated risks,”⁹ these include isolation from family and community; the use of immigration status, gender identity, or sexual orientation to threaten or control a partner; economic abuse; and physical injury, including assault, rape, death threats, attempted murder, and homicide.¹⁰ Being pregnant by or having a child with an abusive partner increases the abuser’s ability to coercively control their partner, as they may more easily monitor and limit their pregnant partner’s access to healthcare and work, and use their ties to children to stop their partner from either asserting autonomy in the relationship or getting free from it.¹¹

That is why access to reproductive healthcare — including abortion care — is a lifeline for many survivors of intimate partner violence.

As groundbreaking research into the effects on people turned away from abortion care showed, women¹² who terminated pregnancies caused by violent partners were more likely to get free of the abusive relationship. Women who were denied the abortion they sought were more likely to remain in contact with the violent partner, more likely to experience ongoing violence

by that partner, and more likely to be raising the children they had on their own.¹³

Violent partners have long had state power behind them when coercing and threatening the reproductive autonomy of their intimate partners, especially when their intimate partners relied on them for healthcare or lived in states that refused to provide public insurance coverage of abortion. These “state-generated” — as opposed to batterer-generated — barriers to abortion range from state-imposed waiting periods on abortion seekers to forced invasive ultrasounds to restrictions on providers and clinics that severely curtailed abortion access.¹⁴ The impact of these restrictions on survivors of intimate partner violence is compounded by other forms of state violence and control, including the criminalization of and police violence against survivors (particularly survivors who are Black, Indigenous, and people of color),¹⁵ to removing children from a parent because the parent is surviving intimate partner violence¹⁶ (also more likely to be perpetrated by the state against Black or Indigenous families, and other families of color¹⁷), to immigration consequences including deportation and detention.¹⁸ These risks also include the less obvious but equally onerous barriers to safety the state creates by limiting access to healthcare, housing, financial assistance, and fair treatment in the courts.

Tragically, the federal and state carceral approach to addressing intimate partner violence has enabled rather than alleviated it. As The Hotline’s report on law enforcement involvement found, more than seventy percent of respondents who had called the police to intervene to protect them regretted that action and would not do it again in the future.¹⁹ The violence of carceral responses informs an additional state-generated risk: criminalization of people who seek abortion care.



Like reproductive coercion itself, criminalizing people for seeking abortion care is not new. While historically, the law itself rarely ever made it a crime to have an abortion (as opposed to providing one), police and prosecutors in states across the country nonetheless used other, unrelated, laws to investigate or charge people with crimes for terminating their pregnancies—even while *Roe v. Wade* was the law of the land.²⁰ Between 2000 and 2020, at least 61 people were prosecuted for self-managing an abortion or for helping someone else do so.²¹ The experiences of people criminalized for their reproductive lives reflect what so many survivors of intimate partner violence know: that criminal legal system involvement in one’s life is damaging and often leads to lifelong consequences.

Dobbs did not create these conditions, but it has offered abusive partners more tools to control their partners’ reproductive lives— in short, it has emboldened their abusive behavior. If/When/How’s Repro Legal Helpline is a free legal services line available to people in every state, and since *Dobbs* was decided, thousands of people seeking abortion care have reached out to the Helpline for support because they do not understand their legal rights and risks in this new climate of abortion stigma and criminalization. Callers to the Repro Legal Helpline who are in abusive relationships have either been directly threatened with law enforcement by their abuser for having or seeking an abortion, or fear their abuser learning of their abortion decision will lead to their own arrest and prosecution. Even though the law does not actually target people who have abortions for criminal sanctions, as If/When/How’s research and clients’ lives reflect, prosecutors who mean to criminalize someone will attempt to do so whether the law sanctions it or not.²²

Recommendations

Control over our own reproductive lives means that neither abusers nor the state should have the power to regulate our reproductive decisions. States must do more – especially for survivors of domestic violence and sexual assault – to support people’s access to the information, resources, and healthcare they need to determine when and whether to have children, and to raise the children they have in safety.²³

States must repeal abortion restrictions, end healthcare disparities, and take immediate action to eliminate the possibility of criminalization of people who end their pregnancies or experience a miscarriage or stillbirth. The law does not support such prosecutions, and there is widespread political opposition to it as well. Policymakers and the courts should reinforce that opposition, so that abusers’ threats are not backed up by state power. States should provide a right to seek redress for people wrongly criminalized for their pregnancy outcomes, so prosecutors are disincentivized from going after them.

