

PRIMER ON SELF-INDUCED ABORTION

Jill E. Adams, JD, and Melissa Mikesell, JD, The SIA Legal Team

What Is Self-Induced Abortion?

The right to abortion has been established and repeatedly upheld in constitutional and human rights law. For the right to be a meaningful reality for all people, there must be a range of safe, effective, affordable methods available for use in one's preferred setting. While clinic-based abortions will always be an essential component of abortion care, some pregnant people seek medication abortions outside of the formal health care system. The practice of self-administering pharmaceutical pills, traditional herbs, or other means is sometimes referred to as "self-induced abortion" and is the only available or acceptable method of abortion to growing numbers of people.

“ Distance, cost, language barriers, and immigration checkpoints are just some of the obstacles that may keep Latinas from accessing an abortion clinic. We need to expand access to a broader range of abortion options in order for our communities to regain control over their health and lives.

-- **Jessica González-Rojas**, *National Latina Institute for Reproductive Health*

Pregnant people deserve access to whatever manner of abortion care will best meet their needs. For some, a hospital or reproductive health clinic is the safest or most comfortable place for an abortion. For many, abortion can be safely and effectively induced with medication at home (or in another chosen place), surrounded by a loved one, friend, or caregiver. Pregnant people should have access to the full panoply of abortion care options, which includes self-directed and provider-directed care. And, they should never be prosecuted for ending their own pregnancy or for pregnancy loss. The criminalization of self-induced abortion will effectively cut off the right to abortion for many pregnant people. Instead of criminalizing people for ending their own pregnancies, we should be working to end the stigma, restrictions, and other barriers to health care that overzealous lawmakers have imposed on abortion access.

Why You Should Care About Self-Induced Abortion

27

Number of U.S. states the Guttmacher Institute reports have laws that are extremely hostile to abortion rights

\$504

Cost of an early medication abortion in a U.S. abortion clinic prior to 10 weeks

40

Number of laws potentially violated when someone self-induces an abortion in the U.S. with the support of an advocate or caregiver

\$1.09

Cost of an FDA-approved medication commonly used as an abortifacient, when purchased through a pet pharmacy

17

Number of known arrests or convictions in connection with self-induced abortion

20

Number of years Purvi Patel could have spent in jail for an alleged self-induced abortion if her conviction hadn't been overturned

While Florida's population is only **15** percent African-American,

75

percent of the pregnancy-related criminal cases in Florida were brought against African Americans.

