

I CAN'T IMAGINE HOW ISOLATING THAT WOULD BE:
ABORTION STIGMA ON A COLLEGE CAMPUS

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ABSTRACT

Despite the right for women to have an abortion, abortion is stigmatized in the United States, and abortion recipients usually choose to conceal their abortion. Recently, activists who have had abortions have spoken out in support of the pro-choice movement and to destigmatize abortion. While abortion is discussed as a political issue on college campuses, college students rarely discuss abortion in a personal sense. This study used quantitative and qualitative methodologies to examine if and how abortion stigma exists at a liberal arts college. Considering factors, including race, religion, and social class, and discovered that, while students from religious families have a more difficult time disclosing their (potential) pregnancies, right-leaning students have conservative abortion views with their personal experiences unaffected. Furthermore, people don't talk about abortion because it's perceived as a failure for not practicing safe sex, but they ignore the reality that having access to contraception and sex education is a privilege that some people may not have.

Abortion is highly stigmatized in the United States and is much debated in academia, digital and traditional media, and in the area of public policy (Luker 1985; McKeegan 1993; Kumar, Hessini, and Mitchell, 2009; Kumar 2013; Cowan 2017; Perreira et al. 2020). Stigma is often defined in terms of opinions, attitudes, and traits directed by stigmatizers towards the stigmatized (Goffman 1963). However, there isn't much academic research on abortion stigma in the unique environment of college campuses. College students are often thought to be more liberal and open-minded to new ideas and identities, in contrast to the broader public, where 34 percent of adults in the U.S. identify as conservative and 26 percent of adults identify as liberal. This disparity suggests that abortion stigma might not exist on college campuses and/or it might operate differently (Oaks 2009; Davies 2011; Saad 2020).

Recently, a growing number of activists who have received abortions have spoken out in support of the pro-choice movement to destigmatize abortion. For example, at a House hearing in September this year, for the first time, former nurse and activist Representative Cori Bush told her personal story of having her abortion (Grisales and Sprunt 2021). Following that, an increasing number of women joined a movement and began to tell their abortion stories to the world (Johnson 2021). Mental health was long seen as a taboo topic, similar to abortion. Students are becoming more open about mental health difficulties on college campuses, and some colleges have even allowed students to take a mental health day (Elbulok-Charcape et al. 2021). However, this has not happened regarding abortion. As a college student myself, I've never heard or noticed peer students actively having discussions about abortion on campus. From this, one could assume that abortion remains stigmatized.

Abortion stigma is commonly regarded as a "concealable" stigma, meaning that it is not known to others, specifically the stigmatized, unless spoken out loud (Quinn and Chaudior

2009). At the same time, in a more “liberal” context like college, expressing anti-abortion views might itself be stigmatized. As a result, some college students may be concealing their anti-abortion beliefs. Students who have had abortions may also hide their experiences by not revealing to their friends on campus the fact that they had abortions. Moreover, race, religion, and socioeconomic status have long been recognized to influence a person's experience and thoughts on practically everything they meet in life (Bartkowski et al. 2012; Denbow et al. 2016). In this paper, I'll use Crossroads College (a pseudonym), a predominantly white liberal arts college in the U.S., as case study to investigate abortion stigma on college campuses and determine whether there is a link between stigmatization and race, religion, or socioeconomic class.

LITERATURE REVIEW

College Culture

Because of the long history of activism on college campuses, dating back to the 17th century, college students have historically been portrayed as liberal and progressive. (Ince et al. 2017). Students nowadays are enthusiastic about a variety of social issues, such as combating racial microaggressions and supporting women's rights (Julius and Gumport 2003; de Lemus and Stroebe 2015). Furthermore, college students will join a social movement even though they're not the victims or stigmatized themselves, as evidenced by the fact that a lot of college students joined the LGBT movement because of their activist identities (Swank and Fahs 2012). College students are also generally savvier with technology than the general public. Hence, they know how to use digital media as a platform to promote social movements, which allows them to join the social movements in a different way than the general public, a tool which has proven to be a powerful instrument for social justice and/or leadership-focused praxis (Guillard 2016; Carty

2018). In a nutshell, college students are not only concerned about social issues, but they are active players who contribute to social change efforts. However, while advocating for racial justice, college students may also initiate racist incidents. Microaggressions are powerful and persistent even where there is tremendous diversity, even where people of color are the majority on a college campus (Wong and Jones 2018).

Recent media coverage has also reported the presence of ethnic-racial tensions on college campuses around the United States, including racist incidents at the University of Utah, Worcester State University in Massachusetts, the University of Massachusetts Amherst, and others in the fall of 2021 alone (Hartocollis and Bidgood 2015; Sanders 2021; Boudreaux 2021; Jiménez 2021). Black students with a college education are more likely to report experiencing racial prejudice than those with only a high school diploma (Anderson 2016). The reason behind it is unclear - it could be due to the college environment or that college education illuminates racial disparities. Furthermore, sexual assault is common on college campuses. Rape or sexual assault by physical force, violence, or incapacitation occurs in 26.4 percent of female college students and 6.8 percent of male undergraduate students (Cantor et al. 2017).

Ironically, being able to engage in social movements is a privilege, often reserved for upper-class white students who are more likely to be the offenders than the victims (Cattaneo et al. 2019). When compared to black students who aren't politically involved, black political activists are more likely to encounter racial microaggressions and feel more stressed/anxious (Hope et al. 2018). In sum, while college environments have historically been places of activism and concern around social issues, they are also hubs for racial microaggressions and sexual violence.

Abortion

After 1973, state governments could no longer prevent women from terminating their pregnancy before the first trimester. Conservatives have attempted to overturn *Roe v. Wade*, 410 U.S. 113 (1973) throughout the years, and a number of states have passed laws restricting women's abortion rights by prohibiting abortion after a set period of time. As of December 2021, 21 states have enacted anti-abortion legislation, with 12 of them enacting abortion bans, which include near-total bans, trigger bans, reason bans, and gestational bans (Guttmacher Institute 2021; Nash and Naide 2021). In 2021 alone, Montana, Wyoming, Arizona, Oklahoma, Louisiana, Ohio, and Texas have introduced or issued bills or acts that restrict abortion access (Samuels 2021; Mikhail 2021; ACLU 2021; Murphy 2021; O'Donoghue 2021; Planned Parenthood 2021; Simmons-Duffin 2021). *Roe v. Wade's* future is in doubt due to the arguments surrounding *Jackson Women's Health Organization v. Dobbs*, 945 F.3d 265 (2019), and right to abortion access may be returned to the states. That is, different states may have different abortion laws, likely limiting many women's accesses to abortion and affecting abortion rates (Cohen 2009; Totenberg 2021).

Despite the increasingly strict abortion laws, abortion is a common experience for U.S. women, especially for college-aged women (Guttmacher Institute 2017). By the age of 45, one-quarter of all American women (23.7%) will have had an abortion, and women aged 20–24 account for one-third of all unwanted pregnancies (Jones and Jerman 2017; Guttmacher Institute 2017). One of the most common reasons for women to get abortions (38%) is that having a child will interfere with their schooling (Finer et al. 2005). College, on the other hand, does not normally provide students with advice or medical assistance when students have an unwanted pregnancy. California is the first state to mandate that public universities give abortion medicine

to students upon request (Stewart 2019). It wasn't until last year that public universities in Massachusetts were obligated to give students medication abortion options (Buskirk 2021). On the other hand, despite not being required, 85 percent of colleges in the United States provide free condoms on campus (Butler et al. 2011). The disparity demonstrates that, while universities recognize that students are actively having sex and give contraception to prevent unwanted pregnancy and sexual transmitted diseases, they seldom provide support for students who become pregnant.

Moreover, despite its commonness, abortion is rarely discussed openly in public, including college campuses, which may be due to the prevalence of abortion stigma in American society. Individual ideas and social forces have weaved abortion stigma into American culture for decades. Scholars have various perspectives on how stigma develops. Goffman (1963), one of the first sociologists to propose a framework on stigma, claimed that stigma is a set of values, beliefs, and judgments that flow from stigmatizers to the stigmatized, who are then thought to have a negatively-valued identity, such as having an abortion or not graduating from high school. That being said, in order for abortion stigma to exist, there must be someone who believes abortion should be stigmatized, as well as at least one individual who has had an abortion. Husain and Kelly (2017) expanded on Goffman's stigma framework by considering how stigma may operate on a continuum through increasingly public stigma rituals as group members move through four stages: internalization, ingroup membership avowal, reconciliation with outgroup members, and finally, restitution through public activism. In this situation, abortion stigma is transmitted widely from one group to many individuals, implying that there are multiple stigmatizers involved. Therapeutic disclosures in group settings may also serve to homogenize individuals' perceptions of their stigma, according to the researchers. People in the same group

may change their views on abortions as a result of the influences of others in the group. On the other hand, unlike the majority of research, Millar (2020) argued that abortion stigma should be regarded as a socio-cultural process that is constantly contested, rather than a collection of unchanging beliefs, values, or attributes. This suggests that even within certain geographic locations, abortion stigma may operate differently because it is constantly changing (Millar 2020).

