

“Like a Fucking Blow to My Heart:” Understanding Women and Birthing People’s Abortion (In)Experiences Post-Dobbs

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Abstract

This study aimed to understand how the 2022 *Dobbs v. Jackson Women's Health Organization* Supreme Court decision affected women and birthing peoples' abortion (in)experiences. Specifically, we sought to examine how (a) women and birthing people understood and made meaning of the ruling; and (b) how this decision affected their abortion (in)experiences. A total of 18 predominantly white, heterosexual, cisgender women located throughout the United States participated in this study. Using a reproductive justice lens and reflexive thematic analyses, participants shared a significant amount of grief following the *Dobbs* decision. They understood *Dobbs* as a strategic effort to control reproduction as a means of upholding white supremacy, patriarchy, and Christian white nationalism. When seeking their abortions, many participants experienced heightened anxiety and fear of criminalization; unnecessary obstacles, urgency, and economic risk; and abortion stigma. Participants also described the ways in which the patchworked sociopolitical landscape affected their healthcare providers and the care they were able to provide. Despite many challenges, participants shared how they resisted abortion stigma and anti-abortion policy. Findings revealed the importance of continued advocacy that challenges anti-abortion policy, grassroots organizing, abortion storytelling, and coalition building.

Introduction

On June 24, 2022, the United States' Supreme Court overturned *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey* when they upheld the legal decision in *Dobbs v. Jackson Women's Health Organization*, a Mississippi law prohibiting abortion after 15 weeks, except for cases involving life endangerment or severe fetal anomalies. This decision reflected the view that the right to an abortion was not federally protected under the constitution and returned abortion access to individual states. Following the overturning of *Roe v. Wade*, 13 states enacted trigger bans criminalizing abortion (Nash & Guarniari, 2022), and several states passed bounty-hunter style laws that criminalized those providing abortions or aiding abortion seekers, while providing financial remuneration to anti-abortion vigilantes reporting such individuals (Center for Reproductive Rights, 2021). Additionally, at least 17 states have fetal personhood laws in effect, whereby fertilized eggs and embryos are given the same rights as people (Pregnancy Justice, 2024).

Despite these assaults on reproductive and bodily autonomy, pro-abortion resistance movements have challenged abortion restrictions (e.g., Center for Reproductive Rights, Planned Parenthood, "Bans Off Our Bodies" protests) and continued to provide access to and support for abortion across state lines (e.g., ineedana.com; National Abortion Hotline). Additionally, progressive states have nimbly and quickly responded to the *Dobbs* decision, taking significant strides to protect abortion rights, such as enshrining abortion rights in their state constitutions and passing shield laws (i.e., laws that protect doctors against criminal charges from restricted states that attempt to enforce anti-abortion laws beyond their jurisdictions; Baden & Driver, 2023). Rage donations, or charitable funding to pro-abortion organizations following restrictive legislation, increased substantially following the *Dobbs* decision; however, these

funds have significantly declined in the following years due to demand and increased costs associated with abortion bans and restrictions (Weixel, 2024).

Many Americans saw hope for the restoration of abortion rights during the 2024 presidential race with the potential election of Democratic candidate, Kamala Harris. However, the re-election of Donald Trump reinstated fears of draconian anti-abortion legislation, particularly a nationwide abortion ban (American Civil Liberties Union, 2026). Although Trump has not launched a nationwide abortion ban, he has reversed important Biden-era guidance on the Emergency Medical Treatment and Labor Act (EMTALA), which prohibited hospitals from denying abortions in cases of medical emergencies, even in states with abortion bans (The Guardian, 2025). Additionally, Trump-appointed Secretary of Health and Human Services (HHS), Robert F. Kennedy, directed the Department of HHS to re-examine the safety of mifepristone, one of the two pills used in medication abortions, despite years of research corroborating its safety and effectiveness (Watson, 2025).

In short, bodily autonomy and reproductive rights have been obliterated, resulting in a patchwork of abortion providers and access throughout the United States (Ross & Solinger, 2017; Valenti, 2024). To our knowledge, few peer-reviewed studies have provided in-depth understanding of abortion experiences among those who have sought and/or received an abortion following the *Dobbs* decision—above and beyond projected population-level statistics or quantitative data about the broad effects of this decision (e.g., Stevenson, 2021). Thus, the purpose of this study was to qualitatively examine people's (in)experiences with abortion after the overturning of *Roe v. Wade*. Notably, we acknowledge that not all people capable of childbearing are women. Thus, at times, we use more gender-neutral language (e.g., birthing people) to reflect this reality, while also using the word “woman” to highlight the misogyny that has shaped reproductive politics.

The Effects of Abortion Denial and Diminished Access

Prior research from the Turnaway Study, a longitudinal examination of women's abortion experiences, has revealed deleterious consequences for those denied abortions compared to those who received abortions (Foster, 2021). Abortion denial is related to increased psychological distress in the first few months following the denial (Biggs et al., 2017; Foster et al., 2015), poorer physical health outcomes (Ralph Schwarz, et al., 2019), pregnancy complications (Gerdtz et al., 2015), reduced educational attainment (Ralph, Mauldon, et al., 2019), and increased exposure to intimate partner violence over time (Roberts et al., 2014). Although additional information about the impact of the *Dobbs* decision is forthcoming, findings from the Turnaway Study foreshadow devastating outcomes.

Indeed, recent evidence suggests that, across 15 states providing abortion care, there were 66 fewer abortion clinics in the 100 days following *Dobbs* (Jones & Remez, 2024). People seeking abortions, particularly in Southern states, had to travel four or more hours to reach an abortion provider in 2022 (Jones & Remez, 2024). In the first half of 2025, 22 states saw declines in clinician-provided abortions in states without total bans, likely due to abortion restrictions, increased availability of medication abortion, difficulty resulting from interstate travel, and increased stress on abortion funding networks (Baden et

al., 2025; Weixel, 2024). Additionally, maternal mortality in the United States has increased substantially after these abortion bans, particularly among women of color in states with abortion bans (Gender Equity Policy Institute [GEPI], 2025). Importantly, abortion denial and restrictions will not affect all people of childbearing capacity equally, as intersecting systems of privilege and oppression differentially affect who is encouraged or discouraged to reproduce and who has access to comprehensive reproductive care (Ross & Solinger, 2017; Watson et al., 2023). Given understanding of these disparate effects of abortion policy, we adopted a reproductive justice lens to guide the current inquiry of people's abortion (in)experiences post-*Dobbs*.

Reproductive (In)Justice

Developed in 1994 by Black feminist women, reproductive justice refers to “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children [one has] in safe and sustainable communities” (SisterSong, n.d.). Reproductive justice is an interdisciplinary movement that merged reproductive rights and social justice (Ross & Solinger, 2017), recognizing that sexual and reproductive rights are deeply embedded in and shaped by intersecting systems of power (e.g., sexism, racism, classism, ableism, cissexism; Morison, 2021; Ross & Solinger, 2017). The reproductive justice movement also critiqued the (white) feminist movement's narrow focus on contraception and abortion, noting that women of color—relative to white women—were viewed as socially undesirable reproducers (Fikslin, 2021; Morison, 2021; Ross & Solinger, 2017). Accordingly, for many women of color, the right to reproduction and parenthood—and the right to do so in safe and supportive communities—was as significant of a concern as abortion access (Morison, 2021; Ross & Solinger, 2017).

Indeed, laws, practices, and policies governing Black women's bodies have been used to both encourage and discourage their reproduction at various times throughout history (Moradi et al., 2025; Ross & Solinger, 2017). These tactics have included medical experimentation, rape, and forced pregnancy of enslaved Black women; forced sterilization; provider coercion of long-acting reversible contraception (LARCs); and family cap policies required to obtain social welfare services (Grzanka & Schuch, 2020; Ross & Solinger, 2017). Thus, rather than focusing singularly on individual choice and abortion, the reproductive justice movement critiques systems of power that infringe on sexual and reproductive health, while also prioritizing access to contraception, reproductive healthcare, comprehensive sex education, and environmental safety.

Beyond a social movement, reproductive justice is also a feminist framework and theory to analyze reproductive politics (Ross & Solinger, 2017). According to Ross (2017), the theory of reproductive justice allows for a more nuanced and comprehensive analysis of sexual and reproductive issues (Eaton & Stephens, 2020; Morison, 2023). Reproductive justice theory broadens the analysis of sexual and reproductive issues in two main ways: (a) by integrating an analysis of the intersecting forms of privilege and oppression (e.g., racism, sexism, classism, cissexism, ableism) that shape reproductive access and autonomy; and (b) infusing a social justice orientation that moves beyond individualistic reproductive rights and choice (Morison, 2023). According to Eaton and Stephens (2020) psychology has been slow

to apply reproductive frameworks to research investigating sexual and reproductive health. Thus, this study fills a significant gap in the literature by understanding people's abortion (in)experiences following the overturning of *Roe v. Wade* by using a reproductive justice lens.

Making Meaning of *Dobbs*

The efforts to undermine bodily autonomy and reproductive rights are not reflective of public opinion, as most Americans support the right to an abortion (Blazina, 2022). In a nation-wide survey, 61% believed that abortion should be legal in most or all cases, whereas 37% believed it should be illegal in all or most cases (Diamant & Mohamed, 2023). Further, in a Pew Research survey, 57% of respondents disagreed with the Supreme Court's ruling on the *Dobbs* decision (Blazina, 2022). Largely discordant with public opinion, the Supreme Court's decision and anti-abortion legislation can be seen as political sleight of hand that creates the illusion of dissent where there is, in fact, very little (Valenti, 2024).

To date, several studies have examined peoples' reactions to the *Dobbs* decision. Watson and Germain (2023) found that participants who had more critical reactions to the *Dobbs* decision experienced greater psychological distress in response, and this relation was stronger among those with higher levels of involvement in reproductive justice advocacy. These findings suggested that those who engage in greater advocacy for reproductive rights and justice felt the most distress in response to the *Dobbs* decision. Nolen and colleagues (2023) surveyed 339 sexually and racially diverse cisgender women to understand how they reacted to and understood the *Dobbs* decision. Many participants described the decision as inherently objectifying, noting that they were denied bodily autonomy, experienced their bodies as state-surveilled sites, and felt dehumanized. Many also felt concerns about the downstream consequences of the decision (e.g., erosion of transgender rights, decreased access to contraception, and the eradication of gay marriage) and sexual concerns, including sexual vigilance and diminished sexual desire or enjoyment. Despite these initial studies, no studies to our knowledge have qualitatively examined how abortion seekers post-*Dobbs* understood and have been affected by the decision.