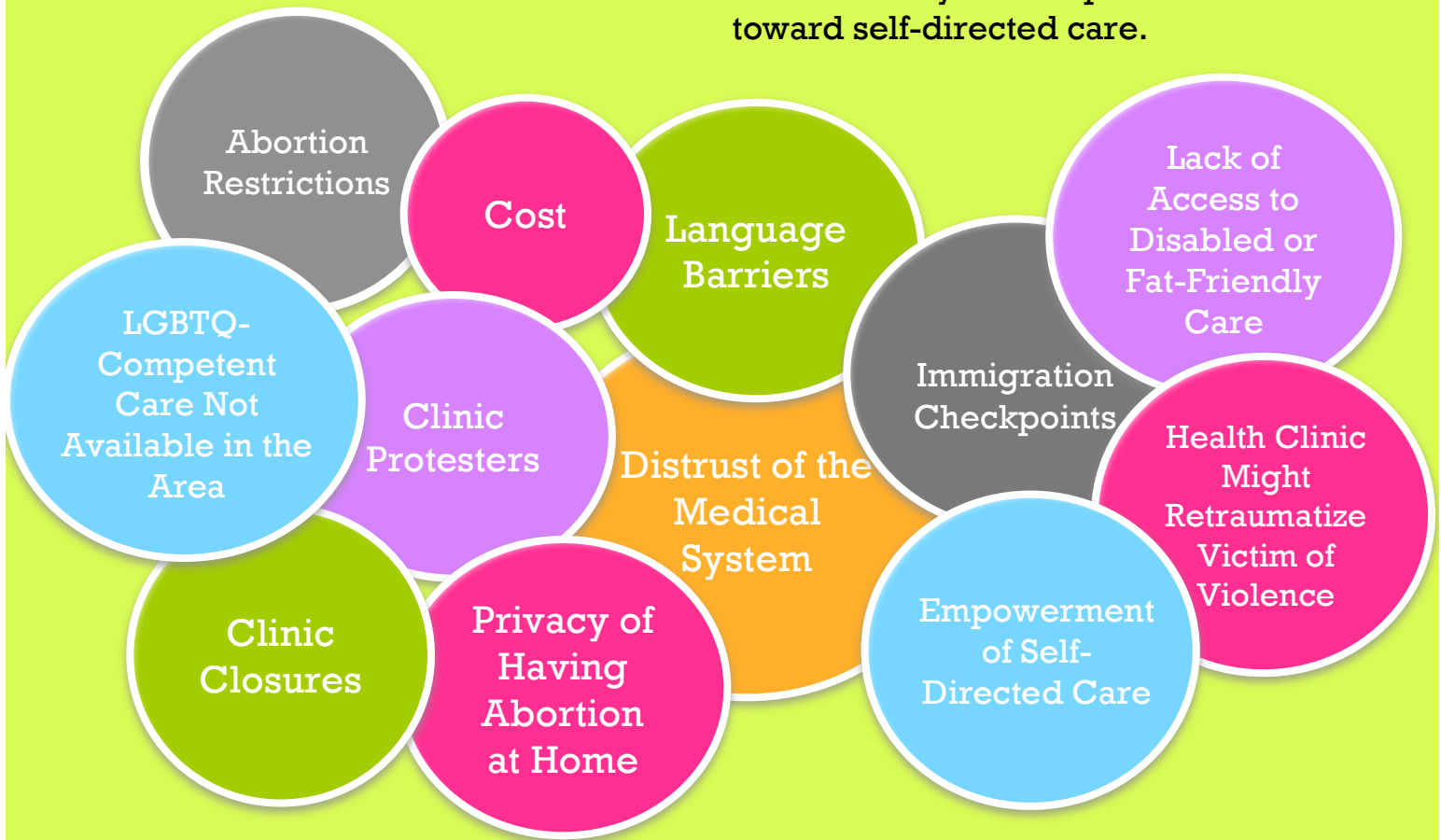
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The overpolicing of our neighborhoods and persistent racism of the justice system already penalizes Black communities. Allowing the police to prosecute Black women who have experienced pregnancy loss based on the suspicion they have done something to prompt it is a dangerous trend that must be stopped.

-- **Marcela Howell**, *In Our Own Voice: National Black Women's Reproductive Justice Agenda*

REAL PEOPLE HAVE REAL REASONS

Many issues may push a pregnant person away from the formal health care system or pull them toward self-directed care.



Factors PUSHING People from Formal Health Care

Excessive and egregious legal restrictions on abortion providers have decimated reproductive health services, limiting access to clinic-based abortions.

Biased counseling, parental consent, and ultrasounds can exact heavy tolls from pregnant people in what, for some, can be a jarring process.

Protesters and the potential of public exposure prompt some pregnant people, who would prefer clinic-based abortion care, to end their own pregnancies.

Low-income people run up against insurmountable financial obstacles that make clinic-based abortion care impossible to afford.

Factors PULLING People Toward Self-Care

Many people distrust the conventional U.S. healthcare system, which has a long history of abuses targeting people of color, immigrants, and indigent people.

A pregnant person may prefer to end a pregnancy in the comfort of their own home and in the safety of their chosen company.

Self-directed care may be a requirement of a belief system or an expression of personal values.

Cultural confusion and linguistic barriers may make a clinical setting less comfortable than self-directed care.

Self-induction is common way to end a pregnancy in many parts of the world, and some immigrants may prefer this practice.

INTRODUCING THE SIA LEGAL TEAM

Movement Lawyers ■ **RJ Values** ■ **Bold Vision**

The Self-Induced Abortion (SIA) Legal Team is a consortium of legal organizations using law and policy tools to ensure that people throughout the U.S. can end their own pregnancies outside of the formal health care system with dignity and safe from the threat of arrest for themselves or anyone who assists them.

OUR BOLD STRATEGIES

1

**Improve
Information
Relay**

Expand access to reliable information on how abortion pills can safely and effectively end a pregnancy outside of the formal health care system by identifying mechanisms for advocates to legally share this information.

