Abortion and Reproductive Coercion Facts and Resources: A Guide for DV Advocates

Presented by:

Susie Baldwin, MD, MPH

Blanca Garcia Silva, MPH

Department of Public Health

Office of Women's Health

Welcome

- Thank you for being here
- Abortion can be a sensitive topic
- If you need a break, take a break
- Be willing to listen and learn
- Your participation in interactive activities is encouraged

Pre - Test

- Click on link for Pre-Test
- 3 minutes to complete

Agenda

- Community agreements
- Let's talk about abortion
- Abortion facts & myth busting
- Abortion Safe Haven Project in LA County
- Sharing fact-based resources with community
- Q&A

Goals for this training

By the end of this training participants will be able to…

1. **Discuss why abortion is a public health issue**
2. **Understand how abortion policy impacts reproductive health**
3. **Confidently refer clients to the Abortion Safe Haven website and resources**

Before we begin the conversation…

- Today's training on abortion is not a debate.
- Acknowledge that our thoughts and beliefs about abortion have been shaped by our lived experience.
- Our role as public health professionals is to understand & share facts.
- This topic can be difficult, so feel free to participate to the extent you're comfortable.

Acknowledging Gender Diversity

- Gender inclusivity acknowledges that there are many gender expressions, not just two, “binary” woman and man identities.
- People of all genders can become pregnant and have an abortion.
- In this presentation we use gender specific term of “women” in data & research studies.

1. United Nations. (n.d.). UNITED NATIONS Gender-inclusive language. www.un.org. Retrieved May 17, 2023, from https://www.un.org/en/gender-inclusive-language/
2. Moseson H, Fix L, Ragosta S, Forsberg H, Hastings J, Stoeffler A, Lunn MR, Flentje A, Capriotti MR, Lubensky ME, Obedin-Maliver J. Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States. Am J Obstet Gynecol. 2021 Apr;224(4):376.e1-376.e11. doi: 10.1016/j.ajog.2020.09.035. Epub 2020 Sep 25. PMID: 32986990; PMCID: PMC7518170.

“It’s important that LA County be a safe haven for women seeking abortion services.

It’s our duty, particularly to those who have been historically underserved in Black and brown communities.”

Holly Mitchell, LA County Board of Supervisors, 2nd District

Reproductive health, reproductive rights and reproductive justice

- **Reproductive health** is a state of complete physical, mental and social well-being- not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.
- **Reproductive rights** encompass the freedom of people to make their own decisions about their bodies, have a right to accurate information about their health, have access to reproductive services, and decide if they want children or not.
- **Reproductive justice** is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. It is informed by past reproductive injustices- particularly against marginalized groups.

1. https://www.who.int/westernpacific/health-topics/reproductive-health
2. https://www.amnesty.org/en/what-we-do/sexual-and-reproductive-rights/
3. https://www.sistersong.net/reproductive-justice

Let's talk about abortion

Abortion Basics and Frequently Asked Questions

What is abortion?

- Abortion is the **ending of an existing pregnancy.**
- **Spontaneous abortion** or a miscarriage is when a pregnancy ends on its own.
- **Induced abortion** is when a person takes action to end a pregnancy.

1. MedlinePlus. (2019). Abortion. Medlineplus.gov; National Library of Medicine. https://medlineplus.gov/abortion.html
2. *Abortion Care*. (2022, August). www.acog.org; American College of Obstetricians and Gynecologists. https://www.acog.org/womens-health/faqs/induced-abortion

Abortion is fundamental to healthcare

- **Access to safe abortion is critical for the health of women and girls.**
- **Fundamental to the health of individuals, families, and communities.**
  - Abortion has existed throughout human history in all regions and cultures.
  - Restrictions on abortion do not eliminate it but do make it less safe.

1. Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., Lunn, M. R., Flentje, A., Capriotti, M. R., Lubensky, M. E., & Obedin-Maliver, J. (2020). Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States. American Journal of Obstetrics and Gynecology, 224(4). https://doi.org/10.1016/j.ajog.2020.09.035
2. Media, B. K.-K. (2022, October). Abortion Advocacy Toolkit. Www.smfm.org. https://www.smfm.org/abortion-advocacy-toolkit
3. Benson Gold, R. (2003, March 1). *Lessons from Before Roe: Will Past be Prologue?* Guttmacher Institute. https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue
4. World Health Organization. (2021, November 25). Abortion. World Health Organization; World Health Organization. https://www.who.int/news-room/fact-sheets/detail/abortion
5. *Photo Credit:* BBC 13th-century depiction of an herbalist preparing pennyroyal, a traditional herbal abortifacient ©

Abortion is safe

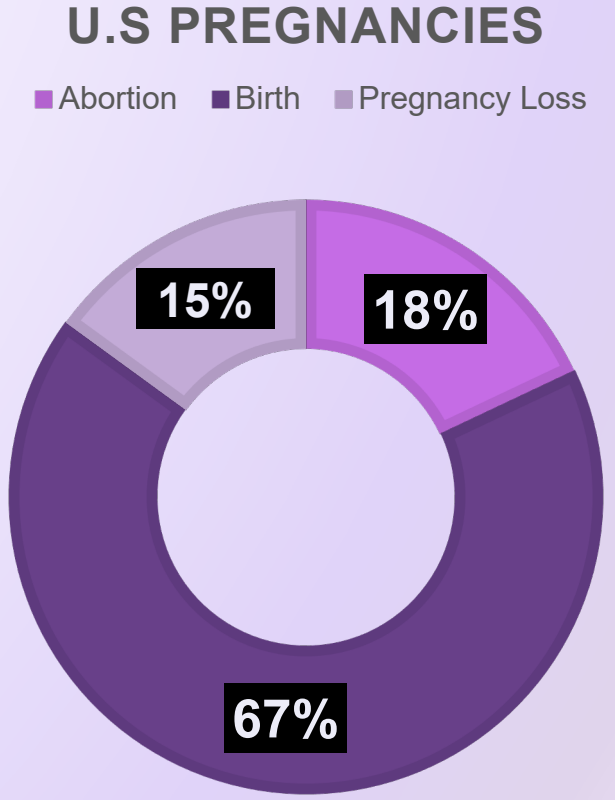
- Risk of death associated with abortion is **14 times lower than risks associated with carrying a pregnancy to term**
- **Early abortions extremely safe**
- Most abortions occur early in pregnancy;
  - **80.8% in first 9 weeks**
  - **93.5% in first trimester**

1. *Abortion Care*. (n.d.-b). ACOG. https://www.acog.org/womens-health/faqs/induced-abortion
2. Kortsmit, K., Nguyen, A. T., Mandel, M. G., Hollier, L. M., Ramer, S., Rodenhizer, J., & Whiteman, M. K. (2023b). Abortion Surveillance — United States, 2021. MMWR Surveillance Summaries, 72(9), 1–29. https://doi.org/10.15585/mmwr.ss7209a1
3. Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol. 2012;119(2 Pt 1):215-219.

How common is abortion in the U.S.?

