


# Abortion Stigma: Imagined Consequences for People Seeking Abortion Care in the United States

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## Abstract

Prior to and since the 2022 *Dobbs* decision, U.S. state laws have endorsed individuals surveilling and punishing those associated with abortion care. This practice presents an urgent need to understand the characteristics of abortion stigma, particularly the perspectives of individuals with stigmatizing beliefs. To examine the concept and characteristics of abortion stigma, we interviewed 55 individuals about whether they thought there should be consequences for getting an abortion and, if so, what the consequences should be. Adults from three states (Michigan, Kansas, and Arizona) were purposively sampled to include a range of abortion identities and levels of religious engagement. We used reflexive thematic analysis to code and interpret the data. Participants imagined consequences including financial penalties, incarceration, and forced sterilization. Three themes highlighted how abortion was described as violating the law, women's gender roles, and religious doctrine; accordingly, abortion was imagined as deserving of negative consequences, although abortion was legal in all states during data collection. We argue that these imagined consequences relied on carceral logics and interconnected sexist, racist, and classist stereotypes that reflect and reproduce abortion stigma. This study deepens the understanding of abortion stigma from the perspective of the stigmatizer, underscoring the danger of legislation grounded in stigmatizing beliefs.

## Keywords

abortion, stigma, thematic analysis, reproductive justice, women

In the current study, we explored what people imagine as appropriate or inevitable consequences for those who seek abortion care. While abortion is common and a fundamental part of health care, and the majority of Americans support the availability of abortion in at least some cases (Pew Research Center, 2022), abortion stigma continues to be a concern, ranging from intra and interpersonal interactions, to laws and State-sponsored punishments. For example, Texas Senate Bill 8 (SB8), passed in 2021, allows citizens to sue anyone they believe to have been involved in helping someone obtain an abortion after roughly six weeks of pregnancy. Texas' SB8 and similar legislation foreground a trend in abortion policy that prescribes and encourages surveillance of those who seek and provide abortion care (see also Fine & McClelland, 2007). What was largely enacted through state-level surveillance in prior legislation has increasingly moved to individual-level surveillance in SB8, resulting in a pressing need to understand more about abortion stigma, and in particular, the perspective of the person who holds stigmatizing beliefs.

One in four women have an abortion in the United States (U.S.) before the age of 45 years (Jones & Jerman, 2017). Although it is a very common medical procedure, “a

culture of deviancy has developed around abortion” in the U.S. (Abrams, 2014, p. 300). Abortion has continually been stigmatized through legal and political discourse leading up to and after its federal legalization in 1973. Kumar et al. (2009) defined abortion stigma as a set of negative attributes ascribed to women who seek to terminate a pregnancy. They argued that this stigma marks women, internally or externally, as transgressing (or violating) the ideals of womanhood due to their association with abortion. In their definition, they included both interpersonal experiences of stigma as well as stigma that circulates more widely, including “popular and medical discourses, government

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and political structures, communities, and via personal interactions” (p. 628). Millar (2020) further developed the definition and argued that abortion stigma not only circulates widely, but also negatively affects those who are targeted, with “material and discursive effects” (p. 4). In the current study, we build on these prior definitions to provide empirical evidence about the characteristics of abortion stigma, specifically from the perspective of the stigmatizer.

To better understand how individuals imagine potential consequences for seeking an abortion, we interviewed 55 individuals residing in Kansas, Michigan, and Arizona. Using thematic analysis, we were able to understand more about how individuals support the idea that women and abortion providers should face consequences for seeking or providing abortion care. While transgender, non-binary, and gender-expansive people use and rely on abortion care (Moseson et al., 2021), we focused in this study on cisgender women as the imagined target of consequences for seeking abortion care in the U.S. because participants explicitly and implicitly imagined cisgender women when asked about abortion throughout the study.

### Abortion Stigma

Research on abortion stigma dates back to Adler’s (1975) findings that women who had abortions felt socially based emotions such as shame, guilt, and feared disapproval from others. Since this early work, researchers have largely focused on those who are harmed, physically and/or psychologically, by abortion stigma. For example, in a study of U.S. women, Shellenberg and Tsui (2012) found that over half of the women ( $N=4,188$ ) who had abortions worried about negative judgments from others and felt they needed to keep their abortion a secret from family and friends. Other researchers have found that women who perceive or report experiencing more abortion stigma have less reproductive autonomy and increased emotional distress (Biggs et al., 2020; Li et al., 2022; Mehta et al., 2019). These studies demonstrate both the high prevalence of perceived stigma and its deleterious implications for individuals’ mental health.

These previous studies focused on how perceived stigma affects the stigmatized. We turn to the role of the stigmatizer to consider the cultural production of abortion stigma as a crucial component to understanding its circulation and normalization. Link and Phelan’s (2001) formative work on the perpetuation of stigma provides a model for how stigma circulates among individuals and communities, as well as its implications. In contrast to models of stigma that have theorized the effects of stigma on the person who has been targeted (e.g., Chaudoir & Quinn, 2010), Link and Phelan’s (2001) model examines stigma from the perspective of the perpetrator of stigma. Their model begins with the often-benign process of labeling human differences between people and groups. These differences evolve into stereotypes that separate “us” from “them”—in other

words, a group that is targeted by a negative stereotype and a group that is not. When people label or characterize others with a stigmatized identity, they also develop a rationale for devaluing, rejecting, and excluding these targets; the stigmatized person or group is connected to undesirable characteristics that, in turn, reduces their status. This reinforcing cycle can make it seem rational and even advantageous for someone to hold and enact stigmatizing beliefs, and to devalue and reject those who have been stigmatized, either through interpersonal interactions or through cultural and social norms (Link & Phelan, 2014).

With this model in mind, those who are active agents in hearing and enacting stigmatizing attitudes are an important key to how stigma operates. We turn to this group to assess not only the content of their stigmatizing attitudes, but also how they imagine the potential for consequences associated with abortion. We do this while keeping in mind that even members of a stigmatized group can (and do) enact the stigma upon fellow members (e.g., see examples of women who have had abortions opposing abortion access; Cockrill & Weitz, 2010). Researchers have previously assessed frequency of individuals’ stigmatizing attitudes by creating standardized scales, such as the Stigmatizing Attitudes, Beliefs, and Actions Scale (Shellenberg et al., 2014). Researchers using this measure have found that increased abortion stigma was related to more negative attitudes about the legality of abortion (Patev et al., 2019). As this scale was designed to assess abortion stigma in Ghana and Zambia, there are likely dimensions of abortion stigma that are relevant to U.S. history and its political environment that may not be captured by this measure. Thus, this study offers necessary qualitative insight into the content and form of individuals’ stigmatizing abortion beliefs in the U.S.

### Structural Stigma

We turn from the research on felt abortion stigma to the research on structural stigma to draw out links between individuals’ negative beliefs about other people and the social systems that endorse those negative beliefs. Research that acknowledges structural stigma is essential to understanding how stigma is not merely an individual-level phenomenon, but one supported and legitimated through the social structures (Coleman-Minahan et al., 2021). Laws shape and advise how people think about oneself and others. For example, Hatzenbuehler et al. (2010) found that across the U.S., gay, lesbian, and bisexual women and men experienced increased negative mental health outcomes after the states they lived in banned same-sex marriage. These findings and others (Hatzenbuehler et al., 2020) indicate the power of stigmatizing laws to influence the circulation of stigma at structural levels, which then circulate through individuals’ beliefs and behaviors, and so on, in an ongoing recursive relationship. Policies create the conditions to imagine abortion care as deserving of stigma, and therefore, deserving

of consequences. In turn, individuals both believe and reproduce these ideas as normative and inevitable.

