

# Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support

**CONTEXT:** Most states require adolescents younger than 18 to involve a parent prior to obtaining an abortion, yet little is known about adolescents' reasons for choosing abortion or the social support received by those who seek judicial bypass of parental consent for abortion.

**METHODS:** In-depth interviews were conducted with 20 individuals aged 16–19 who sought judicial bypass in Texas between 2015 and 2016 to explore why they chose to get an abortion, who they involved in their decision and what their experiences of social support were. Data were analyzed thematically using stigma and social support theories.

**RESULTS:** Participants researched their pregnancy options and involved others in their decisions. They chose abortion because parenting would limit their futures, and they believed they could not provide a child with all of her or his needs. Anticipated stigma motivated participants to keep their decision private, although they desired emotional and material support. Not all male partners agreed with adolescents' decisions to seek an abortion, and agreement by some males did not guarantee emotional or material support; some young women described their partners' giving them the "freedom" to make the decision as avoiding responsibility. After a disclosure of their abortion decision, some participants experienced enacted stigma, including shame and emotional abuse.

**CONCLUSIONS:** Abortion stigma influences adolescents' disclosure of their abortion decisions and limits their social support. Fears of disclosing their pregnancies and abortion decisions are justified, and policymakers should consider how laws requiring parental notification may harm adolescents. Further research is needed on adolescents' experiences with abortion stigma.

*Perspectives on Sexual and Reproductive Health, 2020, 52(1):15–22, doi:10.1363/psrh.12132*

By Kate Coleman-Minahan, Amanda Jean Stevenson, Emily Obront and Susan Hays

Kate Coleman-Minahan is assistant professor, College of Nursing, University of Colorado Anschutz Medical Campus, Aurora. Amanda Jean Stevenson is assistant professor, Department of Sociology, University of Colorado, Boulder. Emily Obront is a social worker and Susan Hays is an attorney, both in Austin, Texas.

Most U.S. states require minors (adolescents younger than 18) to involve a parent, through either notification or consent, before obtaining an abortion.<sup>1</sup> However, even in the absence of parental involvement laws, most adolescents who decide to terminate a pregnancy involve a parent—most often their mother,<sup>2–5</sup> who often supports their decision.<sup>3,4</sup> When adolescents do not involve a parent, they report fear of their parents' reactions to the pregnancy or termination, including violence, abandonment or being forced to continue the pregnancy.<sup>2,5–7</sup> Yet, little is known about the type of social support received by adolescents who choose not to involve a parent in the decision to terminate a pregnancy.

Texas requires individuals younger than 18 to obtain parental consent for an abortion. Those who cannot or do not want to involve a parent can try to obtain a judicial bypass of parental consent by proving to a judge that they are well-informed about their pregnancy decision and mature enough to make it, or that parental consent is not in their best interest. This requires them to work with an attorney, be interviewed by a court-appointed guardian ad litem (an adult who acts in the minor's best interest) and speak to a judge in court.

The social context of abortion decision making among adolescents can be more fully understood by examining theories of abortion stigma. Goffman's theory of stigma<sup>8</sup> is the basis for an emerging literature on abortion

stigmatization.<sup>9–11</sup> According to Goffman, people associated with "deviant" behaviors or identities must conceal their stigmatized identity in order to avoid experiencing discrimination.<sup>8</sup> A person who is considering or has had an abortion could experience three types of stigma: anticipated stigma, anticipating they will be treated differently because of the abortion; enacted stigma, experiencing shame or discrimination by others; or internalized stigma, subscribing to social attitudes that classify abortion as a deviant choice.<sup>9,12</sup> Kumar and colleagues<sup>10</sup> hypothesized that abortion is stigmatized because it defies three gender norms: women should have no sexual desire outside procreation, all women will become mothers, and women are naturally caring and nurturing. Thus, choosing to end a pregnancy can be considered "unnatural."<sup>10,13</sup> Women who choose abortion are labeled as "irresponsible" because avoiding pregnancy is viewed as women's "sexual responsibility."<sup>9</sup> Research has suggested that some women keep their abortion a secret because of anticipated stigma, and some experience enacted stigma when they disclose their abortion because they are shamed or judged.<sup>9,14,15</sup> However, adolescents are rarely included in this work.

Studies have found various benefits of social support, including reduced negative psychological outcomes from stressful life events.<sup>16,17</sup> Cohen and Wills defined four types of social support: emotional, providing validation; informational, sharing knowledge; companionship, spending time

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

together; and material, providing resources.<sup>16</sup> Although abortion is common, safe and effective,<sup>18</sup> choosing and obtaining an abortion is a stressful life event for some women because of barriers to access<sup>19,20</sup> and stigma. A lack of social support is associated with less decisional certainty, and anticipated<sup>3,21</sup> or experienced<sup>15,22,23</sup> negative emotions.

Prior research has found that almost all adolescents who do not involve a parent involve at least one other person in their abortion decision.<sup>2,4,24,25</sup> Ehrlich, who interviewed minors seeking judicial bypass for abortion in Massachusetts, found that participants desired autonomy but sought information and advice from trusted individuals: They all involved male partners and half also involved a friend.<sup>25</sup> However, these studies are now dated and do not describe the involvement of others in any depth or consider the role of stigma in the participants' abortion decisions.