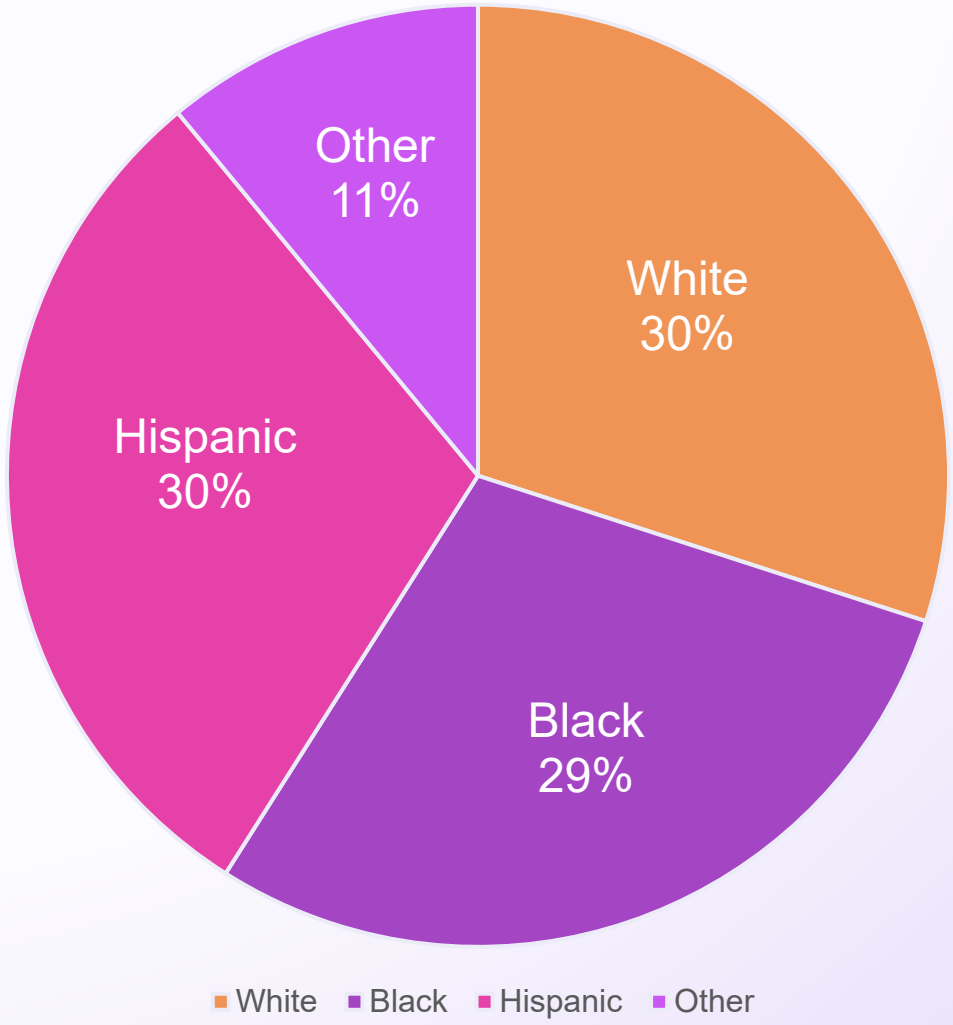
In the U.S., by age 45, nearly 1 in 4 women will have terminated a pregnancy

Approximately **18%** of pregnancies end in abortion



1. *Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates*. (2023, October 5). Guttmacher Institute. https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates
2. *Abortion in the United States*. (2024, June 25). Guttmacher Institute. https://www.guttmacher.org/fact-sheet/induced-abortion-united-states

Demographics of abortion patients, 2021



Other demographics

- **71%** have low incomes, (**< 200%** the Federal Poverty Level)
- **55%** of women already have children
- **62%** have religious affiliation

1. *Abortion in the United States*. (2024, June 25). Guttmacher Institute. https://www.guttmacher.org/fact-sheet/induced-abortion-united-states
2. *People of All Religions Use Birth Control and Have Abortions*. (2022, August 31). Guttmacher Institute. https://www.guttmacher.org/article/2020/10/people-all-religions-use-birth-control-and-have-abortions

Most common methods for abortion care

Medication Abortion

- Ends an existing pregnancy with **abortion pills called mifepristone and misoprostol**
- Mifepristone **blocks progesterone** and misoprostol induces **uterine cramping**
- Used outside medical office (tele/mail)

Procedural Abortion

- Ends an existing pregnancy when a healthcare provider **removes a pregnancy from the uterus**
- This is an in-clinic procedure

Abortion Care. (n.d.). ACOG. https://www.acog.org/womens-health/faqs/induced-abortion

What is self-managed abortion?

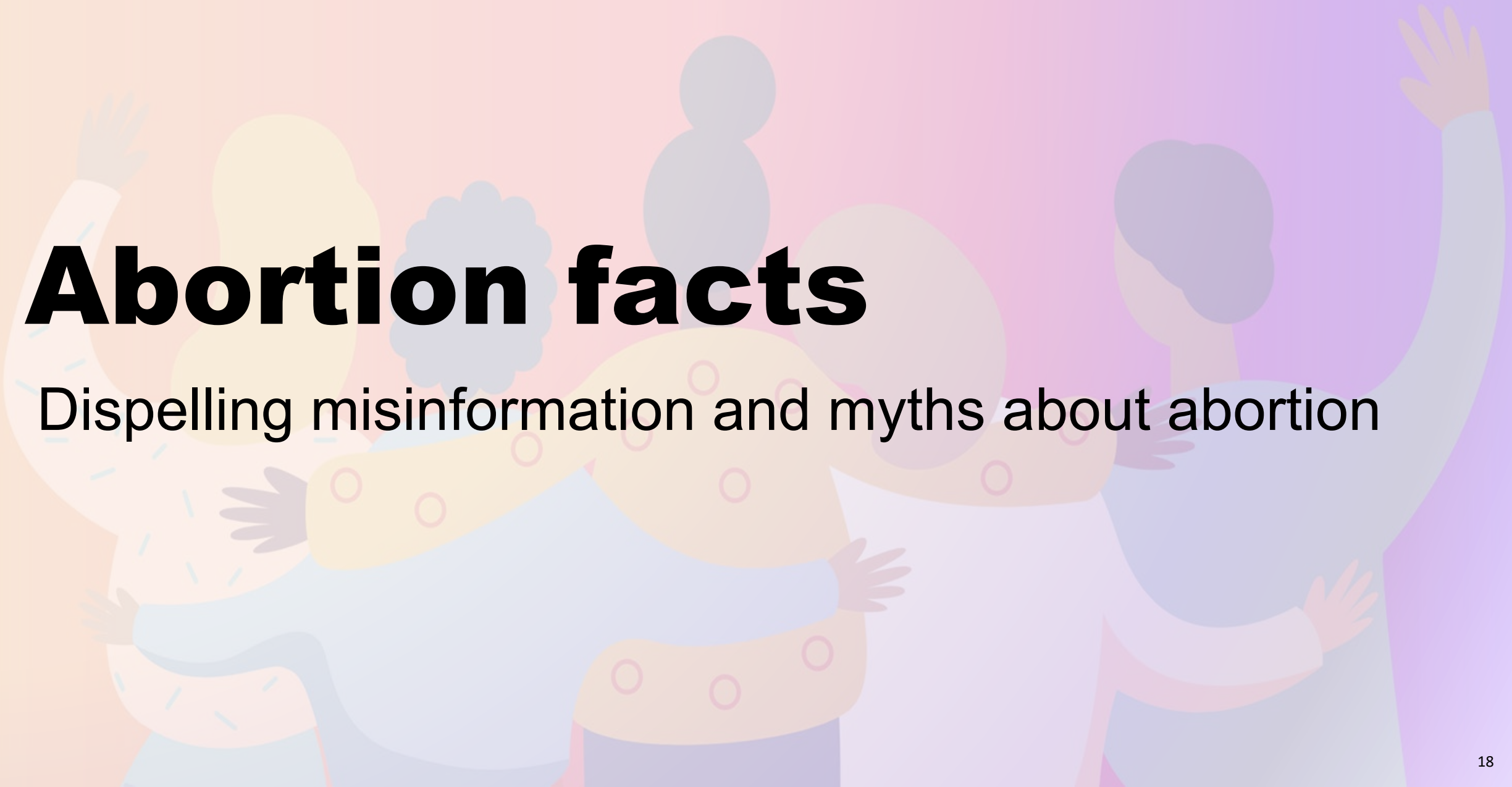
- **A self-managed abortion** is when someone ends their pregnancy **without supervision** by a doctor or health care provider by using abortion pills or other means
  - We distinguish self-managed abortion here from telehealth/telemedicine
- When self-managed abortion is conducted using mifepristone and misoprostol, and accurate instructions are followed, it is safe & effective
- **The greatest risk** to people using medicine to self-manage abortion is **criminalization**