These objectifying consequences of the *Dobbs* decision may be understood through Dyer et al.'s (2023) theory of *reproductive objectification*, which espouses that anti-abortion rhetoric and legislation (including the *Dobbs* decision) is shaped by ambivalent sexism, racism, and classism (and other axes of power), which result in dehumanization of people seeking or having abortions. For example, hostile sexism (or animus towards women) shapes anti-abortion legislation by stereotyping women who have abortions as sexually irresponsible, emotionally erratic, and irresponsible. On the other hand, benevolent sexism (ostensibly favorable, yet paternalistic views of women) pervades anti-abortion legislation by suggesting that women are incapable of fully understanding the (purportedly traumatic) effects of abortion and must therefore be protected from their own "incompetence." Abortion seekers are thereby objectified (i.e., treated as vessels for fetuses) and dehumanized through the denial of moral status, autonomy, subjectivity, and competence (Nussbaum, 1995). Such dehumanizing consequences may be experienced most acutely by women of color whose reproductive capabilities are also politicized and

racialized (e.g., Black women seen as sexually promiscuous jezebels or “welfare queens,” pregnant migrant women depicted as having “anchor babies” to secure eventual citizenship in the United States). In these cases, women are ultimately reduced to their race, gender, and sexual and reproductive functioning.

Despite the dehumanizing consequences of anti-abortion legislation (Dyer et al., 2023), the Supreme Court asserted that anti-abortion laws do not reflect “animus against women” (p. 11) based on sex. In an empirical examination of this assertion, however, Moradi and colleagues (2025) found that sexually objectifying behaviors were related to lower levels of abortion support through both hostile and benevolent sexism. Moreover, endorsement of the jezebel stereotype—a gendered racial schema of Black women’s sexuality—was associated with lower levels of abortion support through hostile sexism. Additional research has found that, even when abortion is sought for miscarriage management, objectified women who receive abortions elicit lower ratings of moral patiency (i.e., deservingness of moral treatment) among those with greater hostile sexism (MASKED). Together, these findings suggest that anti-abortion stigma and sentiment is, indeed, shaped by misogyny and gendered racism.

Current Study and Context

In this study, we sought to understand how people seeking an abortion post-*Dobbs* were affected by this decision. Notably, we did not require all participants to have actually received an abortion, as abortion bans and restrictions would have prohibited this possibility for many people. Specifically, we (a) aimed to understand how these individuals understood and made sense of the *Dobbs* decision; and (b) how this decision uniquely affected their abortion (in)experiences. Using a reproductive justice lens, we located women’s abortion (in)experiences within a regressive sociopolitical context, understanding that participants would be uniquely affected based on their specific geopolitical, relational, and social locations.

Data for this study were collected from March, 2024 to July, 2024. During this time, abortion had not been a federally protected human right for nearly two years. Additionally, the 2024 presidential election, and eventual re-election of Donald Trump, was on the horizon and in the public consciousness. Towards the end of data collection for this study, Biden had withdrawn as the Democratic presidential candidate, replaced by Vice-President, Kamala Harris. Moreover, in anticipation of a Trump re-election, in 2023 The Heritage Foundation (a conservative think-tank) published Project 2025, calling for a national abortion ban, the erosion of trans and LGBTQ+ rights, mass deportations, and limitations on voting rights and free speech. Thus, participants engaged with the study, study materials, and researcher with varying degrees of understanding of a potential Trump re-election and the potential implementation of Project 2025.

Method

Participants

A total of 18 participants took part in this study ($M_{\text{age}} = 30.167$, $SD = 4.489$, Range = 21 to 40). Participants selected a pseudonym to maintain confidentiality; complete participant data can be seen in Table 1. Of the 18 participants, 16 had abortions following the overturning of *Roe v. Wade*; the other two became pregnant after the *Dobbs* decision and initiated the process of getting an abortion (e.g., making an appointment, making arrangements for travel), but miscarried prior to their appointments. Four participants had medication abortions and 12 had procedural abortions. For most participants, this was their first abortion. Additionally, most participants did not have any living children and had been pregnant once; two were currently pregnant at the time of the interview. Participants were predominantly white, cisgender, heterosexual, able-bodied, non-immigrant women. Participants were highly educated with 16 having a bachelor's degree or higher. Annual household incomes ranged from \$20,000 to \$100,000 or more; four were not asked about their income due to researcher error and initial omission of this question from the demographics form. One participant resided in a rural location, 2 town, 7 suburban, and 8 urban. Fourteen participants described their abortion stance as being pro-choice in all circumstances. The majority of participants identified as Democrats ($n = 11$); four were Independent, one Republican, one undecided, and one "abolitionist/anti-imperialist".

Procedure

This study was approved by a university Institutional Review Board (IRB) in accordance with the Declaration of Helsinki. Eligibility for participation required that participants: (1) were 18 + years of age; (2) had an abortion or a pregnancy following the overturning of *Roe v. Wade* that they intended to terminate; (3) lived in the United States at the time of their (potential) abortion; and (4) were not currently in significant psychological distress. This latter requirement was requested by our IRB and significant psychological distress was operationalized as a score of 30 or greater on the Kessler Psychological Distress Scale-10 (K-10), which suggests "very high" levels of distress (Kessler et al., 2002). On average, participants reported low levels of psychological distress ($M = 11.056$, $SD = 8.250$, possible range = 0 to 40, actual range = 0 to 28). As noted, participation was not contingent on actually having had an abortion, as abortion access had been significantly diminished and affected this possibility for many women.

Participants for this study were recruited through online platforms for women, pregnant people, and those considering abortion. We also attempted to oversample participants from platforms targeting women of color and LGBTQ+ individuals in order to better understand the confluence of intersecting forms of oppression on these individuals. We also relied upon snowball sampling, whereby participants shared the study with those within their networks who also met the study criteria.

Upon reviewing a study advertisement and information about the research team and their positionality, interested participants were directed to a brief online screener that inquired about basic demographic information (e.g., age, race, sexual identity, gender identity, abortion experience and history, how they heard about the study) via Qualtrics.com. Those who appeared to meet the study qualifications were invited to participate in a follow-up Zoom or telephone pre-screener, lasting about five to ten minutes. We

intentionally pre-screened individuals with a variety of diverse identities and from different states in order to gain an understanding of peoples' varied experiences with abortion access in the post-Roe era across geopolitical locations. Additionally, we employed the video/telephone pre-screener to ensure that participants were not bots or bad or fraudulent actors, attempting to sabotage the goals of the study. To do so, we asked these individuals to provide some basic information about their identities and experiences, allowing us to verify that their verbal responses matched their screening data. We also asked them to share some basic information about their abortion experience and general understanding of the *Dobbs v. Jackson Women's Health* decision in order to maintain integrity of the research and data. Those who met the participation requirements and were interested in participating were then scheduled for a secured Zoom interview.

Prior to the scheduled interview, participants were emailed a list of pro-abortion mental health resources, consent form, and list of interview questions to facilitate reflection on the various topics prior to the interview (see Appendix). In addition, participants were asked to complete a more extensive demographics form via Qualtrics.com in order to provide the researchers with greater contextual information about their abortion and reproductive history, allowing for potential follow-up questions that were uniquely tailored to their experience. Again, these demographic data were used to cross-validate prior responses to ensure research and data integrity. The Zoom interviews lasted approximately 1 to 3 hours and were all conducted by the first author. Given the sensitivity of the topic during this time in our history, and fears of potential criminalization, participants were allowed to keep their cameras off; all but two participants completed the interview with their cameras on. Following the interviews, the participants were compensated with a \$25 amazon.com e-giftcard. Interviews were subsequently transcribed and reviewed by research team members to ensure accuracy.

Research Methodology

As previously indicated, we grounded our inquiry in reproductive justice theory (Ross, 2017) to better understand participants' experiences with abortion in the post-Roe era. In doing so, we integrated critical and intersectional frameworks, acknowledging the variety of systemic and sociocultural factors that shape abortion stigma, decision-making, and access. Specifically, through our interview questions, we asked participants to consider how systemic and intersecting forms of power influenced their sexual education, abortion knowledge, and abortion access after the overturning of *Roe v. Wade*. Additionally, we used this framework to analyze our data, situating peoples' abortion experiences within a historical and contemporary sociopolitical landscape that has sought to control peoples' reproduction as a way to maintain patriarchy and white supremacy.

In conjunction with a reproductive justice lens, we utilized reflexive thematic analysis (Braun & Clarke, 2021a, 2021b). Thematic analysis is a family of methods that are theoretically flexible, albeit not atheoretical (Braun & Clarke, 2021b). Specifically, we utilized *reflexive thematic analysis* to better understand how participants' personal experiences were situated within the current sociopolitical context and shaped by hegemonic and intersecting forms of oppression. As a methodology, reflexive

thematic analysis can be inductive (data-driven) and/or deductive (theory-driven; Braun & Clarke, 2021a), and we adopted a combined approach for our study. That is, we generated themes from the data and also drew upon literature on reproductive justice, abortion stigma, and intersectionality to generate themes across participants.

As a method, reflexive thematic analysis uses interpretation to reveal latent, underlying meanings, as opposed to semantic and literal understandings of data (Braun & Clarke, 2021b). As such, researchers actively engage with the data and draw upon their own knowledge, understandings, values, skills, and experiences to the research. Unlike other methodologies (e.g., phenomenology, grounded theory), the researcher's biases are not bracketed out of the research, but instead used to reflect upon and understand the data (Braun & Clarke, 2021b). Researchers immerse themselves in participant data, recursively engaging with, analyzing, questioning, and returning to the data to generate themes from codes across participants. Themes may integrate seemingly disparate units of data (i.e., codes) to exemplify an underlying unifying theme.

Positionality

The first author is a white, bisexual, cisgender, married woman. She has two young children. She has had two healthy, although difficult pregnancies that occurred at a time in her life when she was prepared to parent and had the support and resources needed to do so. The first author has approached pregnancy and parenthood from a privileged position, *and* these experiences have still been extremely difficult at times. In addition, she has previously worked at a reproductive health clinic in Atlanta, Georgia, which offered abortion and other reproductive healthcare services. Her own reproductive experiences, along with this prior employment history, deepened her understanding of the complexities of pregnancy and parenthood in the U.S. sociocultural and political system, while strengthening her fervent beliefs in reproductive rights and justice.

The second author is a white, queer, cisgender woman in a loving marriage with another woman. She does not have children and chose to have an abortion in 2022 shortly after the overturning of *Roe v. Wade*, which provided valuable insights into how stigma, misinformation, and limited access can cause harm. Her abortion experience was instrumental in enabling her to complete her master's degree in counseling, leave an unhealthy relationship, and publicly come out as queer. As the eldest of three cisgender sisters, she frequently reflects on the environment in which her siblings are growing up, which has strengthened her dedication to advocating for equity and justice for women and marginalized communities.

The third author is a white, heterosexual, cisgender, single woman who has not personally experienced pregnancy, parenting, abortion, miscarriage, or infertility. Accordingly, she approached this work primarily through relational, clinical, and sociocultural lenses rather than personal. She grew up middle-class in Kansas and Missouri, states significantly impacted by the overturning of *Roe v. Wade* and subsequent abortion restrictions, which have heightened her awareness of the consequences of shifting

reproductive policy. Her clinical training has informed her perspective on the devastating impacts of restricting human bodily autonomy. From a feminist framework, she views abortion as a fundamental human right and holds strong beliefs about the protection of abortion access and bodily autonomy.