During adolescence, social support broadens, but the family, which is necessary for healthy adolescent development, remains the core of social support.<sup>26,27</sup> Most studies on sexuality, stigma and social support focus on adolescents who do not conform to gender or sexual identities; these studies have found that these adolescents have poorer mental health than heterosexual, cisgender adolescents—and that social stigma and discrimination may explain this association.<sup>27–30</sup> The limited research on stigma, social support, and pregnancy and abortion among adolescents includes a study by Wiemann and colleagues,<sup>31</sup> who found that family criticism and social isolation were associated with stigmatization among postpartum adolescents. Hall and colleagues<sup>32</sup> found that young women in Ghana anticipated and experienced stigma for sexual activity, pregnancy or abortion, resulting in secrecy about these decisions; social support increased stigma resilience.

Using data from qualitative interviews with 20 young women who sought judicial bypass of parental consent in Texas, and relying on the aforementioned theoretical frameworks, we extend our previous work<sup>6</sup> to explore how adolescents who choose to obtain a bypass make their decision to have an abortion and whom they involve in the decision, including the males involved in their pregnancies.

## METHODS

### Recruitment and Data Collection

We drew on data from a study designed to evaluate young women's experiences obtaining judicial bypass for abortion in 2015–2016, before and after Texas restructured the judicial bypass process in 2016.<sup>\*6</sup> We worked with Jane's Due Process (JDP), a nonprofit organization in Texas that assists young women throughout the bypass process. A member of the research team who had worked at JDP

\*Changes included extending the maximum time between case filing and hearing, requiring the hearing to occur in the county where the minor resides, and increasing the evidentiary standard from preponderance of the evidence to clear and convincing. This standard describes how much evidence the minor must provide to prove that she is either mature and well-informed or that securing parental consent is not in her best interest (source: Texas House of Representatives, HB 3994, 2015).

used client records to recruit former clients who had sought judicial bypass after January 1, 2015. She contacted potential participants by text message or phone call, screened those interested by phone and scheduled interviews. We purposively sampled to ensure we included participants who were not living with a parent; were from diverse locations across Texas, including urban, rural and suburban counties of residence; had a court-appointed attorney; were currently parenting; or were denied judicial bypass. We excluded those deemed by JDF staff to have unstable living arrangements or those whose safety could be compromised by contact. Of the 93 potential participants contacted, 30 responded; 23 of these individuals were screened while seven were not interested in participating. Twenty-one phone interviews were scheduled, and 20 individuals completed interviews. All participants identified as women who had a male sexual partner.

The lead author conducted semistructured interviews on the following topics: current family structure, current level of education or employment, and future academic and career plans; experiences finding out and feelings about pregnancy; decisions to seek an abortion and to do it through judicial bypass; and experiences with the bypass process and obtaining an abortion. Interviews were audio-recorded and lasted 30–60 minutes. Recordings were destroyed after verbatim transcription by research assistants. The University of Texas at Austin institutional review board approved the study, including a waiver of documentation of consent for participants 18 or older and a waiver of parental consent and documentation of assent for participants younger than 18. No identifying information was collected.

### Analysis

We conducted a thematic analysis based on a five-step process: reading, coding, reducing, displaying and hypothesis testing.<sup>33,34</sup> After reading transcripts and interviewer notes, the first two authors developed a preliminary coding scheme based on our research questions, prior literature, and theoretical frameworks of social support,<sup>16</sup> abortion<sup>8–10</sup> and sexual stigma, while allowing themes to emerge.<sup>12,28</sup> These two authors reviewed codes for consistency, refined codes and recoded based on new coding schemes. Using Atlas.ti for data organization, we exported transcript segments organized by codes relevant to this analysis, for example, abortion decision reasons; process of the decision; worries about the decision; and individuals involved in the decision, judicial bypass process or abortion. We then displayed smaller chunks of coded data in tables, matrices and diagrams to visualize how the codes fit together. We interpreted data by summarizing and categorizing each participant's experience and developing hypotheses to explain how data were situated in the broader social context. We returned to the transcripts to verify that data were accurately categorized and described, and to ensure nothing was missed. All authors, including the last two—who had worked at JDP directly with young women seeking judicial bypass—discussed and checked the final results.

Data and quotations are presented with pseudonyms, and we generally refer to participants as “young women” after JDP staff asked two clients who did not participate in the study how they preferred to be described (e.g., adolescent, young woman, teen). We refer to the “male involved in the pregnancy” throughout the paper because not all participants had a boyfriend when they became pregnant or during the judicial bypass process.

## RESULTS

Three participants were 16, and 17 of them were 17, at the time of the judicial bypass; they were between 16 and 19 when they were interviewed. Of the 20 participants, 10 were Latinx or Hispanic, four were black, two were white, one was Asian, and three were of mixed or unknown race or ethnicity. Eight participants lived in urban Texas and six each in suburban or rural Texas; all spoke English. Interviews occurred a median of eight months after the judicial bypass hearing (range, 2.5–20 months). Three participants’ judicial bypasses were denied. All but one participant, who chose to parent after receiving a judicial bypass, ultimately obtained an abortion.