Photo from (CLARICE BAJKOWSKI FOR THE 19TH)

1. Verma, N., & Grossman, D. (2023). Self-Managed Abortion in the United States. *Current Obstetrics and Gynecology Reports*, *12*(2), 70–75. https://doi.org/10.1007/s13669-023-00354-x
2. Photo credit: https://19thnews.org/wp-content/uploads/2022/05/Self_Managed_Abortion_Topper.jpg

Abortion facts

Dispelling misinformation and myths about abortion



True or False

Emergency contraception pills do not end an existing pregnancy.

True

Emergency contraception pills **do not** end an existing pregnancy.

How do these different pills work?

Emergency Contraception Pills

- Also known as “the morning after pill”
- Stops the ovary from releasing an egg
- **Needs to be taken after unprotected sex before a pregnancy occurs**

Medication Abortion (Abortion Pills)

- **Mifepristone** stops the pregnancy from growing
- **Misoprostol** causes cramping that empties the uterus
- **Ends an early existing pregnancy** (up to 11 weeks)

1. *Emergency Contraception KFF*. (2022, August 4). KFF. https://www.kff.org/womens-health-policy/fact-sheet/emergency-contraception/
2. *Abortion Care*. (n.d.). ACOG. https://www.acog.org/womens-health/faqs/induced-abortion

What are emergency contraception pills?

- Levonorgestrel and ulipristal, also known as “morning after pill”
- Used within **3-5 days** after sexual intercourse
- Weight considerations
  - Reduced effectiveness >165 lbs. (>195 lbs ella)
- **Prevents a pregnancy from occurring**
- **Won’t work if the person is pregnant**

1. *Emergency Contraception | KFF*. (2022, August 4). KFF. https://www.kff.org/Womens-Health-Policy/Fact-Sheet/Emergency-Contraception/.%20https://www.kff.org/womens-health-policy/fact-sheet/emergency-contraception/

True or False

Abortion increases risk of breast cancer.

False

~~Abortion increases risk of breast cancer.~~

The **fact** is that there is **no association** between abortion and breast cancer

- The international scientific community and multiple research studies have concluded there is **no direct link to abortion and breast cancer**

1. Tong, H., Wu, Y., Yan, Y., Dong, Y., Guan, X., Liu, Y., & Lu, Z. (2020). No association between abortion and risk of breast cancer among nulliparous women: Evidence from a meta-analysis. *Medicine*, *99*(19), e20251. https://doi.org/10.1097/MD.0000000000020251

True or False

Abortion affects fertility.

False

Abortion does NOT affect fertility.

- The American College of Obstetrics and Gynecologists reviewed evidence and **found no link** between abortion and reduced fertility, or between abortion and issues with future pregnancies

1. *Abortion care*. (n.d.). ACOG. https://www.acog.org/womens-health/faqs/induced-abortion

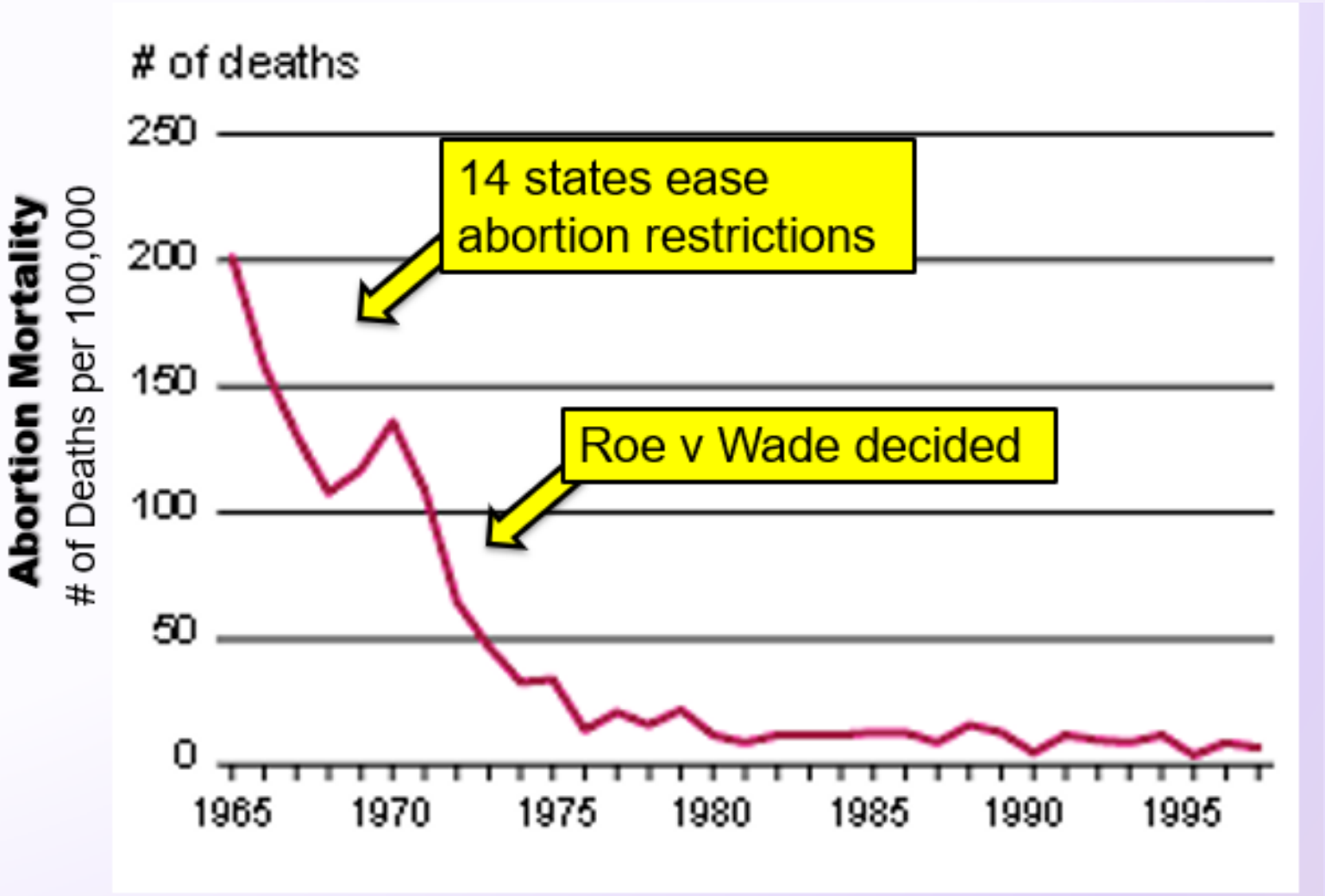
Abortion legalization: impacts on the lives of women