The fourth author identifies as a heterosexual, biracial (African American and Cuban) woman. Throughout her upbringing, she navigated multiple identity-based stereotypes associated with her racial and cultural backgrounds. Specifically, she has experienced societal stereotypes that frame Black women as promiscuous or irresponsible, while expectations tied to her Cuban heritage have emphasized early marriage and motherhood, often positioning women primarily in relational or caregiving roles. Despite these intersecting pressures, she was raised in a parental environment that strongly supported women's autonomy, self-determination, and the importance of developing an identity independent of societal expectations. Together, these experiences have driven her to dedicate her time and research to women and other minoritized communities.

Each of us view reproductive justice within broader sociopolitical contexts that are embedded in legacies of power and oppression. We believe that abortion access is but one critical component of reproductive justice, and that issues of reproduction are inextricably linked to broader social and political issues, such as gun control, comprehensive sexual education, LGBTQ+ rights, systemic racism, immigration, healthcare, and beyond. When *Roe v. Wade* was overturned, we each felt a deep sense of injustice, motivating us to examine how the *Dobbs* ruling affected people's abortion experiences; hence, the inception of this research project.

These prior experiences and positionalities have influenced this study's research design and process. For one, this research has an explicit pro-abortion agenda that seeks to interrogate and expose the sociopolitical systems that disenfranchise minoritized communities through reproductive control. As such, qualitative inquiry seemed most appropriate for gaining a deep and nuanced understanding of how these systems affected participants' abortion (in)experiences following the Supreme Court ruling. Participants were also asked to reflect on whether they believed any aspects of their identities shaped their early sexual socialization, sexual education, decision making, and abortion experience. Our training as mental health providers and our unique lived experiences have enabled us to understand how participants' experiences were shaped by systemic oppression, abortion stigma, circumstance, pro-natalist ideals, and a variety of additional influential factors. Thus, we approached the interviews and our data analysis with these values and belief systems.

Data Analysis

To generate themes across participant data, we engaged in six non-linear and recursive stages outlined by Braun and Clarke (2021a). The first author began by re-reading all transcripts to familiarize herself with the data. As a means of enhancing credibility (see also trustworthiness section), this stage also involved scholarly reading and integration of media and journalism to triangulate findings and situate the study within an evolving sociopolitical landscape with disparate abortion regulations. Following this stage, the first author reviewed each transcript along with an additional research team member: the first

author and a research team member (second, third, or fourth author) reviewed the respective manuscript, coding individual units of data. Although reflexive thematic analysis does not rely upon consensual coding or reliability checks (as is common in other qualitative methods grounded in post-positivist assumptions, such as grounded theory), the researchers used this opportunity to engage in biweekly research team meetings to develop a shared and nuanced understanding of the data and participants' experiences. This allowed us space and time to continually reflect on and engage with the data. After all transcripts were coded, the first author generated initial themes from the collected and collated codes. This resulted in superordinate themes (e.g., early gendered sexual socialization, reactions to the *Dobbs* decision, stigma and stigma management, and navigating the sociopolitical landscape). The first author continued reviewing the themes, which included eliminating and subsuming some codes into larger themes. The themes were continually re-visited, defined, and refined until they adequately elucidated the underlying meanings of the data. Although the interview protocol was quite comprehensive, the data presented herein directly addressed the following research questions: (a) how did people seeking an abortion post-*Dobbs* understand and interpret the decision; and (b) how did the decision affect their abortion (in)experiences.

Trustworthiness

To ensure data quality and integrity, we engaged in several methods of trustworthiness. Enhancing credibility, our pre-screening methods were necessary to ensure that we obtained data from participants who had actually experienced abortion or pregnancy following the overturning of *Roe v. Wade*, as opposed to bad actors or fraudulent responders. This process also allowed the participants an opportunity to meet with the first author and understand her positionality, potentially building a sense of trust prior to the interview. In addition, providing participants with the interview questions before the interview allowed participants an opportunity to deeply engage with the research "instrument" and provide thoughtful, well-considered responses that enriched the data. The lead author also engaged in memo-writing throughout, tracking her thoughts and understandings of the data and developing a deep immersion in the data (i.e., confirmability). The research team meetings and consensus building embedded in the data analytic process also assured data dependability and confirmability. The use of "thick descriptions" and centering of participant quotes enabled transferability of the data.

Results

Collective Grief

Nearly all participants described a sense of collective grief and rage as a result of the *Dobbs* decision. They grieved alongside women family members, friends, and co-workers following the *Dobbs* decision. Rachel (26 years old, cisgender, queer, white, woman, 9 weeks, Kansas) shared:

I was working at the bar that day [of the *Dobbs* decision] and we were having “girls close,” which is what we called it when two assigned female at birth people were getting to close the bar together, which our bosses didn't allow to happen very often. Her and I, we didn't even really like each other that much as people, but as soon as we saw each other at the bar we were both sobbing and we just hugged each other over and over again. I remember her and I, that entire shift, would go in and out of periods of sobbing together. I remember feeling like, okay, people are going to die. This is going to kill people.

For many participants, the *Dobbs* decision resulted in a shared sense of struggle and despair as a result of knowing how people would ultimately be affected by this decision. Kate (34 years old, cisgender, bisexual, white, woman, 9 weeks, Washington) stated,

When the Dobb’s decision came out, it was the day before my wedding and I just remember like me and my close family, like I've got a lot of really strong feminist women in my family, and I just remember, like us all kind of crying a little together. Just like knowing that this is going to be bad and you know already seeing the trigger laws in Texas and everything. I was really upset.

As indicated, participants experienced a sense of profound loss and heartbreak, knowing that their capacity for self-determination had been further devalued and undermined.

As noted by Rachel, participants expressed significant fear of women dying as a result of abortion bans, particularly poor women, women of color, and those in rural locations. Participants also foreshadowed increased child abuse, lack of providers and adequate training among medical providers from conservative states, as well as infringement on related rights (e.g., birth control access, same-sex marriage). Such concerns were not simply based in “fearmongering” rhetoric, but derived from participants’ unique standpoints as people with reproductive capabilities. Indeed, findings have already suggested that women who live in restricted states are three times more likely to die in pregnancy than women in protected states (GEPI, 2025). Participants described grieving for their daughters and potential future daughters, noting that they would have fewer rights than themselves and their grandparents: “I'm really scared of what this country is going to look like. If we have a girl like, what is her life going to be like if her rights are stripped away?” (Kate).

Several participants described existential questions as a result of the *Dobbs* decision, questioning their purpose and career trajectories. Emily (21 years old, cisgender, heterosexual, white woman, 5 weeks, Minnesota), who served in the national guard at the time, shared:

So I was on a military base when this crap happened. And so I was just like, now what?

Because then we go out to training the next day, and one of our instructors, she's like, “I don't even know what's left to defend anymore. What are we protecting?”. . . . My heart broke a little bit for the people that I knew that were going back to very red and conservative states.

Similarly, Zelda (30 years old, cisgender, queer, white woman, 8 weeks, Iowa) expressed that,

“post-*Dobbs*, I absolutely felt like what is the purpose of me getting a PhD?” Zelda went on to express concern for how the decision would reinstate traditional gender roles, noting the inextricable link between abortion access and women’s overall autonomy:

I worry about the autonomy piece. I just think that overall, broadly, I worry that women are going to, or people who can have children, are going to worry that if I have a uterus, that means that this is my, you know, there might be some internalization of like this is my role in life. It's like, procreate in the eyes of the government. And that can be a very demoralizing feeling.

As Zelda intimates, the attacks on women’s reproductive rights are not merely about abortion, but are reflective of more encompassing and enduring conservative values (e.g., Project 2025) that seek to reinstate women’s submissive role in the gender hierarchy.

Reproductive Control

For many, their grief and rage arose from the understanding that the *Dobbs* decision was the result of misogyny, racism, and Christian white nationalism. They regarded the *Dobbs* decision as an act of reproductive control, grounded in a desire to maintain and reproduce power: political power, white supremacy, and patriarchy. As Emily stated, “it seems very much like a control thing. Like, I don't know if that's the intent, but it very much seems like you're trying to control a woman's body and what they cannot do.” Anacaona further described how the *Dobbs* decision is rooted in gendered racism and colonialism. When describing their reaction to the Supreme Court ruling, they shared:

It was like literally sick, I felt very nauseous, I felt really disgusted, I felt very like I was holding on to the small hope of like “maybe they'll let us have this.” But like, no, of course not. .. why would they give us that? And so while I know it's very much on par with imperialism and colonialism, and I know where I am situated. Like, I know what the structure of the US and the history of it is. But I still was holding on to this little thing, this little glimmer of like “maybe,” right? Which, yeah, it felt really painful and is really painful. And I think. .. a lot about the people who are going to prison right now for miscarriages or abortion. I think a lot about them. A lot. And like what that might be like. So it felt like a fucking blow to my heart, honestly, and not surprising. .. yeah, very much on par for the imperial core. Like, of course this is what it would be. This is what it has been. And this is what it's learned in other spaces, right? Like again. .. it is legacies of colonialism. So I know it's on par, I know this is what it is, and like for whatever reason, this little glimmer of hope was still there and that was really shattered.

As stated by Anacaona, despite understanding the legacies of colonialism and mechanics of structural power, the *Dobbs* decision “shattered” any hope or illusion they had of authentic reproductive agency. Their statement of “maybe they will let us have this” suggests how *Roe v. Wade* was regarded as one small remaining trace of reproductive autonomy and dignity, as reproductive rights had been significantly eroded over prior decades as a result of *Planned Parenthood of Southeastern Pennsylvania v. Casey* and Tea Party politics (e.g., information disclosure, waiting periods, and parental consent for minors; Ross &

Solinger, 2017). Participants, like Anacaona, acknowledged that those most marginalized would feel the systemic effects of the *Dobbs* decision most acutely whereas those with access to power and privilege would have the necessary means to receive abortions, despite obstacles. However, no birthing person will be fully immune from the effects of *Dobbs* (e.g., Ross & Solinger, 2017; Valenti, 2024).

Participants further described how the *Dobbs* decision was rooted in a long history of policy efforts intended to maintain white supremacy, such as anti-miscegenation laws, forced childbirth and abortion for women of color, and forced pregnancy for white women (Ross, 2017). Denise shared that, “a lot of the older generation. .. feel like there’s a lot of mixing of the races. .. So I guess they feel like. .. the white race is going to be extinct soon.” As Denise suggests, reproductive politics has a longstanding history of controlling women’s reproduction—viewing some women as vessels for progeny and others as undesirable birthers (Foster, 2021; Ross & Solinger, 2017). Denise experienced the *Dobbs* decision as a response to “white fright” and a tactical effort to maintain a dominant white race.

Several expressed feeling as though the *Dobbs* decision was rooted in Republicans’ desire for political power, rather than genuine anti-abortion values:

I do still kind of think like there are very staunch Republicans in Florida, but I think that there are still, you know, maybe even Republicans that lean a little bit more to the left side, right? They don't necessarily believe in every single, you know, red state thing and I think that maybe it had gone to a more strict ban for political reasons, right, like, maybe that he thought that descendants thought that he could get like, you know, better voter population or, you know, better support by, you know, with the Republicans by becoming more strict. (Blake, 36 years old, cisgender, heterosexual, white, woman, 19 weeks, Florida).