For example, Abrams (2014) analyzed *Casey* and *Carhart*, two abortion-related Supreme Court decisions, and in a series of examples, she demonstrated how the Court sent clear messages to Americans about how to view abortion. For example, in *Casey*, the Justices on the court claimed, “[s]ome of us as individuals find abortion offensive to our most basic principles of morality” (*Planned Parenthood of Southeastern Pennsylvania v. Casey* as cited in Abrams, 2014, p. 317). The Justices’ language choice both reflects the Courts’ adoption of abortion stigma (“some of us find abortion offensive”) and amplifies stigma by codifying this in the written legal word. In another example, *Carhart* legitimized an association between abortion and emotional damage, including regret and depression, even though “post abortion syndrome” had been thoroughly debunked by this time (Charles et al., 2008). Regardless of whether individuals are aware of these details in these decisions, the Court’s language created a powerful set of norms, associations, and logics that influence how Americans think about abortion, and contribute to legitimizing abortion stigma (Weitz & Kimport, 2015).

We present these legal examples as one of the ways that abortion stigma circulates; laws and policies create the conditions to imagine abortion as deserving of stigma, and therefore, deserving of consequences. Texas’ SB8 and other laws like it, build on and endorse the belief that individuals can and should act on stigmatizing beliefs. In some cases, like SB8, the policy does endorse specific consequences (such as fines), but this is not always the case. We argue that individuals reproduce abortion stigma that has been taught and imagine negative consequences within this larger context of stigma. In this study, we aimed to develop empirical insight into the content of people’s abortion stigma and examine these beliefs to theorize about the discourses individuals draw on and what is (re)produced when abortion stigma circulates.

### Present Study

As the right to abortion access in the U.S. has increasingly narrowed and made illegal in many states as of 2022, it is crucial to understand the contours of abortion stigma: What do individuals imagine and prescribe as relevant punishments for those who are associated with abortion care? These insights will help to further understand the characteristics of abortion stigma, as well as the role of U.S. social, legal, and political discourses that support and inform the development and maintenance of abortion stigma.

We asked about consequences in the current study, in part, because of the political climate surrounding abortion before and around the time of data collection, which included increasingly amplified narratives in both legislation and national news about punishing women for seeking abortion care. For

example, while campaigning for President in 2016, when asked about the topic of abortion, Donald Trump said, “there has to be some form of punishment [for the woman].” Political commentator Chris Matthews pressed Donald Trump to clarify what he meant by “punishment” and asked, “Ten cents, ten years?” (Kertscher, 2016). Legislation that levied legal and financial consequences for abortion care was circulating in state legislatures (e.g., in Alabama; Kelly, 2019), in the news, and in contemporary policy analyses (Rowan, 2015; Ziegler, 2018). By asking participants if they thought there should be consequences for seeking abortion care, this study allowed us to examine how individuals imagined those seeking abortions should be treated (i.e., types of consequences) as well as potential logics undergirding individuals’ ideas (i.e., stigmatizing discourses and beliefs).

## Method

### Recruitment

Participants were recruited through the Survey Research Institute (SRI) of Cornell University. Data were collected from April through June 2019. To ensure a diversity of views in the sample, we developed a non-representative, purposive sampling frame. For recruitment purposes, participants’ abortion attitude was assessed with a single item: “Do you think that women should be able to obtain an abortion under...*No circumstances; Some circumstances; All circumstances.*” This item allowed for a brief assessment for a sample that would include equal parts those who endorsed abortion access under no, some, or all circumstances. In addition, participants were asked about their religiosity (“To what extent do you consider yourself a religious or spiritual person? *Not religious or spiritual at all; Somewhat religious or spiritual; Very religious or spiritual*”). This item allowed for recruitment of a sample that was equal-parts not religious, somewhat religious, or very religious. Lastly, participants were asked about their racial/ethnic identification (“What is your race or ethnicity? You can name more than one”). For the purposes of the larger study, we aimed to recruit a sample that was 50% White, 30% Latinx, and 20% African American to over-sample Black and Latinx participants and to include Spanish speakers with a range of racial identities.

To meet these goals, we recruited participants from Kansas, Michigan, and Arizona. We selected these three states because polling data in these states showed ethnic/racial diversity, mixed support for abortion, and heterogeneous religious adherence (Pew Research Center, 2014). Individuals were contacted via telephone by SRI to complete a demographics screener. The research team then invited eligible participants (per the sampling frame) to participate in a 90 min in-person interview. The study was advertised as “The Opinion Study” to avoid participant self-selection into the study based on their stance toward abortion.

## Procedure

The current study was a part of a larger mixed methods study designed to investigate individuals' abortion attitudes and interpretation of survey items used to assess abortion attitudes. The study consisted of (a) a paper and pencil survey, (b) a cognitive debrief procedure that asked participants to "think aloud" while answering survey questions, and (c) a semi-structured interview that focused on the participant's history including how and when they developed their ideas about abortion more generally. The current study focuses on data from the cognitive debrief portion of the study, which was used to collect data about the interpretability and comprehensibility of both new and commonly used items assessing abortion attitudes. Survey items and response options were both read aloud by the interviewer and shown to the participant in a written format. This method assesses individuals' thought processes while answering survey items and has been used to develop insights into the decisions participants use when evaluating item content, their own experience, and survey responses (Muroff et al., 2014).

After obtaining informed consent, participants completed the survey, cognitive debriefing, and interview individually in private conference rooms located in each of the study locations. Two women, both with extensive qualitative training and interviewing experience, conducted the interviews in English ( $n = 63$ ) or in Spanish ( $n = 9$ ) depending on the participants' language request. The interviews were audio-recorded unless participants did not consent to recording ( $n = 2$ ). When participants did not consent to recording, interviewer notes were used for analysis. Participants were compensated with a \$100 debit card. This study was approved by the university Institutional Review Board.

## Participants

A total of 72 participants completed the study. In this paper, we analyzed data from 55 participants, as some participants were not asked the questions analyzed in this study due to time constraints ( $n = 16$ ) or data were not available in the interviewer's notes ( $n = 1$ ). Participants were ages 18 to 75 years ( $M = 43$ ,  $SD = 17$ ), 55% were women ( $n = 30$ ), and 45% were men ( $n = 25$ ). Race/ethnicity was assessed via a "check all that apply" item and participants identified as: White, non-Hispanic (58%,  $n = 32$ ), followed by Hispanic, Latino, or Spanish and multiracial Hispanic, Latino, or Spanish ("Latinx," 31%,  $n = 17$ ), Black or African American and biracial Black/White (7%,  $n = 4$ ), biracial White/Asian ( $n = 1$ ), and biracial White/Native American/American Indian ( $n = 1$ ). Participants' political affiliation was roughly equal-parts Independent (29%,  $n = 16$ ), Democrat (26%,  $n = 14$ ), and Republican (26%,  $n = 14$ ). Seven participants (13%) did not identify with these options (percentages do not sum to 100% due to non-

response). Participants identified as pro-life (44%,  $n = 24$ ), pro-choice (27%,  $n = 15$ ), or neither pro-life nor pro-choice (22%,  $n = 12$ ). Participants indicated how frequently they attended church or religious meetings as follows: never (13%,  $n = 7$ ), once a year or less (11%,  $n = 6$ ), a few times a year (29%,  $n = 16$ ), a few times a month (9%,  $n = 5$ ), once a week (18%,  $n = 10$ ), and more than once a week (20%,  $n = 11$ ). As evidenced and by design, our sample was diverse in gender, race/ethnicity, age, political affiliation, abortion identity, and religious attendance.