Significance of *Roe v. Wade* on the lives of women

- *Roe v. Wade* was a decision by the Supreme Court of the United States on January 22, 1973
- **Established constitutional right to abortion nationwide**
- Abortion became more accessible and safer abortion care expanded
- Improvements in socioeconomic status & gender equality:
  - Plan & control if & when to start a family
  - Participate more fully in society
  - Attain higher levels of education, employment, and economic security

1. Benson Gold, R. (2003, March 1). *Lessons from Before Roe: Will Past be Prologue?* Guttmacher Institute. https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue
2. Varela, N. V., Cohen, N., Opper, N., & Weber, C. (2023). The State of Reproductive Health in the United States. *In Zenodo (CERN European Organization for Nuclear Research)*. https://doi.org/10.5281/zenodo.7548698

Maternal deaths from abortion declined dramatically with reform of abortion laws



- Maternal death **declined** more than **8x** between **1973 and 1985**

1. *Lessons from Before Roe: Will Past be Prologue?* (2022, August 30). Guttmacher Institute. https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue

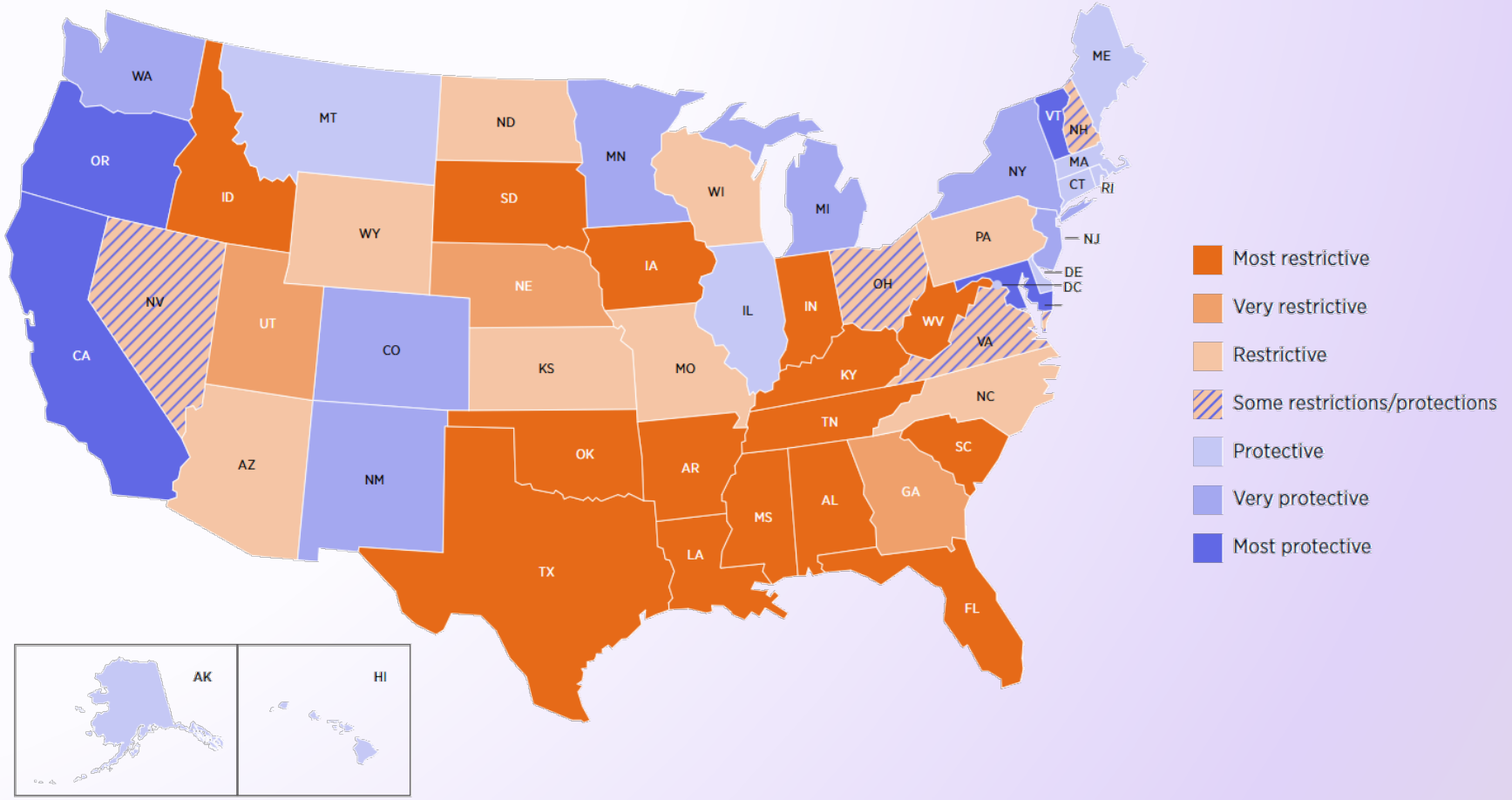
2. Induced termination of pregnancy before and after Roe v Wade. Trends in the mortality and morbidity of women. Council on Scientific Affairs, American Medical Association. (1992). *JAMA*, *268*(22), 3231–3239.

***Dobbs v. Jackson Women's Health Organization* (2022)**

- **U.S. Supreme Court** overturned *Roe v. Wade* on June 24th, 2022
- **Immediately eliminated the constitutional right to abortion**
- Abortion policy is left up to each state
- More states continue to criminalize and restrict access

1. Varela, N. V., Cohen, N., Opper, N., & Weber, C. (2023b). The State of Reproductive Health in the United States. In *Zenodo (CERN European Organization for Nuclear Research*). https://doi.org/10.5281/zenodo.7548698
2. *The United States Supreme Court Ends the Constitutional Right to Abortion*. (2022, June 27). https://www.commonwealthfund.org/blog/2022/united-states-supreme-court-ends-constitutional-right-abortion

Map of Abortion Restrictions in the U.S.



The map reflects state policies in effect as of October 8, 2025

Source: Guttmacher Institute

Harms of abortion criminalization in health care settings

- Laws criminalizing abortion pose a threat to the privacy and safety of all pregnant people
- Medical treatment for pregnancy loss and abortion are the same
  - Natural pregnancy loss **occurs in 15-31% of pregnancies**
  - Providers may not want to treat patients with pregnancy loss out of confusion and fear of legal liability
  - Many medical training programs for these procedures have stopped

Real life impact of *Dobbs* on mortality

A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms

Why a brain-dead woman in Georgia remains on life support: The unsettling power of strict abortion laws

Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable.

Afraid to Seek Care Amid Georgia's Abortion Ban, She Stayed at Home and Died

Georgia fires entire maternal mortality panel after reporting on abortion ban deaths

Criminalization of and restrictions on abortion threaten all individuals of reproductive age and their families, especially:

- Adolescents and foster youth
- Black, Indigenous, and other People of Color
- Domestic violence, human trafficking, and sexual assault survivors
- Immigrants
- Lesbian, bisexual, queer women, and transgender, gender non-conforming, and intersex people
- People involved in the criminal legal system
- People experiencing homelessness
- People living in rural areas
- People with disabilities
- People with substance use disorder

1. Jones, R. K., Nash, E., Cross, L., Philbin, J., & Kirstein, M. (2024, December 10). *Medication Abortion Now Accounts for More Than Half of All US Abortions*. Guttmacher Institute. https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions
2. Purakal, J. (2022, July 7). *Emergency Medicine and Reproductive Healthcare in a Post-Roe Landscape*. SocialEMpact. https://www.socialempact.com/viewpoints/roevwade
3. Centers for Disease Control and Prevention, 2022

Reproductive Coercion, Intimate Partner Violence, and Domestic Violence

How Prevalent is DV/IPV in LA County?