There are a variety of reasons why stigma develops. Some scholars argue that it stems from ideas rooted in Roman Catholicism and Evangelical Christianity (Cook et al. 1993; Tomal 2001). Some argue that it stems from the belief that women who have abortions stray from feminine ideals by renouncing rather than embracing motherhood, thus violating the female ideals of sexual purity and motherhood (Joffe 1987; Kumar, Hessini, and Mitchell 2009). Others have suggested that the stigma stems from some people's belief that abortion is murder, which exaggerates the fetus' independence from the woman who carries it and her social circumstances (Morgan and Michaels 1999; Taylor 2008). It could also stem from disapproval of behaviors thought to have led to pregnancy, such as premarital sex or lack of contraceptive use (Furedi 2001). Policymakers may also be to blame for abortion stigma by enacting punitive and overly restrictive abortion laws that promote stigma and cause harm to patients and providers (Singh et al. 2009).

While abortion providers may be stigmatized, if they lack proper understanding and training on the issue, they may also be stigmatizers (Smith et al. 2018). During a discussion of elective abortion among medical students, it was discovered that they overlooked the voluntary nature of abortion in cases of medical illness, sexual violence, or fetal complications, and that they accepted discrimination against women seeking abortion for psychosocial reasons as normal

and ethical (Smith et al. 2018). This finding suggests that abortion providers unintentionally judge their patients if the patients seek abortions for reasons that don't seem acceptable to them, adding more psychological stress to the abortion receivers. Other factors that contribute to abortion stigma include the perception that abortion is dirty or unhealthy, as well as the use of stigma as a strategy in pro-life campaigns (Joffe 2009; Norris et al. 2011).

Stress and traumatic stress were shown to be prevalent throughout the abortion narratives, including but not limited to existing life stresses (a) prior to the abortion experience, (b) while attempting to receive abortion services, and (c) when obtaining abortion services (Sperlich et al. 2019). Not only is the abortion narrative characterized by stress, but abortion patients also face negative reactions when disclosing their decision to family and friends who are supposed to support them. While the majority of abortion disclosures receive favorable responses - a combination of supportive (32.6%) and empathetic (40.6%) - a significant minority (26.8%) received negative responses (Cowan 2017).

Widespread abortion stigma has a significant impact on abortion receivers on a daily basis, ranging from individual issues such as psychological suffering on abortion recipients and those around them to social issues such as underreporting of abortion (Steinberg et al. 2016; O'Donnell et al. 2018). Unsurprisingly, women who felt stigmatized by abortion were more likely to feel compelled to keep it hidden from family and friends, and concealment was linked to repressing abortion-related thoughts, resulting in a rise in psychological discomfort over time (Major and Gramzow 1999). Furthermore, abortion stigma, such as its concealability and episodic expression, hinders women's ability to collectively manage or demolish abortion stigma, making it more difficult for abortion receivers to recuperate from the psychological suffering caused by stigmatizers. Because of the high degree of abortion stigma in the United States,

people tend to underreport abortions, resulting in poor data quality. Surveillance data on abortion and data collected by Add Health often collects just about 35 percent of predicted abortions, implying that fewer than half of abortion receivers are ready to confess to having had an abortion (Tierney 2019). Underreporting does not differ by race or ethnicity, age, or state, which shows it's equally common for all groups and that abortion stigma might apply to anyone, no matter what their race/ethnicity is, how old they are, and where they live (Tierney 2019; Maddow-Zimet et al. 2021).

Abortion recipients tend to share their stories selectively, meaning they only tell their story to persons they don't think will judge them. As a result, while one's geographic location has no effect on whether or not they receive an abortion, being in a more liberal environment enhances one's chances of discussing abortion, whether they are considering getting one or have already had one (Cowan 2014). People in a more liberal social network also estimate a higher occurrence of abortion as a result of this. People in more conservative social networks, on the other hand, aren't necessarily having fewer abortions, but they are talking about it less frequently for fear of being judged. Overall, at a population level, there are widespread misconceptions about the prevalence of abortion because of the different political ideals of different groups.

New Strategy of the Pro-Choice Movement

In social movements, telling one's narrative is a popular technique. It's been frequently used in #MeToo, Black Lives Matter, and mental health campaigns (Crawley 2019; TMI Project 2021; National Alliance on Mental Illness 2021). Studies have shown that storytelling may assist individuals in learning to exercise their agency and developing individual and communal identities, both of which are beneficial to the advancement of social movements (Ganz 2001). Storytelling has tremendous power, and it has the potential to motivate other people with similar

experiences to join the rally and work together to achieve greater social change. Simultaneously, storytellers are sometimes the targets of personal assaults and may be the source of pain for others, resulting in psychological suffering to the storytellers and others (LaMotte 2017).

Pro-choice activists have just lately begun to share their personal stories publicly, which might be explained by the stigma connected with getting/having an abortion, as well as the fact that abortion is a highly sensitive issue. Three Democratic representative women recounted their abortion stories in a House hearing to help destigmatize abortion and support the pro-life campaign (Stolberg 2021). Following the House hearing, NPR published a news piece on women's abortion stories and experiences from throughout the country. However, unlike #MeToo, we have yet to see a large number of individuals posting their abortion experiences on social media, despite the fact that both campaigns focus on acts that are both perceived as negative and commonly happen to women. While #MeToo became a globally recognized hashtag in 2017, there were small movements on college campuses prior to 2015, when an increasing number of students began to share their experiences of sexual assault on campus. However, while abortion stigma is related to a gendered issue, as of December 2021, students have not begun to openly discuss their abortion stories on college campuses, despite the fact that they are equally at risk of sharing sexual assault and abortion experiences. In 2011, President Barack Obama issued Title IX guidelines, which held sexual offenders legally liable, but the guidance was revoked in 2017, reverting federal guidance on college sexual-assault policies to the pre-2011 era, currently under review (Brown 2017; Hefling and Emma 2017). In the case of abortion, the legislation appears to be headed in a different direction than Title IX guidelines by possibly returning abortion access to the states, thereby automatically increasing stigma. It appears that there is a general tendency toward conservatism when it comes to women's social

issues. This leads me to wonder if the larger environment has such a strong influence on female students that they are hesitant or unable to speak out about their abortion experiences. That is, while there is a new trend of sharing one's sexual assault experience in public settings like college, I'm not sure whether there will be an increase in the number of college students sharing their own stories.

Although the existence of abortion stigma in the U.S. is evident, fundamental questions remain unanswered. Few researchers have documented abortion stigma on college campuses, which suggests that we need to examine why students are not telling their stories, given the fact that their contexts are more progressive than others. The lack of specific attention to abortion stigma on college campus limits our ability to fully grasp this issue and more important, to destigmatize abortion.

Racial microaggressions, still prevalent on college campuses, add complexity to the question. While previous findings suggest that there is no difference in abortion stigma by race, Crossroads College is a predominately white college where racial discrimination has been reported as common. It is also whiter, richer, and more privileged than the general population, indicating an increased scrutiny for people of color, which makes it important to include race in the research. In order to delve deeper into this area, I will attempt to answer three questions in this paper: first, does abortion stigma exist at colleges; second, how does abortion stigma operate for abortion receivers; and third, is there any differential in abortion stigma based on race, socioeconomic class, or religion?

METHODS AND DATA

Measures of Abortion Stigma

The abortion stigma measures used in this study were collected from a survey of opinions and experiences with potential pregnancy and abortion among female students at Crossroads College. Surveys were conducted in January and February of 2021. The survey was modeled on the 2014 Abortion Patient Survey by Guttmacher Institute, NARAL Pro-Choice America's National Survey on Support for Abortion Access, and a Washington Post-ABC News poll, and was customized to Crossroads College. The survey was conducted online, with students contacted through email to participate. It was available to all female students, a total of 1314. In total, 323 students (or 24.6%) took part in the survey, while participation rates varied significantly by gender and racial identity. Cisgender females responded at higher rates than genderqueer persons, as well as whites compared to BIPOC.

The survey asked about general opinions on abortion and their experience with abortion during the decision-making process and avoided technical language like "abortion stigma." The persons who might have initiated the abortion stigma were divided into three groups: family, friends, and their sexual partners. As a result, respondents were then asked to evaluate the reactions they received from individuals around them when they shared the news. Furthermore, those who stated that they had an abortion or experienced a potential pregnancy but chose not to tell others about it would be asked to explain why they made the decision. See Appendix for full survey.