Blake further shared that, “it's also about money, right. They're [Republicans] getting a lot of money from these churches and a lot of sponsorship so to stand on that issue.” Similarly, Sunny (32 years old, cisgender, heterosexual, white, woman, 21 weeks, California) shared:

I think that the Republicans have clung to this to energize a portion of the country that wasn't really involved in politics before. I see that in my own family in Wisconsin, for example, they're all like crazy political now. And it's like 15 years ago, you weren't really political. So, they've been clinging to this abortion issue for some time, but it wasn't the same as it was like, I feel like with Trump and everything, it just got even more crazy. But yeah, I think it was just accumulation of a lot of things. But I think it's all about control in the end. I think most of, I think a lot of Republicans are really not religious. They're not, they don't care about abortion. They just use it. It's a clinging issue, right? It's like to get, it's a bandwagon thing so they can get people to vote for them so then they can control other things.

As indicated by both Blake and Sunny, they viewed the *Dobbs* decision as ultimately motivated

by political power and ceding to the aims of their financial supporters. Irrespective of politicians’

actual beliefs on abortion, participants felt that Republican politicians were leveraging abortion as a social issue to stoke support and moral outrage among their Christian, conservative base. As Blake and

Sunny suggest, women and their bodily autonomy were merely treated as pawns in Republicans' desire to maintain political influence and control.

White Christian nationalism was regarded as heavily influencing the Supreme Court as well. Participants viewed the appointment of conservative Supreme Court justices as a strategic overreach of evangelical Christianity in politics, noting that these positionalities on abortion are largely incongruent with public opinion (Pew Research Center, 2025). Whereas some participants viewed the composition of the Supreme Court and its decision as a calculated endeavor to gain political power by controlling women's bodies, Jill (33 years old, cisgender, heterosexual, white, woman, 4 to 6 weeks, Kansas) expressed a desire to give the Supreme Court the "benefit of the doubt," hoping that they had merely fallen prey to abortion stigma and misinformation as opposed to fully denying women and pregnancy capable people their humanity:

I think it was just all the conservative justices that were put on the Supreme Court. And then a lot of that just kind of continued belief of the unsupported information, you know, like, that there's all these late term abortions and people just doing it willy nilly and all the harmful side, like just all the misinformation that people were getting. Yeah. And I think too, that just they're taking a legal view of it. And this is not a legal issue. It's a medical issue between someone and their body.

In attempting to make meaning of the *Dobbs* decision, Jill suggests that the decision was based on inaccurate and stigmatizing views of abortion, as opposed to animus towards women and birthing people. Her desire to give the benefit of the doubt is understandable, as it is hard to reconcile living in a society where your humanity would knowingly be sacrificed for power (Valenti, 2024). Regardless of the motivations behind the decision, the *Dobbs* decision has deleterious consequences for those seeking abortion, including legitimizing and reproducing abortion stigma.

Legitimizing and Reproducing Abortion Stigma

Participants viewed the *Dobbs* decision as reflecting and reproducing abortion stigma. Specifically, participants routinely referenced the stereotype that sexually promiscuous and irresponsible women seek abortion, or the common trope that women are using abortion as a form of birth control:

I really think so much of this comes down to people just not knowing and having a lot of preconceived notions. Um, and thinking when I have heard people, real Republicans talk about this in real life, I feel like they have this misconception that women are using abortion as like birth control (Sally, 32 years old, cisgender, heterosexual, white, woman, 20 weeks, Wisconsin).

By this stigmatizing logic, forced pregnancy serves as a form of punishment for "sexually loose and irresponsible" women. These stereotypes of women who have abortions were apparent in Sandra's (28 years old, cisgender, heterosexual, Black, woman, 12 weeks, New York) understanding of the *Dobbs* decision:

I think people, or rather women, are actually abusing the concept of abortion, okay? Now you see kids, I would not call them kids, but young people, teenagers, get pregnant. And because they know they can get an abortion, they just get pregnant. I feel women started abusing it and lives have been lost in the process. And a lot of complications come with it. I just, I know, I can say probably it's for our own good, but then maybe there should be, there should be exemptions to these things, okay? But we should have like, okay, you can do this if this is the situation. I think something like that would work.

Sandra's understanding of the *Dobbs* decision was shaped in-part by "pro-woman" anti-abortion rhetoric and benevolent sexism, or the idea that those in power are simply trying to protect pregnant people from the consequences of their irresponsible or "ill informed" choices, while also trying to instill a sense of accountability for women's purported unchecked sexuality. As a result of this ideology, women's bodies and sexualities, particularly young women's, are something that must be controlled in order to repress their supposed sexual depravity and moral turpitude. Such framings are not only grounded in sexism and misogyny, but also individualistic ethos that disregard and fail to critique the structural reasons that shape access to reproductive healthcare and abortion policy (e.g., Katz & Tirone, 2015). As demonstrated by Sandra's statement, the *Dobbs* decision both reaffirmed and recreated abortion stigma.

Indeed, several participants expressed feeling as though the Supreme Court's decision further legitimized and normalized such abortion stigma. Mira (28 years old, non-binary, queer/demisexual, white woman, 8 weeks, Iowa) shared:

I feel like it made it normalized for people to judge pregnant women seeking abortion and autonomy. I just remember feeling like all the inner work I had done to address any societal or cultural or medical shame around the topic was just reinforced at that time. It felt like I was being almost gaslighted, like this thing [abortion] actually is bad. It's actually, you know, there's that temptation to just be like, okay, it's the Supreme Court, right? Like that's the repercussions. I don't think I even understood at the time fully or I'm understanding now, even as someone who has been directly affected by it. And I think it's paved the way for other forms of policing and discrimination and just really promoted this sense of surveillance and fear and paranoia. It's affected my ability to share my story, to heal, to feel like I can work through my own circumstances, you know. That it has to be this secretive thing because I don't fully understand what the consequences are or how this might affect my life. I feel like I have skin in the game here, you know, and that's tough. It's absolutely devastating for me. ... And no matter how much it's legalized or normalized to deny human rights, it will never feel okay in my nervous system.

As someone who was raised in a conservative religious family with staunch pro-natalist and anti-abortion values, Mira had worked hard to overcome internalized abortion stigma. The Supreme Court's endorsement of stigma legitimizing beliefs resulted in a reawakened sense of internalized shame and secrecy about her own experiences. Such attitudes, conferred from the highest court in the U.S., may serve as a warped litmus test by which individual morality is gauged. Similarly, despite feeling at peace with her decision, Rachel stated that the legislative restrictions in Kansas

Made it [abortion] harder. I remember thinking while I was going through it, “I cannot believe that people think that this is a moral issue,” and why would you want to make it? Like my emotional process through the termination period, my difficult emotional termination process, was made difficult by those additional things [e.g., biased counseling, sonogram requirements]. It was not difficult inherently. I didn't have guilt about my decision.

As Rachel shared, the stigma and shame she experienced were not part of her “core beliefs,”

but rather state-imposed stigma designed to shame people seeking abortions for transgressing

ideals of womanhood and exercising their agency (Kumar et al., 2009).

Hypervigilance and Fear of Criminalization

Notably, several participants expressed feeling as though they were living in a real-life version of *The Handmaid's Tale*, Margaret Atwood's dystopian novel in which women were forced into childbirth for the ruling class. As a result of these fears of forced pregnancy, several described securing emergency contraception and other forms of contraception for themselves and others. Despite widespread public support for birth control methods (Cousens, 2024), anti-abortion advocates and politicians have begun targeting birth control access by instating laws that allow insurance companies to deny coverage for certain types of birth control (e.g., intrauterine devices [IUDs], hormonal methods, morning after pill) under the guise that they are “abortifacients,” or birth control methods that disturb the endometrium lining of the uterus and “cause” abortion. Moreover, pharmacists in some states are permitted to refuse filling birth control prescriptions (Valenti, 2024). Thus, abortion bans may be seen as only one mechanism in a broader, more calculated plan of constraining women's bodily autonomy.

Participants also experienced heightened vigilance and concern for their physical and legal safety. Sarah described a fear of criminalization for seeking an abortion, and a general lack of awareness of her own rights during this time:

It was a really scary feeling to not even know what my rights are to my, or were, to my own body and what that would look like. And like, you know, if you ended up having to go and get an abortion, like, would they persecute you afterwards? Like if somebody found out, like, would you be held responsible for it? Yeah, I remember crying so much (Sarah, 25 years old, heterosexual, cisgender, white woman, miscarriage, Wyoming).

Similarly, Madi (29 years old, cisgender, heterosexual, Black, woman, miscarriage, North Carolina) remarked:

I was really, really afraid. Like I knew no one had gotten like in trouble or arrested for going to a state where it's legal, but it was still really unfamiliar territory navigating this whole thing. So I'm like, okay, if I want to make this decision, is this legal? Could this come back to bite me? Could I be arrested? Could I be sued? I felt like by the time I'd gone to the doctor, I had made a mistake that, oh, it has been over

because like I was pregnant once. So if I come back and I'm not pregnant again, it raises like suspicion and questions.

The months following the *Dobbs* decision saw an onslaught of legal cases and injunctions, which invoked considerable ambiguity and uncertainty about reproductive rights. For many, they were challenged to understand the legal rights within their own and abortion destination states. This rapidly shifting and nebulous sociopolitical landscape resulted in a general sense of being surveilled. Moreover, the rise in fetal personhood laws has created additional risk of criminalization for pregnant people, especially for poor women and women of color (Pregnancy Justice, 2024; Ziegler, 2025).

This hypervigilance has also extended to reproductive technology, such as period-tracking apps intended to help people manage their menstrual cycles and reproduction. For example, Denise (40 years old, cisgender, heterosexual, Black, woman, 12 weeks, South Carolina) shared that “I was reading one article, they want to start tracking little girls’ periods. They want to make that a law now, the next couple of years. I'm like, what the hell? They're going crazy.” Indeed, concerns have mounted over how “fem tech” data may be sold and used to criminalize and control women’s pregnancy outcomes; such concerns are currently being addressed through government policy in anticipation of this maneuver (Dupre, 2022; see My Body, My Data Act of 2025).

This anxiety extended beyond the process of getting an abortion to follow-up care as

well. For example, Zelda, one of the very rare people who experience complications after a medication abortion, shared how she needed follow-up emergency care from a medical provider. She experienced significant trepidation and hypervigilance about the consequences of having an abortion appear in her medical records.

[I had] dystopian fears of the state, to be honest. Like, I really did not want this on my medical record. There's no reason to have it on my medical record. And so, even though I was having these symptoms and had like a low grade fever, and I needed to be seen by someone. . . . It took so much energy and advocacy on my behalf.

