

FACT SHEET:

LGBTQ+ PEOPLE & *ROE V. WADE*

The leaked draft of the Supreme Court opinion in *Dobbs v. Jackson*, a case primed from the outset to overturn *Roe v. Wade*, must be a wake-up call. Women and LGBTQ+ people – including queer women, many non-binary people, and transgender men who need access to reproductive health care – are under attack **right now**. As the data proves, reproductive rights are LGBTQ+ rights. LGBTQ+ people deserve access to the full range of family planning and reproductive health services, including access to abortion, contraception, and fertility services so that people can decide if they wish to become parents and when to do so.

Estimating how many people in the United States have ever had an abortion is difficult, as there is no one central database where this information is collected. The CDC releases [annual abortion surveillance statistics](#), but this is based only on data from those states and regions that voluntarily collect and report it to the CDC. The Guttmacher Institute conducts a semi-annual Abortion Provider Census ([last conducted in 2017](#)), surveying facilities who conduct abortion – but, again, not all facilities provide data. Population surveys such as the National Survey of Family Growth ask people to self-report whether they've had an abortion, but this is [subject to underreporting biases](#).

Research on abortion and pregnancy among LGBTQ+ people is even less available, and largely confined to cisgender queer women; data on transgender men and non-binary people assigned female at birth is far more limited. For individuals unfamiliar with how to discuss the topic of transgender and non-binary people and their reproductive health, the Human Rights Campaign (HRC) recommends reviewing our [Brief Guide to Getting Transgender Coverage Right](#), as well as the [Transgender Journalists Association's Best Practices for Trans-Inclusive Language in Abortion Coverage](#).

As outlined in both independent research conducted by the Human Rights Campaign Foundation and previously published research from the literature, **many LGBTQ+ people — specifically queer cisgender women, non-binary people, and transgender men, have had abortions — and lesbian, bisexual and queer cisgender women are statistically more likely to have had them than cisgender heterosexual women.**

In addition, higher proportions of lesbian, bisexual, and queer cisgender women who have been pregnant report **unwanted or mistimed pregnancies relative to heterosexual women**. Underlying these trends is the reality that many LGBTQ+ people [report negative and discriminatory experiences with health care providers, particularly in reproductive health care settings](#), leading many to [forgo or delay seeking reproductive health care](#) – resulting in [lower rates of contraception use](#) (though findings are [mixed](#)), and higher rates of [emergency contraception use](#). At the same time, among cisgender women who are using contraception, LGBTQ+ women



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are almost twice as likely as straight women to be using it to manage a medical condition (14% vs. 8%, respectively) — which could be put at risk by increasingly restrictive laws on access to birth control which are anticipated after the overturn of *Roe*. As a result, the overturn of *Roe* would worsen many pre-existing abortion and reproductive health access barriers faced by LGBTQ+ Americans.

Higher proportions of lesbian, bisexual, and queer cisgender women have also experienced a pregnancy resulting from a non-consensual encounter, or from a partner who is violent or abusive. Should *Roe* be overturned, abortion will not become illegal nationwide, but will instead only be available through a patchwork of laws and regulations set at the state level. For LGBTQ+ people, particularly bisexual women, who are more likely to be living in poverty, their ability to afford out-of-state travel to obtain an abortion, let alone abortion services on their own, may be limited. If *Roe* were to be overturned, many would have to resort to a choice between carrying an unwanted, financially infeasible, and/or dangerous pregnancy to term, attempting self-managed abortion, or spending significant time, money, and resources seeking abortion care outside of their home state, if this is even possible for the individual.

LGBTQ+ people have abortions. Some specific LGBTQ+ groups — specifically, bisexual women — are statistically more likely than cisgender, heterosexual women to have had abortions.