Methods

To compare the means, I used Stata statistical software to conduct two-sample t-tests, adjusted for unequal variances. I created a dichotomous race variable to distinguish non-Hispanic

white respondents from respondents of color (inclusive of all Hispanic-identifying and multiracial respondents). Furthermore, in terms of financial aid recipients, respondents were divided into two groups: those who received full financial aid and those who received less than full or no financial aid. It is worth noting that the survey respondents are lopsided, with a small proportion of genderqueers, persons receiving full financial aid, parents with a high school diploma or less, and right-leaning people. Thus, there isn't much variability to explain. Second, in terms of sampling ratio, the sample in this study is quite small ($n = 323$) and is therefore not representative of Crossroads College.

For the qualitative analysis, the coding scheme included four major categories: openness to the topic, belief that abortion is a sin, fear of judgment or judgement, and practicing safe sex. To be more specific, openness to the topic indicates one's willingness to talk about abortion in a broader way on campus but not in a personal sense. After carefully reading the written responses, I decided to focus on the students' fears and their practice of safe sex. How fear of judgement and social class deterred Crossroads College students from talking about potential pregnancy and abortion will be raised later in the paper.

QUANTITATIVE ANALYSIS

Table 1 presents the demographic information of the survey respondents. Because Crossroads College is a liberal arts college, it's not surprising that the majority of students identify as left-leaning and cisgender.

Compared to the general population in the United States, where 32 percent of adults have a bachelor's degree and 12 percent have an advanced degree, the parents of CC students have a higher level of education, with 65.2 percent having a master's degree or higher. Parents' educational levels are thus broken down into three groups: high school graduate or less,

bachelor’s degree, and advanced degree. Similarly, religions are divided into two groups for the purposes of analysis: pro-choice, which includes Mainline Protestants (Presbyterian, Quaker, and Unitarian), and anti-choice, which includes Evangelical Protestants (Baptist and Non-Denominational) and Catholic.

Table 1: Demographic Information

Variable		Number	Percentage
Intended Graduation Year (N=323)	2022	67	20.7
	2023	69	21.4
	2024	100	31.0
	2025	87	26.9
Gender (N=323)	Cisgender	292	91.3
	Genderqueer	28	8.7
Sexual Orientation (N=314)	Heterosexual	166	52.9
	Queer	148	47.1
Race/Ethnicity (N=317)	White NH	215	67.8
	People of Color	102	32.2
Religious Family (N=323)	Yes	142	44.0
	No	181	56.0
Religion (N=112)	Pro-choice Religions	50	44.6
	- Mainline Protestant	27	24.1
	- Jewish	23	20.5
	Anti-choice Religions	62	55.4
	- Evangelical Protestant	17	15.2
	- Catholic	45	40.2
Financial Aid (N=322)	Received	169	52.5
	Did Not Receive	153	47.5
FA Amount (N=319)	Full	44	13.8
	Everyone Else	275	86.2
Parents’ Educational Level (N=316)	High School or less	43	13.6
	Bachelor’s Degree	67	21.2
	Master’s or Above	206	65.2
Political Stance (N=284)	Right-leaning	12	4.2
	Left-leaning	272	95.8

The analyses in Table 2 (also depicted in Figure 1 and 2) assess whether and to what degree one’s demographic information is associated with personal experience with potential

pregnancy and attitudes about abortion. In particular, is there any difference in abortion stigma based on race or social class?

Table 2: Difference in Experience with Potential Pregnancy on a Scale of 1-5 (negative to positive) Against Demographic Information

Variable		Means	Cohen's <i>d</i>	<i>p</i>	
Parents' Reaction	FA Amount				
	Full (n=9)	3.00	2.511	0.000	
	Everyone Else (n=2)	4.57			
	Intended Graduation Year				
	Underclassmen (n=6)	4.50	0.606	0.401	
	Upperclassmen (n=5)	4.00			
Friends' Reaction	FA Amount				
	Full (n=3)	4.00	0.938	0.445	
	Everyone Else (n=33)	4.55			
	Sexual Orientation				
	Heterosexual (n=18)	4.67	-0.577	0.102	
	Queer (n=18)	4.33			
Informed The Poten. Father	FA Amount				
	1. No	Full (n=9)	1.89	-0.908	0.004
	2. Yes	Everyone Else (n=67)	1.45		

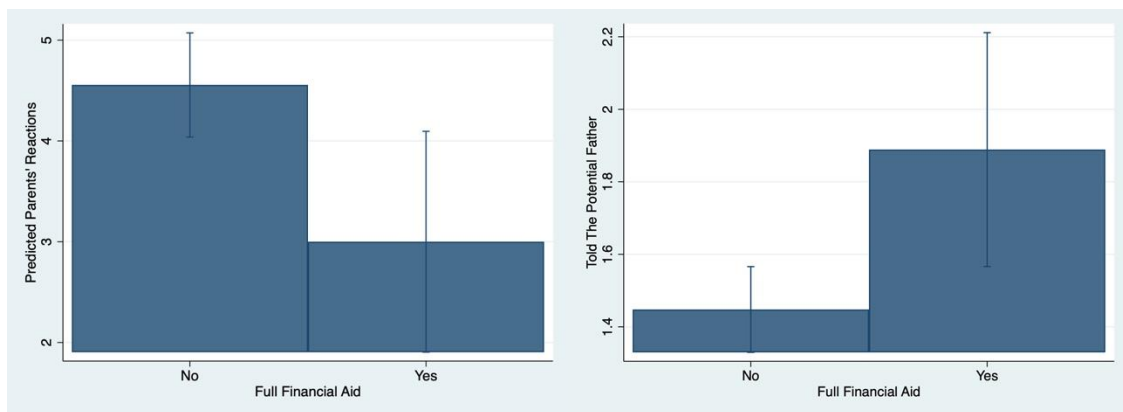


Figure 1 and 2: Parents' Reactions and Informing the Potential Father by Social Class

One's social class impacts one's interactions with family, friends, and the possible father. There is a large effect ($d = 2.511$) on parents' reactions to the potential pregnancy based on social class, with students not receiving full financial aid ($M = 4.57$) receiving mostly positive responses, whereas others ($M = 3.00$) receiving mixed responses. Similarly, the level of financial

aid has a significant impact ($d = -0.908$) on whether or not one informs the potential father of the pregnancy. On average, people on full financial aid ($M = 1.89$) are more likely than others ($M = 1.45$) to tell the possible father.

Table 3: Percent(n)s and Associations Between Reasons for Telling Parents/Friends and Demographic Data

	Emotional	Financial	Both	
Parents				$\chi^2 = 1.604$
FA Amount				$V = 0.253$
Full (n=3)	0.0 (0)	0.0 (0)	100.0 (3)	$p = 0.448$
Everyone Else (n=22)	63.6 (14)	4.6 (1)	31.8 (14)	
Race				$\chi^2 = 5.042$
White (n=20)	75.0 (15)	0.0 (0)	25.0 (5)	$V = 0.449$
People of Color (n=5)	40.0 (2)	20.0 (1)	40.0 (2)	$p = 0.080$
Friends				$\chi^2 = 2.525$
Gender Identity				$V = 0.216$
Cisgender female (n=52)	11.5 (6)	0.0 (0)	88.5 (46)	$p = 0.112$
Genderqueer (n=2)	50.0 (1)	0.0 (0)	50.0 (1)	
Sexual Orientation				$\chi^2 = 4.103$
Heterosexual (n=27)	22.2 (1)	0.0 (0)	77.8 (26)	$V = -0.275$
Queer (n=27)	3.7 (6)	0.0 (0)	96.3 (21)	$p = 0.043$

Table 3 examines if and to what extent demographic data are correlated to one's interactions with family and friends. Do persons from different social classes have different motives for disclosing their possible pregnancy? The variables in Table 3 have a broader implied meaning. The reasons for informing one's parents, friends, or the possible fathers show that some people have financial needs while others need emotional support.

The findings revealed a relatively strong ($V = 0.449$) relationship between race and reasons for declaring a possible pregnancy with their parents. Out of the 25 people who decided to tell their parents, 75 percent of white respondents sought emotional support, compared to only 40 percent of BIPOC respondents. Furthermore, in this sample of 54 people who have told their friends about the potential pregnancies, 22.2 percent of heterosexual respondents sought

emotional support solely from their friends, compared to only 3.7 percent of queer respondents. The associations between sexual orientation and the reason for revealing to friends is moderate ($\chi^2 = 4.103$, $V = -0.275$, $p = 0.043$).