## Measures

A paper and pencil survey was used to assess participants' demographics, their attitudes toward a number of political topics (e.g., abortion, welfare, political power of women and ethnic/racial minorities), and their religious beliefs and practices. To provide additional information about each speaker in the qualitative responses presented below, we relied on participants' self-reported abortion identity and level of religious participation collected through the paper and pencil survey. Abortion identity was assessed with a question designed for this study that read, "How do you identify in terms of abortion? *Pro-life; Pro-choice; I don't know; and Some other identification [please describe].*" We categorized these latter two categories as identifying with *neither pro-life nor pro-choice*, as prior research has found that individuals' abortion attitudes are more nuanced than this dichotomy (Jozkowski et al., 2018). Organized religious participation was assessed with one item from the Duke University Religion Index (Koenig & Büssing, 2010), "How often do you attend church or other religious meetings?" with response options as listed above. We categorized attendance of once a year or less or never (24% of the sample) as *low religious attendance (low relig.)*, attendance of a few times month to a few times a year (38%) as *moderate religious attendance (mod relig.)*, and once a week or more than once a week (38%) as *high religious attendance (high relig.)*.

The cognitive debrief portion of the study asked participants to first answer the survey question out loud and, second, say more about their response, including how they defined terms and ideas in the item or response options. Questions used during this portion of the study included the seven items from the General Social Survey (Smith, 2016) and eight additional survey questions that were drawn from previous research and constructed for the larger project. Examples included, "Do you personally believe that having an abortion is... *Morally acceptable; Morally wrong; Is it not a moral issue*" (Pew Research Center, 2013) with the follow-up question, "What does 'moral' in this question mean to you?" and "Do you think abortion should be... *Legal in all cases; Legal in most cases; Illegal in most cases; Illegal in all cases*" (Bartkowski et al., 2012) with the follow-up question, "When answering, what kinds of 'cases' did you think about?"

For the current study, we analyzed three cognitive debrief questions: (a) “Do you agree there should be consequences for getting an abortion? *A lot, A little, Not at all*,” (b) “What comes to mind when thinking about consequences?” and, after participants had elaborated on the consequences they imagined, (c) “In thinking about the previous question about consequences for getting an abortion, what are your thoughts on the following: Should there be legal consequences? Financial consequences? Moral judgment consequences? Other kinds of consequences?” The interviewers asked participants for specific examples of consequences and asked participants to elaborate on their thinking with prompts like, “What’s an example of a moral consequence?” “Can you tell me more about your answer?” and “Can you say more about how you thought about [a particular word or phrase]?” Interviews in English were transcribed by a professional transcription company and reviewed by a trained research assistant for accuracy. Interviews conducted in Spanish were transcribed by a native Spanish speaker, translated into English by a trained, bilingual research assistant, and reviewed by a second trained, bilingual research assistant for accuracy in transcription and translation.

### Analytic Methods

We coded the data to understand what consequences participants imagined for people who receive or provide abortion care. We used reflexive thematic analysis to inductively code data and develop themes (Terry et al., 2017). As outlined by Braun and Clarke (2020), reflexive thematic analysis emphasizes the subjectivity and interpretation that researchers bring to the analytic process. A key aspect of a reflexive approach is attention to how researchers are inevitably influential, with a focus on the ways that researchers’ subjectivity inherently shapes the analytic process (which should be noted, is an aspect of *all* data analyses, but is foregrounded in reflexive thematic analysis). One example is the focus we bring in this analysis to the gendered and racialized aspects of participants’ descriptions. We read these data from a feminist perspective, and we foregrounded the unequal treatment of marginalized groups in the U.S. to understand how individuals imagined harming those who are associated with abortion care (Luna & Luker, 2013). We list these theoretical and epistemological commitments in line with Grzanka and Moradi’s (2021) suggestions for how to frame researcher positionality statements. Rather than the more common approach of listing researchers’ demographics without further context, we foreground our commitments and epistemological approaches to the data analysis to make clear how we approached this study and this analysis.

We coded inductively (content-driven), rather than basing codes on predetermined categories or prior theory. In theme development, we relied on previous arguments that abortion represents a violation of gender norms (e.g., Kumar et al.,

2009) to make sense of the types of consequences participants suggested and to organize them meaningfully. Initial codes included references to legal and financial consequences, including incarceration, financial penalties, revoked financial benefits, probation, and community service. After reviewing the data several more times, we developed a set of final codes that reflected legal, financial, religious, reproductive, and emotional consequences that were present in participants’ responses. These codes were not based on the questions participants were asked, but on the patterns in participants’ responses across the dataset. We coded responses at the sentence level, rather than the excerpt as a whole. As a result, responses could be coded for several types of consequences. Data were organized into two dimensions: (a) the main consequences (e.g., financial and emotional) and (b) justifications offered by participants for why particular consequences were appropriate (e.g., because abortion is “murder”).

From this set of codes and drawing from prior research and theory (Kumar et al., 2009; Luna & Luker, 2013; Norris et al., 2011), we developed three themes that represented participants’ descriptions of consequences and the justifications they provided for them. Combining data and theory allowed us to recognize the distinct, common discourses participants exemplified that framed abortion as transgressive. For example, Kumar et al. (2009) argued that abortion is viewed as a violation of women’s essentialized gender roles contributed to our organization of consequences that were related to gender norms (e.g., emotional distress). We noted how participants’ proposed consequences framed individuals as violating real, imagined, or presumed rules and expectations. Based on participants’ suggestions for consequences, we developed three themes that reflected norms that abortion was imagined to violate, which we detail below.

Our aim in this study was to examine components of abortion stigma, which as we argue above, circulate in the social sphere and are absorbed by individuals regardless of their specific identities. With this as our aim, we did not compare responses based on participants’ identity groups (e.g., pro-choice vs. pro-life). We included details about each participant who is quoted so that a reader can learn more about each speaker and note patterns regarding which participants more commonly endorsed specific themes, but this is not to compare groups or to generalize to the U.S. population. Instead, this study is an examination of how people from a wide variety of perspectives talked about abortion and imagined consequences, which we argue is evidence to better understand the phenomenon of abortion stigma from the perspective of those who hold stigmatizing beliefs.

### Results

Of the 55 participants in our sample, the majority (87%,  $n = 48$ ) described abortion as deserving or as incurring

consequences. We developed three themes that illustrated how individuals described abortion as a violation: (a) Abortion Violates the Law, (b) Abortion Violates Women's Gender Roles, and (c) Abortion Violates Religious Doctrine. This violation framework illuminated how individuals view abortion and justify punishing those involved with it. These themes also highlight how abortion is connected to a range of cultural beliefs popular in the U.S. about how individuals should act (e.g., gendered expectations) and how violations of norms are imagined.