- In an analysis of the 2017-2019 National Survey of Family Growth conducted by the Human Rights Campaign Foundation, a majority of cisgender queer women have been pregnant, and were more likely to have had an abortion than heterosexual women. This is particularly true for bisexual women and other women with a history of same-sex partnering.
 - The vast majority of non-heterosexual women have had sexual intercourse with a cisgender man, putting them at risk of getting pregnant. This includes:
 - Two-thirds (67.1%) of lesbians
 - 98% of heterosexual women who report a history of same-sex sexual partnering
 - 84.5% of bisexual women
 - With the exception of lesbians (38% of whom have ever been pregnant), the majority of women who have had sex with a man have been pregnant. This includes:
 - 71% of heterosexual women who report a history of same-sex sexual partnering
 - 55% of bisexual women

- 75.6% of “exclusively heterosexual” women – aka those who identify as heterosexual and report only male sexual partners in their lifetime.
- Among women who have been pregnant, sexual minority women were more likely to have had an abortion than heterosexual women.
 - After adjusting for age, race/ethnicity, and educational attainment, bisexual women and heterosexual women with a history of same-sex partnering were each over twice as likely as exclusively heterosexual women to have ever had an abortion.
 - A little under 18% of all women surveyed in the NSFG who had ever been pregnant self-reported having at least one abortion in their lifetime, including:
 - 15% of exclusively heterosexual women
 - Over a fifth (22.8%) of lesbians
 - Over a quarter (26.7%) of heterosexual women with a history of same-sex partnering
 - Over a quarter of bisexual women (27.2%)
 - However, it is likely that these numbers are an undercount – meaning many more women, including sexual minority women, have had an abortion than is reflected here. Previous research has noted that fewer than half of all abortions and pregnancies in the US are captured by the NSFG sample.
- In a 2014 survey conducted by the Guttmacher Institute, 6% of all women who had an abortion in a non-hospital setting in the US identified as a sexual orientation other than heterosexual. 4% identified as bisexual, less than 0.3% identified as lesbian, and 1% identified as something else.
- In a survey from Moesson et al, 2021 of over 1,700 transgender, non-binary, and gender expansive adults (age 18+) assigned female or intersex at birth, 4% had ever had an abortion, including a third (32%) of those who had ever been pregnant. More than half of pregnancies were unintended.
 - Of the 433 pregnancies reported across 210 respondents (12% of the sample had ever been pregnant), almost a third (31%) ended in abortion
 - At most recent abortion
 - 34% of abortions were via medication
 - 61% were surgical/procedural abortions
 - 5% were some other method (typically herbal or self-induced)

Due to well-known structural and logistical barriers, abortion is not always available for LGBTQ+ people. This leads them to be at greater risk for mistimed and unwanted pregnancies, or to consider self-managed abortion.

- In an analysis conducted by the Human Rights Campaign Foundation of the 2017-2019 National Survey of Family Growth (NSFG), among women who have ever been pregnant, sexual minority women are more likely to have ever had a mistimed pregnancy¹ or unwanted pregnancy²:
 - Less than half (47.6%) of exclusively heterosexual women who have ever been pregnant have had a **mistimed pregnancy**, compared with:
 - Over half (56%) of lesbians
 - Approximately two-thirds (65.3%) of bisexual women
 - Approximately two-thirds (64.4%) of heterosexual women with a history of same-sex partnering
 - Adjusting for age, race/ethnicity and educational attainment, bisexual women, and heterosexual women with a history of same-sex partnering, were significantly more likely than exclusively heterosexual women to have experienced a mistimed pregnancy.
 - Bisexual women were almost twice as likely to have a **mistimed pregnancy**.
 - Heterosexual women who have a history of same-sex partnering are over twice as likely to have had a mistimed pregnancy.
 - Just over one-quarter (27.3%) of exclusively heterosexual women who have ever been pregnant have had an **unwanted pregnancy**, compared to:
 - Over a third each of lesbians (38.9%), and heterosexual women with a history of same-sex partnering (33.6%)
 - Over a quarter (29%) of bisexual women
 - In the same dataset on transgender, non-binary, and gender expansive people as above, 36% of transgender people who had been pregnant had considered attempting to end their pregnancy by themselves “without clinical supervision” (e.g., a self-managed abortion). Almost one in five (19%) had actually attempted this.
 - Among those who had attempted a self-managed abortion,

¹ A pregnancy which occurred earlier than they would have liked.

² A pregnancy which the person did not want at that particular time.