We explore two main themes: the abortion decision, including decision-making processes and reasons for the abortion; and involvement of others, including privacy, social support and unwillingness to disclose to parents.

### The Abortion Decision

Participants’ most common responses to having a positive pregnancy test were shock and disbelief: “I couldn’t believe it” or “I was in shock.” All but two participants described immediate negative emotions, and 13 said they knew very quickly that parenting was not the best option for them. As Jessica reported: “I dropped to the floor crying.... My mind was racing and he [the male involved] was like, ‘Oh my god, what are we going to do? We can’t be parents.’” Similarly, Brittany recalled, “It was just my first thought. No, there is no way. I cannot—I cannot have this child, I don’t even know how I could possibly do that by myself.”

•**Mixed feelings.** Seven participants described having “mixed feelings” when they learned they were pregnant—three of whom described initial happiness about the pregnancy. After further consideration, however, these women decided that abortion was the best decision. Cindy reflected on her initial reaction and her ultimate decision: “I was shocked but at the same time happy in a way.... But then I really thought things through and realized this wasn’t 100% good because I was the top 10% in my class... and I had plans to go to [college], and it would be hard to have a kid and go to college.”

All participants, even those who said they knew right away they did not want to parent, said they took time to research and consider all their pregnancy options; this time included consulting with others. Their descriptions of their decisions, as well as the answer they provided to the question “What advice would you give to a young woman in a similar situation?” demonstrate that they understood

the permanent nature of the decision: “A baby isn’t really something that after you get tired of it you can just toss it away.” And they frequently encouraged a hypothetical young woman to “look at all your options” and “make sure it’s the correct decision...because it is permanent, there’s no ‘Oh my goodness, what did I just do, can I get it back?’”

•**A multifaceted decision.** All of the participants, except Ana—who ultimately decided to parent—eventually decided that abortion was the right decision for them. They considered the decision in the context of both their current and future families. Sixteen participants said they chose abortion because they were too young and because parenting at this time would interfere with their educational and career goals, and result in a less desirable life for a child. Jessica recalled thinking, “I cannot have a child, I’m 17, I have my whole future ahead of me. I planned to go to the university of my dreams.” Similarly, Jill recalled, “I wanted to keep pursuing college and keep being in school and so [parenting] was going to get in the way.”

Many participants said they wanted to be mothers only when they could provide for a child. For example, Maya recalled, “I thought about me and the goals that I have and how [parenting] would affect them. I thought about how I would not be financially stable and I wouldn’t be able to legitimately care for someone else.” And Jacqueline said, “I know I wouldn’t have given my baby everything I wish I could. I wanted to be stable. I wanted to be emotionally, physically, mentally, in every sense stable, or at least close to being there to even think about having a kid.”

Some young women reflected on their own traumatic or unhealthy family circumstances and realized they did not want to raise a child in similar circumstances. Adriana, who moved out of her parents’ home prior to the pregnancy after experiencing emotional and substance abuse by family members in the house, said, “I didn’t want to bring a child into a situation like that if I’m already in—I don’t want to say suffering—but I don’t want another person to be suffering as much as I am.”

Other participants worried that they would have to raise the child on their own because they would not have material or emotional support from the male involved or from their parents. Jill reported, “The reason I chose to have [the abortion] was because I didn’t have the money to take care of [a baby] and I didn’t have the support of anyone. I was by myself.” The male involved in Rebecca’s pregnancy refused to support her or the child if she continued the pregnancy. She was already raising a daughter on her own and “didn’t want to do everything on my own again.... No one else is going to be there to take care of your kids. They’re going to say that they will, but they’re really not.” In other words, many participants were aware of the emotional and material support needed to parent, and a few participants made their abortion decision in part because they didn’t think they would have enough support.

•**Non-disclosure to parents.** Our sample included only young women who had sought judicial bypass, so it is not surprising that anticipated parental reactions to their

pregnancies contributed to their abortion decisions. Participants described protecting their well-beings, and those of their loved ones—as well as their parental relationships—by not disclosing their pregnancy or abortion decision. Some anticipated that they would be kicked out of their homes, shamed, or emotionally or physically abused. Aliyah explained that although she “would struggle” to parent, fearing her mother’s reaction to her having a baby was a major reason she chose to have an abortion: “My biggest problem isn’t that...I would struggle [to parent].... That’s not the actual reason. Mine was having [the baby]. That initial shock would have been too much. My mom really might have killed someone.” Moreover, seven participants explained that their biggest worry after making the abortion decision was that their parents would find out about it.