In conclusion, socioeconomic position has a major impact on one's experience with abortion stigma, with those from lower socioeconomic backgrounds more likely to experience unfavorable responses. Furthermore, persons of color and queer people are more likely than white or cisgender people to share the pregnancy concern due to financial necessity.

Table 4: Percent Difference in Opinions and Experience with Potential Pregnancy Against Religion

Variable		Means	Cohen's <i>d</i>	<i>p</i>
Scale of 1- 5 (Negative to Positive)				
Parents' Reaction	Religious Family			
	Yes (n=7)	3.86	1.655	0.015
	No (n=4)	5.00		
	Evangelical			
	Yes (n=2)	3.50	0.624	0.514
	No (n=5)	4.00		
Scale of 1- 3 (Oppose to Favor)				
Informing Alternatives	Evangelical			
	Yes (n=23)	2.65	-0.710	0.001
	No (n=109)	2.03		
	Religion			
	Pro-choice (n=48)	1.77	-0.650	0.001
	Anti-choice (n=60)	2.35		
Scale of 1- 3 (Overturn to Uphold)				
Roe v. Wade	Evangelical			
	Yes (n=23)	2.52	0.659	0.046
	No (n=109)	2.85		

Catholics and Evangelicals have been shown to be largely anti-choice, whilst mainline Protestants and Jews are more likely to be pro-choice (Adamczyk 2008; Ellison et al. 2005; Adamczyk 2013). Table 4 (also depicted in Figure 3, 4, 5, 6) examines if and to what extent religion has the same impact on college campuses, as well as whether religion influences one's

abortion opinions. Is it true that people reared in religious families are more likely to hold conservative views on abortion and to face discrimination from their parents as a result of their religious upbringing, i.e., experiencing more unfavorable responses?

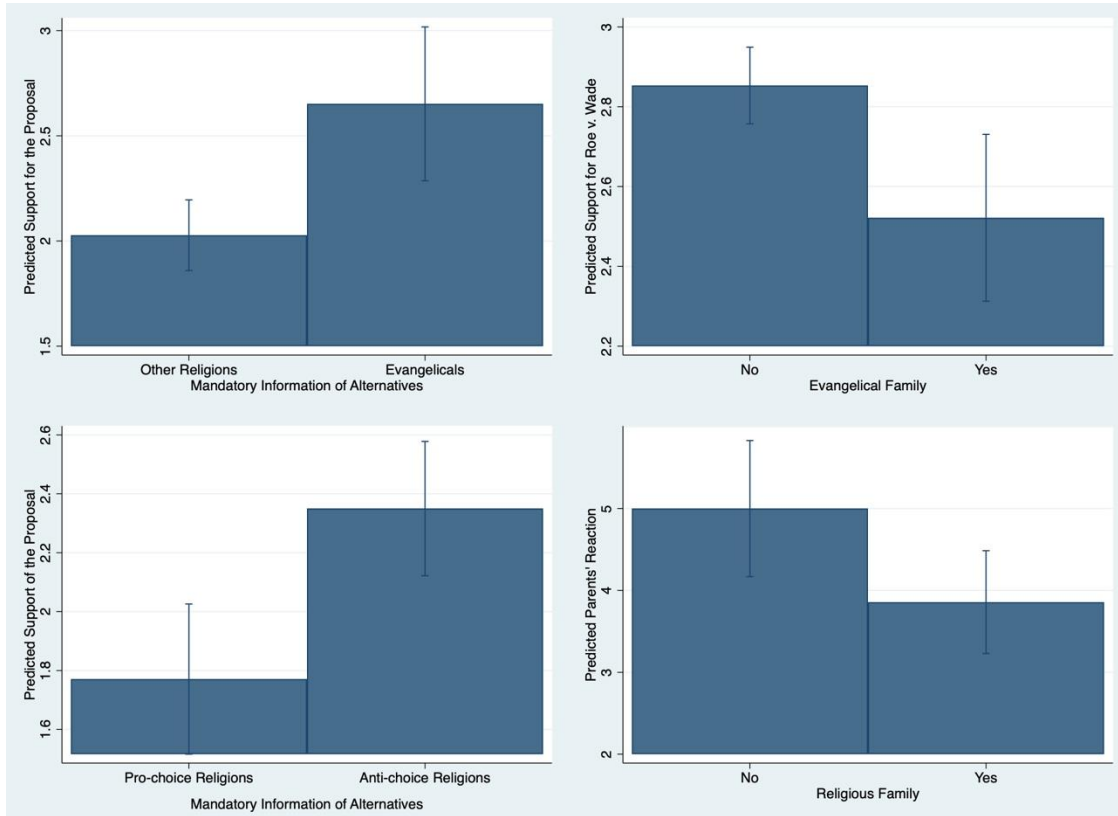


Figure 3,4, 5 and 6: Opinions on Legality of Abortion and Experience with Pregnancy by Religion

Evangelicals, in particular, are influenced by their religious beliefs when it comes to abortion legislation. Being an Evangelical has a significant impact on their views on a law forcing doctors to inform abortion seekers about alternatives ($d = -0.710$) and whether *Roe v. Wade* should be upheld ($d = 0.659$). Evangelicals ($M = 2.65$) are more likely than others ($M = 2.03$) to support the idea of advising patients of alternatives and are more undecided ($M = 2.52$) about whether *Roe v. Wade* ($M = 2.85$) should be upheld. Similarly, whether one comes from a pro-choice or anti-choice religion has a significant impact on whether one supports the idea that

doctors must inform abortion recipients of alternatives ($d = -0.650$), with pro-choice religions ($M = 1.77$) being more hostile to the proposal than others ($M = 2.35$).

Furthermore, one's relationship with their parents is influenced by religion. Coming from a religious family, for example, has a significant impact on parents' attitudes toward potential pregnancy ($d = 1.655$). People who grew up in a religious family ($M = 3.86$) are more likely than those who did not ($M = 5.00$) to receive a negative response from their parents ($M = 5.00$).

Table 5: Percent(n)s and Associations Between Reasons for Telling Parents and Religion

	Emotional	Financial	Both	
Evangelical				$\chi^2 = 1.750$
Yes (n=2)	0.0 (0)	0.0 (0)	100.0 (2)	$V = 0.354$
No (n=12)	50.0 (6)	8.3 (1)	41.7 (5)	$p = 0.417$
Catholic				$\chi^2 = 1.658$
Yes (n=3)	33.3 (1)	0.0 (0)	66.7 (2)	$V = 0.346$
No (n=11)	63.6 (7)	9.1 (1)	27.3 (3)	$p = 0.433$

I'm not surprised that people from religious families are more inclined to tell their parents about a possible pregnancy out of necessity. People from Evangelical and Catholic backgrounds are much less likely than others to communicate their probable pregnancy with their parents in the first place. Being an Evangelical ($V = 0.354$) or Catholic ($V = 0.346$) has a moderate relationship with reasons for sharing with parents. Among the 14 people, none of the Evangelicals told their parents for emotional support, compared with 50 percent of those whose families practice other religions.

To summarize, religion has a significant and negative, for Evangelicals and Catholics, impact on one's experience with reporting abortion or a potential pregnancy, although it has a minor impact on one's abortion opinions.

Republicans, in comparison to Democrats, have historically held conservative views on abortion and are more likely to be pro-life (Munson 2009). This study investigates if and to what

extent one's political opinions on abortion and personal experiences with potential pregnancies are influenced by one's political stance. Is it true that those who lean right are more inclined to oppose abortion, and what has been their personal experience with a potential pregnancy?

