liberties of the broader public. Work to stem gun violence can and will persist, including efforts currently under way in New York and California, but the Supreme Court's elevation of history above all other concerns has undoubtedly created a much more difficult path forward to accomplish that goal.

An audio interview with Prof. Ulrich is available at NEJM.org

Disclosure forms provided by the author are available at NEJM.org.

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1. Donohue JJ, Aneja A, Weber KD. Right-to-carry laws and violent crime: a comprehensive assessment using panel data and a state-level synthetic control analysis. J Empir Leg Stud 2019;16:198-247.
2. Kim D. Social determinants of health in relation to firearm-related homicides in the United States: a nationwide multilevel cross-sectional study. PLoS Med 2019; 16(12):e1002978.
3. Ulrich MR. Second amendment realism. Cardozo Law Rev 2022;43:1379-440.
4. Wilson JP, Hugenberg K, Rule NO. Racial bias in judgments of physical size and formidability: from size to threat. J Pers Soc Psychol 2017;113:59-80.
5. Everytown for Gun Safety. A license to kill: shoot first laws, also known as stand your ground. September 8, 2021 (https://everytownresearch.org/report/stand-your-ground-laws-are-a-license-to-kill/).

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A Grim New Reality — Intimate-Partner Violence after *Dobbs* and *Bruen*

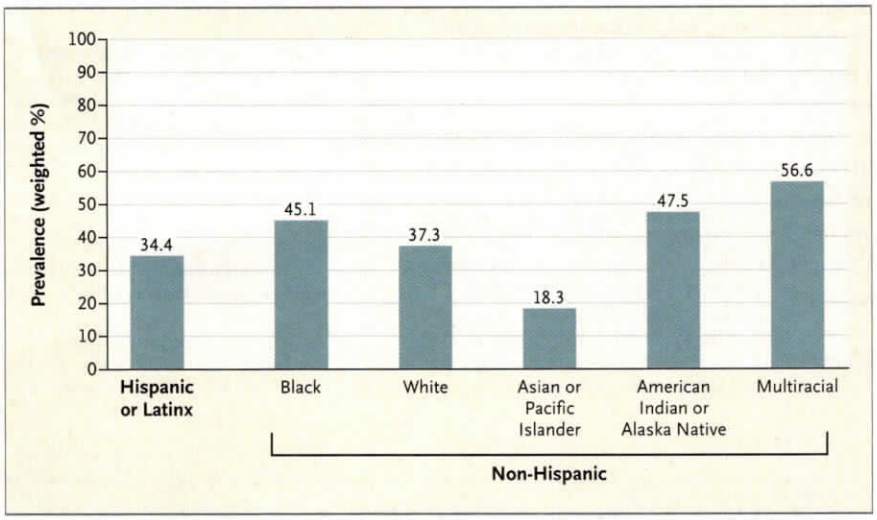
Elizabeth Tobin-Tyler, J.D.

The Supreme Court's recent decision in *Dobbs v. Jackson Women's Health Organization*, which allows states to ban or restrict access to abortion, will have many implications for the health, economic stability, and equal opportunity of people who can become pregnant. A critical but often overlooked consequence of state abortion restrictions is the profound effect they can have on people experiencing intimate-partner violence (IPV). IPV encompasses physical and sexual violence and intimidation, as well as psychological abuse. Overall, one in three women in the United States experiences contact sexual violence, physical violence, or stalking by an intimate partner (or a combination of these) at some point, with higher rates among women in historically marginalized racial or ethnic groups (see graph).[1] At the same time, the Court's decision in *New York State Rifle & Pistol Association v. Bruen* to strike down state limits on who may carry a firearm in public could also have important repercussions for people in abusive relationships.