Finally, while participants ultimately decided that abortion was the best decision for them, they also considered the possible negative consequences, many of which were based on myths arising from either anticipated or enacted stigma. Twelve explained that one of their biggest worries was suffering physical or emotional harm from the abortion, including depression or death. Stephanie worried “that something was going to go wrong or that I wasn’t going to be able to have children again.” Amy, whose mother refused to consent to the abortion, recalled, “I was really worried that it would affect my life really negatively because that’s how my mother told me it would make me feel. So I was worried that it was gonna, you know, make me depressed.”

### Privacy and Involvement of Others

Many young women kept their abortion decision private, often to avoid experiencing anticipated stigma and shame from others. Sandra said, “I just wanted to keep it really low so I would only talk to two people about it.” Jacqueline did not involve many others because “people would probably judge me.” Despite these fears, all participants involved at least one other person in their decision, sought supportive individuals and valued having someone to listen, review their options and reasons, and accept their decision. Participants also desired material support such as transportation for the judicial bypass, which is an added logistical and emotional barrier to abortion. Jill’s advice represents what most participants wanted to say to others: “Don’t go through [the bypass and abortion] alone. Make sure you have a friend helping you.” This illustrates how participants had to balance their need to avoid shame by keeping their pregnancy private with their need to obtain support from others.

•**Males’ involvement.** All participants (except for one who was trying to leave an emotionally abusive relationship) discussed the pregnancy with the male involved. Although the male’s feelings about the pregnancy sometimes changed throughout the decision-making process, we identified three main types of involvement: those who did not agree with the decision; those who left it up to the woman; and those who made the decision with her.

Five participants reported that the male did not agree with the decision at some point during the process. Three of them described the male pressuring them: One wanted the woman to terminate the pregnancy, and the other two wanted the woman to have the baby. The male involved in Rebecca’s pregnancy, the only male described as encouraging a young woman to have an abortion, said, “If you don’t get [an abortion], you’re going to be doing everything on your own.” Ana, who chose to parent after obtaining the judicial bypass, recalled that her boyfriend shamed her and worked to convince her to continue the pregnancy: “Whenever I told my boyfriend about [my abortion decision] he would be like, ‘You’re going to kill our kid’ and things like that.” For his part, Jacqueline’s boyfriend was excited about the pregnancy, told his parents right away and wanted to tell hers: “I was really, really scared of my parents and he didn’t understand that.” She chose to tell him and his parents that she miscarried.

When the male involved voiced his disagreement with the young woman having an abortion at any point during the decision-making process, the participants expressed sadness and disappointment. However, two of the five males who disagreed provided emotional support by accepting her decision, even if they did not necessarily agree with it. Jen recalled, “I just told him I don’t think I want to have it, and at first he agreed, and then in the middle he said he didn’t want me to do it anymore, but he said, ‘It’s your choice so whatever, I’ll support you whatever you want to do.’” When the interviewer asked how that made her feel, she replied, “I was kind of sad, but hopefully he’ll get over it, and at least he’s still supporting me in my decision and not leaving me overall.” He subsequently took her to the abortion appointments and split the payment. Bree’s boyfriend was happy about her pregnancy and continued to ask, “Are you sure you want to do this? Like you know, just think about keeping the baby.” However, she felt that he provided emotional support: “I was just really crying, ‘cause I just did not know how I was going to get the money [for the abortion]. He was just by my side the whole time, he was really supportive.”

•**Decisional freedom.** Five young women recalled that the male “said it was up to me” and did not say they were opposed to the abortion. This gave some participants a sense of control, but it did not guarantee full support. Stephanie’s boyfriend “was supportive, he said it was up to me, what I wanted to do.... It made me feel better that I have someone on my side and it didn’t matter if I wanted [the pregnancy] or not.” He also provided emotional support and companionship: “He was there when I was upset, he would comfort me and he would get me food.” Similarly, Sandra’s boyfriend let her make the decision and “supported me 100% in everything I did.” He told her, “Whatever you do—if you do do it, if you don’t do it—I’m always gonna be there.” However, because he “saw a lot of movies,” and therefore had come into contact with a lot of abortion myths, he also told Sandra, “I just don’t want you later on to have—I don’t want you to become a

little bit crazy... just get depressed, get sick [from the abortion]." Sandra had to address abortion stigma by reassuring her boyfriend she would not become depressed after the abortion. Aliyah's boyfriend also put the decision in her hands: "So yeah, what do you want to do?" She recalled that this response made her feel "more in control" because if he had taken a side, she "would have felt trapped." Like Stephanie and Sandra, Aliyah perceived this as emotional support because he accepted her decision. But unlike these other women's boyfriends, after agreeing to provide transportation and bring half the abortion payment, Aliyah's boyfriend didn't follow through on his promises.

While many of the young women perceived decisional freedom as support, Cindy viewed it differently: "He knew [getting an abortion] was the right thing, and told me that—[but] he put it all on me like 'You're my girlfriend, it's your choice, I don't want to force you to do anything you don't want to do.' He gave me that freedom to do that but of course, you're a part of it, too." At the same time, Cindy perceived his reaction in part as an excuse to avoid responsibility for the decision. She later recalled that although he helped her "emotionally" while she sought judicial bypass: "He wasn't there when I went through the [abortion] procedure. That's how hard it was, and that's the part that hurt me the most.... I asked him why he couldn't come, and he said because it was his kid as well and it affected him a little bit more than me."