Table 6: Difference in Regarding Legality, Stigmatization, and Disclosure Against Political Stance

Variable	Political Stance	Means	Cohen's <i>d</i>	<i>p</i>
Scale of 1- 3 (Illegal to Legal)				
Woman's Physical Health En.	Right-leaning (n=9)	2.33	4.53	0.050
	Left-leaning (n=268)	3.00		
Woman's Mental Health En.	Right-leaning (n=8)	2.13	4.34	0.044
	Left-leaning (n=268)	2.99		
Scale of 1- 5 (Disagree to Agree)				
Murder	Right-leaning (n=9)	2.78	-2.25	0.044
	Left-leaning (n=266)	1.24		
Sin	Right-leaning (n=9)	2.67	-2.09	0.060
	Left-leaning (n=268)	1.21		
Ashamed	Right-leaning (n=9)	1.78	-1.74	0.065
	Left-leaning (n=265)	1.08		
No Public Sharing	Right-leaning (n=9)	2.00	-1.23	0.043
	Left-leaning (n=268)	1.31		
No Sharing w/ Fam	Right-leaning (n=9)	1.89	-1.10	0.015
	Left-leaning (n=268)	1.27		
Not an Easy Choice	Right-leaning (n=9)	3.67	-1.00	0.172
	Left-leaning (n=268)	4.57		
Scale of 1- 2 (No/Yes)				
Informing the Potential Father	Right-leaning (n=2)	1.00	1.04	0.000
	Left-leaning (n=68)	1.51		

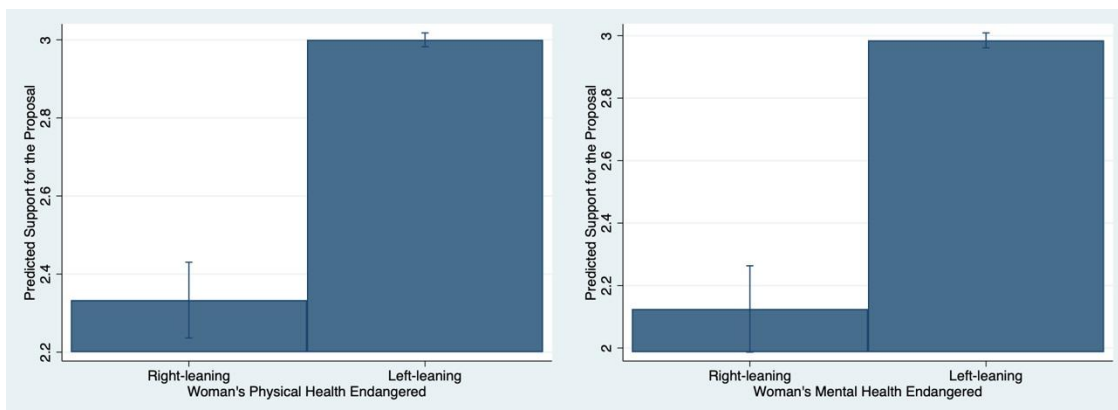


Figure 7 and 8: Opinions on Legality of Abortion by Political Stance

Table 6 (and Figure 7 and 8) shows that one's political stance has a significant impact on their abortion views, with right-leaning people being more likely to have conservative abortion views. For example, one's political views on whether abortion should be legal when a woman's physical ($d = 4.53$) or mental ($d = 4.34$) health is in jeopardy have a significant impact on one's opinions on whether abortion should be legal. With means of 2.33 (physical) and 2.13 (mental), right-leaning people tend toward not knowing whether abortion should be legal in these situations, whereas left-leaning people feel abortion should be permitted, with means of 3.00 and 2.99, respectively.

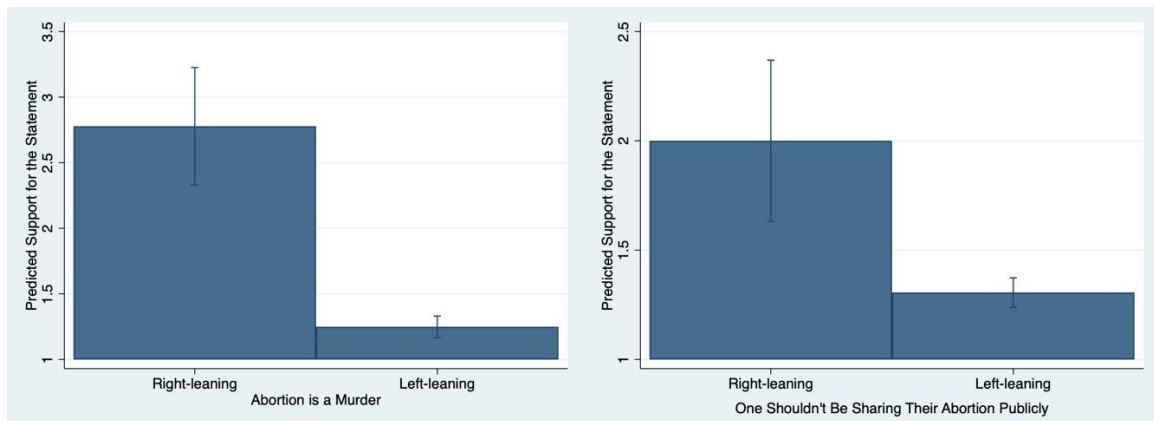


Figure 9 and 10: Stigmatization of Abortion by Political Stance

People who identify as Republican are also more likely to stigmatize abortion (depicted in Figure 9 and 10). One's political stance has a large effect ($d = -2.09$) on whether abortion is murder. While left-leaners are more likely to strongly disagree ($M = 1.24$) with the statement, right-leaners are more likely to have mixed opinions ($M = 2.78$). Similarly, political stances also has a strong effect ($d = -1.74$) on whether abortion victims should be ashamed or not. Individuals who lean right ($M = 1.78$) are more likely to agree with this assertion than those who lean left ($M = 1.08$), making them more likely to be the stigmatizer. Furthermore, they are more opposed to disclosing one's abortion story. There is a strong effect ($d = -1.10$) on agreeing with the assertion

that people shouldn't share their abortion with family and friends based on political identity, with right-leaning persons ($M = 1.89$) more likely to agree with the statement than others ($M = 1.27$). This research suggests that right-leaning people may react negatively if someone tells them about their abortion, discouraging people from telling their abortion story to those closest to them.

To summarize, right-leaning people are more prone than left-leaning people to stigmatize abortion and believe that abortion recipients should keep it to themselves.

QUALITATIVE ANALYSIS

Stigma

An abortion stigma exists at Crossroads College. However, rather than gaining the idea from peers, students learned as children, from their parents and neighbors, that abortion is not something to be proud of or discuss in public.

Charlotte shared her personal experience of feeling embarrassed to discuss women's reproductive rights in college, although willing to do so in public.

I remember I went with a group of girls from my floor to the local Women's March, and all of us hid our signs until we were off campus because it felt like such a taboo subject to be flaunting around campus. Looking back, it seems kind of ridiculous that we felt comfortable marching for the sake of abortion but were still scared to be judged by our peers. I'm generally open about my political beliefs, but it feels like such a different issue when you're risking moral condemnation and getting called a murderer for a particular belief.

Why would Charlotte feel more comfortable sharing in public? Perhaps, if one receives condemnation or judgment from strangers, it will not last. It is a one-time and short-term situation. If, on the other hand, one is judged by peers and they happen to be in the same friend group, the friendship could be irreversibly gone. As many Americans are raised to believe that abortion is a sin, one may fear that someone may hold a judgmental viewpoint and that that

person will never look at them the same way again, deterring them from sharing their opinions on abortion.

By disclosing their personal stories, abortion recipients also expose themselves to potential condemnation and harassment. The abortion process has become even more difficult for some due to societal misogyny and a lack of support for women's reproductive rights and privacy. Even in a pro-choice environment, Elle, being from a Catholic household, believes that abortion is a difficult topic to discuss and one that could put one's life in danger.

My entire family is pro-choice and it still took 20 years for my mother to talk to me about her own due to an anticipated fatal birth defect. It's incredibly personal and stigmatized, and despite the assumed right to privacy concerning your own health conditions, others feel comfortable both verbally and psychically harassing women and trying to force them to sustain a completely dependent being until they can function on their own.

By sharing her mother's story, Elle explained the difficulty of discussing one's abortion story and how the experience would stick with a woman for years. She, too, thought she might have been pregnant due to a late period; she informed her mother and a college friend and received very positive responses and the support she needed, but she still found it difficult to share the news. Even though she grew up in a liberal household and believes that abortion is not a sin, she is nevertheless uncomfortable discussing abortion or the possibility of pregnancy. Because of the hostile environment in the United States, where 47 percent of adults identify as pro-life, Crossroads College students choose not to share their stories out of self-protection rather than risk being judged after going through the already difficult process (Gallup 2021).

Kate's family is not religious, so specifically religious concepts such as abortion being a sin were not taught to her when she was a child. Her parents are both college graduates with bachelor's degrees. She identifies as a Democrat as well. She does, however, believe that “people are embarrassed,” and she said, “I can't imagine how isolating that (admitted to having an

abortion) would be.” Other students may hold similar views, afraid that they would be treated differently and lose all of their friends if they revealed their abortion story. The abortion stigma is so firmly ingrained in American culture that if someone is going to discuss their possible pregnancy or abortion, they might receive judgement and rejection no matter where they are. As a result, one of the preconditions for people sharing their stories is to expect and accept isolation, judgment, and other negative consequences. While this is unlikely, even the prospect of not being seen the same, of losing friends and family, is enough to deter many.

Safe Sex

Another reason students don't talk about abortion at Crossroads College is that they don't need it. They have access to birth control, which reduces their chances of becoming pregnant in the first place. They take pride in having safe sex, and there is a stigma associated with pregnancy as a result of not having safe sex or not knowing how to prevent pregnancy.