As this Survey demonstrates, reproductive coercion is prevalent, dangerous, and enabled by state restrictions on reproductive healthcare. Yet, this common type of abuse is lesser known or recognized, let alone validated. We must do more to raise awareness of reproductive coercion and its impact on those who can become pregnant, their families, and communities. We must elevate the voices and experiences of survivors related to reproductive coercion to ensure we are providing them with the information, resources, support, and services they need.

Intimate partner violence is not inevitable.

At a minimum, states should end harmful policies, including abortion bans and restrictions, that empower abusive partners and make it exponentially more difficult for survivors of violence to get and stay safe and free.



- ¹ See Congressional Research Service, [The Hyde Amendment: An Overview](#) (Updated July 20, 2022).
- ² Guttmacher Institute, [The Hyde Amendment: A Discriminatory Ban on Insurance Coverage of Abortion](#) (May 2021).
- ³ See National Conference of State Legislatures, [State Abortion Laws: Protections and Restrictions](#) (Updated January 29, 2024).
- ⁴ See Liza Fuentes, [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides](#), Guttmacher Institute (January 17, 2023).
- ⁵ Guttmacher Institute, [Medication Abortion](#) (October 31, 2023).
- ⁶ See, e.g., Abigail Aiken et al., [Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study](#), *The Lancet Regional Health - Americas* (2022).
- ⁷ Abigail Aiken et al., [Factors Associated with Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US](#). *JAMA Network Open* (2021).
- ⁸ As of March 1, 2024, the fourteen states are: Alabama, Ala. Code § 26-23H-4; Arkansas, Ark. Code Ann. § 5-61-301 to -304; Idaho, Idaho Code § 18-622(1)(a); Indiana, S.B. 1, 122nd Leg., 1st Spec. Sess. (Ind. 2022); Kentucky, Ky. Rev. Stat. § 311.772; Louisiana, LA. Stat. Ann. §§ 40.87.7, 14.87.8, 40:1061; Mississippi, Miss. Code Ann. § 41-41-45; Missouri, Mo. Rev. Stat. § 188.017(2); North Dakota, S.B. 2150, 68th Leg. Sess., Reg. Sess. (N.D. 2023); Oklahoma, Okla. Stat. tit. 21, § 861; South Dakota, S.D. Codified Laws § 22-17-5.1; Tennessee, Tenn. Code Ann. § 39-15-213; Texas, Tex. Health & Safety Code §§ 170A.001-7; West Virginia, W. Va. Code §16-2R-3.
- ⁹ See Jill Davies and Eleanor Lyon, *Safety Planning With Battered Women, Complex Lives/Difficult Choices* (Sage Publications 1998).
- ¹⁰ See National Domestic Violence Hotline, <https://www.thehotline.org/identify-abuse/power-and-control/>; see also American College of Obstetricians and Gynecologists, [Intimate partner violence: Committee Opinion No. 518](#), 119 *Obst. & Gyn.* 412 (2012).
- ¹¹ See National Domestic Violence Hotline, <https://www.thehotline.org/resources/children-as-an-abusive-mechanism/>.
- ¹² The [Turnaway Study](#), conducted by researchers at Advancing New Standards in Reproductive Health at the University of California, San Francisco, focused on women turned away from abortion care. People of other genders who may become pregnant face all the same risks described in this Report - and face additional layers of stigma and state-generated risks. See National Domestic Violence Hotline, <https://www.thehotline.org/resources/domestic-abuse-transgender-non-binary-survivors/>.
- ¹³ Sarah Roberts et al., [Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion](#), *BMC Medicine* 12:144 (September 2014).
- ¹⁴ For an analysis of the many abortion restrictions enacted before the Dobbs decision, see Elizabeth Nash and Sophia Naide, [State Policy Trends at Midyear 2021: Already the Worst Legislative Year Ever for U.S. Abortion Rights](#), Guttmacher Institute (July 2021).
- ¹⁵ See Asha DuMonthier et al., [The Status of Black Women in the United States](#), Institute for Women's Policy Research, p. 127 (2017); Andrea J. Ritchie, *Invisible No More: Police Violence Against Black Women and Women of Color*, (Beacon Press 2017); Leigh Goodmark, *Hands Up At Home: Militarized Masculinity and Police Officers Who Commit Intimate Partner Abuse*, 2015(5) *BYU Law Review* 1183-1246 (2015).
- ¹⁶ See, e.g., Abigail Kramer, [Backfire: When Reporting Domestic Violence Means You Get Investigated for Child Abuse](#), The New School Center for New York City Affairs (2020).
- ¹⁷ See Dorothy Roberts, *Shattered Bonds: The Color of Child Welfare* (Basic Books/Civitas, 2001); see also Frank Edwards et al., [Contact with Child Protective Services is pervasive but unequally distributed by race and ethnicity in large US counties](#) (2021).
- ¹⁸ See, e.g., Aisha Alsinai et al., [Use of immigration status for coercive control in domestic violence protection orders](#), *Front Sociol.* 8:1146102 ((Apr. 2023).
- ¹⁹ National Domestic Violence Hotline, Law Enforcement Experience Report, https://www.thehotline.org/wp-content/uploads/media/2022/09/2209-Hotline-LES_FINAL.pdf.
- ²⁰ Laura Huss, Farah Diaz-Tello, Goleen Samari, [SelfCare, Criminalized: The Criminalization of SelfManaged Abortion from 2000 to 2020](#), If/When/ How: Lawyering for Reproductive Justice (2023).
- ²¹ *Id.*
- ²² *Id.*
- ²³ See In Our Own Voice: National Black Women's Reproductive Health Agenda, Reproductive Justice, <https://blackrj.org/our-causes/reproductive-justice/> (last visited March 16, 2024) (“Reproductive Justice (RJ) means the human right to control our sexuality, our gender, our work, and our reproduction. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.”).