Luckily, Zelda was able to get the care she needed at the time, although accessing it involved considerable worry and trepidation. As a result of EMTALA rollbacks, personhood laws, and abortion bans, such fear of criminalization may deter women from seeking much needed reproductive care. Indeed, at least twelve women to date have died from being refused routine and standard medical care for pregnancy complications due to state-level bans (Surana, 2024). Similarly, Anacaona (30 years old, agender, queer, AfroLatine, 7.5 weeks, Florida) described a significant degree of covert detective work involved in finding affirmative providers for abortion aftercare:

I was having issues like finding doctors in Florida who at least were like claiming to at least be pro-choice. And I was struggling with getting an appointment with the gynecology in my school. So, what I ended up doing was I have a primary care provider at my school, so I just ended up following up with

them. And I just made a general appointment. I didn't say why it was or for what it was. It was complicated. I don't trust my school and I don't trust my state, and I wanted to follow up but I didn't really want to share what I had experienced. . . . And so that was like a tough one because I was like, "how do I do this?" So then what I decided eventually was I am going to make this general appointment. . . and then I'm gonna feel it out. I'm gonna ask some questions and feel it out and see how the person responds to me, and then ask them like based on how they respond to me. See if they can like recommend me to someone or something for this follow up or after care.

As a fat-identifying, AfroLatine, queer, femme person, Anacaona described significant trauma they and their family members endured from medical institutions. These historical traumas from the medical system, often directly affecting Black women, resulted in heightened vigilance when seeking medical care for their abortion. As they shared, abortion stigma enacted by the state of Florida resulted in having to engage in strategic acts in order to find non-stigmatizing abortion aftercare. This required a significant degree of mental labor and hypervigilance, including making additional unrelated appointments so as to receive referrals.

Unnecessary Obstacles, Urgency, and Economic Precarity

Participants lived in states located across the United States and hence the political spectrum. Accordingly, their abortion experiences were varied. Generally, for participants living in restricted states, they experienced a number of barriers, including mandatory waiting periods, sonogram requirements, biased "counseling", interstate travel, and as mentioned, challenges with interpreting and understanding abortion legislation across state lines. As an example, Rachel explained:

With that 72-hour waiting period, you have to print out your consent forms yourself. You have to sign them, timestamp them and date them for that time that you're signing them that is 72 hours before your appointment. And what I did not know is that there are protest websites. There are anti-abortion protest websites that are created to mock, to look like the Planned Parenthood websites and they have false consent forms on them with the desired goal being that you fill out a false consent form. You bring that to the place that you're receiving your termination and they have to reschedule you because you've filled out the wrong form. And the goal is to push back your appointment time with the chance that you can no longer receive a termination.

Rachel encountered this exact scenario when seeking her abortion in Kansas. Although the staff at Planned Parenthood were able to find a legal workaround (concealed here for the purpose of not tipping off anti-abortion advocates), Rachel was initially told that she might have to wait an additional month for an appointment, which as Rachel explained, may prohibit many from getting an abortion due to gestational limits and other abortion restrictions.

For those in protected states, they were often able to access abortion care (up until particular gestational limits), although this was not always without challenge or complication. Many blue states have become havens or sanctuary states, which has resulted in an influx of people seeking abortions

from neighboring states and even across the country. For example, at the time of the writing of this manuscript, there is only one state in the South that offers some protections and abortion access (Virginia; Guttmacher Institute, 2026). These abortion restrictions resulted in significant bottle-necking and lengthy wait times to schedule and/or receive an appointment, even in states where abortion was legal or when a participant was early in their pregnancy. Zelda shared her experience of having to leave Iowa to receive her abortion in Illinois:

So I called Planned Parenthood [in Iowa].. . like very, very, very early pregnancy. And you know, was on lengthy holds. You know “you’re caller number 6, stay on the line and we’ll get to you. If you hang up, you will lose your place in line.” Okay, so that’s hard, that’s a hard freaking call to make. Because again, I work like 60-hour weeks. And. . . they’re only operating between traditional business hours. And so I had to cancel a meeting to even literally stay on that call. And then when I got on the call. . . [I] gave them all of like my information, even my social security number, like we are talking like the full 9 yards like.. . And I was on that call for like probably 40 minutes.. . They’re telling me things about the procedure, about how there’s a waiting period in Iowa, and how I have to go in one day [24 hour waiting period], and then, you know, have the abortion. . . . And then we get to the end and she goes, “oh, actually, there’s no appointments available in Iowa that will get you in before the mandated [time limit]. We don’t even have anything in the next few months.”

Similarly, Jill shared:

Even though Kansas had just ratified in their constitution that they were going to allow abortion, the only place I knew over like Planned Parenthood and I think all of them, like two locations or something, they were all in Kansas City. And I was in. . . the middle of nowhere, four hours away. Um, so I was willing to go there, but because Kansas City’s right next to Missouri, they were getting all the people from the surrounding states that had gotten rid of abortions after *Roe v. Wade* was overturned. And so like they had I think it was like over two months long wait list. And I had no idea how far along I was, so I just was trying to get in as fast as I could.

As Zelda and Jill described, simply getting an appointment took a significant degree of time, and receiving an abortion in their home state was often made more difficult or impossible due to demand and gestational limits. This tactical maneuver, used to dissuade and prohibit women from accessing abortion, created an undue burden and sense of urgency among participants. Indeed, despite her work as a healthcare provider focusing on reproductive health—and the professional connections she has made with abortion providers as a result—Zelda shared:

I felt very demoralized after that call. And I was like, I don’t know, maybe I just shouldn’t have an abortion because this is gonna be a pain that like I can’t go through this. . . again. Like, what more do you want universe? I just keep putting myself out like, maybe this is a sign that I shouldn’t like again, like it was just a really disorienting time.

Nearly all participants described a sense of urgency in receiving their abortions due to gestational limits and/or fetal heartbeat detection—a medically inaccurate term that likens fetal cardiac activity to a fully developed heart (Simmons-Duffin & Feibel, 2022). For some, they experienced a rushed decision-making process as a result of these gestational limits, feeling as though they did not have the time to fully consider their options, preference for type of abortion care (i.e., medication or procedural abortion), or grieve the loss of their pregnancies. Ravenclaw (33 years old, cisgender, heterosexual, white, woman, 13 weeks, Maryland), who terminated her pregnancy due to a fetal anomaly, explained:

After I got the CVS [chorionic villus sampling] results back, our genetic counselor called me and talked me through the results. Um, and it was basically a hundred percent chance of Trisomy 21.. .. The genetic counselor wanted to schedule the termination appointment for the next day. Like she literally called me with the results and was like, “I can get you an appointment for tomorrow.” It's like, that's way too soon.

Although most second trimester abortions are not the result of fetal anomalies (Foster, 2021), such conditions are only detectable at this later stage in pregnancy which may result in later abortions. Accordingly, these individuals may feel significant pressures to abort their pregnancies as they risk surpassing viability laws and laws that restrict abortion after a particular gestational age. Moreover, very few clinics in the United States perform abortions past 24 weeks gestational age (Advancing New Standards in Reproductive Health [ANSIRH], 2022). Indeed, Blake, who also terminated her pregnancy for medical reasons, shared:

She [ObGyn] had explained to us that because the baby had a chance of living five minutes outside of the womb, that she would have to go to the state of Florida to submit a case to be able to have a termination in the state of Florida. She did explain to us that this could take, you know, two, three weeks. You know, there was no quick timeline for all of this and that there was risk to me because the fluid that was filled in, you know, the brain cavity made her head extra big. So for me, the longer that we had waited, you know, she would likely die in utero. And then when we had to take care of the termination after that, I would have to have a C-section because her head was too big to actually fit through the canal. So, you know, we asked her if this was our only choice, if there was like any possibility of a life for our daughter. And she very adamantly said that this is a terminal diagnosis and that she would recommend termination. So, in that case, we were obviously devastated. We felt like we had to act very quickly.

As Blake noted, the restrictive gestational limits in Florida created an undue burden on both her and her medical provider alike. Furthermore, Blake's health and wellbeing was disregarded by her state, viewed as secondary to the health of her fetus. Although Blake had the means necessary to travel out of state for her abortion, such gestational limits, shaped by abortion misinformation and stigma, fail to recognize the unique biological and social circumstances surrounding women's pregnancies. Sally, who also aborted her pregnancy due to medical reasons, described her own sense of shock when confronted with abortion restrictions in Wisconsin.

When she [doctor] started sharing the realities of the next steps, that suddenly when we had just been to hell and back already in the last couple of days, I found out that my home state could potentially

determine my next steps because we were up against that timeline. I remember her saying we were already past, because at this point I was over 20 weeks. She said a big issue here is insurance. She said about 50% of insurance companies will not cover the abortion within the hospital or yeah, they won't cover it. So, then you're forced to go to a clinic [instead of a hospital]. And she said, we're already past the clinics' [gestational term limits] in Wisconsin. And I think she said that cutoff was 20 weeks. So she said, "if your insurance does not cover this, you will have to go to Chicago. Here is a phone number of the clinic." So that was the big thing out of that meeting was figuring out if my insurance covered in the hospital because she said it's \$50,000 in the hospital having to worry about that at like just the hardest moment of your life. And, um, I think in that moment I was just like, "holy shit, everything that you see in the media is true." Like, I think even though I've always, um, definitely, definitely been like a very proud Democrat since I've been young, and that's definitely been my personal beliefs, I still try my best to stay moderate at times just to like see both sides of situations and stories. And I had kind of thought like, is this a left agenda being pushed? That, if you medically needed something, like, of course you could get it. If the doctors, like the doctors were telling us our baby was not going to survive and my health was at risk. I felt like, of course I could get the care I need. It didn't even cross my mind until we were sitting there and I'm like, "oh my gosh, like, this is true."

As Sally explained, she felt a sense of disbelief that her "home state" would callously disregard her health and the medical attention she urgently needed. In her statement, she speaks to the cruelty she experienced at the hands of anti-abortion legislation and a sense of betrayal from her "home state." Moreover, at one of the most difficult and excruciating moments in her life, she had to consider the very real possibility of accruing significant debt.

Indeed, when queried about the reasons that women have abortion, many abortion seekers cite financial factors along with various other considerations (Foster, 2021). Participants in this study represented a variety of different economic backgrounds, with some occupying positions of wealth and economic privilege and others experiencing poverty and economic precarity. As discussed, *Dobbs* will most unduly affect those without the financial means to pursue their abortions, as the cost of travel, childcare, and the procedure itself (particularly as gestational age increases) will simply be too prohibitive for many. Thus, it is unsurprising that those who cite financial reasons as one of the significant factors affecting their decision, also experience the most difficulty accessing abortion (Foster, 2021). Many people have difficulty securing funds for an abortion, which further risks surpassing gestational limits and having an abortion later in pregnancy, which is inevitably more costly (Marty, 2021). Along with our capitalist social structure and lack of insurance coverage in most instances of abortion, the Hyde Amendment, which restricts federal funds for abortion for Medicaid recipients, ensures that those most financially vulnerable will struggle to access abortion (Ross & Solinger, 2017). Blake, who terminated her pregnancy at 19 weeks due to a fetal anomaly, shared how insurance coverage and her own financial solvency aided her process:

I'm also thankful to have health insurance, you know. We still paid some money to unfortunately, have this done, but it didn't put us in significant debt. So I think for us that we were fortunate that, you know,

we were put in a really, really bad situation. But we had support to help make it easier, because I couldn't imagine stressing out not only about the decision, but then are we going to get there? How are we going to pay for it? You know, how long are we going to stay there for? Like, are we gonna have to go home and lie if I get an infection? You know, so I think we were fortunate.