Eleanor, a white woman from a middle-class to upper-middle-class background, said that Crossroads College students don't discuss abortion since they are unlikely to become pregnant. She feels that most students “are pretty well educated about sexual health, reproduction, and are wealthy enough to afford birth control.” While acknowledging that there's a stigma surrounding discussing abortion, Elsa, who also grew up in an upper-class family, said that “CC students do not fit the common demographic factors for having an abortion” because of their access to birth control and because of their generally privileged background. We must also keep in mind that they both come from affluent families and that both of their parents are well educated, with master's degrees. While Eleanor, Elsa, and other females in their social circles are aware of how to avoid unplanned pregnancy and have access to birth control, this may not be the case for other people from low-income families. Although Crossroads College is a wealthy institution, half of

the survey respondents receive financial aid, putting them at a disadvantage in comparison to Eleanor and Elsa.

Alice, who comes from a low-income household, says that abortion has a strong stigma on campus because it implies “failure on the part of the woman,” not practicing safe sex, which led to pregnancy and ultimately abortion. Because most students at Crossroads College are expected to be educated on sex, have access to birth control, and understand how to avoid pregnancy, it creates a stigma if you don't practice safe sex and become pregnant. Furthermore, the blame is placed specifically on women, while ignoring the fact that males should bear 50 percent of the blame. Alice had had a potential pregnancy herself and spoke to her own father, friends, and the potential father of the fetus. Alice received largely unfavorable replies from the possible father, while she received mixed reactions from her own father and mostly positive reactions from her friends. Assuming that the potential father was a CC student, he may have made Alice think he was blaming her for the possible pregnancy.

Alison, who also grew up in a low-income family, believes that admitting to having had an abortion contradicts the image that CC students want to project to others.

I think CC students believe an unplanned pregnancy does not fall in line with the upstanding, prestigious, productive, driven CC student identity they have to uphold. If having an abortion is cognitively linked to being bad/making a mistake, then that would be inconsistent with the CC self-concept as smart/perfect/not allowed to make mistakes.

At Crossroads College, abortion stigma occurs in part because people pride themselves on being privileged, having access to birth control, and knowing about sex. However, they overlook the fact that some people are less fortunate and may not have access to contraceptives. They make "mistakes" not because they want to, but because they lack the resources that others possess. As a result, it's a matter of social status, and one is shamed for lacking the resources and privileges enjoyed by the other half of the student body.

While Crossroads College strives to provide an inclusive environment, the survey revealed that abortion stigma exists and is common on campus. Despite a liberal student body and in a liberal environment, students nevertheless find it difficult to talk about abortion or women's reproductive rights on campus for fear of judgment and/or rejection because many students are raised to believe that abortion is a sin. Furthermore, students pride themselves on engaging in safe sex, and having an abortion is considered a failure and a lack of knowledge in sex education, which is contradictory to the images they want to present. Abortion stigma operates by appealing to one's underlying ideas that abortion is a sin as well as their fear of being criticized and rejected, even though they are in a generally liberal environment where they should feel comfortable expressing their experiences. Furthermore, CC students believe that having an unplanned pregnancy is a mark of irresponsibility and inability to manage one's life, but they overlook the fact that contraception is not equally or easily available to everyone. Indirectly, the stigmas associated with poverty and irresponsibility lead to prejudice in low-income groups, as well as the abortion stigma.

CONCLUSION

In conclusion, abortion stigma exists in colleges, and it functions through students' fears of judgment and rejection, as well as a stigma against irresponsibility and poverty. Right-leaning individuals are more likely to be stigmatizers as they tend to agree that abortion is murder and that women shouldn't talk about their abortions in public or even with friends and family. However, while their own experience with abortion or disclosing potential pregnancies is unaffected by their beliefs, they're making an already difficult process even harder for others. There is also a social class difference in abortion stigma. While students take pride in their sex education and contraception knowledge, they also blame others for not knowing how to practice

safe sex or for being irresponsible, neglecting the fact that sex education and contraception access are privileges that not everyone enjoys equally.

APPENDIX

Age

18 19 20 21 22 and above

Intended Graduation Year

2022 2023 2024 2025

Gender (check all that apply)

Cisgender Female Transgender Female Non-binary Other ____ Prefer not to say

Sexual Orientation (choose all that apply)

Heterosexual Lesbian Bisexual Other ____ Prefer not to say

Which race/ethnicity do you most identify with? (choose all that apply)

White Black, African or African American American Indian or Alaska Native Asian or Asian American Native Hawaiian or Pacific Islander Hispanic/Latinx Other ____

Does your family practice a religion?

Yes No

Religion (check all that apply)

Roman Catholic Mainline Protestant Evangelical Protestant Islam Hinduism Buddhism Jewish Nonreligious Other ____

Do you receive need-based financial aid?

Yes No

How much financial aid are you on?

Full Between half and full Half Less than half

What's your parent 1/2's highest educational attainment?

Less than high school graduate High school diploma or equivalent Bachelor's Degree Master's Degree Doctorate

Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or something else?

Republican Democrat Independent Other ____ No preference

If you think of yourself as an Independent, do you think of yourself as closer to the Republican Party or to the Democratic Party, or equally close to or distant from the Republican Party and Democratic Party?

The Republican Party The Democratic Party

Equally close to or distant from the Republican Party and Democratic Party

Here is a scale on which the political views that people might hold are arranged from weak Republican/Democrat (left) to strong Republican/Democrat (right). Where would you place yourself on this scale?

0 1 2 3 4 5 6 7

Do you personally believe that having an abortion is morally acceptable, morally wrong, or is it not a moral issue?

Morally acceptable Morally wrong Not a moral issue

Do you agree or disagree with the following statements:

Strongly Agree Agree Disagree Strongly Disagree Not Sure

Abortion is a sin

Abortion is murder

People should be ashamed/embarrassed if they get an abortion

People should never share their abortion stories with their friends and family

People should never share their abortion stories in public

Abortion is never an easy choice, and those who make that choice should be supported more publicly

With respect to the abortion issue, would you consider yourself to be pro-choice or pro-life?

Pro-choice Pro-life Mixed/Neither Don't know what terms mean No opinion

Do you think abortions should be legal under any circumstances, or legal only under certain circumstances?

Under any circumstances Under certain circumstances Never legal Not sure

For each one, please say whether you think abortion should be legal in that situation, or illegal.

Legal Illegal Not sure

When the pregnancy was caused by rape or incest

When the woman's life is endangered

When the woman's physical health is endangered

When the woman's mental health is at risk

When abortion is necessary to save the life of the mother

When the baby has a fatal birth defect

When the pregnancy is unwanted

Do you think that abortion laws in this country should be made more strict?

Yes No Not sure

As you may know, abortion law in the United States is based on the 1973 U.S. Supreme Court ruling known as *Roe v. Wade*. Do you think the Supreme Court should uphold *Roe v. Wade* or overturn it?

Uphold Overturn Not sure

Have you ever been pregnant before or are you currently pregnant?

Yes No Not sure

About how many weeks pregnant were you when you found out you were pregnant? _____

Have you ever had an abortion before?

Yes No

Have you ever considered getting an abortion before because of a late period or a similar experience that made you think you might be pregnant?

Yes No

Did you talk to your parents during the decision-making process?

Yes, both parents Yes, mother only Yes, father only No

Did you talk to your friends during the decision-making process?

Yes No

Did you talk to the person who impregnated or might have impregnated you?

Yes No

Who else did you talk to? (choose all that apply)

Family Friend Professor CC Staff Colleague I didn't talk to anyone else

Other _____

Why did you decide to tell ___? (choose all that apply)

Need of emotion support Need of financial support I think they need/deserve to know

Other _____

What was their reaction?

Very positive Mostly positive Mixed Mostly negative Very negative

Why didn't you tell _____?