The first theme, *Abortion Violates the Law*, highlights descriptions of abortion as a criminal act that carries legal consequences, even when abortion was legal across the U.S. The second theme, *Abortion Violates Women's Gender Roles*, includes imagined consequences that targeted women's reproductive capacity, as well as their emotional and mental well-being. The third theme, *Abortion Violates Religious Doctrine*, includes consequences that could occur in the afterlife as well as faith-centric punishments that could occur during a person's life. Reflecting across these three themes, we draw attention to how carceral language and ideas present in the *Abortion Violates the Law* theme were also present in the other two themes, particularly in how imagined consequences relied on the law to enforce gendered and religious edicts. Lastly, we discuss descriptions provided by participants who did not describe any consequences for abortion. Across the findings, when participants are quoted, we provide a sequential unique identifier (e.g., A, B, etc.), as well as several demographic details about the speaker.

### *Abortion Violates the Law*

This theme captured how participants prescribed legal consequences for women receiving abortion care, as well as women's sexual partners and the doctors providing abortion care. Legal consequences included being incarcerated, financial penalties, and being tracked and surveilled by the State. We interviewed participants in 2019 while abortion was legal in the U.S. (though under restricted access in some states). Nonetheless, participants prescribed legal consequences that showed they currently imagined (or could easily imagine in the hypothetical) that abortion violated the law and was analogous to criminal behavior.

**"Murder" and Legal Punishment.** When describing legal consequences, participants drew upon discourses of "abortion is murder" when describing the consequences they wanted to see directed toward those associated with abortion. Descriptions of abortion included references to "manslaughter," "murder," "homicide," and "killing" when discussing abortion and "the baby" and "the child" when referring to the fetus. For example, Participant A said,

There should be legal consequences. Because [abortion] is murder. That is to say, there are legal consequences because it is murder, you are killing a creature even though it is your child. A lot of things come to mind, to say there should be fines, but also a punishment, jail, because it is a murder. For life, for murder, that is why these people should be put in jail. (woman, age 61, abortion identity not reported, Latina, high relig.)

Participant A initially considered the possibility of fines but settled on life in prison because she viewed abortion as a violation of the law akin to murder (abortion was legal in Participant A's state at the time of data collection). The legal consequences of "murder" were most often applied to women, but were sometimes applied to abortion care providers. For example, Participant B stated, "I like what Alabama or Georgia, I think, set up... a system where doctors who do it would be punished, and I think that's the right way to do it... make it the same as the rest of your penal system for homicide" (man, age 30, pro-life, White, mod relig.). These comments regarding abortion as "murder" are commonly heard in anti-abortion messaging and demonstrate here how individuals who associated abortion with murder also saw abortion as deserving of incarceration as punishment.

**Analogies to Crime.** In addition to incarceration, participants used analogies with crimes and legal terms to justify other types of legal punishments, such as fines and probationary periods. For example, Participant C called for a "ticket" like "when you're stopped by traffic police" (woman, age 55, abortion identity not reported, Latina, high relig.). Participants described financial penalties ranging from \$100 USD, to an amount that "has an impact" on the imagined person having an abortion in this hypothetical scenario. Participants envisioned the woman receiving an abortion, and occasionally their sexual partner, as lawbreakers. Descriptions characterized women as criminals with accomplices: having one abortion was described as a "first offense" (Participant D, woman, age 45, pro-life, White, mod relig.) and her sexual partner was "the partner to the crime" (Participant E, man, age 65, pro-choice, White, mod relig.). Descriptions in this theme suggested that after a "first offense," women would enter a probationary system characterized by state surveillance and escalating punishments for additional abortions. These examples further demonstrated how descriptions included in this theme relied on carceral discourses and logics—despite abortion's legal status—which indicated how available discourses of crime and punishment were to participants when imagining consequences.

Participants' willingness to punish law violators illustrated the power they gave to the law to determine right from wrong, enforce stigma, and justify punishment. For example, Participant D reflected on the appropriateness of consequences and said, "I guess it just depends on the law at that time and whether it's legal or not at that time,

because it's gone back and forth" (Participant D, woman, age 45, pro-life, White, mod relig.). Comments like these underscore the stigmatizing power of the law, even (or especially) in a complicated and ever-changing political landscape. Some participants described legal consequences using more general terms (e.g., "serious" or "not harsh") and had difficulty articulating specific legal consequences they imagined. Nonetheless, they expressed confidence in the authority of the law to determine if abortion is wrong and should incur punishment. These responses have implications for understanding how legislation that criminalizes abortion can legitimize punishing women as normative and expected.

### *Abortion Violates Women's Gender Roles*

The consequences included in this second theme reflected cultural mandates regarding motherhood, particularly the belief that women are supposed (and want) to reserve sex for reproduction within a heterosexual marriage and prioritize childbearing and children (Burgess & Borgida, 1999; Leskinen et al., 2015; Prentice & Carranza, 2002). The descriptions in this theme were rooted in gender norms and gender role expectations for women, as well as images of controlling women, their femininity, and their reproductive health. Only women (neither partners nor providers) were explicitly named as experiencing these consequences, which underscored the gendered nature of participants' responses. Participants drew on expectations and stereotypes about women's reproduction and emotionality when they proposed punishing them for receiving abortion care. Ultimately, cultural stereotypes about women set expectations that they first and foremost be good mothers—and good mothers (and mothers-to-be) do not have abortions. This stereotype, however, relies on a falsehood. In fact, the majority of women who have abortions are already mothers (Jermain et al., 2016), and women indicate that abortion care has allowed them to provide material and emotional support to their existing children (Jones et al., 2008).

*Controlling Reproduction.* In this theme, descriptions included forcing women to use contraceptives or be sterilized (without their consent). Participants characterized women seeking abortion as having made "bad decisions" and needing to "get fixed." For example, Participant F remarked, "Sterilization, as an extreme... if they made a bad decision and they just don't want the kid, I think that they need to be sterilized" (man, age 33, pro-life, White, high relig.). Participant F suggested sterilization as a necessary punishment for women who have abortions despite it being an invasive and permanent intervention in their reproductive autonomy. These consequences were prescribed by people with diverse abortion identities. When she imagined what doctors would tell women seeking abortion, Participant G suggested, "You're pregnant again and now you want another abortion?... The consequences are: we're not going

to do this again, we're going to put you on birth control that's going to work or we're going to get you sterilized" (woman, age 62, pro-choice, White, mod relig.). Forced or coerced contraceptive use and sterilization are human rights abuses, and the desire to punish women who have abortions using these methods illustrated the severity of abortion stigma.

Along similar lines, participants imagined that accidental sterilization could occur as a result of abortion. This piece of misinformation was repeated as truth, characterized as unfortunate, and considered something that participants "wouldn't wish on anybody" (Participant H, man, age 55, pro-life, White, high relig.). This was an example of how misinformation about abortion care is both common and dangerous (Mollen, 2014; Mollen et al., 2018). These linkages between sterilization and abortion—either forced or assumed to be an inevitable consequence—demonstrate how women and their reproductive capacity were imagined to be threatened by seeking abortion care. These beliefs not only perpetuated the essentialization of reproduction to women, but also framed abortion as an inherently punishing women by diminishing their fertility.