Although all participants experienced the ill effects of the *Dobbs* decision, those with greater economic means and racial privilege repeatedly shared how their social positioning protected them from many of the horrors of *Dobbs*, recognizing that poor women, many of whom are women of color, would be most negatively affected.

In contrast to Blake, Mira described significant financial difficulty with accessing abortion as a result of abortion restrictions from *Dobbs*.

I had to deal with childcare and having such a long drive that I could not just go and come back within one school day. And I had a child that was not school age. It was about a 4.5 to 5 hour drive if we didn't make stops. And also just the fact that I had to worry about funding. I was quoted a price of \$875 for the abortion as well as having to come up with gas, childcare money. I remember stopping on the way to buy my daughter food, but I couldn't afford it for myself (crying).

As Mira explained, the cost of the abortion itself was steep, let alone the additional costs associated with childcare, gas, and lodging. Through tears, they described the heartbreaking reality of foregoing basic needs in order to receive an abortion.

Given the financial costs associated with receiving an abortion in the wake of the *Dobbs* decision, abortion funding networks have provided significant support to people seeking abortions, including many of our participants. When Scarlett (27 years old, cisgender, heterosexual, white, woman, 5 weeks, Colorado) showed up for her appointment, the staff informed her “we could just pay, however much we were able to cover, and they would just apply the rest of the money from donations. So that definitely brought like a sense of relief.” Similarly, Anacaona explained,

I also don't have money. .. The abortion in total costs almost like \$750 and they actually. .. they texted me after like anonymously and sent me a bunch of resources to apply. Just getting free money. And I did that and I ended up getting a little bit more than half of it covered at that point, but money was the other thing because it's expensive to have an abortion and I'm just surviving. I'm not getting paid a lot as a grad student. ... I'm not financially well off. And there was no one that I could be like, “hey, can you give me this money,” right? And me and my partner were only able to put together less than half of that together. So that was another stressor where I was like, how am I gonna get this money and, again, thankfully that the places that I applied—I just applied to a bunch of different places—and one of them called me back. It was like, we can help. And that was nice.

For some, abortion funds provided a safety net by allowing women to receive abortions while also maintaining their privacy.

Hamstringing and Silencing Medical Providers

Simply finding a provider to perform an abortion was an additional burden that some women faced. Sunny shared that “because I was over 18 weeks, it was much harder to find a provider, which I hadn't realized.” In addition to the specialized care that is needed to terminate some medically complex pregnancies, finding providers who possess this competency *and* who are willing to perform abortions later in pregnancy can be challenging, particularly given gestational limits and fears of criminalization and loss of medical licensure. Melanie (33 years old, cisgender, heterosexual, white, woman, 18 weeks), a Texas resident who had an abortion to address medical complications, shared:

So I think they provided less care than they were legally able to because they weren't sure what they could do. Cause I guess like I know, so the high-risk OB is the one who told us about it [medical diagnosis] of my, and you know, I had three OBs cause we did IVF. So we had the high-risk, the fertility, and then my regular OB. And the high-risk OB pretty much kind of just stopped talking to us after we found out, which I do not blame her because the risks to her are so, so high. And so, I don't blame her, but we're in this time of crisis without the only doctor of three doctors who has any idea what this diagnosis means because our diagnosis is so rare. Both of the other OBs were like, “we have no idea. Like, this is so rare. We haven't seen it. We don't know what to recommend. We don't know what to do. This is why we have high risk OBs.”

Despite understanding the fears that her high-risk Ob-Gyn faced, Melanie shared a sense of abandonment that both she and her other medical providers felt.

Melanie went on to describe how the *Dobbs*-decision and subsequent changes in Texas law stymied the medical information her medical team was able to provide:

She never said the word abortion. When she told us we were in shock and it took time to process and for us to realize what the option was. Um, and then we, we did call her back and said, you know, legally, like, can we go to Colorado? And she did say like, we could go to Colorado, but. .. the choices that she provided us without us asking additional questions was basically like, you should go look at doing the [experimental] study down in Houston to do all of that. And I truly think she was just scared to talk about it more. ... When I asked her if we could go to Colorado, there was a long pause and then a door click. And I think she just like, you know, went into her office or a broom closet or something to be able to talk about it in a place where people couldn't overhear, you know, even staff or whatever.. .. The biggest thing was just not being able to get the information we needed from our doctors because they either were afraid to provide it or, you know, the doctor just not having that information in a time of complete crisis in your life.

Melanie stated that, rather than recommend an abortion, her high-risk ObGyn recommended that she pursue a risky experimental study, which she regarded as cruel to both her and her unborn child. Melanie expressed that, had Texas laws been more humane, her medical team would have been able to provide her with the care and information she so sorely needed to make an informed decision.

Similarly, Denise described the differences in care she received based on sociopolitical location. Although Denise lived in South Carolina, she was originally from New York and sought her abortion from a prior medical provider in New York. She said:

And the doctors [in the South] really didn't like to discuss abortion. It's really crazy. But I called my old doctor in New York. .. that knows me. .. and we just went to New York.

The [New York] staff was like, "I understand," you know. New York is so pro-choice. Here, in the South,. .. they really didn't have an opinion: "you have to do what's right for your medical rights." But that's all they can say. .. cause nobody wanted to be liable. Like, "oh, Denise said that I said she should get an abortion." You know, no nurse wants to lose their job over anybody because everybody got a family to feed. So. .. the nurse was like, "let me make sure I use my words correctly. Whatever you decide, I have no opinion. I have no opinion. Whatever you decide." The nurses in New York were like, "you did the right thing for your health, your family, your daughter." Yeah, different tone.

As described by Denise, the medical providers in South Carolina were explicit about their need to use measured, vague language, whereas in New York, her medical team was openly affirming and validating of her experience and choice. Participants who received such open validation and compassion remarked on how healing this was during this caustic and politically divisive time.

Melanie and Denise's experiences, described above, directly contrasted with others who lived in more progressive states. Sunny shared how her doctors explained that they were able to provide medically accurate and informed recommendations as a result of being in California:

Every single doctor I talked to was like "You have options. Like, you know, we're here for you." Like the genetic counselors said that, the fetal cardiologist, the maternal fetal medicine, my OB, like every single person was like, "We can discuss with you what you need to do." So, and they proactively brought it up too. They all originally went through like diagnosis and then they were like, "but remember, we are in California," almost all of them phrased it the same way of like, "thankfully we're in California. You have options if you do not want to continue with the pregnancy."

Some medical providers working in regressive states still found ways to resist such obstructions to provide compassionate medical care. For example, without prompting, some providers expressed how they wholly disagreed with the biased and inaccurate medical information they were legally required to share:

I remember the doctor was really awesome when she had to bring it [biased information] out. She had said, "I want you to know, this is not my personal belief, I am upset." .. I could see her support there for me and saying, "this is really frustrating that you have to [hear this]." And then she even said, "legally, I have to read these out loud to you." Like, it wasn't something like, here's the paperwork, say you read it and sign it and just be done with it.. .. I just feel like rage when I hear about what other women have been through and not have had that same experience because this is hell and my worst nightmare of

something to have happened to me. And the only thing that could have made it worse was not having doctors that like showed that compassion or if I would have had to have left the state. So I definitely feel very, um, much the sense of advocacy for everything that's happened after *Roe v. Wade* (Sally).

As Sally suggests, her medical provider showed compassionate care by sharing their disagreement and frustration with such legal requirements, effectively engendering greater trust.

As seen above, despite abortion being a common and safe medical procedure, women's access to this procedure significantly varied across geopolitical lines, affecting the degree to which medical providers were able to provide accurate and comprehensive information and care.

As Wherever There Has Been Oppression, There Has Been Resistance

Following the *Dobbs* decision and their abortions, participants remarked on how they felt more ardent in their personal beliefs about the importance of reproductive rights. For example, Claire (26 years old, cisgender, heterosexual, white, woman, 5 weeks, Wisconsin) reflected, "I have gained like a lot more respect and like advocacy and social justice for like women's rights from this." For some, they engaged in actions such as donning "abortion is healthcare" bumper stickers on their vehicles, donating money to clinics, or volunteering with reproductive rights agencies or causes. Participants saw the importance of coalition building among other social justice groups (e.g., BlackLivesMatter, immigration rights, LGBTQ+) and organizations, and building connections with other pro-abortion advocates across state lines in order to support abortion seekers. Although with bated breath, some participants described a cautious optimism about the prospect of greater legislative support of abortion rights and reproductive healthcare with the 2024 election on the horizon. However, most all participants simultaneously felt significant fear and trepidation of another Trump administration. One participant managed this fear by planning to drive people to election polls. Denise stated,

I'm going to drive people to the polls this year.. .. Project 2025 is no joke and. .. they're really going to try to take things away from us. The gay community, hey, if y'all want to stay married to your significant other, you're going to vote.

As Denise indicated, Project 2025 is guided by conservative ideology that targets anyone outside of Christian, white, cisheteropatriarchy. Thus, she saw abortion rights as inextricably connected to rights affecting other minoritized populations, including sexual and gender minorities.

In addition, many participants described engaging in abortion storytelling as a means of resistance. This storytelling was grounded in a desire to educate others about abortion and the people who have them, advocate for changes in policy, and destigmatize abortion. Blake described how she used her own experience to challenge others' stigmatizing attitudes about abortion:

My stepbrother, we were having the conversation about abortion one evening. And, you know, he was saying, “I don't believe that women should use it as birth control. And I also don't believe that they should be able to get an abortion in the third trimester.” I was like, “let's talk about this for a second. I hear you and I'm sure that you have heard this from other people and you think that people are using it as birth control. But like, let me kind of bring it down a little bit and help you understand more about this topic and potentially why women are seeking this type of medical treatment. It really shouldn't be up to your opinion or your decision on how this happens.”

Although Blake expressed uncertainty as to whether these discussions radically changed others' minds, she felt it important to *try* to challenge others' stigmatizing beliefs and broaden perspectives. Some participants described a desire to eventually share their stories with others, but were either not yet emotionally ready and/or feared incurring judgement and stigma.

For many, sharing their abortion stories with others resulted in a mutual revelatory process, in which friends and family members also shared their abortion histories, some of which had been concealed for decades. Rachel described how sharing her own story resulted in hearing greater accounts of how many women in her life had been shamed and silenced about their experiences:

What I learned through that [abortion storytelling] is so many of the people around me had had terminations. My parents had experienced termination, handfuls of my best friends, my own healthcare providers had experienced abortion. You know, I had aunts that had experienced abortion. And I remember thinking like, “what an invisible experience.” And feeling invisible was a theme I would say throughout and has continued to be a theme in relation to this topic for me. But I think I saw that and was like, “I'm going to make sure that this is as visible as it can be.” And I wanted people to know that they knew someone who was going to be impacted by these things.

This mutual storytelling among women often resulted in greater compassion, closeness, and connection. Ravenclaw shared that, “after my procedure, actually, my mom told me that she had an abortion when she was 17.. . . and so emotionally, I felt more connected to her.”