According to 2023 data for LA County

~1 in 7 Cisgender Men (14%)
Reported experiencing any form of IPV

~1 in 4 Cisgender Women (24%)
Reported experiencing any form of IPV

~1 in 2 TGN individuals (47%)
Reported experiencing any form of IPV

*TGN= transgender, gender non-binary, and non-conforming/queer.

According to the Maternal Infant Health Assessment Survey from 2019-2021

DV/IPV during Pregnancy

5.6%

of pregnant women **ages 15 and older** in LA County, reported **Domestic Violence**

1. Los Angeles County Domestic Violence Data Sources and Estimates: 2025 Update.
Data from Maternal Infant Health Assessment Survey 2019-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx

How Prevalent is DV/IPV in Youth?

In 2023

Teen Dating Violence

Among Los Angeles Unified School District (LAUSD) **high school students**,

7.8% reported **physical** dating violence

7.1% reported **sexual** dating violence

1. Los Angeles County Domestic Violence Data Sources and Estimates: 2025 Update.
2. Data is from the Youth Risk Behavior Surveillance System (YRBSS) https://www.cdc.gov/yrbs/data/index.html

What is Reproductive Coercion?

- Reproductive coercion = any behavior that seeks to *maintain power and control over someone's reproductive health*
- Reproductive coercion includes attempts to interfere with contraceptive use, pregnancy decision-making, and protection from sexually transmitted infections
- May involve use of force, verbal threats, pestering, tampering with birth control methods, or other actions

Reproductive coercion can take many forms. This can sound like:

I don't want you to use birth control

If you don't have an abortion, I'll leave you

If you love me, you'll have a baby with me

If you have an abortion, I'll leave you

If you have an abortion, I will tell your [family, friends, police]

Examples of Reproductive Coercion

Birth control sabotage: Interfering with a partner's birth control without their consent.

Including:

- **Refusing to wear a condom**
- **Removing a condom without partner's consent ("stealthing")**
- **Destroying or tampering with birth control pills, rings, patches, intrauterine contraception, etc.**
- **Withholding money for birth control purchase**
- **Failing to "pull out" after previously agreeing to do so ("pulling out" refers to the removal of the penis from the vagina before ejaculation occurs)**

Repro Coercion and DV/IPV and human trafficking survivors

- Abusive partners/traffickers control reproductive decisions
- After birth many abusive partners will use children as another form of control
- Homicide from intimate partner violence is the leading cause of death for pregnant women in the US
- Danger from abusive partner increases 1) when women try to leave their situation & 2) when pregnant

1. Winny, A., Zhu, A., & Rogers, L. S. (2021).
2. Lawn, R. B., & Koenen, K. C., 2022
3. Harvard T.H. Chan School of Public Health, 2022
4. Coverdale, J., Gordon, M.R., Beresin, E.V., et al., 2023

Domestic violence and human trafficking survivors

- One reason DV and human trafficking survivors have difficulty accessing abortion care is they lack money due to economic abuse
- In IPV, lack of access to abortion care is associated with increase of physical violence from the man involved in the pregnancy
- DV survivors denied abortion services are more likely to remain with or stay in contact with a violent partner
- People who experience trafficking and bear children become more vulnerable to continued control by trafficker

1. Kippert, A., 2021
2. Roberts, S.C., Biggs, M.A., Chibber K.S., et al., 2014
3. Craig, H., 2022
4. Clark, L.E., Allen, R.H., Goyal, V., et al., 2014

Sexual assault survivors

- **60-70%** of rapes go unreported [3]
- States that have an exception to abortion ban for cases of sexual assault typically **require a police report**
- Sexually abused children who become pregnant may not be able to report their offender, especially if it is a family member or someone they know [2]

1. Centers for Disease Control and Prevention, 2020
2. The National Child Traumatic Stress Network
3. National Sexual Violence Resource Center, n.d.

Since the Dobbs v. Jackson Women's Health Organization Supreme Court decision, the number of people who have **reported abuse involving reproductive coercion** to the National Domestic Violence Hotline **HAS DOUBLED.**

- **23%** of respondents: current or former partner pressured them into becoming pregnant
- **13%** of respondents: current or former partner used or threatened violence while they were pregnant, with the intention of ending the pregnancy.
- **42% experiencing repro coercion *never reached out for support*.**

Reproductive Coercion Guide

- Defines and describes reproductive coercion
- Provides information about “hidden birth control” and confidentiality of health care services under California law
- Lists helpful questions for DV advocates to raise with clients to broach this challenging topic

Addressing Reproductive Coercion in Intimate Partner Violence (IPV):

A Guide for Advocates

Content warning: *This document provides information about difficult subjects, including intimate partner violence (IPV) and abuse. While the content was developed with concern for reader sensitivity, discretion is still advised.*

People experiencing IPV often are denied the ability to make decisions about their own lives and bodies, including in matters related to reproductive health. This guide compiles information to improve education, support, and access to services for survivors of IPV, with the aim of enhancing reproductive autonomy and control, as well as overall health, safety, and wellbeing.

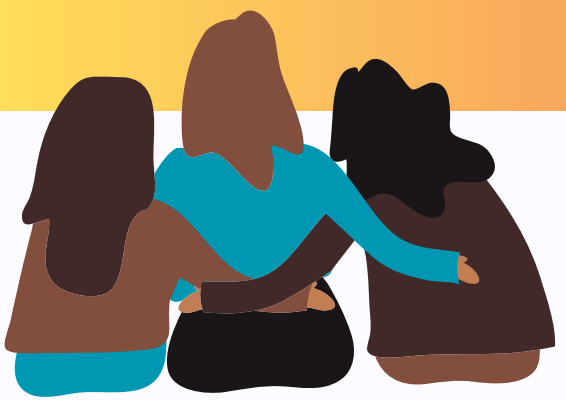
What is reproductive coercion?

Reproductive coercion is an umbrella term for any behavior that seeks to maintain power and control over someone’s reproductive health.

It often takes place in the context of other forms of violence or abuse. Reproductive coercion includes attempts to interfere with contraceptive use, pregnancy decision-making, and protection from sexually transmitted infections. It may involve use of **force, verbal threats, pestering, tampering with birth control methods, or other actions**. Reproductive coercion may or may not involve explicit violence or force, but **all forms of reproductive coercion are abuse**.

USC Institute on Inequalities in Global Health

County of Los Angeles Public Health



Linking Survivors with Healthcare

- IPV advocates play an important role in linking survivors to health services they may not know they need or are eligible for.
- Access to healthcare can be an important part of the healing process and reduce the impacts of IPV and reproductive coercion.
- Because being a survivor of domestic violence is considered a “Qualifying Life Event,” clients can enroll in health plans, including Medi-Cal, at any time throughout the year.

Protecting Survivor Privacy in Healthcare

- California's Confidential Health Information Act (CHIA)
  - Through CHIA, a person can submit a confidential communications request form "to ensure that all communications regarding sensitive health information occur solely with the patient."

Protecting Survivor Privacy in Healthcare

- Patients' rights included in the Rights & Confidentiality are:
  - Your right to be told how your doctor will use your personal health information
  - Your right to set limits on who gets to see your personal health information
  - Your right to be told to whom your personal health information has been given
- CA healthcare providers are banned from releasing medical records of people seeking abortion care to law enforcement (Office of Governor).