*Imagining Women as Emotional.* We found a persistent expectation that women would feel emotional consequences following an abortion. These included guilt, regret, resentment, posttraumatic stress disorder, depression, and a "weight on her conscience." Participants described these feelings as "serious," "deep," "major," "a lot," "a weight," and as lifelong. Participants felt certain that these feelings would occur, invoking norms and expectations surrounding women's emotions and their innate bond with the aborted fetus. Participant I asserted, "Naturally the woman will suffer consequences just by having [the abortion] done. The mom is going to have pain from it, you know, mental, emotional" (woman, age 49, pro-life, White, high relig.). Participant I's use of "naturally" highlighted how instinctive these characteristics are assumed to be among women, and her reference to a woman terminating a pregnancy as "the mom" revealed an essentializing belief that a woman becomes a mother—and develops an emotional connection to an embryo—by becoming pregnant. Though some women embrace their identities as mothers during pregnancy, generalizing this idea to all women ignores their decision-making processes, understandings of motherhood, and autonomy to decide when to become mothers.

Descriptions in this theme endorsed a narrative that negative feelings after an abortion are inevitable, long-lasting, and even debilitating and requiring the aid of state-mandated counseling. For example, Participant J said that women who have abortions "maybe should go to counseling... maybe joining a support group for women that have had abortions" (woman, age 56, pro-choice, Latina, high relig.). More directly connecting abortion to a gender role violation, Participant K stated women who have abortions should go to

therapy because “even legal abortion has serious emotional and physical trauma on a woman, and they would need help to get over all the emotions that go with getting rid of your child” (woman, age 18, pro-life, White, high relig.). These sentiments largely mirrored the discourses of anti-abortion movements that seek to cast emotional distress as a natural consequence of abortion by likewise relying on essentialist stereotypes about women being intrinsically nurturing and emotionally sensitive (Ntontis, 2020).

In some instances, participants imagined the source of women’s distress to be coming from local communities, rather than or in addition to “naturally” occurring emotions. These responses reflected Shellenberg and Tsui’s (2012) findings that shame from others is related to women’s sense of shame or guilt over abortion. For example, Participant L shared, “I think in most cases, anybody who has an abortion either knows somebody or is part of a community or they, themselves, are conflicted morally about it” (woman, age 49, pro-life, White, high relig.). These comments were unique in that they acknowledged the impact of community scorn and disapproval, which are often omitted in favor of framing guilt as a biologically motivated response in women (Kumar et al., 2009; Norris et al., 2011).

Community-level shame was not critiqued, however, and was even supported in some instances. Participant M argued in favor of social punishment for revealing an abortion procedure: “If you were to do something like that [get an abortion and] if your family finds out and then they think differently of you, I mean, you deserved that. You put yourself in that situation” (man, age 26, pro-life, Latino, mod relig.). Responses like these implied that to avoid being stigmatized, women must ensure their families do not find out. Together, participants’ imagined consequences for abortion acknowledged several possible sources of emotional suffering among women who have abortions, but they generally framed lifelong emotional distress as expected and deserved, and sometimes as the worst punishment a woman could experience.

### *Abortion Violates Religious Doctrine*

The final theme captured how participants envisioned consequences which reflected the idea that abortion violates contemporary conservative Christian religious doctrines. Both the Catholic Church and Evangelical Christian leadership and activism state that abortion is “unlawful” and “condemned” (Greenhouse & Siegel, 2011, p. 2049). For the Catholic Church, it merits consequences including excommunication (in which the offending person is barred from their faith community). Responses generally framed the women receiving abortion care as “go[ing] outside of God’s standard” and thus deserving of religious consequences during their lives (e.g., excommunication or religious [re-]education) and after death (e.g., negative judgment from a divine power).

*Punishment and Religious Justifications.* This theme illustrates how abortion was imagined to violate religious tenets, sometimes imagined as such a severe violation that a person ought to be isolated from their religious community. For example, participant N (woman, age 61, neither abortion identity, Latina, mod relig.) stated that excommunication from a church was an appropriate consequence for getting an abortion. Participant O argued that women who have abortions “just get paid back by the Lord” (man, age 49, neither abortion identity, White, high relig.), indicating his certainty in the retributivism of his God. Some pointed to their religious values when imagining consequences for abortion. For example, Participant P drew on Catholic and Evangelical anti-abortion doctrine when he said that “every person, whether a baby, a heartbeat, is made in the image of God” (man, age 42, pro-life, White, high relig.). These responses explicitly pointed to participants’ beliefs that abortion was a violation of religious doctrine that should and would incur punishment by their religious leaders or God.

*Implied Religious Punishment.* Other participants were less certain about whether and how a divine power would pass judgment on people involved in abortion care. For example, Participant Q expressed uncertainty about religious consequences when she said, “The Lord’s going to have the end all decision; if there were to be a consequence, He’ll take care of it” (woman, age 26, pro-life, White, high relig.). Similarly ambiguous, Participant R said, “Karma plays its role in this, and I think karma would be the verdict in the situation” (man, age 39, pro-life, White/Latino, mod relig.). The principle of karma is central to many Dharmic religions—though it may be used colloquially by individuals outside those faiths—and supposes that “good” behavior results in good consequences while “bad” behavior results in bad consequences. Even when religious consequences were not necessarily presumed to follow abortion care, spiritual retribution was framed as a possibility during life and after death.

### *Imagining State Enforcement*

Importantly, a pattern stretched across the three themes: a desire that legal and State structures be used to punish violators of gendered and religious expectations. Here, we highlight how participants imagined unique legal and reproductive consequences to be appropriate for women who exemplified “bad” motherhood and people who they considered religiously deficient. As a result, we highlight the synthesis among the three themes and their interplay.

*State Punishment of Gender Role Violators.* With regard to violating gendered expectations, women who were identified as legally punishable were those who transgressed their role as caregivers by prioritizing their careers or financial health over motherhood. For example, Participant S argued:



If someone was having an abortion just strictly to maintain their lifestyle and if a life is taken for financial gain, then maybe financial consequences would be appropriate... The inconvenience of [a child] maybe interfering with career or something like that or just being unwilling to pay the costs of a child. (man, age 63, pro-life, White, high relig.)

Participant S implied that women's careers and financial health are not sufficient reasons to have an abortion, and his description drew on language that characterized women as role violators who have abortions for "financial gain" or because they are "unwilling to pay" to raise a child. This explanation illustrated how imagined consequences relied on state-sponsored strategies, such as levying fines. Punishing women for these imagined transgressions, wherein they prioritized their financial security over child-bearing, would require the State to share this participant's views and investment in gender norms.

**State Punishment of Low-Income Women.** Low-income women were explicitly targeted in participants' descriptions and individuals often drew on images of State intervention or approval. For example, participant T said, "When I think of [legal consequences], I think [of] the lower income people. Take away the food stamps, [laughs] you know? I mean, don't give them government assistance" (man, age 45, pro-life, White, high relig.). This statement highlights how imagined consequences targeted and punished poor women. Similarly, Participant U suggested forcing low-income women to use contraceptives: "Maybe they should be forced [onto] birth control or something for a period of time if you are unable to pay for the abortion yourself" (man, age 51, neither abortion identity, Black, mod relig.). Though Participant U did not explicitly call on the State to punish poor women, his proposed consequence directly implicated women who need to use State resources to access abortion care, and thus required the State to control their bodies. Other participants were more explicit in their desire to involve the State. Participant V shared, "The government should be able to say, 'You're done [getting pregnant]'" (woman, age 60, neither abortion identity, White/Native American, high relig.). These remarks framed low-income women as uniquely deserving of surveillance and punishment.