ABOUT THE Hotline

The Hotline is the only national 24-hour domestic violence hotline providing compassionate support, life-saving resources, and personalized safety planning via phone, online chat, and text.

To date we have answered more than 7 million calls, chats, and texts from people impacted by relationship abuse in the United States. The Hotline is a frontline resource for survivors, often the first source to validate that abuse is being experienced, and a trusted provider of resources, referrals, and safety planning. Central to The Hotline is our highly trained advocate staff, who provide high-quality, trauma-informed education, validation, and connection to services that empower survivors to make life-changing decisions with dignity and respect. Our services are free and confidential.

To respond to the unique needs of teens and young adults, The Hotline launched **love is respect**, a national resource to disrupt and prevent unhealthy relationships and dating abuse by empowering young people through inclusive and equitable education, support, and resources. love is respect is focused on providing 24/7 information, support, and advocacy to young people between the ages of 13 and 26.



7+ million calls, chats, and texts answered from people impacted by relationship abuse



Free and confidential services 24/7

As the nation's largest direct-service provider to those impacted by domestic violence, The Hotline is one of the leading collectors of real-life survivor experiences, data, and trends. We advocate for survivor-centered policies and legislation using knowledge and data informed by speaking with hundreds of thousands of survivors each year. In coalition with other leaders in the field, we ensure that survivors are represented when policymakers discuss matters that affect their safety and support.

To learn more about our organization and services, visit **thehotline.org**.

**NATIONAL
DOMESTIC
VIOLENCE
HOTLINE**

ABOUT

If/When/How

If/When/How: Lawyering for Reproductive Justice is a legal services and advocacy organization that represents people in crisis, reshapes the law, and builds a network of lawyers working for reproductive justice.

If/When/How runs the Repro Legal Helpline, which offers free and confidential legal services about abortion, pregnancy loss, and birth. The Helpline supports callers who have questions about their legal risks, including callers who are in abusive relationships and fear criminalization.

If you or someone you know has legal questions about abortion, pregnancy loss, and birth, please call the Helpline at reprolegalhelpline.org or 844-868-2812.

To learn more about If/When/How visit ifwhenhow.org.

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Lawyering for
Reproductive
Justice