

# DC VOLUNTEER LAWYERS PROJECT

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**Testimony of Ashley Carter, Managing Attorney  
DC Volunteer Lawyers Project  
Before the Committee on Government Operations & Facilities  
Council of the District of Columbia**

**B24-0726: Enhancing Reproductive Health Protections Amendment Act of 2022 and B24-0808:  
Human Rights Sanctuary Amendment Act of 2022**

Thank you to the Committee for the opportunity to provide testimony today. My name is Ashley Carter, and I am a Managing Attorney for the DC Volunteer Lawyers Project (DCVLP). DCVLP is a non-profit organization that was established in 2008 to provide direct legal and advocacy assistance to low-income survivors of domestic violence, at-risk children, and other vulnerable individuals. We believe that a life free from violence and abuse is a basic human right, and we work to reach this goal through direct legal services, advocacy, training, and outreach. DCVLP attorneys provide survivors of domestic violence with trauma-centric representation in Civil Protection Order cases, family law matters including custody, child support, and divorce, and immigration cases. We also provide advocacy regarding victims' legal rights in related criminal proceedings against abusers, housing, employment, public benefits and other matters. DCVLP attorneys also represent at-risk children as guardians *ad litem* in contested custody matters.

When we think of domestic violence, most people picture physical violence. And this makes sense, given that 1 in 4 women and 1 in 7 men have been victims of severe physical violence (e.g. beating, burning, strangling) by an intimate partner in their lifetime.<sup>1</sup> While physical violence is certainly a common form of abuse, domestic violence is a pattern of control and coercion that can manifest in numerous ways. That pattern can include mental abuse, emotional abuse, financial

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<sup>1</sup>Center for Disease Control, "National Intimate Partner and Sexual Violence Survey," (November 2011). Available at [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

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abuse, and reproductive abuse. In fact, many of DCVLP’s domestic violence clients have experienced *all* of these types of abuse within their relationship.

Numerous studies have demonstrated the connection between intimate partner violence and reproductive abuse and control. Negative physical, mental, and sexual and reproductive health effects including adolescent pregnancy, unintended pregnancy in general, miscarriage, stillbirth, and intrauterine hemorrhage have been linked with intimate partner violence.<sup>2</sup> One study conducted in California demonstrated that 35% of women who reported partner violence also reported some form of reproductive control.<sup>3</sup> According to the Center for Disease Control, 1 in 5 women in the United States has been raped in their lifetime.<sup>4</sup> 2.9 million of those women have experienced a pregnancy related to rape.<sup>5</sup> In a 2018 study, 77.3% of rape victims reported that they were raped by a current or former intimate partner perpetrator. Of those women, 30% experienced a form of reproductive coercion by the same partner.<sup>6</sup> And pregnancy itself is a risk factor for violence – pregnant women in the United States die due to homicide more often than they die of pregnancy-related causes, and they are frequently killed by an intimate partner.<sup>7</sup>

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<sup>2</sup> World Health Organization, “Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence”. Available at [http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625\\_eng.pdf;jsessionid=81E669A92B2816F266F4C66CFE1118B2?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=81E669A92B2816F266F4C66CFE1118B2?sequence=1)

<sup>3</sup> Miller, et al., *Contraception*, “Pregnancy coercion, intimate partner violence and unintended pregnancy,” (April 1, 2020). Available at <https://www.contraceptionjournal.org/article/S0010-7824%2809%2900522-8/fulltext>

<sup>4</sup> Center for Disease Control, “National Intimate Partner and Sexual Violence Survey,” (November 2011). Available at [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

<sup>5</sup> Basile, et al., *American Journal of Preventative Medicine*, “Rape-Related Pregnancy and Association With Reproductive Coercion in the U.S.” (Oct. 18, 2018). Available at [https://www.ajpmonline.org/article/S0749-3797\(18\)32161-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(18)32161-5/fulltext).

<sup>6</sup> *Id.*

<sup>7</sup> Kivisto et al., *Journal of Interpersonal Violence*, “Racial Disparities in Pregnancy-associated Intimate Partner Homicide.” (Feb. 2, 2021), available at <https://doi.org/10.1177/0886260521990831>.

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As the Committee is aware, the Supreme Court's recent decision in *Dobbs v. Jackson Women's Health* has upended one of the essential tools that survivors of violence rely upon to ensure their own safety and health – abortion. Furthermore, the concurrence filed by Justice Thomas makes clear that other substantive due process rights – including the right to access contraception – may soon be at risk. The right to have an abortion ensures that survivors are not forced to carry a pregnancy created in the context of reproductive abuse or coercion, or by rape or sexual assault. It ensures that survivors of domestic violence have meaningful choices when determining whether or not to continue a pregnancy that could place them in serious danger, particularly given the negative medical outcomes associated with intimate partner violence. The right to meaningful access to contraceptive care guarantees that survivors can make informed decisions about pregnancy, protect themselves when faced with coercive reproductive abuse, and build families when, and with whom, they choose.

The bills before the Committee today ensure that survivors of violence maintain meaningful access to reproductive care within the District of Columbia. The Human Rights Sanctuary Amendment Act of 2022 would ensure that women from across the country may come to the District to seek reproductive care, including abortions and contraceptive care, that may not be available in other states. It will ensure that women can seek this care without fear that they will be investigated or prosecuted for choosing to do so. It will protect doctors in the District who provide care to these patients. It will ensure that other jurisdictions cannot attempt to enforce their own will across state lines. The Enhancing Reproductive Health Protections Amendment Act of 2022 recognizes an individual's right to a meaningful choice for individuals to choose the reproductive care that is right for them, whether through

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abortion, pregnancy, or contraception. It prohibits the District from interfering in a woman's decision to pursue and engage in reproductive care, or to refuse that care. It ensures that healthcare providers may not discriminate against their own employees for choosing to assist patients who seek reproductive care. These are powerful protections that will make a meaningful difference in the lives of survivors who find themselves with nowhere else to turn.

I would like to thank the Council for considering both the Enhancing Reproductive Health Protections Amendment Act of 2022 and the Human Rights Sanctuary Amendment Act of 2022. Together, these bills will protect our clients and survivors of violence nationwide. DCVLP is grateful for the opportunity to provide testimony and we welcome any further questions.

/s/ Ashley Carter  
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