Most vulnerable in this new legal landscape will be people who have limited access to resources and services and inadequate protection against violence, especially those living in overburdened communities — primarily young, low-income women from historically marginalized racial or ethnic groups.[2] Black, Indigenous, and Latinx women are at higher risk for IPV-related homicide than White women are, and disparities in homicide rates are especially pronounced among women between 18 and 29 years of age.[2,3] The majority of IPV-related homicides involve firearms.[1-3] In light of these Court decisions, clinicians should prepare for the likelihood that more people of childbearing age will experience IPV and be at risk for firearm-associated homicide perpetrated by abusive partners. Legal restrictions on reproductive health care and access to abortion will leave people more vulnerable to control by their abusers. Policies permitting easier access to firearms, including the ability to carry guns in public, will further jeopardize survivors' safety.

Pregnancy is associated with both the initiation of IPV and an increase in IPV severity, making it a particularly dangerous time.[3] Homicide is the leading cause of pregnancy-associated death in the United States; pregnant and postpartum women are more than twice as likely to die from homicide as from either hemorrhage or hypertensive disorders.[3] In addition, the rate of homicide during pregnancy and the postpartum period (per 100,000 live births) among non-Hispanic Black women is more than five times as high as the rate among White women.[3]

Studies show that abortion access plays an important role in reducing IPV.[4] An analysis of data from the Turnaway Study, which compared outcomes among



Lifetime Prevalence of Contact Sexual Violence, Physical Violence, or Stalking by an Intimate Partner (or a Combination of These) among U.S. Women, According to Race or Ethnic Group.

Data are from the National Center for Injury Prevention and Control and are average annual estimates from the National Intimate Partner and Sexual Violence Survey for 2010, 2011, and 2012. Contact sexual violence by an intimate partner includes rape, being made to penetrate someone else, sexual coercion, and unwanted sexual contact perpetrated by an intimate partner. Race or ethnic group was identified by the survey participant.

women who obtained an abortion with those who were unable to obtain an abortion, found that women who had an abortion were more likely to report a reduction in physical violence.[4] It's not surprising that women who were unable to terminate a pregnancy were more likely to experience continued violence and abuse; having a child with an abusive partner exacerbates economic dependence and creates new legal rights and obligations that enmesh the parents for years to come.

Perhaps most shocking, the *Dobbs* decision allows states to ban abortion altogether, without clear exceptions for cases in which the abortion is necessary to protect the pregnant person's health, the pregnancy resulted from rape, or the pregnancy endangers a person's safety owing to IPV. Because IPV is a process involving the systematic use of intimidation and physical injury to gain power and control over a partner, reproductive coercion is a common component. For people experiencing IPV, an unintended pregnancy may result from coercion, sexual violence, or an abusive partner's sabotage of contraception; an abusive partner may also threaten harm if a pregnant person seeks an abortion.[5] Understandably, people are often reluctant to notify an abusive partner about a pregnancy or when they seek an abortion.

The *Dobbs* opinion overruled both *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*. In *Roe*, the Supreme Court held that women had a constitutional right to abortion and that states couldn't restrict this right in the first trimester of pregnancy; states could restrict abortion access in the second trimester, but only if the restrictions were reasonable and "narrowly tailored" to protecting pregnant people's health. In *Casey*, the Court found that states could impose some restrictions on access to abortion in any trimester, but restrictions that unduly burdened access were unconstitutional. Although the *Casey* Court upheld many state restrictions — including laws requiring parental consent to abortion when the pregnant person is a minor and mandated 24-hour waiting periods for abortion — it found that spousal-notification laws unduly burdened the right to abortion. In overturning *Casey*, the current Court has left the door open for states to impose virtually any restriction on abortion access, so long as they can assert some rational basis for it. States are therefore free to enact spousal- and partner-notification laws, which pose a grave danger to the health and safety of people experiencing IPV.

In the *Bruen* case — which was decided the day before *Dobbs* — the Court made it more difficult for states to place restrictions on who may carry a gun in public, striking down New York's requirement that a person seeking to obtain a license to carry a handgun outside the home must demonstrate "a special need for self-defense." In this case, the Court decided that discretionary permitting regimes allowing officials to evaluate an applicant's need to carry a gun violate the constitutional right to bear arms. In the same week that it permitted states to ban or restrict access to abortion with no regard for how such policies would burden pregnant people or threaten their health and safety, the Court pronounced state rules restricting who may carry a gun in public unduly burdensome for gun owners.