Contraception Information: Guiding Survivors

- **Linking survivors who can get pregnant with birth control information and services is another important role for advocates**
- Many safe, effective contraception options are available to prevent pregnancies or space them apart to optimize health
- Clinicians can make it easier for people experiencing coercion to **hide birth control from a controlling partner**
  - Survivors may benefit from using discreet and longer-acting forms of birth control, such as an intrauterine device (IUD)/ intrauterine contraception (IUC)
  - Healthcare providers can also give patients emergency contraception (birth control that works 3-5 days after sex) in a plain envelope)
- Find more information at **Pregnant Survivors** and the **Take Control Initiative**

Contraception Information: Guiding Survivors

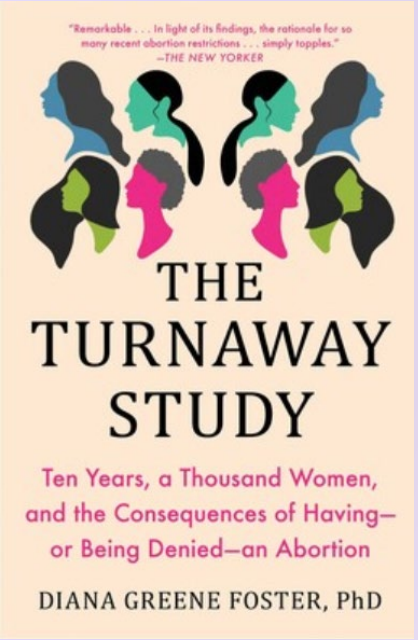
- Family planning services are available to all people in California regardless of ability to pay.
  - Medi-Cal covers various forms of prescription and over-the-counter contraceptives, including IUC, the implant, sterilization, pills, condoms, & emergency contraception (birth control taken AFTER unprotected sex), among others.
  - Family PACT is a confidential program for individuals with low incomes that covers various birth control methods (prescription and over-the-counter contraception, including emergency contraception), STI testing & treatment, HIV testing & more.
    - If clients are unable to maintain confidentiality in their current health insurance plan, Family PACT is a helpful alternative for reproductive health needs.

Minor Consent in Healthcare - California

- People of any age in CA can access birth control or pregnancy-related care, including abortion, without parental consent.
- People age 12+ in CA can also receive care for testing, treatment, or prevention of STDs/HIV, including vaccines for HPV & Hepatitis B, without parental consent.

Impacts of abortion access on health and well-being

Women who sought & received an abortion (vs. those denied): (Findings from the *Turnaway Study*)



- More financially stable
- Set more ambitious life goals
- Raised children under more stable conditions
- More likely to have a wanted child later
- **95%** reported that having the abortion was the right decision for them

1. Fost, D. (2022, June 23). UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being | UC San Francisco. *UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being* | UC San Francisco. https://www.ucsf.edu/news/2022/06/423161/ucsf-turnaway-study-shows-impact-abortion-access
2. University of California, San Francisco. (2018). The mental health impact of receiving vs. being denied a wanted abortion. *ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH*. https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf

People denied abortions suffered from more economic hardship:

- Struggled to cover basic living expenses (food, housing and transportation)
- Mothers and their children
  - Had **~4 times** higher risk of living in poverty
  - Were **3 times** more likely to be unemployed
- Some were forced to stayed connected to their abusive/violent partner(s)

1. Miller, S., Wherry, L., & Foster, D. G. (2020). *The Economic Consequences of Being Denied an Abortion*. https://doi.org/10.3386/w26662
2. Fost, D. (2022, June 23). UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being | UC San Francisco. *UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being* | UC San Francisco. https://www.ucsf.edu/news/2022/06/423161/ucsf-turnaway-study-shows-impact-abortion-access
3. Varela, N. V., Cohen, N., Opper, N., & Weber, C. (2023b). The State of Reproductive Health in the United States. In *Zenodo (CERN European Organization for Nuclear Research)*. https://doi.org/10.5281/zenodo.7548698
4. University of California, San Francisco. (2018). The mental health impact of receiving vs. being denied a wanted abortion. In Advancing New Standards in Reproductive Health. https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf
5. Roberts, S. C., Biggs, M. A., Chibber, K. S., Gould, H., Rocca, C. H., & Foster, D. G. (2014). Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Medicine*, 12(1). https://doi.org/10.1186/s12916-014-0144-z

Denying abortions & health complications

- Not being able to end a pregnancy may lead to more health problems such as:
  - Chronic conditions (migraines, joint pain)
  - Infections
  - Gestational diabetes
  - Preeclampsia & eclampsia
  - Other serious pregnancy-related problems
  - Death

1. Fost, D. (2022, June 23). UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being | UC San Francisco. *UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being* | UC San Francisco. https://www.ucsf.edu/news/2022/06/423161/ucsf-turnaway-study-shows-impact-abortion-access

Denying & criminalizing abortion increases maternal and pregnancy related death

- U.S. Black and Indigenous women already face high or increasing rates of maternal death
- Disparities in maternal death exist due to…
  - Structural racism
  - Variations in access to quality healthcare
  - Underlying chronic conditions
  - Disinvestment in Black and Brown communities
  - Implicit bias

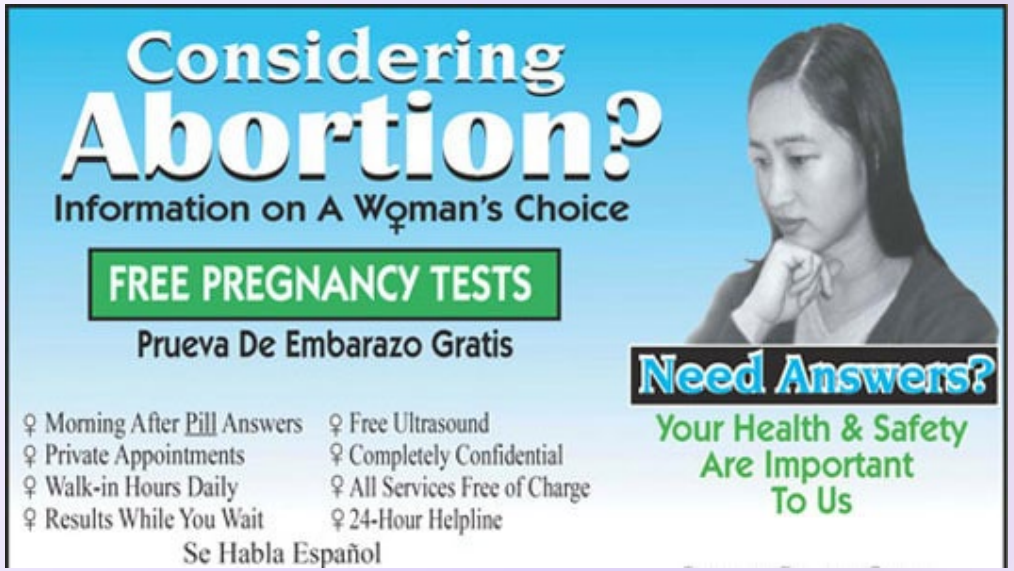
1. Mueksch, N. (2022, June 30). *Abortion bans to increase maternal mortality even more, study shows*. CU Boulder Today. https://www.colorado.edu/today/2022/06/30/abortion-bans-increase-maternal-mortality-even-more-study-shows
2. Kortsmit, K., Mandel, M. G., Reeves, J. A., Clark, E., Pagano, H. P., Nguyen, A., Petersen, E. E., & Whiteman, M. K. (2021). *Abortion Surveillance — United States, 2019*. MMWR Surveillance Summaries, 70(9), 1–29. https://doi.org/10.15585/mmwr.ss7009a1
3. *Maternal Mortality Rates in the United States, 2020*. (2022, February 22). https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#Table

Crisis Pregnancy Centers (CPCs)

How CPCs impact patients and their reproductive rights

What are Crisis Pregnancy Centers?