**State Punishment of Religious Violators.** In addition to gendered norms, participants also described how they desired the law to reinforce and uphold religious tenets and gendered norms simultaneously. For example, Participant W considered the utility of prison making the person have to reflect, with the aid of Bibles, on their abortion decision. She shared:

I don't think you should ever get out of [prison] because you killed... When you go to jail, there are Bibles there, and that's when you stop to think, to meditate and start to see what is

bad, the wrongdoing, right? (woman, age not reported, abortion identity not reported, Latina, mod relig.)

Participant W's excerpt highlights how she considered the State a possible tool to enforce her religious viewpoint. The suggestion that a woman would regret her abortion if simply given a Bible and time to reflect on this decision is similar to discourses supporting mandatory waiting periods, in which women are mandated to wait and "think" about their choice, underscoring an implicit assumption that they will change their minds if given enough time. Participant X similarly suggested that women who have abortions "should be found out" and forced to "rethink and revisit" their religious beliefs (man, age 63, neither abortion identity, Latino/Native American, mod relig.). This response reflected an interest in State-enacted surveillance, monitoring, and compelled religious contemplation. Participant X also suggested a man whose partner has an abortion should be required to attend church and Bible class. His idea to sentence men to religious education echoes court-mandated attendance of programs that address substance abuse or child endangerment. These participants' responses illustrated that, for some, abortion violates religious principles and requires State surveillance to enact these consequences. Failing to abide by specific religious principles is reason for incarceration, and incarcerated people might recognize their "wrongdoing" through religion.

### *Imagining No Consequences*

Lastly, there were some participants ( $n = 7$ ; 13%) who did not describe or endorse any consequences for seeking abortion care. For example, Participant Y said, "I didn't really pay attention to the fact that people could get reprimanded for having an abortion" (woman, age 30, pro-life, White/Asian American, low relig.). Participant Z said that she only heard ideas about punishing women in the news, but when asked to expand on the consequences she heard about, she instead emphasized a pro-choice position: "Mostly, I hear that it should be the woman's choice. I had a roommate that had an abortion...I took her and picked her up" (woman, age 69, pro-choice, White, low relig.). Participants justified not desiring consequences for abortion through implicit and explicit references to their abortion attitudes and discussion of the broader implications of punishment. When asked if there should be consequences for abortion, Participant AA said, "No, I don't think so because that's not fair. I don't feel like anybody should get hurt" (woman, age 19, pro-choice, Latina, high relig.). Participant AB shared this sentiment more explicitly when she said, "I just don't think that there's anything wrong with getting an abortion, so having a consequence for something that I don't feel is wrong doesn't make sense" (woman, age 38, pro-choice, White, low relig.). However, individual attitudes toward abortion were not the only determinant in endorsing consequences for abortion. Participant Y

considered one outcome of what she called being “reprimanded” for seeking an abortion:

If women want to have an abortion, they’re going to find a way to have it, and then they could go to more outlandish [laughs], you know, resolutions, I guess, instead of looking for actual doctors who know what they’re doing. (woman, age 30, pro-life, White/Asian American, low relig.)

Participant Y, although pro-life, had largely ignored pro-punishment discourses because she thought consequences were unlikely to deter women from having abortions and could, instead, result in unsafe abortions. This set of findings illustrates that some participants (even those who identified as pro-life or highly religious) were capable of ignoring, resisting, and rejecting narratives about abortion as a violation deserving of punishment.

## Discussion

This study asked participants to reflect on whether they thought there should be any consequences for abortion, and if so, what these should be. We found that individuals envisioned people seeking abortion care as violating specific norms and expectations—legal, gender, and religious expectations—that justified the type and severity of consequences participants imagined. By envisioning abortion as violating these expectations, participants imagined that consequences such as forced sterilization, incarceration, fines targeting low-income women, and religious education were justified. From our findings, we can glimpse what logical or rhetorical devices people used to mark women as deviant, including equating them with criminals, relying on gender essentialization, using dehumanizing language (“maybe she should get fixed”), and compounding abortion on top of other perceived personal flaws (e.g., being poor) as ways to imagine and describe the woman as deserving mistreatment and punishment.

Following the 2022 Supreme Court decision *Dobbs v. Jackson Women’s Health Organization* decision, we expect legislation will increasingly encourage private individuals to surveil and even punish those associated with abortion care, including those seeking care, providing care, or providing support. In fact, in her dissent of Texas SB8, Supreme Court Justice Sotomayor wrote that “the Texas Legislature has deputized the State’s citizens as bounty hunters, offering them cash prizes for civilly prosecuting their neighbors’ medical procedures” (*Whole Woman’s Health v. Jackson*, 2021). Justice Sotomayor’s words underscore the importance of asking about what people think about the consequences of seeking abortion care, since there is now legislative support for acting on these beliefs. As evidenced in our study, individuals do report ideas about the way they think women should be mistreated. Our findings highlight the potential danger of legislation that empowers individuals

to act on potentially violent beliefs. We do not know whether these beliefs could or would result in any communication or action taken toward those who seek or provide abortion care. We cannot draw a direct causal link between expressed attitudes and behaviors for any single individual; however, many of the consequences discussed in this study have, in fact, been used to police women, largely women of color, and their reproductive lives for several centuries in the U.S. Examples include jailing pregnant women for endangering their fetuses (Ziegler, 2018) and forced sterilization (Luna & Luker, 2013). Moreover, experimental psychological research has demonstrated that negative attitudes are related to poorer treatment of stigmatized individuals (Hassell & Visalvanich, 2015; Opatow, 1990).

As the legal status of abortion in the U.S. has shifted, researchers have asked similar questions about consequences and punishment. Pew Research Center (2022) asked respondents, “Who should face legal penalties if an abortion is performed illegally? And what should those penalties entail?” [*doctors or medical providers who perform abortions, women who have abortions, people who help pay for abortions and people who help find or schedule abortions.*] They found that nearly half of U.S. adults (47%) said that women who obtain an abortion illegally should be penalized for doing so. While this survey finding helps to establish the prevalence of attitudes that seek to punish those who pursue abortion care in a post-*Dobbs* and post-*Roe* U.S. landscape, our findings contribute two important additions. First, we found that abortion stigma was present when abortion was legal across the U.S. and that stigma is not necessarily merely a byproduct of abortion’s semi-illegal status. In other words, for some people, imagining negative consequences for abortion does not depend on whether it is illegal or not. Second, we contribute qualitative insights into the characteristics of abortion stigma, not simply that it exists, but the types and characteristics of imagined punishments. Lastly, we provide evidence for the discourses that individuals draw on when imagining who and how people should be punished for abortion care.

## Abortion Stigma

Abortion stigma research has often focused on how stigma impacts those who seek or obtain abortion care, including impacts such as concealing one’s abortion from family and friends (Cowan, 2017), delays in seeking abortion care (Carroll et al., 2021; Moore et al., 2021), and the impact of abortion stigma on providers (Martin et al., 2020). These elements remain important but are only part of the abortion stigma picture. Our results build upon and contribute to other aspects of this picture, including: (a) the gendered aspects of abortion stigma; (b) how abortion stigma interacts with and compounds other stigmatized identities (e.g., race, class); and (c) how abortion stigma is both a part of and perpetuated by structural systems such as laws.