- A quarter (25%) used physical trauma on themselves
 - Over a third (38%) used an herbal method
 - A fifth (20%) used vitamin C
 - A little less than a fifth (18%) used substances such as alcohol or illegal drugs
- Reasons for attempting an abortion without clinical supervision varied, and included “insurance coverage, gestational age limits, provider bias, as well as complications from comorbidities or the fear of a partner finding out.”
 - 13% said they attempted self-managed abortion due to “difficult situations” such as ongoing intimate partner violence, suicidality, and fear for personal safety if someone were to discover the pregnancy.
 - Others were denied care due to providers’ opinions on either abortion or their gender identity.

The end of *Roe* will be devastating for the safety of LGBTQ+ people, who are already at increased risk for sexual and physical intimate partner violence.

- According to a [study from Jones, Jerman & Charlton, 2018](#), sexual minority women seeking an abortion were substantially and significantly more likely to report the pregnancy was the result of a forced/non-consensual encounter, as well as that the other individual had sexually and/or physically abused them, when compared to heterosexual women seeking an abortion.
 - 14.8% of lesbian and 3.2% of bisexual women who had an abortion, compared to 1.2% of heterosexual women who had an abortion, reported the pregnancy was the result of a forced sexual encounter.
 - Over a third of lesbian women seeking abortion had experienced physical abuse (33.3%) or sexual abuse (34.6%) from the individual who got them pregnant.
 - 7.1% of bisexual women had experienced sexual abuse from the person who got them pregnant, and almost 9% had experienced physical abuse.
 - In comparison, less than 2% of heterosexual women had experienced sexual abuse from the person who got them pregnant, and only 3.6% had experienced physical abuse.
- According to [the HRC Foundation's own research](#), since the onset of the COVID-19 pandemic, LGBTQ+ adults have reported an increased risk of intimate partner violence (IPV).



- LGBTQ+ adults broadly (9%) were almost twice as likely as cisgender, straight adults (5%) to have experienced IPV since the onset of the pandemic.
- Transgender adults (35%) were approximately seven times more likely.
- Among those who had experienced IPV, LGBTQ+ adults were significantly more likely (77% compared to 68%) to say the duration and frequency of IPV had increased since the start of the COVID-19 pandemic.

LGBTQ+ people, like their cisgender and straight peers, need access to the reproductive health care that allows them to achieve their fertility and family planning desires. LGBTQ+ adults are increasingly more likely to be parents, or to want to become parents sometime in the near future.

- A 2018 report from the [Family Equality Council](#) found that a growing number of LGBTQ+ adults want to be parents, with younger generations substantially more likely to want to be parents.
 - Over 30% of LGBTQ+ Millennials (age 18-35), and almost half of LGBTQ+ adults aged 36-54, are currently parenting.
 - Approximately half (48%) of LGBTQ+ Millennials reported that they planned to have children, substantially more than older age groups.
- Across cisgender women aged 15+, an analysis of the [2017-2019 NSFG](#) reveals that over 46% of lesbian women, and almost 62% of bisexual women, want to (or probably want to) have children.

However, the ways in which LGBTQ+ adults become parents are increasingly reliant on assisted reproductive technology, rather than intercourse — creating an unmet need for many LGBTQ+ people who may lack the economic resources to achieve their fertility goals, as well as those living in states where the fall of Roe may be accompanied by laws increasing restrictions on access to reproductive technology.

- Almost two-thirds (63%) of LGBTQ+ adults surveyed by the Family Equality council were considering methods of becoming pregnant other than intercourse.
 - A little over 40% were specifically considering assisted reproductive technology such as IVF, IUI, and at-home insemination.
- Data from the aforementioned [Family Equality report](#), as well as other data from [The Williams Institute](#), have demonstrated that, on average, LGBTQ+ adults are significantly more likely to be living in poverty than their cisgender and heterosexual peers, as well as report lower wages.



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- Within LGBTQ+ populations, poverty rates and wage gaps are highest for QTBIPOC adults, as well as younger LGBTQ+ adults.
- However, high-income (>\$100,000 household income) LGBTQ+ adults are more likely to consider a wide range of options than low income adults with household incomes <\$35,000
 - 35% low-income LGBTQ+ adults, compared with a little more than 10% of high-income LGBTQ+ adults, were considering intercourse as a means of getting pregnant
 - 21% of high-income LGBTQ+ adults were considering IVF, while this was only being considered by 13% of low-income LGBTQ+ adults.
 - 23% of low-income LGBTQ+ adults were considering private adoption, compared to 74% of high-income LGBTQ+ adults.