Echoing this sentiment, Brittany thought her boyfriend "had hoped of [becoming] a father, because he never really had a father growing up,... and he never told me [what decision to make] because at the end of the day it's [my] body and he had to support me, whatever I chose." Although he provided material support by taking her to the abortion visit, he did not provide emotional support during the decision-making process: "I didn't know whether I should go for [an abortion] or not go for it and, at that time, I didn't have anyone to talk to about it." Although only Cindy articulated that her partner's stated position was partially an excuse to avoid responsibility, the males involved in Brittany and Aliyah's pregnancies provided limited or no support.

**•Joint decision making.** Nine of the young women said that they made the abortion decision together with the male involved. These participants perceived agreement and acceptance of the decision as emotional support. The males provided consistent informational, companionship and material support, and these women felt more supported than the women who reported having decisional freedom. Jessica and her boyfriend knew immediately that they "can't be parents." He provided informational and material support by figuring out how she could obtain an abortion without parental consent; he also provided transportation. And Jill and her boyfriend had the "same reaction, 'What do we do now?' I felt like I wasn't ready. And neither did he." Her boyfriend helped financially, and accompanied her to the judicial bypass and abortion appointments. Jasmin and Vanessa were not in relationships with the males involved

in their pregnancies, but the males "fully supported" their decisions and helped pay for their abortions.

Even among males who supported and accepted the abortion decision, companionship and informational and material support were not always freely given. For example, Maya recalled that she and her boyfriend discussed options, and "we both came to the agreement that [getting an abortion] was the best one." He provided informational support by researching how she could obtain an abortion even though she was younger than 18; he also found JDP. However, instead of offering material support, he simply told her how she could get the abortion, saying, "This is what you gotta do." Maya had to ask for material support: "I'm not about to do it [the bypass and abortion by myself]. If you want me to go through all this, you'll have to take me." He agreed, saying, "Okay, okay."

**•Friends, family and mentors.** Fourteen participants disclosed their pregnancies to at least one person other than the male involved, such as a grandmother, friend, teacher or mentor; three of these women only sought information from these individuals and did not involve them in the decision. Although participants carefully chose whom to involve, some people whom they anticipated would support them reacted instead with ambivalence or hostility. For example, Jacqueline's friend told her: "My religion doesn't go for it. I can't be there to hold your hand through it, but I understand why you want to do it, and I support you in it." Although Jacqueline said this response made her feel supported, this type of reaction may also reinforce that abortion is "morally wrong." Although Jill's teacher provided information on how to obtain an abortion (at Jill's request), she also said, "You didn't hear it from me," reinforcing secrecy. Less subtly, an adult mentor, who had had difficulty becoming pregnant herself, said "hurtful" things to Adriana: "You can always just give it away instead of killing a baby human."

Friends and mentors provided social support to some of the participants. In contrast to the males involved, friends and mentors who supported the decision provided consistent backing throughout the process; this demonstrates that participants were at least partially successful in choosing those they felt would support them. Some friends provided emotional support through validation. Jessica's friend said, "If I were you, I'd do the same thing [and choose abortion]." Others provided companionship and emotional support; for example, Sandra's friend rushed over immediately after she found out Sandra was pregnant. There were friends and mentors who provided informational support or helped make pro-and-con lists, and friends who provided material support, such as transportation and alibis for suspicious parents. Jill recalled: "[My friend] took me all the way to my appointments, my visits, my court dates." Although some participants received emotional or material support from others, fewer than half reported having a supportive friend or family member outside of the male involved during the judicial bypass and abortion; 12 participants had at least one individual actively shame them or refuse support, and



two reported they did not receive support from a partner, friend or family member. As reported elsewhere,<sup>6</sup> almost all participants recalled receiving emotional, informational or material support from Jane's Due Process staff and attorneys.

Finally, only one participant willingly disclosed her pregnancy to a parent. Amy's mother refused to consent, telling her "that having an abortion wasn't really an option if I wanted to still have a relationship with her." Two other participants' fears were realized when their parents found out about the abortion decision while the individuals were going through the judicial bypass process. After Jessica's boyfriend's parents learned of her pregnancy and informed her parents, she suffered emotional abuse: "[My father] told me I had spread my legs and I had 'effed up my life. That's what I didn't want. I didn't want all those things said to me, and it hurt me, it hurt me really bad because I felt like I was a piece of trash, for I guess being a teenager and being in love with someone."

Subsequently, Jessica had to leave her house, but her boyfriend's parents did not support their decision to get an abortion either. His parents refused to let them borrow a car to prevent them from going to the abortion appointment. Laura was far enough along in her pregnancy that her mother figured out she was pregnant. The mother's reaction to Laura's pregnancy and abortion decision "was really bad, to the point where I had to stay two nights at [a] friend's house." Laura's judicial bypass was unjustly denied;\* although her mother eventually consented to the abortion, she shamed her even months after the procedure, and their relationship suffered long-term damage.