2

**Halt
Criminalization**

Develop innovative ways to use litigation and legislation to fight back against efforts to arrest and jail people in connection with self-induced abortions.

3

**Support Self-Help
Distribution**

Develop cutting-edge theories, strategies, and other law and policy tools for improving self-help or community-based access to abortion medications.

4

Shift Culture

Engage our legal community on self-induced abortion and build a cadre of lawyers and scholars poised to fight for self-determined abortion care.

HOW THE SIA LEGAL TEAM CAN HELP

Pregnant people are self-inducing abortions outside of the formal health care system. They deserve to feel supported with quality information and surrounded by caregivers who know they can rely upon a team of attorneys to defend them.

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I'm so glad the SIA Legal Team is taking on these complex and critical law and policy issues. Movement lawyers guided by RJ values can help fellow advocates navigate the changing terrain in order to empower, shield, and defend those involved.

-- **Angela Hooton**, *Formerly with Center for Reproductive Rights*

Uniquely Qualified

The advantage of the SIA Legal Team is care. No one is going to be more thorough, careful, or creative in this work than we are. This is more than a job for us – it's a cause. The people who could get ensnared in the system are not just our clients — they are our communities. And, in the case of providers, promotoras, advocates, and activists – they're also our friends and family. In order for the SIA Legal Team to get to work on our ambitious five-year plan, we need the support of the funding community. We plan to use a variety of law and policy tactics to improve circumstances for people who end their own pregnancies – until all pregnant people have access to the full range of provider-directed and self-directed care they need.

Meet the SIA Legal Team

Jill E. Adams

*SIA Legal Team Chief Strategist
Center on Reproductive Rights and Justice at
Berkeley Law*

Sabrina Andrus

If/When/How

Jessica Arons

At Large Steering Committee Member

Farah Diaz-Tello

SIA Legal Team Senior Counsel

Pamelya Herndon

Southwest Women's Law Center

Jenifer McKenna

At Large Steering Committee Member

Melissa Mikesell

SIA Legal Team Director

Megan J. Peterson

Gender Justice

Shira Saperstein

At Large Steering Committee Member

Lisa Stone

Legal Voice

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We know people are ending their own pregnancies. The SIA Legal Team is well positioned to work with public health professionals and advocates to ensure people are fully supported and have the information, and resources to safely end a pregnancy with dignity and without threat of prosecution.

-- **Dr. Daniel Grossman**, *Advancing New Standards in Reproductive Health*

WE MUST HALT CRIMINALIZATION OF SELF- INDUCTION

Overzealous lawmakers, prosecutors, and judges have been undermining the abortion right by criminalizing self-induced methods – charging and convicting people of crimes ranging from feticide, to self-abortion and illegal abortion, to possession of a dangerous substance. Additionally, caregivers who assist with a self-induced abortion have been charged with crimes including unauthorized practice of medicine, performing an unlicensed abortion, and abuse of a corpse.

“ There is no question about it, criminal prosecutions for abortion self-induction are motivated by sexism, racism, classism, and xenophobia. We need the skilled lawyers in the SIA Legal Team fighting back against efforts to erode reproductive rights and evade justice for our communities.

-- **Miriam Yeung**, *National Asian Pacific American Women's Forum*

Public Health Impacts of Criminalizing Self-Induced Abortion

When a pregnancy has ended, offers of support or medical care, rather than judgment and criminal investigation, are the appropriate response. When a person has ended their own pregnancy, arrest and prosecution are neither warranted nor effective. Such modern-day witch-hunts undermine the good public policy of treating and rehabilitating individuals who suffer a rare adverse health outcome from an abortion. Medical and public health professionals have recommended that pregnant people should receive treatment – not punishment – because fear of arrest could dissuade them from seeking critical medical care.

Criminal Prosecutions Unfairly Target Marginalized Communities

If the justice system is allowed to criminalize self-induced abortion, it will have cascading repercussions, particularly for communities of color, immigrant communities, and low-income communities – who are already subject to heightened surveillance by the police, have more interaction with other government authorities, and may be the victims of racist and xenophobic stereotyping. The more pregnant people we put under a microscope, the more prosecutions for intended and unintended pregnancy loss there will be. The constant policing of people who experience pregnancy loss will greatly impact poor women, who because of their poverty, are more likely to have poor birth outcomes.

Contact Us

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