- Crisis Pregnancy Centers (CPCs), are privately run places that look like health care clinics but are often not staffed by medical providers
- Deceive patients to be legitimate clinics



- Misinformation about abortion and birth control, including medication abortion reversal

1. *Abortion Care*. (2022, August). American College of Obstetricians and Gynecologists. https://www.acog.org/womens-health/faqs/induced-abortion

Ariel wants an abortion

Ariel (they/them) is pregnant and looking for information online about abortion clinics in their community. They type "abortion clinics near me" into the search bar, and one result is a clinic that offers free pregnancy services like ultrasounds, pregnancy testing, and free pregnancy options counseling.

Ariel calls the clinic for more information and makes an appointment. During the appointment, Ariel asks what their pregnancy termination options are, but the counselor gives them a pamphlet on adoption instead and asks Ariel to come back in two weeks for an ultrasound. Ariel becomes anxious as time is passing and they still didn't know how to access abortion services.

- **Where do you think Ariel went?**
- **How would you point Ariel in the right direction?**

Looking into the future of abortion:

Potential federal actions and California protections

Potential impact on abortion access in CA

Potential Federal Actions

- FDA rule changes affecting mifepristone access and approval
- Enforcement of Comstock Act to restrict mailing of abortion medications
- Promotion of fetal personhood laws/legal theory
- Changes to Title X

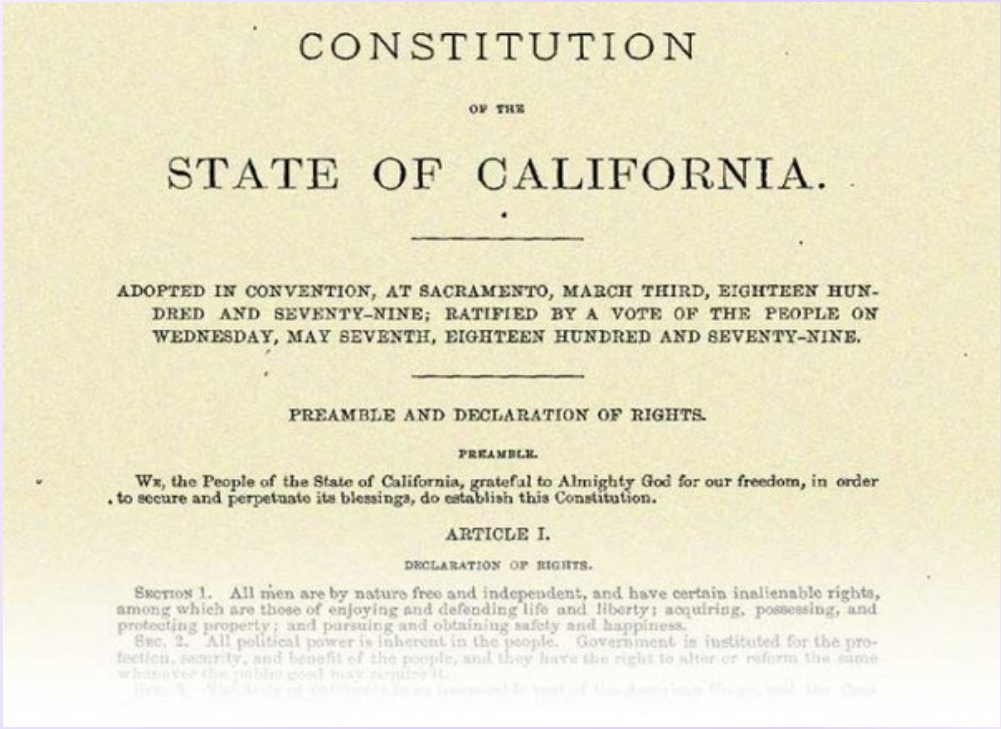
Potential impact on abortion access in CA

California Protections

- Constitutional right to abortion (Prop 1)
- Shield laws protecting providers and patients
- Expanded access to contraception and reproductive healthcare
- Active legal defense

California protects reproductive healthcare

- Rich history of laws that protect and enable access to reproductive health care
- Proposition 1 established a right to reproductive freedom
- Defined to **include a right to an abortion and to choose or refuse contraceptives**



CONSTITUTION

OF THE

STATE OF CALIFORNIA.

ADOPTED IN CONVENTION, AT SACRAMENTO, MARCH THIRD, EIGHTEEN HUNDRED AND SEVENTY-NINE; RATIFIED BY A VOTE OF THE PEOPLE ON WEDNESDAY, MAY SEVENTH, EIGHTEEN HUNDRED AND SEVENTY-NINE.

PREAMBLE AND DECLARATION OF RIGHTS.

PREAMBLE.

We, the People of the State of California, grateful to Almighty God for our freedom, in order to secure and perpetuate its blessings, do establish this Constitution.

ARTICLE I.

DECLARATION OF RIGHTS.

SECTION 1. All men are by nature free and independent, and have certain inalienable rights, among which are those of enjoying and defending life and liberty; acquiring, possessing, and protecting property; and pursuing and obtaining safety and happiness.

SEC. 2. All political power is inherent in the people. Government is instituted for the protection, security, and benefit of the people, and they have the right to alter or reform the same whenever the public good may require it.

Photo credit: California Constitution

What California laws help with abortion access?