## DISCUSSION

This study adds to the small body of research exploring adolescents' reasons for deciding to get an abortion—and whom adolescents involve in their decision-making process when they choose not to obtain parental consent. Moreover, it makes an important contribution to abortion stigma theory, which has rarely been applied to adolescent experiences. We found that anticipated stigma motivated participants' decisions to keep their pregnancy and abortion private. Participants experienced enacted stigma and were shamed, and sometimes emotionally abused by others, as a result of their abortion decisions; this suggests that adolescents' fears of disclosing their pregnancies and abortion decisions were justified. We also found evidence that young men offering their partners the "freedom" to make pregnancy decisions may be experienced by young women as avoiding responsibility to take part in the decision-making process or to provide emotional or material support for the judicial bypass or the abortion.

Although our study was conducted in a politically and socially conservative state and in an era of increasingly

restrictive abortion policies in the United States,<sup>35</sup> our findings corroborate those of Ehrlich,<sup>25</sup> who found that adolescents seeking judicial bypass in Massachusetts in the 1990s involved at least one other person and reported reasons for choosing an abortion that were similar to the reasons we found.<sup>7,24</sup> These reasons are also similar to those expressed by women younger than 20 from a national study conducted in the early 2000s.<sup>36</sup> Although adult women also chose to have an abortion because they were not ready or could not afford a child (or another one), they were less likely than adolescents to choose an abortion because a child would interfere with their education or career plans.<sup>36</sup> Indeed, unlike adult women, adolescents are almost always economically dependent upon their parents. In our study, participants had more to lose if the male involved in the pregnancy or anyone else did not agree with the abortion decision—they could threaten to disclose the pregnancy and abortion decision to their parents in an effort to prevent it from taking place.

Our work suggests that adolescents want to keep their abortion decision making private; this desire demonstrates that, like adults,<sup>9,15,17</sup> adolescents experience anticipated stigma as they decide whom to involve in their pregnancy decision. This is concerning, because secrecy resulting from anticipated abortion stigma may be associated with "thought suppression" and intrusive thoughts, both of which have been associated with emotional distress following an abortion.<sup>37</sup>

Our findings add nuance to evidence in the literature suggesting that most parents, partners or others to whom a pregnant woman willingly discloses her abortion decision react positively to it.<sup>2,3,14</sup> More than half of our participants experienced negative reactions, even from those who accepted their decision. These reactions included disagreement, shaming or emotionally abusing the young woman. Perhaps the experiences of adolescents with abortion stigma differ from those of adult women because they are also stigmatized for having nonmarital sex and getting pregnant, or because young people who choose judicial bypass, many of whom have experienced adverse childhood events,<sup>6</sup> may receive more negative reactions than their peers who willingly involve a parent in their abortion decisions.

As a result of the widespread shame, humiliation and disapproval that participants experienced at some point during the abortion decision and judicial bypass,<sup>6</sup> we could not untangle how support from others was associated with adolescents' emotional well-being throughout the process and following the abortion. However, prior research has suggested that lower social support<sup>15,17,22</sup> and higher community stigma<sup>22</sup> are associated with negative postabortion feelings among adult women. An increased risk of depression has been found among LGBTQ adolescents who are rejected by their family,<sup>27</sup> and we hypothesize that abortion stigma and rejection by loved ones may be more profoundly damaging to adolescents than adults because of the former group's reliance on family as their main source of social support.<sup>27</sup> Indeed, our participants described having felt

---

\*The judge required that Laura bring a sonogram to her hearing and assessed the gestational age of her pregnancy to be past the legal limit in Texas—even though this was contrary to the assessment made by Laura's doctor. In addition, the judge denied the bypass on the grounds of her gestational age, although gestational age is not a basis for denial in statute or rule.

upset when they were shamed by loved ones. The transient nature of seeking abortion care may mean that such consequences are less damaging than in the case of continuous stigmatization associated with gender and sexual identities. Nevertheless, any consequences of anticipated and enacted stigma from loved ones are likely compounded by previously reported humiliation and trauma experienced during the judicial bypass process itself,<sup>6</sup> despite support provided by Jane's Due Process attorneys and staff.

Similar to participants in other studies,<sup>4,5,7,23,24</sup> the majority of young women had discussed their abortion decision with the male involved in the pregnancy. Building on Kimport and colleagues<sup>15</sup> study of adult women, we found that participants desired both autonomy and social support in the decision-making process. Specifically, some experienced their partners' providing "freedom" to make the decision as a way to avoid participating in the judicial bypass and abortion process—either because the males did not want to participate or because they did not want the young woman to end the pregnancy but chose not to verbalize that. Indeed, males who made the decision together with their female partners provided more consistent emotional and material support. This provides further evidence of how gendered inequality in reproduction is reinforced, including the responsibilities to prevent and deal with a pregnancy.<sup>13,15</sup> Similarly, even when the male agreed with the abortion decision, some participants had to ask for his support. Such requested support may be less effective at buffering stressful situations than support that is freely given.<sup>16</sup> This also suggests that support from JDP attorneys and staff, which the young women must request, may be of limited value in reducing stress.