Despite this moment in our history, most all participants described feeling encouraged by the outpouring of support for abortion rights following the *Dobbs* decision and in knowing that the majority of people support abortion in most cases (Pew Research Center, 2025). Additionally, Anacaona reminded herself that

People continue to be really radical in the ways that we survive violence, like historically. So like, yes, there's a lot of these things happening. In the Dominican Republic and Haiti, my people have been very creative and like resisting the state, right? And still giving abortions and still supporting women and birthing folks in that process and we continue to do that. We will continue to do that. As wherever there has been oppression, there has been resistance. So we'll continue to resist.

Moreover, Anacaona also saw their abortion, in and of itself, as a way of resisting state and

imperialist oppression. They remarked:

It [abortion] was also my fuck you to the state. You have been given the power throughout history to do some violent shit like this.. .. [and] one of the things I had in my power was also to be like, “I’m still gonna do this [have an abortion].”

In a sociopolitical context that denies women and birthing people their basic humanity, the ability to choose to have an abortion may be seen as the ultimate act of self-love and preservation, or as suggested by Dyer et al. (2023), a “humanizing act.”

Discussion

The purpose of this study was to understand women’s experiences of abortion post-*Dobbs*, and how they understood or made meaning of the decision. To summarize, participants felt significant grief in response to *Dobbs* and regarded the decision as an attempt to control birthing peoples’ reproductive capacities, which they regarded as rooted in misogyny, white supremacy, and conservative ideologies within the Republican party. When seeking abortions, participants experienced a number of undue obstacles that resulted in significant distress, and for some, ongoing economic hardship. Participants felt anxiety and vigilance, fearing criminalization and feeling surveilled, which also extended to their healthcare providers and the quality of care they were able to provide. Despite these obstacles, participants described ways in which they attempted to resist abortion stigma and forge self-determination in a society that sought to dehumanize them. Below, we discuss these findings while situating them within a reproductive justice framework (Ross & Solinger, 2017) and the historical and contemporary landscape of reproductive rights and healthcare within the United States.

Controlling Reproduction as a Means to Maintain Power

Participants foreshadowed significant harmful consequences to birthing people as a result of the *Dobbs* decision, including increased maternal and fetal death, poverty, and child abuse. Estimates suggest that women living in restricted states are three times more likely to die during pregnancy than women in protected states, and children born in restricted states are 30% more likely to die in their first month of life (GEPI, 2025). Projected estimates further suggest that abortion bans will lead to a 21% increase in maternal deaths overall, with a 33% increase among Black women (GEPI, 2025). Moreover, abortion denial is associated with a host of negative outcomes for pregnant people, including increased poverty, diminished attainment of educational and career goals, poorer physical health, and increased exposure to intimate partner violence (Foster, 2021). Thus, participants’ fears and projections were prescient, highlighting the stark realities of a sociopolitical landscape that has empowered anti-abortion politicians and advocates to implement their conservative and inhumane agendas.

Participants viewed the *Dobbs* decision as a contemporary reflection of enduring legacies and ideologies that have limited women’s access to reproductive healthcare as a means of maintaining a white supremacist demography (Ross & Solinger, 2017). During chattel slavery, for example, Black women

were encouraged to reproduce in order to increase the slave population for wealthy white plantation owners. Yet, following abolition, Black and poor women and (and those from other minoritized groups) were discouraged from reproducing and seen as hypersexual and fertile “welfare queens,” incapable of making sound decisions. As such, they often encountered forced abortions, sterilization, gynecological medical experimentation, and family cap policies seeking to control their access to supplemental benefits (e.g., Temporary Assistance for Needy Families [TANF]; Ross & Solinger, 2017). On the other hand, white women have been portrayed as morally and sexually chaste, or desirable birthers capable of producing a dominant white race. Participants in our study were well-attuned to these historical and contemporary forms of oppression, articulating connections between the *Dobbs* decision and colonialism, noting how intersecting axes of oppression would most markedly affect poor women and women of color.

These belief systems and practices are not relegated to the distant past. For example, in a content analysis of a white nationalist online forum (i.e., Stormfront) spanning two decades (2001 to 2017), Ophir and colleagues (2023) found that abortion among white women was abhorred and viewed as a personal failing to reproduce and uphold a white race. In contrast, online content endorsed abortion and reproductive restrictions (e.g., sterilization, family cap policies) for people of color and other minoritized groups. Moreover, *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) has enabled the erosion of abortion rights over several decades through the implementation of a variety of tactics designed to make abortion less accessible. Examples of such requirements included mandatory sonograms, targeted regulation of abortion providers (TRAP) laws, biased counseling, parental consent for minors, and mandatory waiting periods. Although these provisions could not theoretically create an “undue burden” on people seeking abortions prior to fetal viability, they effectively did so by limiting abortion access to those with greater access to support and resources.

As noted by our participants, the *Dobbs* decision has further limited peoples’ access to abortion by imposing significant restrictions and obstacles through abortion bans and gestational limits. Many had to travel out of state as a result of gestational limits, and they experienced limited available appointments in their own communities, abortion healthcare “deserts,” or fear of criminalization among their medical providers. For some, particularly those experiencing medical complications and fetal anomalies, they endured significant risk to their own health and livelihoods in order to access needed abortion care. Participants also described how the effects of *Dobbs* on healthcare providers further limited their access to abortion by restricting the information and care they were able to provide based on legal constraints and providers’ own fears of criminalization.

Those experiencing poverty and economic precarity risked incurring considerable debt and foregoing basic needs in order to obtain their abortions. Notably, insurance restrictions for abortion (via private insurance and the Affordable Care Act) and the Hyde Amendment ensure that poor women, who are disproportionately women of color, will have the most difficulty accessing abortion, maintaining an ongoing cycle of poverty (Foster, 2021; Ross & Solinger, 2017). One of the chief reasons that people seek abortions is economic factors (Foster, 2021). By restricting abortion access to only those with financial

means, poor women are both denied access to abortion care while simultaneously being stigmatized as irresponsible birthers (Ross & Solinger, 2017).

Participants further described how the *Dobbs* decision legitimized abortion stigma and pro-natalist sentiment, which may prevent many women from fully realizing their reproductive options. By doing so, abortion stigma acts as another form of reproductive control by marking women who seek abortions as morally deficient, or having transgressed traditional ideals of womanhood (e.g., naturally maternal, reductions to motherhood; Kumar et al., 2009). Many participants in our study felt deeply stigmatized by the *Dobbs* decision, noting that their abortion experiences were ultimately made more difficult and isolating as a result. Alongside stigma, these post-*Dobbs* era policies induced a significant amount of fear and hypervigilance related to potential criminalization. Despite abortion criminalization being widely unpopular (Jozkowski et al., 2023), fetal personhood laws (now in effect in over 17 states) lay the groundwork for criminalizing abortion and other pregnancy-related outcomes (e.g., miscarriage, Pregnancy Justice, 2024; Ziegler, 2025). Ultimately, in addition to significant legislative barriers invoked by *Dobbs*, abortion stigma and fear of criminalization may further impinge upon women's reproductive access and freedom.

White Christian Nationalism and Conservative Politics

Participants recognized that the *Dobbs* decision and associated abortion restrictions did not occur in a vacuum, but were part of a larger, ongoing effort shaped by conservative ideology and values that also target transgender people and their access to affirming healthcare; LGBTQ+ rights; immigration enforcement; affirmative action; and diversity, equity, and inclusion (DEI) programs (i.e., Project 2025, 2026). As a result of these efforts, several participants feared that such policies and social mores would reinstate traditional gender roles and other regressive social policies. For example, contemporaneous with the *Dobbs* decision, the recent #TradWives social media movement—with its links to far-right misogyny and racist political ideologies (Proctor, 2022)—celebrates the 1950s as a “halcyon” era in which women were relegated to the domestic sphere of childcare and housework. Additionally, Trump-era policies have resulted in significant restrictions to affirming healthcare for transgender populations, and Immigration Customs Enforcement (ICE) agents have targeted immigrants in communities across the United States. Our findings suggest that anti-abortion politics are part of a larger network of ideologies that ultimately seek to maintain Christian white nationalism and cisheteropatriarchy (Valenti, 2024).

Indeed, in understanding the shifting sociopolitical landscape leading to the *Dobbs* decision, participants in our study suggested that Christian white nationalism and pro-natalist values heavily influenced the composition of the Supreme Court and Republican politics. The influence of anti-abortion sentiment in conservative politics has been reinforced through *Citizens United v. Federal Election Commission* (2010), the landmark Supreme Court case that lifted campaign finance restriction laws and enabled wealthy anti-abortion organizations, corporations, and billionaires to influence reproductive politics (Ross & Solinger, 2017; Ziegler, 2022). As participants suggested, birthing people have been treated as collateral damage in a bid to win political control, with anti-abortion organizations funding Republican political actors.

Resistance and Visibility

Despite experiencing numerous adverse effects in association with the *Dobbs* decision, participants in our study embodied considerable strength, hope, and resistance. All participants described feeling further grounded in pro-choice or pro-abortion beliefs as a result of *Dobbs*, and many noted ways in which they had engaged in advocacy efforts. At times, this included volunteering with local abortion clinics or support networks, calling local politicians and journalists, and challenging others' abortion-stigmatizing beliefs through conversation. Prior research has found that engagement in reproductive justice advocacy may buffer the negative relation between abortion identity centrality (i.e., the degree to which one's experience of having had an abortion is salient to their identity) and psychological well-being among women who have had abortions (O'Shea & Watson, 2025), suggesting some beneficial effects of this form of collective action.

A cornerstone of the reproductive justice movement (Ross & Solinger, 2017), many shared the importance of abortion storytelling in increasing visibility of abortion and reducing stigma (e.g., Berny, 2024). Participants shared that storytelling increased emotional connection and resulted in reciprocal sharing of abortion experiences among friends and loved ones. Indeed, in a longitudinal intervention study of women in a book-club setting, Cockrill and Biggs (2018) found that reading abortion narratives was related to greater instances of first-time abortion disclosures and feelings of warmth towards those who have abortions. Moreover, reading abortion narratives may result in greater reproductive justice advocacy intentions (MASKED), suggesting that abortion storytelling may enhance both individual and societal well-being.

Participants in our study generally described a strategic process in their decisions to share their experiences, typically avoiding such revelations with those they perceived as hostile or possessing anti-abortion beliefs. Research has suggested some potential beneficial effects of abortion history disclosure among women who have had abortions, particularly in the context of lower abortion stigma (O'Shea & Watson, 2025). These findings suggest that people who have abortions must make judicious decisions about with whom and under what circumstances to share their abortion experiences in an effort to protect their mental health. Crucially, this is especially imperative when considering bounty hunter-style laws (e.g., HB8 in Texas) and new efforts to reimagine feticide laws as a rationale for prosecuting women who have had abortions (Pregnancy Justice, 2024; Valenti, 2024).

Strengths, Limitations, and Areas of Future Research

To our knowledge, few extant studies have qualitatively examined women's experiences of abortion post-*Dobbs* while integrating a reproductive justice framework. Thus, our findings contribute to a growing understanding of how the *Dobbs* decision has uniquely affected diverse groups of women according to their locations within multiple, intersecting axes of oppression. Because psychology has been slow to integrate this framework into its research (Eaton & Stephens, 2020), the integration of this lens may be considered a methodological advancement. Moreover, this study foregrounded the individual experiences of women experiencing abortion post-*Dobbs*, providing an in-depth and holistic

understanding of participants' experiences that may have been difficult to demonstrate with quantitative methods.