*Gender Roles and Abortion Stigma.* Foundational work in the field has argued that abortion is fundamentally a debate about whether women's roles in society should be confined to and defined by motherhood (Rossi, 1966). In her influential early research on abortion attitudes, Luker (1985) described the controversy over abortion as "a referendum on the place and meaning of motherhood" (p. 193). Abortion researchers have furthered these arguments by theorizing that abortion is stigmatized because women who have abortions violate the idealized role of motherhood in women's lives (Hessini, 2014; Kumar et al., 2009; Norris et al., 2011). Specifically, some have argued that "abortion is understood as a transgression of physical, moral, and ethical boundaries and social norms around gender" (Hessini, 2014, p. 618). Said another way, abortion challenges beliefs associated with the essentialization of motherhood to women: that women should reserve sexual activity solely for reproduction, that women want to and will have children (also known as the motherhood mandate; Russo, 1976), and that women are naturally nurturing of children (Kumar et al., 2009).

The understanding of abortion as a *transgression* or *violation* is an important one, as it accomplishes the task of framing women who have abortions as aberrant and thus stigmatizes them. This theoretical conceptualization of abortion as a violation has not yet been widely examined within public opinion. As a result, there is less known about how imagining abortion as a violation serves to organize individuals' attitudes about abortion. In the current study, we relied on this violation framework (Hessini, 2014; Kumar et al., 2009; Norris et al., 2011) and applied it to individuals' beliefs to better understand the forms and function of abortion attitudes. We found this framework to be a very useful way to organize the descriptions provided by participants since it focused our analysis on the rationales that individuals have for holding stigmatized beliefs. For example, the expectation of the importance of motherhood for women allowed participants to unhesitatingly imagine women would feel shame, grief, and even trauma about their abortions. Such emotional distress need not be a natural reaction to having an abortion, rather, others argue it is the result of internalizing stigmatizing discourses (Kumar et al., 2009; Norris et al., 2011; Ntontis, 2020). Our results are consistent with prior theorizing that abortion stigma represents a violation of expectations and roles (Kumar et al., 2009) and how marking people as violators makes them deserving of mistreatment as described by Link and Phelan (2001)'s model. Moreover, in adopting this framing, we recognized that abortion can be viewed as a violation of other specific societal boundaries and norms, akin to how Hessini (2014) conceptualized abortion as also transgressing norms around "religion, kinship, and death" (p. 618). We argue the violation framework is flexible enough to accommodate norms that abortion may violate in addition to gendered ones.

*Gendered and Racialized Aspects of Abortion Stigma.* Images of low-income women in the data illustrated multiple and

overlapping discourses about gender, violation, and deservingness. These discourses were evidenced when women who prioritize careers or financial health over pregnancy and low-income women were imagined as bad mothers in participants' descriptions. Key phrases heard from participants, such as "food stamps" and "low income," which have historically been linked with images of Black and Brown women, revealed how racism intersected with sexism and classism (Benson-Smith, 2005; Killen, 2019; Nadasen, 2007). In addition, the repeated mentions of forced sterilization and forced birth control in participants' descriptions highlighted and amplified the history of forced sterilization against women of color, indigenous women, incarcerated, poor, and disabled people in the U.S. (Stern, 2015).

In the same way abortion violates women's roles, U.S. cultural discourses for decades have portrayed low-income women and Black and Brown women as violating tenets of "good motherhood" by casting them as "bad mothers" (Killen, 2019; Roberts, 1997). Women who receive welfare have been stereotyped as Black, lazy, and seeking to cheat the U.S. welfare system (e.g., "welfare queens") and are thus often vilified as violators of American values around working hard and "pulling yourself up by your bootstraps" (Benson-Smith, 2005; Nadasen, 2007). Participants' responses revealed how overlapping discourses surrounding norm-violators can compound inequality: abortions are stereotyped as concentrated in the undeserving poor, who are violating American work-ethic values and their roles as good mothers, and therefore deserve to be punished through withholding of financial support and control over their reproduction (Fine & McClelland, 2007).

Lastly, our findings highlight how individuals' imagined consequences require the State to enforce oppressive structures and a broader U.S. ethos of punishment and carceral systems. Participants demonstrated an easy use of legal terms (e.g., "first offense," "partner in crime"), they drew from policy structures (e.g., "I like what Alabama or Georgia set up"), and they conflated abortion with crime. This demonstrated how casting abortion as a violation can move abortion seamlessly from a medical framework into a legal one. This evidence helps to demonstrate Link and Phelan's model of "stigma power" (2014) which refers to ways that stigma helps achieve the goals of the stigmatizer, which include the "exploitation, control or exclusion of others" (p. 24). The examples from our study demonstrate the ease with which participants moved from labeling, to devaluing, and lastly to rationalizing (and even suggesting) mistreatment, not only by individuals but also by the State.

*Structural Stigma.* Acknowledging the impact of social systems, like laws, on individual beliefs and treatment of oneself and others, invites a greater analysis of structural stigma in research about abortion stigma. The law exerts a specific kind of influence, teaching a nation through word choices and (false) logics that link abortion and consequences. Scholars have

argued that the law produces and endorses stigma toward those who seek and provide abortion care (Abrams, 2014; Weitz & Kimport, 2015), contributing to the development of restrictive policies that instruct individuals how to view those who seek abortion care. In his overview of structural stigma, Hatzenbuehler (2016) encouraged research that utilizes “methods that are new to the stigma literature... to explore inter-relationships among structural, interpersonal, and individual forms of stigma” (p. 748). Likewise, abortion researchers have long advocated for research that addresses the “regulating social forces” that surround the issue of abortion and reproduction more generally (Kumar et al., 2009, p. 628).

Our findings attended to both calls by extending existing research on abortion stigma to draw out connections between the social discourses regarding consequences and individual imaginaries about abortion. If laws shape how to think about and treat others, the resulting imagined consequences, we argue, come from social and cultural narratives throughout U.S. history, including the history of forced sterilization of women of color, religious narratives regarding punishment, and carceral norms in the U.S. We analyzed the explicit and implicit cultural imagery present in participants’ descriptions. We found that participants drew on images of punishing women through controlling women’s reproductive capacity, images of punishing women by withdrawing economic support, images of religious retribution, and images of incarceration. For example, the “abortion as murder” discourse allowed participants to easily envision punishing those who seek abortion care and providers as they would with other “murderers.”

### *Group Identity and Abortion Stigma*

While this study did not aim to compare how different groups endorsed aspects of abortion stigma, there are several patterns that are worth noting for possible future research. For example, we found that some individuals who identified as pro-choice also advocated for consequences that included forced birth control and emphasized the naturalness of women’s emotional grief. Participants with varying abortion, gender, and racial/ethnic identities suggested that a woman would experience intense and potentially permanent emotional pain as a result of having an abortion, while, in fact, women report feeling relieved after receiving abortion care (Rocca et al., 2020). Believing this as fact, participants prescribed State surveillance of abortion, including mandatory counseling to address imagined (and imagined as inevitable) consequences of this grief. These findings help to offer preliminary but useful insights into the ways that those who identify as pro-choice can still carry negative attitudes about abortion and those who receive abortion care. Likewise, people with diverse abortion identities endorsed forced or coerced contraceptive use and sterilization. These findings highlight how powerful the idea of “consequences” can be, even when abortion was legal, and even if someone is supportive (in general) of abortion. The prevalence of discourses which frame women as emotionally damaged, requiring oversight,

and needing mandated care demonstrates how important and powerful framing discourses can be.