In addition, our study adds to prior research that refutes the misconception that adolescents are unable to make the decision to terminate a pregnancy on their own;<sup>2,7,23</sup> our participants carefully thought through and grappled with their decisions, including researching options and involving at least one other person in the process. We also corroborate prior studies that found adolescents' predictions of adult support or rejection to be accurate.<sup>2,4</sup> This suggests that requiring adolescents to involve a parent they know will reject, abandon or abuse them is more likely to harm them rather than protect them from the alleged consequences of abortion.

### Limitations

A few limitations are worth noting. Our single-state study has limited generalizability and may not be applicable elsewhere, especially in states with different parental involvement laws. Also, the interviews took place a median of eight months after the judicial bypass process had occurred and so are subject to recall bias; in addition, social desirability bias may have influenced participants' responses. However, the study adds detail and nuance to the limited research on decision making and social support among adolescents who choose judicial bypass of parental consent to obtain abortion care.<sup>2,4,24,25</sup>

### Conclusions

This study broadens the scope of abortion stigma theory to include adolescents and provides evidence that youth anticipate and experience enacted abortion stigma. It corroborates prior research by showing that, in general, adolescents think through their abortion decision, involve others and correctly anticipate the reactions of their parents. Our data suggest that state policies mandating parental involvement may not benefit adolescent decision making, and may in fact expose adolescents to emotional or physical abuse from parents. Longitudinal research is needed on adolescents' emotional health and well-being following the judicial bypass process and abortion to better understand the role of social stigma—including rejection by loved ones—in the bypass process and the abortion. Health care professionals, including mental health professionals, and school counselors can assist adolescents who are considering an abortion by providing nonjudgmental, evidence-based information and supporting increased access to care.

### REFERENCES

1. Guttmacher Institute, Parental involvement in minors' abortions, *State Policies in Brief (as of December 1, 2019)*, 2019, <https://www.guttmacher.org/state-policy/explore/parental-involvement-minors-abortions>.
2. Henshaw SK and Kost K, Parental involvement in minors' abortion decisions, *Family Planning Perspectives*, 1992, 24(5):196–207 & 213, <https://doi.org/10.2307/2135870>.
3. Ralph L et al., The role of parents and partners in minors' decisions to have an abortion and anticipated coping after abortion, *Journal of Adolescent Health*, 2014, 54(4):428–434, <https://doi.org/10.1016/j.jadohealth.2013.09.021>.
4. Resnick MD et al., Patterns of consultation among adolescent minors obtaining an abortion, *American Journal of Orthopsychiatry*, 1994, 64(2):310–316, <https://doi.org/10.1037/h0079523>.
5. Hasselbacher LA et al., Factors influencing parental involvement among minors seeking an abortion: a qualitative study, *American Journal of Public Health*, 2014, 104(11):2207–2211, <https://doi.org/10.2105/AJPH.2014.302116>.
6. Coleman-Minahan K et al., Young women's experiences obtaining judicial bypass for abortion in Texas, *Journal of Adolescent Health*, 2019, 64(1):20–25, <https://doi.org/10.1016/j.jadohealth.2018.07.017>.
7. Ehrlich JS, Choosing abortion: teens who make the decision without parental involvement, *Gender Issues*, 2003, 21(2):3–39, <https://doi.org/10.1007/s12147-003-0014-z>.
8. Goffman E, *Stigma: Notes on the Management of Spoiled Identity*, New York: Touchstone, 1986.
9. Cockrill K and Nack A, "I'm not that type of person": managing the stigma of having an abortion, *Deviant Behavior*, 2013, 34(12):973–990, <https://doi.org/10.1080/01639625.2013.800423>.
10. Kumar A, Hessini L and Mitchell EMH, Conceptualising abortion stigma, *Culture, Health & Sexuality*, 2009, 11(6):625–639, <https://doi.org/10.1080/13691050902842741>.
11. Norris A et al., Abortion stigma: a reconceptualization of constituents, causes, and consequences, *Women's Health Issues*, 2011, 21(3, Suppl.):S49–S54, <https://doi.org/10.1016/j.whi.2011.02.010>.
12. Herek GM, Sexual stigma and sexual prejudice in the United States: a conceptual framework, in: Hope DA, ed., *Contemporary Perspectives on Lesbian, Gay and Bisexual Identities*, New York: Springer, 2009, pp. 65–111, <http://link.springer.com/10.1007/978-0-387-09556-1>.