REFERENCE LIST

- Adamczyk, Amy. 2008. "The Effects of Religious Contextual Norms, Structural Constraints, and Personal Religiosity on Abortion Decisions." *Social Science Research* 37(2): 657-672.
- Adamczyk, Amy. 2013. "The Effect of Personal Religiosity on Attitudes Toward Abortion, Divorce, and Gender Equality--Does Cultural Context Make A Difference?" *EurAmerica* 43(1): 213-253.
- American Civil Liberties Union. 2021. "New Arizona Abortion Ban Blocked Hours Before Taking Effect" New York, NY: American Civil Liberties Union. <https://www.aclu.org/press-releases/new-arizona-abortion-ban-blocked-hours-taking-effect>.
- Anderson, Monica. 2016. "Blacks With College Experience More Likely to Say They Faced Discrimination." Washington, DC: Pew Research Center. <https://www.pewresearch.org/fact-tank/2016/07/27/blacks-with-college-experience-more-likely-to-say-they-faced-discrimination/>.
- Bartkowski, John P., Aida I. Ramos-Wada, Chris G. Ellison, and Gabriel A. Acevedo. 2012. "Faith, Race-Ethnicity, and Public Policy Preferences: Religious Schemas and Abortion Attitudes Among U.S. Latinos." *Journal for the Scientific Study of Religion* 51(2): 343-358.
- Boudreaux, Maximillian. 2021. "Worcester State University Investigates Racial Slur, Students Want More Done." Tallahassee, FL: Black News Channel. <https://bnc.tv/worcester-state-university-investigates-racial-slur-students-want-more/>.
- Brown, Sarah. 2017. "What Does the End of Obama's Title IX Guidance Mean for Colleges?" Washington, D.C.: The Chronicle of Higher Education. <https://www.chronicle.com/article/what-does-the-end-of-obamas-title-ix-guidance-mean-for-colleges/>.
- Buskirk, Chris Van. 2021. "Reps. Lindsay Sabadosa and Jason Lewis Propose Bill to Mandate Massachusetts Public Universities Cover Medication Abortion." Springfield, MA: MassLive Media. <https://www.masslive.com/politics/2021/06/lindsay-sabadosa-and-jason-lewis-propose-massachusetts-public-university-medication-abortion-bill-stirs-debate.html>.
- Butler, Scott M., David R. Black, and Daniel Coster. 2011. "Condom and Safer Sex Product Availability Among U.S. College Health Centers." *Electronic Journal of Human Sexuality* 14: 1-5.
- Cantor, David, Bonnie Fisher, Susan Chibnall, Reanne Townsend, Hyunshik Lee, Carol Bruce, Gail Thomas. 2017. *Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct*. Westat. Rockville, MD: Westat. <https://www.aau.edu/sites/default/files/AAU-Files/Key-Issues/Campus-Safety/AAU-Campus-Climate-Survey-FINAL-10-20-17.pdf>.

- Carty, Victoria. 2018. "Student Mobilizations in Canada and the United States." *Journal for the Study of Radicalism* 12(1): 97-122.
- Cattaneo, Lauren B., Wing Yi Chan, Rachel Shor, Kris T. Gebhard, and Nour H. Elshabassi. 2019. "Elaborating the Connection between Social Class and Classism in College." *American Journal of Community Psychology* 63(3-4): 476-486.
- Cook, Elizabeth Adell, Ted G Jelen, and Clyde Wilcox. 1993. "Catholicism and Abortion Attitudes in the American States: A Contextual Analysis." *Journal for the Scientific Study of Religion* 32(3): 223-230.
- Cowan, Sarah K. 2014. "Secrets and Misperceptions: The Creation of Self-Fulfilling Illusions." *Sociological Science* 1(26): 466-492.
- Cowan, Sarah K. 2017. "Enacted Abortion Stigma in the United States." *Social Science & Medicine* 177: 259-268.
- Cohen, Susan A. 2009. "Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide." New York, NY: Guttmacher Institute. <https://www.guttmacher.org/gpr/2009/11/facts-and-consequences-legality-incidence-and-safety-abortion-worldwide>.
- Crawley, Karen, and Olivera Simic. 2019. "Telling Stories of Rape, Revenge and Redemption in the Age of the TED talk." *Crime, Media, Culture* 15(2): 259-278.
- Davies, Lizzy. 2011. "Feminism Is Back and We Want to Finish the Revolution, Say Activists." London, UK: The Guardian. <https://www.theguardian.com/world/2011/aug/05/feminism-resurgent-activists>.
- de Lemus, Soledad, and Katherine Stroebe. 2015. "Achieving Social Change: A Matter of All or None?" *Journal of Social Issues* 71: 441-452.
- Denbow, Jennifer M. 2016. "Abortion as Genocide: Race, Agency, and Nation in Prenatal Nondiscrimination Bans." *Journal of Women in Culture and Society* 41(3): 603-626.
- Elbulok-Charcape, Milushka M, Faigy Mandelbaum, Rona Miles, Rose Bergdoll, David Turbeville, and Laura A. Rabin. 2021. "Reducing Stigma Surrounding Mental Health: Diverse Undergraduate Students Speak Out." *Journal of College Student Psychotherapy* 35(4): 327-344.
- Ellison, Christopher G., Samuel Echevarría, and Brad Smith. 2005. "Religion and Abortion Attitudes Among U.S. Hispanics: Findings From the 1990 Latino National Political Survey." *Social Science Quarterly (Wiley-Blackwell)* 86(1): 192-208.
- Finer, Lawrence B., Lori F. Frohwirth, Lindsay A. Dauphinee, Susheela Singh, and Ann M. Moore. 2005. "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives on Sexual and Reproductive Health* 37(3): 110-118.

- Furedi, Ann. 2001. "Issues for Service Providers: A Response to Points Raised." *Journal of medical ethics* 27 Suppl 2(Suppl 2): 28-32.
- Ganz, Marshall. 2001. "The Power of Story in Social Movements." In the Proceedings of the *Annual Meeting of the American Sociological Association*. Anaheim, CA: American Sociological Association. https://www.asanet.org/sites/default/files/2001_am_final_program_complete_with_cover_o.pdf.
- Gallup Poll. May 18, 2021. "Americans' Self-Identified Position on Abortion, 2021." Washington, DC: Gallup Poll. <https://news.gallup.com/poll/244709/pro-choice-pro-life-2018-demographic-tables.aspx>.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall Inc.
- Grisales, Claudia, and Barbara Sprunt. 2021. "For the 1st Time, Cori Bush Testifies About Getting an Abortion When She Was a Teen." Washington, DC: NPR. <https://www.npr.org/2021/09/30/1041852950/it-was-really-difficult-rep-cori-bush-speaks-about-her-abortion-testimony>.
- Guttmacher Institute. 2017. "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates." New York, NY: Guttmacher Institute. <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>.
- Guttmacher Institute. 2021. "State Legislation Tracker." New York, NY: Guttmacher Institute. <https://www.guttmacher.org/state-policy>.
- Guillard, Julianne. 2016. "Is Feminism Trending? Pedagogical Approaches to Countering (S)activism." *Gender and Education* 28(5): 609-626.
- Hartocollis, Anemona, and Jess Bidgood. 2015. "Racial Discrimination Protests Ignite at Colleges Across the U.S." New York, NY: The New York Times. <https://www.nytimes.com/2015/11/12/us/racial-discrimination-protests-ignite-at-colleges-across-the-us.html>.
- Hefling, Kimberly, and Caitlin Emma. 2017. "Obama-era School Sexual Assault Policy Rescinded." Arlington, VA: Politico. <https://www.politico.com/story/2017/09/22/obama-era-school-sexual-assault-policy-rescinded-243016>.
- Hope, Elan C., Gabriel Velez, Carly Offidani-Bertrand, Micere Keels, and Myles I. Durkee. 2018. "Political Activism and Mental Health Among Black and Latinx College Students." *Cultural Diversity and Ethnic Minority Psychology* 24(1): 26-39.
- Husain, Jonelle, and Kimberly Kelly. 2017. "Stigma Rituals as Pathways to Activism: Stigma Convergence in a Post Abortion Recovery Group." *Deviant Behavior* 38(5): 575-592.

- Ince, Jelani, Brandon M. Finlay, and Fabio Rojas. 2017. "College Campus Activism: Distinguishing between Liberal Reformers and Conservative Crusaders." *Sociology Compass* 12(9): 1-13.
- Jiménez, Jesus. 2021. "UMass Amherst Hires Cybersecurity Firm to Investigate Racist Emails." New York, NY: The New York Times. <https://www.nytimes.com/2021/09/30/education/umass-amherst-racist-emails.html>.
- Joffe, Carole. 1987. *Abortion and Antifeminism. Politics & Society* 15(2): 207-212.
- Joffe, Carole. 2009. *Dispatches From the Abortion Wars: The Costs of Fanaticism to Doctors, Patients, and the Rest of Us*. Boston, MA: Beacon Press.
- Johnson, LA. 2021. "These Women Speak Candidly about Their Abortions. Here's What They Want You to Know." Washington, DC: NPR. <https://www.npr.org/2021/12/01/1056827575/these-women-speak-candidly-about-their-abortions-heres-what-they-want-you-to-know>.
- Jones, Rachel K., and Jenna Jerman, "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014." *American Journal of Public Health* 107(12): 1904-1909.
- Julius, Daniel J., and Patricia J. Gumport. 2003. "Graduate Student Unionization: Catalysts and Consequences." *Review of Higher Education* 26(2): 187-216.
- Kumar, Anuradha. 2013. "Everything Is Not Abortion Stigma." *Women's Health Issues* 23(6): 329-331.
- Kumar, Anuradha, Leila Hessini, and Ellen M H Mitchell. 2009. "Conceptualising Abortion Stigma." *Culture, Health & Sexuality* 11(6): 625-639.
- LaMotte, Sandee. 2017. "For Some, #MeToo Sexual Assault Stories Trigger Trauma Not Empowerment." Atlanta, GA: CNN. <https://www.cnn.com/2017/10/19/health/me-too-sexual-assault-stories-trigger-trauma/index.html>.
- Link, Bruce G., and Jo C. Phelan. 2021. "Conceptualizing Stigma." *Annual Review of Sociology* 27: 363-385
- Luker, Kristin. 1985. *Abortion and the Politics of Motherhood*. Berkeley, CA: University of California Press.
- Maddow-Zimet, Isaac, Laura D. Lindberg, and Kate Castle. 2021. "State-Level Variation in Abortion Stigma and Women and Men's Abortion Underreporting in the USA." *Population Research and Policy Review* 40: 1149-1161.
- Major, Brenda, and Richard H. Gramzow. 1999. "Abortion as Stigma: Cognitive and Emotional Implications of Concealment." *Journal of Personality and Social Psychology* 77(4): 735-745.