Although generalizability is not a focus of our study, our results dovetail with national polling results. In fact, many Americans, regardless of their abortion identity, favor certain restrictions on access to abortions (Pew Research Center, 2022). This is important because it underscores the complicated role that abortion stigma can play, regardless of how one thinks about one’s abortion identity (e.g., pro-life or pro-choice). Abortion stigma has the potential to affect people who are pregnant due to specific circumstances that receive more public support (e.g., rape), and it has the potential to affect those who are pregnant outside of these circumstances (e.g., contraceptive failure, desire to not be pregnant). The endorsement of legal abortion only within very narrow conditions remains key to the production of abortion stigma as it limits approval to specific conditions, thereby reproducing the idea that people who seek abortion care should still face consequences.

Not surprisingly, sentiments like “abortion is murder” appeared to be isolated to participants those who identified as pro-life and moderately or highly religious. This rhetoric did not appear across abortion identities as we saw in the perspectives on emotional damage or forced sterilization. Along similar lines, only those with higher religious attendance described religious consequences. Personal religious beliefs have been found to be central to individuals’ abortion attitudes (Adamczyk & Valdimarsdóttir, 2018). What sets our findings apart, however, is an examination of how the religious facets of abortion stigma co-occur with other facets of abortion stigma. These include gender norms, carceral discourses, and, crucially, how these facets overlap in their reliance on State-level punishment. Participants were recruited into this study with varying levels of investment in their religious identity and religion played a role in the imagined consequences that participant imagined. This likely reflects two points: one, the impact of Christianity in the U.S. even if one does not personally identify as highly religious, and two, the influence of anti-abortion rhetoric on this issue. Religious discourses have been widely circulated, these have normalized images of religious consequences; for those with moderate or high religious attendance, this seems to play an active role in shaping people’s beliefs and imaginaries around abortion stigma.

### *Practice Implications*

Our results have implications for policymakers, clinicians, and abortion advocates. We agree with Abrams (2013) that mounting legal restrictions contribute to greater social ambivalence about the morality of abortion care. This greater social ambivalence was seen in our study when individuals imagined abortion as a crime and sought the State to enforce gendered and religious expectations. Policymakers and advocates seeking to protect abortion access should avoid perpetuating myths that women necessarily feel grief and other negative emotions following

abortion, which may be reified in legislation that requires counseling before and/or after the procedure, and that abortion is linked to infertility and other negative physical health outcomes.

Our results also have implications for clinicians working in settings related to abortion care. Clinicians should be aware of their own assumptions about abortion that may perpetuate abortion stigma as seen in our findings, such as the myth that having an abortion is invariably a challenging decision that leads to emotional distress and trauma. At an intake assessment, for example, clinicians should not assume, upon hearing their clients had an abortion in the past, that is why the client is presenting for therapy or that the client necessarily feels distress about it. The widespread ambivalence and endorsement that abortion is a violation found in our study likely represents the attitudes that clinicians to some degree possess (even those who identify as pro-choice) and that clients possess. Indeed, Mollen et al. (2018) found that psychologists and graduate students in psychology identified often as pro-choice and supported abortion access, but nonetheless underestimated the rate of abortion-seeking in the U.S. population. We agree with recommendations by Mollen et al. (2018) that clinicians should seek more information about abortion stigma and avoid perpetuating stigmatizing messages to clients. In addition, clinicians can call upon the examples offered in this article, such as legal, gendered, and religious forms of stigmatizing messages, as potential avenues to explore with clients (e.g., “Did you hear people in your life call abortion ‘murder’?” or “Do you think all women naturally feel nurturing emotions toward babies or being pregnant?”).

### Study Strengths and Limitations

This study offered several important design decisions to aid in the further description of abortion stigma. We used a purposive design that maximized the diversity of views on abortion through the recruitment of a diverse sample (in abortion identity, political affiliation, age, gender, and race). Secondly, the procedural decision to ask hypotheticals offered participants the opportunity to express negative attitudes and elaborate on the kinds of consequences they considered to be relevant to a controversial topic like abortion. By inviting individuals to say what they thought *should* or *could* happen as a consequence of abortion care, our findings have significant bearing on the ways that national discourses similarly invite individuals to consider abortion as something worthy of punishment. Lastly, reflexive thematic analysis offered ways to understand patterns in individuals’ beliefs where there is often simply quantitative reporting with little elaboration by participants.

One limitation of our study is that we focused on cisgender women as the imagined target of consequences for seeking and/or getting an abortion in the U.S. because this was the identity that participants both explicitly and implicitly imagined when asked about abortion care. We did not ask participants to imagine transgender or non-binary individuals and

the consequences they might face; however, prior research indicates that the stigma individuals face is both greater and more severe (Ingraham & Hann, 2022; Moseson et al., 2021). Future researchers are encouraged to investigate both real and imagined consequences for transgender and non-binary people who seek abortion care. Abortion stigma and its potential harms likely grow and sharpen when individuals violate multiple gender norms, including motherhood mandates, gender presentation expectations, and gender identity norms.

In addition, we asked people whether they thought there should be consequences for getting an abortion. Participants responded with a range of what they thought was *possible* and also, at times, what *had already occurred* for someone seeking an abortion. In this study, it was not always possible to determine the distinction between imagined consequences that were desired, possible, or inevitable. In addition, we do not know whether these beliefs could or would result in any communication or action taken toward those who seek and/or provide abortion care.

Opportunities abound for future research. As we relied on a cognitive debrief design, we prioritized asking participants about consequences using a survey-like item and specific prompts. While this kind of design allows for qualitative responses that would otherwise be difficult for participants to share, we selected these prompts because financial, legal, and moral consequences were proliferating in the media and in state legislatures. Future researchers are encouraged to expand this list to investigate other types of consequences that individuals may imagine, both positive and negative. We did not include prompts for “no consequences” or “positive consequences” which future researchers might consider given that is how answers are solicited for how participants construct their answers. Similarly, we included response options “A lot, A little, Not at all” to mimic the kind of survey item that might be used to assess beliefs about consequences for abortion care. These options are limited and likely shaped participants’ responses, as is the case in all survey research.

Although we assessed religious attendance and whether participants considered themselves a religious or spiritual person, we did not sample for diversity of religious affiliation. Future research could include designs which ask participants from different religious groups (e.g., Catholic, Evangelical, Jewish, no affiliation) about abortion to compare how abortion stigma varies by group membership. Our aim here was to develop this early definitional groundwork in a sample that was varied by several key demographics; group comparisons are a fruitful next step. Lastly, further research is needed to elucidate the discourses which frame abortion as a neutral (or even beneficial) procedure. For efforts to reduce abortion stigma to succeed, we must also understand the discourses and beliefs that normalize abortion care (Hanschmidt et al., 2016; Hessini, 2014; Millar, 2020).

## Conclusion

This study contributes a crucial piece to the story about the stigma that surrounds abortion care, which is now amplified by punitive legislation in the U.S. (e.g., [Texas Senate Bill 8, 2021](#)). Individuals with diverse viewpoints can, and already do, envision that abortion violates specific social expectations and norms involving legal structures, women's gender roles, and religious doctrines. As a result, people seeking abortion are seen as deserving consequences, which are variously meted out by the State, by "nature," by a deity, and by their communities. Scholarship from a range of disciplines demonstrates that these negative attitudes toward abortion care, the people who seek it, and providers can wax and wane with the increase or decrease of discriminatory legislation. We encourage researchers, advocates, and policymakers to document and analyze the effects of stigmatizing discourses and investigate the effects of those discourses on public policy as well as on the mistreatment of those targeted by stigma, the full extent of which remains to be seen.

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