13. Luker K, *Abortion and the Politics of Motherhood*, Berkeley: University of California Press, 1985.
14. Cowan SK, Enacted abortion stigma in the United States, *Social Science & Medicine*, 2017, 177:259–268, <https://doi.org/10.1016/j.socscimed.2017.01.011>.
15. Kimport K, Foster K and Weitz TA, Social sources of women's emotional difficulty after abortion: lessons from women's abortion narratives, *Perspectives on Sexual and Reproductive Health*, 2011, 43(2):103–109, <https://doi.org/10.1363/4310311>.
16. Cohen S and Wills TA, Stress, social support, and the buffering hypothesis, *Psychological Bulletin*, 1985, 98(2):310–357, <https://doi.org/10.1037/0033-2909.98.2.310>.
17. Major B et al., Perceived social support, self-efficacy, and adjustment to abortion, *Journal of Personality and Social Psychology*, 1990, 59(3):452–463, <https://doi.org/10.1037/0022-3514.59.3.452>.
18. National Academies of Sciences, The safety and quality of abortion care in the United States, Washington, DC: National Academies Press, 2018, <http://www.nationalacademies.org/hmd/Reports/2018/the-safety-and-quality-of-abortion-care-in-the-united-states.aspx>.
19. Guttmacher Institute, An overview of abortion laws, *State Policies in Brief (as of December 1, 2019)*, 2019, <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>.
20. Jerman J et al., Barriers to abortion care and their consequences for patients traveling for services: qualitative findings from two states, *Perspectives on Sexual and Reproductive Health*, 2017, 49(2):95–102, <https://doi.org/10.1363/psrh.12024>.
21. Foster DG et al., Attitudes and decision making among women seeking abortions at one U.S. clinic, *Perspectives on Sexual and Reproductive Health*, 2012, 44(2):117–124, <https://doi.org/10.1363/4411712>.
22. Rocca CH et al., Decision rightness and emotional responses to abortion in the United States: a longitudinal study, *PLOS ONE*, 2015, 10(7):e0128832, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128832>.
23. Zabin LS et al., To whom do inner-city minors talk about their pregnancies? Adolescents' communication with parents and parent surrogates, *Family Planning Perspectives*, 1992, 24(4):148–154 & 173, <https://doi.org/10.2307/2136017>.
24. Ehrlich JS, Grounded in the reality of their lives: listening to teens who make the abortion decision without involving their parents, *Berkeley Women's Law Journal*, 2003, 18:61–180.
25. Ehrlich JS, *Who Decides? The Abortion Rights of Teens*, Westport, CT: Praeger, 2006.
26. McPherson KE et al., The association between family and community social capital and health risk behaviours in young people: an integrative review, *BMC Public Health*, 2013, 13(1):971, <https://doi.org/10.1186/1471-2458-13-971>.
27. Society for Adolescent Health and Medicine, Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine, *Journal of Adolescent Health*, 2013, 52(4):506–510, <https://doi.org/10.1016/j.jadohealth.2013.01.015>.
28. Almeida J et al., Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation, *Journal of Youth and Adolescence*, 2009, 38(7):1001–1014, <https://doi.org.ezproxy.lib.utexas.edu/10.1007/s10964-009-9397-9>.
29. Everett B, Sexual orientation identity change and depressive symptoms: a longitudinal analysis, *Journal of Health and Social Behavior*, 2015, 56(1):37–58, <https://doi.org/10.1177/0022146514568349>.
30. Everett BG, Onge JS and Mollborn S, Effects of minority status and perceived discrimination on mental health, *Population Research and Policy Review*, 2016, 35(4):445–469, <https://doi.org/10.1007/s11113-016-9391-3>.
31. Wiemann CM et al., Are pregnant adolescents stigmatized by pregnancy? *Journal of Adolescent Health*, 2005, 36(4):352.e1–352.e7, <https://doi.org/10.1016/j.jadohealth.2004.06.006>.
32. Hall KS et al., Bad girl and unmet family planning need among Sub-Saharan African adolescents: the role of sexual and reproductive health stigma, *Qualitative Research in Medicine & Healthcare*, 2018, 2(1):55–64, <https://doi.org/10.4081/qrmh.2018.7062>.
33. Strauss AL and Corbin J, *Basics of Qualitative Research*, Newbury Park, CA: Sage, 1990.
34. Ulin PR, *Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health*, Research Triangle Park, NC: Family Health International, 2002.
35. Guttmacher Institute, Trends in state abortion restrictions, 2017, 2018, <https://www.guttmacher.org/infographic/2018/trends-state-abortion-restrictions-2017>.
36. Finer LB et al., Reasons U.S. women have abortions: quantitative and qualitative perspectives, *Perspectives on Sexual and Reproductive Health*, 2005, 37(3):110–118, <https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>.
37. Major B and Gramzow RH, Abortion as stigma: cognitive and emotional implications of concealment, *Journal of Personality and Social Psychology*, 1999, 77(4):735–745, <https://doi.org/10.1037/0022-3514.77.4.735>.

### Acknowledgments

An anonymous foundation and the Texas Policy Evaluation Project at the University of Texas at Austin funded this study. We also acknowledge administrative support through grant P2C HD042849 from the Population Research Center, University of Texas at Austin, and grant P2C HD066613 from the University of Colorado Population Center; both centers are funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development. We thank Jane's Due Process, Amanda Bennett and Lina Palomares for administrative support and research assistance, Katrina Kimport for contributions to our theoretical framework and Liza Fuentes for comments on earlier versions.

**Author contact:** [kate.coleman-minahan@cuanschutz.edu](mailto:kate.coleman-minahan@cuanschutz.edu)