- McKeegan, Michael. 1993. "The Politics of Abortion: A Historical Perspective." *Women's Health Issues* 3(3): 127-131.
- Millar, Erica. 2020. "Abortion Stigma as A Social Process." *Women's Studies International Forum* 78: 102328.
- Mikhail, Alexa. 2021. 2021. "Wyoming's Flood of Anti-abortion Bills Reveal What's Happening Across the Country, Experts Say." Austin, TX: The 19th News.<https://19thnews.org/2021/03/wyomings-anti-abortion-bills-sign-happening-across-country/>.
- c, Lynn, and Meredith W. Michaels. 1999. *Fetal Subjects, Feminist Positions*. Philadelphia, PA: University of Pennsylvania Press.
- Munson, Ziad. 2009. "Becoming Conservative: The Causes and Consequences of the Pro-Life Alliance with the Republican Party." *Paper presented at Annual Conference of the American Sociological Association*, August 8-11, San Francisco CA.
- Murphy, Sean. 2021. "Oklahoma Judge Blocks 2 Abortion Laws, Allows 3 Others." New York, NY: Associated Press. <https://apnews.com/article/abortion-oklahoma-city-oklahoma-texas-courts-faaaced190b218f1be570b4083b0b829>.
- Nash, Elizabeth, and Sophia Naide. 2021. "State Policy Trends at Midyear 2021: Already the Worst Legislative Year Ever for U.S. Abortion Rights." New York, NY: Guttmacher Institute. <https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>.
- National Alliance on Mental Illness. 2021. "Present Your Story." Arlington, VA: National Alliance on Mental Illness. <https://www.nami.org/Get-Involved/Share-Your-Story/Present-Your-Story>.
- Norris, Alison, Danielle Bessett, Julia R. Steinberg, Megan L. Kavanaugh, Silvia De Zordo, Davida Becker. 2011. "Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences." *Women's Health Issue* 21(3): 49-54.
- Oaks, Laury. 2009. "What Are Pro-Life Feminists Doing on Campus?" *NWSA Journal* 21(1): 178-203.
- O'Donnell, Aisling T., Tara O'Carroll, and Natasha Toole. 2018. "Internalized Stigma and Stigma-Related Isolation Predict Women's Psychological Distress and Physical Health Symptoms Post-Abortion." *Psychology of Women Quarterly* 42(2): 220-234.
- O'Donoghue, Julie. 2021. "Louisiana Has Three New Abortion Laws: Here's What They Do." Baton Rouge, LA: Louisiana Illuminator. <https://lailuminator.com/2021/07/06/louisiana-has-three-new-abortion-laws-heres-what-they-do/>.
- Perreira, Krista M., Emily M. Johnston, Adele Shartzter, and Sophia Yin. 2020. "Perceived Access to Abortion Among Women in the United States in 2018: Variation by State Abortion Policy Context." *American Journal of Public Health* 110(7): 1039-1045.

- Planned Parenthood. 2021. "Ohio Introduces More Extreme Abortion Ban Than Texas." New York, NY: Planned Parenthood. <https://www.plannedparenthoodaction.org/planned-parenthood-advocates-ohio/media/ohio-introduces-more-extreme-abortion-ban-than-texas>.
- Quinn, Diane M., and Stephenie R. Chaudoir. 2009. "Living with a Concealable Stigmatized Identity: The Impact of Anticipated Stigma, Centrality, Saliency, and Cultural Stigma on Psychological Distress and Health." *Journal of Personality and Social Psychology* 97(4): 634-651.
- Saad, Lydia. 2020. "U.S. Conservatism Down Since Start of 2020." Washington D.C.: Gallup. <https://news.gallup.com/poll/316094/conservatism-down-start-2020.aspx>.
- Samuels, Iris. 2021. "Montana Governor Signs 3 bills Restricting Abortion Access." New York, NY: Associated Press. <https://apnews.com/article/health-business-government-and-politics-montana-abortion-901c2d7fdd0d5427b094bfde3a660032>.
- Sanders, Connor. 2021. "University of Utah Police Investigate Hate Crime Reported at Residence Hall." Salt Lake City, UT: The Salt Lake Tribune. <https://www.sltrib.com/news/2021/11/26/university-utah-police/>.
- Simmons-Duffin, Selena. 2021. "The Texas Abortion Ban Hinges On 'Fetal Heartbeat.' Doctors Call That Misleading." Washington, DC: NPR. <https://www.npr.org/sections/health-shots/2021/09/02/1033727679/fetal-heartbeat-isnt-a-medical-term-but-its-still-used-in-laws-on-abortion>.
- Singh, Susheela, Deirdre Wulf, Rubina Hussain, Akinrinola Bankole, and Gilda Sedgh. 2009. *Abortion Worldwide: A Decade of Uneven Progress*. New York: Guttmacher Institute. <https://www.guttmacher.org/report/abortion-worldwide-decade-uneven-progress>.
- Smith, Benjamin Elliot Yelnosky, Deborah Bartz, Alisa B. Goldberg, and Elizabeth Janiak. 2018. "'Without Any Indication': Stigma and a Hidden Curriculum Within Medical Students' Discussion of Elective Abortion." *Social Science & Medicine* 214: 26-34.
- Sperlich, Mickey, Gretchen E Ely, Rebecca S Rouland, Connor A Walters, Max Carwile. 2020. "Reflections of Stress in US Abortion Narratives." *Journal of Social Work* 20(5): 533-556.
- Steinberg, Julia R., Jeanne M. Tschann, Dorothy Furgerson, and Cynthia C. Harper. 2016. "Psychosocial Factors and Pre-abortion Psychological Health: The Significance of Stigma." *Social Science & Medicine* 150: 67-75.
- Stewart, Mariah. "The Abortion Debate Affects Higher Education." St. Louis, MO: INSIGHT Into Diversity. <https://www.insightintodiversity.com/the-abortion-debate-affects-higher-education/>.

- Stolberg, Sheryl Gay. 2021. "A Congresswoman's Story: Raped at 17, 'I Chose to Have an Abortion.'" New York, NY: New York Times. <https://www.nytimes.com/2021/09/30/us/politics/cori-bush-abortion.html>.
- Swank, Eric, and Breanne Fahs. 2012. "Resources, Social Networks, and Collective Action Frames of College Students Who Join the Gay and Lesbian Rights Movement." *Journal of Homosexuality* 59(1): 67-89.
- Taylor, Janelle S. 2008. *The Public Life of the Fetal Sonogram*. New Brunswick, NJ: Rutgers University Press.
- Tierney, Katherine I. 2019. "Abortion Underreporting in Add Health: Findings and Implications." *Population Research and Policy Review* 38: 417-428.
- TMI Project. 2021. "Stories." Kingston, NY: TMI Project. <https://www.tmiproject.org/stories/>.
- Tomal, Annette. 2001. "The Effect of Religious Membership on Teen Abortion Rates." *Journal of Youth & Adolescence* 30(1): 103-116.
- Totenberg, Nina. 2021. "Roe v. Wade's Future Is in Doubt After Historic Arguments at Supreme Court." Washington, DC: NPR. <https://www.npr.org/2021/12/01/1060508566/roe-v-wade-arguments-abortion-supreme-court-case-mississippi-law>.
- Wong, Rose, and Terry Jones. 2018. "Students' Experiences of Microaggressions in an Urban MSW Program." *Journal of Social Work Education* 54(4): 679-695.