In his dissent in *Bruen*, Justice Stephen Breyer noted that U.S.

women are five times as likely to be killed by an intimate partner if the partner has access to a gun. IPV-related homicides by firearm have increased in recent years.[1] Although some states prohibit gun ownership by people against whom restraining orders have been issued or those who have been convicted of domestic violence, many perpetrators never face court intervention. Indeed, people experiencing IPV are most at risk for homicide when they take action to leave an abusive partner. In expanding the right to carry firearms, the *Bruen* decision exacerbates safety concerns for people actively trying to escape abusive relationships.

Low-income people from historically marginalized racial or ethnic groups who are experiencing IPV are most likely to be harmed by these decisions. Because low-income people often won't have sufficient resources to travel to a state where abortion is legal and are especially likely to encounter structural barriers to obtaining care, they could remain trapped in abusive relationships, should they have an unintended pregnancy. Low-income women are also at especially high risk for homicide by firearm.

Clinicians have a vital role to play in supporting and helping to protect patients experiencing IPV. In particular, Ob/Gyn and emergency medicine physicians need to be alert for signs of escalating violence during pregnancy and the postpartum period. Many clinicians follow routine IPV screening protocols, but this approach is insufficient and could lead to stigmatization of women from marginalized racial or ethnic groups, who may be less trusting of the health care system than White women are.[3] Health care systems should provide training to all staff to help them understand the dynamics of IPV, especially during pregnancy and the postpartum period, and to assess risk of homicide; should implement best practices for creating safe, supportive, and empowering environments for patients to disclose IPV and seek assistance; and should fund partnerships with domestic-violence experts and lawyers to facilitate protection, safety, and independence from abusive partners.

Disclosure forms provided by the author are available at NEJM.org.

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1. National Coalition Against Domestic Violence. Domestic violence. 2020 (https://assets.speakcdn.com/assets/2497/domestic_violence-2020080709350855.-pdf?1596828650457).
2. Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SPD, Lyons BH. Racial and ethnic differences in homicides of adult women and the role of intimate partner violence — United States, 2003–2014. MMWR Morb Mortal Wkly Rep 2017;66:741-6.
3. Wallace M, Gillispie-Bell V, Cruz K, Davis K, Vilda D. Homicide during pregnancy and the postpartum period in the United States, 2018–2019. Obstet Gynecol 2021;138:762-9.
4. Roberts SC, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. BMC Med 2014;12:144.
5. Grace KT, Anderson JC. Reproductive coercion: a systematic review. Trauma Violence Abuse 2018;19:371-90.

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The Macro-Harm of Micro-Geography

Dorothy R. Novick, M.D.

"Every time you turn on the news, it's someone you know that's been shot," Ms. T. says. She sits in the same exam room where I've seen her for 26 years, first as a patient in my pediatric practice and now as a mother. Philadelphia's row homes stretch for miles outside the plate-glass window, and I try to imagine each shooting striking one of my friends or relatives or neighbors.

"My faith gets me by, Dr. Novick," she says, pulling 4-year-old L. onto her lap. "But . . . you go through each day never knowing who's next."

I can still see Ms. T. from the time she was born. I was early in residency — each of us new to our worlds — and overcome with wonder and responsibility. I remember her as a toddler, so proud to become a big sister. And on her fifth birthday, twirling and giggling as her silver tiara slipped over her eyes. And in middle school, saying dance was her escape from the violence on her block. And at 16, sobbing and frantic because her little brother had been shot in the head.

The mother before me has the same natural beauty that she had as a child, but her face is more downcast now, and her movements are noticeably slower.

As a nation, our hearts bleed after every mass shooting. And