There were a number of strengths to our sampling approach as well. Participants were recruited from across the United States, and accordingly, we were able to better understand how participants' geopolitical location affected their experiences. Participants also had abortions for a variety of different reasons (e.g., health concerns, abusive relationships, educational and career pursuits, economic hardship, fetal anomalies) and at different gestational ages, allowing us to understand how these various factors shaped their experiences. Participants were carefully screened to ensure the integrity of the data, minimizing the impact of bad actors or fraudulent responders.

Despite these strengths, there are a number of limitations to the study that must be considered when interpreting the findings. First, despite significant efforts to attain a diverse sample, participants were mostly white and from middle-class backgrounds. Although reproductive justice acknowledges that all birthing capable people are harmed by dehumanizing reproductive politics, it aims to highlight how the experiences of those most marginalized are shaped by intersecting systems of power (Ross & Solinger, 2017). Despite the limited heterogeneity in our sample, we believe our research approach and analytical framework addresses this limitation to some degree. For example, our interview questions inquired about how participants believed that various aspects of their identities may have affected their experiences, allowing us to understand how both privilege and oppression work in tandem to affect peoples' reproductive livelihoods. White and middle- to upper-class participants routinely acknowledged how their privilege in these areas afforded them greater access to abortion than those with less racial and economic privilege. Additionally, we intentionally highlighted the voices of those with multiple minoritized identities in order to reveal these interconnections and demonstrate how power ultimately shapes who is granted access to abortion and reproductive healthcare.

Although reproductive justice considers abortion as part of the human right "not to have children," it is a broader, more holistic framework that also envisions equitable access to "the right to parent" and quality prenatal care, STI/HIV testing, contraception, environmental protections, and beyond. Thus, ongoing research is needed to understand how power shapes abortion access and other forms of reproductive healthcare, while centering the experiences of those who have often been overlooked (e.g., birthing people who are poor, people of color, trans masculine and non-binary, incarcerated, immigrants, and people with disabilities). In addition, all participants in this study had an abortion, with the exception of two who miscarried prior to their abortion appointment. There are likely many people who were simply unable to obtain an abortion due to a host of different obstacles, and their experiences are not represented in this study. Thus, ongoing research is needed to understand how the *Dobbs* decision affected those who wanted an abortion, but were unable to receive one.

Additionally, given the heightened vigilance and fear of pregnancy and abortion criminalization post-*Dobbs*, it is likely that those experiencing significant levels of fear, anxiety, and stigma may have been reluctant to participate. Per our IRB requirements, participants were unable to take part in interviews if

they demonstrated significant psychological distress (as assessed by the K-10). As such, our sample likely represented those who were relatively well-resourced in terms of their emotional well-being. Furthermore, although participants expressed a range of different beliefs and attitudes about abortion, all were pro-abortion at least in some circumstances. Future research may wish to investigate the abortion experiences of those who hold greater abortion stigmatizing beliefs to better understand their experiences.

Practical Implications

Our findings suggest a number of implications for healthcare providers, policy makers, and advocates. Clearly, our study suggests that policy efforts must be directed towards restoring abortion access and addressing other structural factors that impinge upon birthing peoples' abilities to have children (or not) in safe and supportive communities (SisterSong, n.d.). Such efforts must extend beyond simply restoring *Roe v. Wade*. Afterall, the *Turnaway Study* demonstrated the harmful effects of abortion denial even when *Roe* purportedly protected the federal right to an abortion, at least up until the third trimester (Foster, 2021). For example, efforts are needed that challenge the Hyde Amendment and limited private insurance reimbursements for abortion. Moreover, policy makers and advocates should anticipate and strategically respond to anti-abortion efforts that now seek to restrict access to mifepristone and enforce abortion criminalization through tactics involving fetal personhood and feticide laws (Valenti, 2024; Zeigler, 2025).

Those in the helping professions (broadly defined) must understand the harmful effects of being denied an abortion and abortion stigma (Foster, 2021). They are encouraged to examine their own abortion-related beliefs so as not to reproduce abortion stigma, and to understand the myriad reasons that people seek abortions. Providers are also encouraged to understand abortion restrictions and limitations in their own and nearby states so that they may educate their clients on potential obstacles and strategies (e.g., abortion funding networks) to obtaining an abortion, and how to do so safely (e.g., privacy settings for online searches). Healthcare providers must also consider and find ways to protect their own livelihoods while recognizing abortion as a human right and common pregnancy outcome (Foster, 2021; Ross & Solinger, 2017).

From a reproductive justice lens, this study also offers a number of areas that are ripe for coalition building and grassroots organizing. Reproductive justice advocates should understand that the current presidential administration has also targeted the self-determination of transgender people, specifically denying access to lifesaving, gender affirmative care for transgender youth (Allen et al., 2026). Thus, advocates can build alliances with the transgender community to advocate for rights to bodily autonomy. Moreover, while writing this manuscript, ICE raids and occupations are occurring throughout the United States, resulting in deaths and unlawful detainment of immigrants. Independent journalists, Don Lemon and Georgia Fort (both people of color), were arrested under the FACE (Freedom of Access to Clinic Entrances) Act—a bill specifically designed to protect abortion seekers and healthcare providers at abortion clinics—for covering an anti-ICE protest at a Minnesotan church (Cheney, 2026). Recognizing

how anti-abortion and anti-immigration sentiment operates in tandem can help forge alliances between these two social justice movements. We encourage advocates, policy makers, and individual readers to examine how anti-abortion policy is broadly intertwined with other oppressive tactics that harm minoritized communities.

Conclusion

The purpose of this study was to examine experiences of women who have had abortions post-*Dobbs*. Specifically, we aimed to understand how participants made meaning of this decision and how it uniquely affected their abortion experiences. Unilaterally, participants expressed grief and anger at the decision and understood *Dobbs* as an effort to control reproduction and uphold white Christian nationalist values. They experienced a number of undue obstacles and anxieties, particularly related to their economic positioning and potential criminalization. Despite these adverse effects, participants described a number of ways they maintained their dignity during this time, including advocacy and abortion storytelling.

Declarations

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Author Contribution

LBW: Study conceptualization, development, design, data analysis, academic writing
RK: Study design, study management, data analysis
RM: Study design, data analysis
SL: Data analysis

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Tables

Table 1.

Demographic Data of Study Participants

Pseudonym	Age	State of Residence	Have Abortion?	State of Abortion	Gestational Age (weeks)	Number of Abortions	Abortion Recency	Number of Living Children (including non-biological)	Number of Times Pregnant	Prior Miscarriage	Gender Identity	Race	Sexual Identity	Relationship Status	Disability Status	Highest Education	Income	Religion	Abortion Stance
Anacaona	30	Florida	Yes	Florida	7.5	1	Less than a year ago	2	2	Yes, one	Agender	AfroLatine	Queer	Partnered, not married	Yes	Doctoral degree	Not asked	Catholic upbringing, not currently religious	Pro-abortion, Reproductive Justice
Zelda	30	Iowa	Yes	Illinois	8	2	Less than a year ago	1	3	No	Gisgender woman	White	Queer	Monogamous dating relationship	No	Bachelor's degree	Not asked	Agnostic	Pro-choice, no exceptions
Kate	34	Washington	Yes	Washington	9	1	Less than a year ago	0	2	Yes, one	Gisgender woman	White	Bisexual	Married	No	Master's degree	Not asked	Agnostic	Pro-choice, no exceptions
Scarlett	27	Colorado	Yes	Colorado	5	2	1 to 4 years ago	0	2	No	Gisgender woman	White	Heterosexual	Partnered, not married	Yes	Some college, no degree	Not asked	Atheist	Pro-choice, no exceptions
Sunny	32	California	Yes	California	21	1	Less than a year ago	1	2	No	Gisgender woman	White	Heterosexual	Married	No	Bachelor's degree	100,000+	Catholic	Pro-choice, no exceptions
Ravenclaw	33	Maryland	Yes	Maryland	13	1	Less than a year ago	0	1	No	Gisgender woman	White	Heterosexual	Married	No	Master's degree	70-79,999	Agnostic	Pro-choice, no exceptions
Sally	32	Wisconsin	Yes	Wisconsin	20	1	Less than a year ago	0	1	No	Gisgender woman	White	Heterosexual	Married	No	Bachelor's degree	Not provided	Catholic	Pro-choice, no exceptions
Rachel	26	Kansas	Yes	Kansas	9	1	1 to 4 years ago	0	1	No	Gisgender woman	White	Queer	Monogamous dating relationship	Yes	Master's degree	50-59,999	Spiritual, not religious	Pro-choice, no exceptions
Sarah	25	Wyoming	No	N/A	Unsure	0	N/A	0	1	No	Gisgender woman	White	Heterosexual	Monogamous dating relationship	No	Master's degree	30-39,999	Atheist	Pro-choice, no exceptions
Melanie	33	Texas	Yes	Colorado	18	1	Less than a year ago	0	1	No	Gisgender woman	White	Heterosexual	Married	Yes	Bachelor's degree	70-79,999	Agnostic	Pro-choice, no exceptions
Mira	28	Iowa	Yes	Illinois	8	4	Less than a year ago	3	5	No	Nonbinary	White	Queer, Demisexual	Polyamorous dating relationship	Yes	Bachelor's degree	20-29,999	Spiritual, not religious	Pro-choice, no exceptions
Madi	29	North Carolina	No	N/A	Unsure	0	N/A	0	1	No	Gisgender woman	Black	Heterosexual	Monogamous dating relationship	No	Bachelor's degree	70-79,999	Protestant	Mostly pro-choice, with some exceptions
Claire	26	Wisconsin	Yes	Illinois	5	1	Less than a year ago	0	1	No	Gisgender woman	White	Heterosexual	Partnered, not married	No	Doctoral degree	30-39,999	Protestant	Mostly pro-choice, with some exceptions
Sandra	28	New York	Yes	New York	12	1	1 to 4 years ago	0	1	No	Gisgender woman	Black	Heterosexual	Single	No	Bachelor's degree	70-79,999	Protestant	Pro-choice, no exceptions
Denise	40	South Carolina	Yes	New York	12	1	Less than a year ago	2	3	No	Gisgender woman	Black	Heterosexual	Married	Yes	Bachelor's degree	50-59,999	Protestant	Pro-choice, no exceptions
Blake	36	Florida	Yes	New Jersey	19	1	1 to 4 years ago	0	2	No	Gisgender woman	White	Heterosexual	Married	No	Bachelor's degree	100,000+	Atheist	Pro-choice, no exceptions
Jill	33	Kansas	Yes	Nebraska	4 to 6, unsure	1	1 to 4 years ago	0	1	No	Gisgender woman	White	Heterosexual	Divorced	No	Doctoral degree	70-79,999	Agnostic	Pro-choice, no exceptions
Emily	21	Minnesota	Yes	Minnesota	5	1	Less than a year ago	0	1	No	Gisgender woman	White	Heterosexual	Monogamous dating relationship	No	High school	30-39,999	Protestant	Pro-choice, no exceptions

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