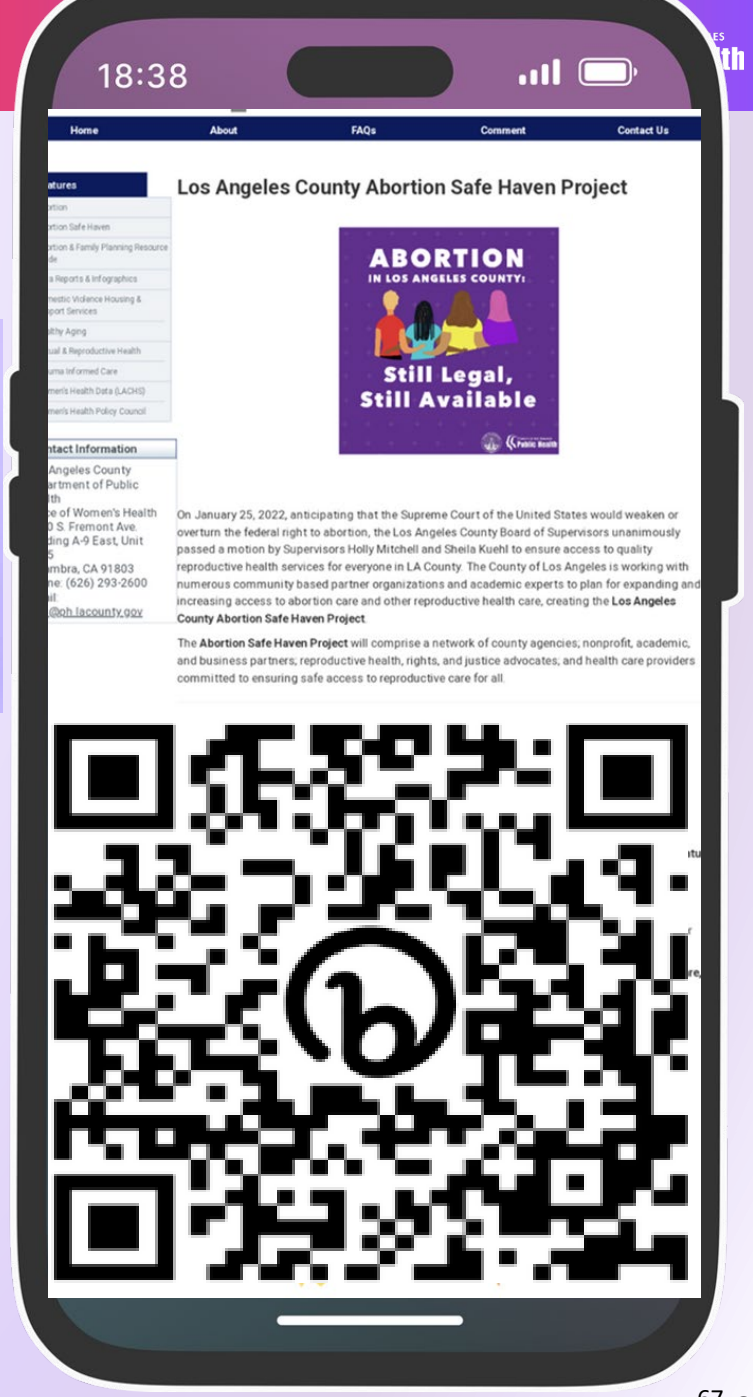
- **How do people pay for abortion?**
  - Covered by Medi-Cal, private insurance
  - No out-of-pocket medical costs
  - Abortion Funds are grassroot organizations that can help cover transportation, lodging, and childcare costs
- **Does my information stay private?**
  - Strong confidentiality laws for sexual and reproductive health & special protections for abortion records
- **Can minors get an abortion or other pregnancy services without their parents' consent?**
  - Minors DO NOT need parental consent
  - No age restriction for abortion services

Abortion Safe Haven Project in Los Angeles County

Improving abortion care services for our communities

Abortion Safe Haven Website

http://abortionsafehaven.ph.lacounty.gov/



- Committed to expanding and ensuring safe access to reproductive **care for anyone** seeking services in Los Angeles County
- "One stop shop" for family planning and abortion resources

Main categories of resources on website

1. Providers in LA County
2. Information on local to national in-clinic & medication abortion sites
3. How do I pay for abortion?
4. Birth control & contraceptive care
5. Mental health support
6. Abortion & contraceptive rights in California
7. Doula support
8. Beware of misleading information

Multi-lingual Tools on Safe Haven website
http://abortionsafehaven.ph.lacounty.gov/

True or False

The Safe Haven website provides referrals to Crisis Pregnancy Centers (CPCs).

False

~~The Safe Haven website provides referrals to Crisis Pregnancy Centers (CPCs).~~

Our Abortion Safe Haven goals as training participants

- Distinguish abortion myths from facts
- Understand that abortion is legal in California
- Be able to provide **accurate, fact based and bias-free information**
- **Refer people to the Abortion Safe Haven website**

1. Slide adopted from UCSF Innovating Education in Reproductive Health (Informed Consent, Decision Assessment, and Counseling in Abortion Care)

True or False

Our goal as training participants in contributing to abortion health equity is to direct clients/patients/community members to the LA County Abortion Safe Haven website for resource guides and information.

True

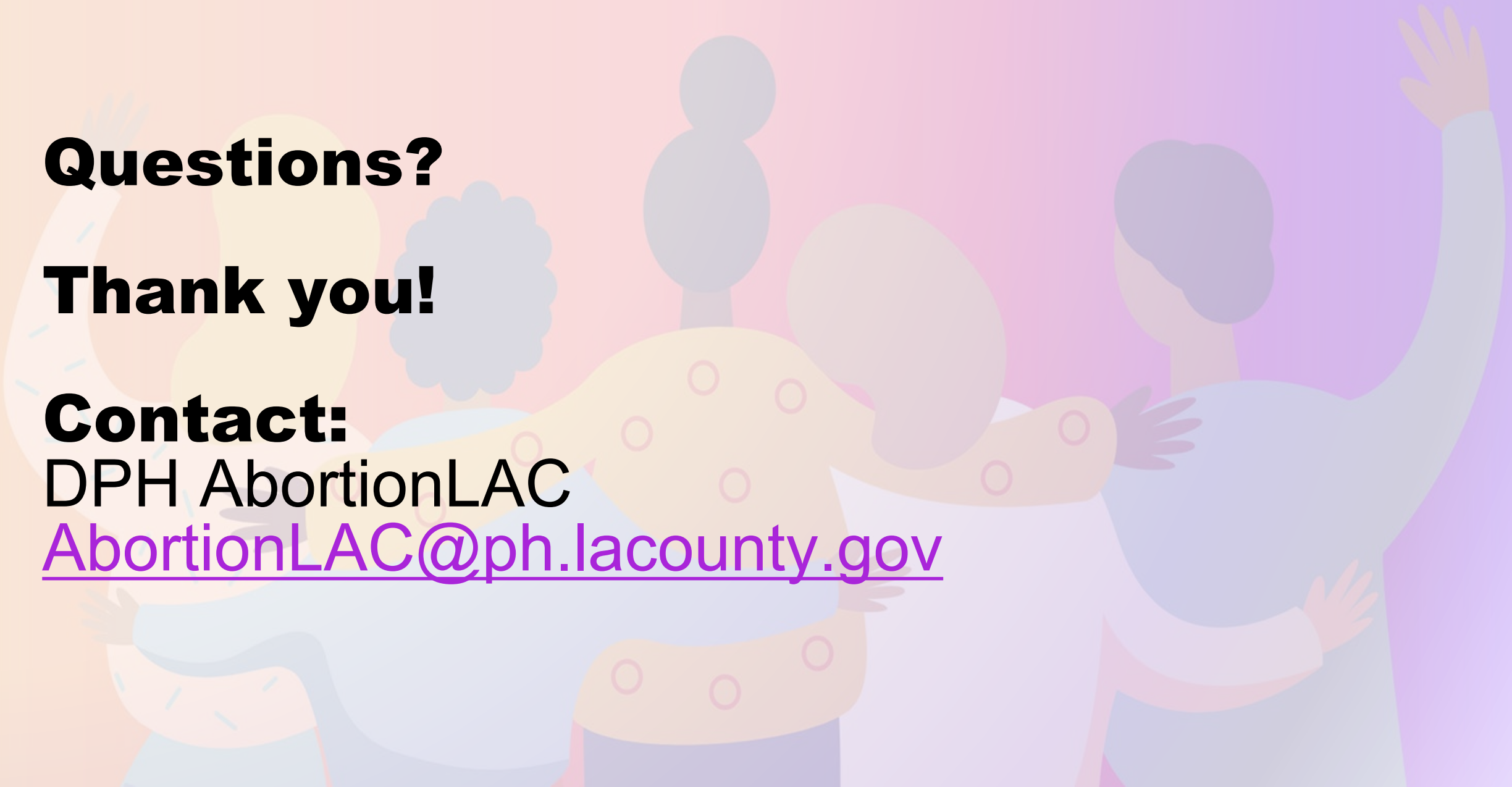
Direct clients/patients/community members to the LA County Abortion Safe Haven website for resource guides and information.

Post - Test

- Click on link for Post-Test
- 2 minutes to complete

Questions?

Thank you!

Contact:

DPH AbortionLAC
AbortionLAC@ph.lacounty.gov