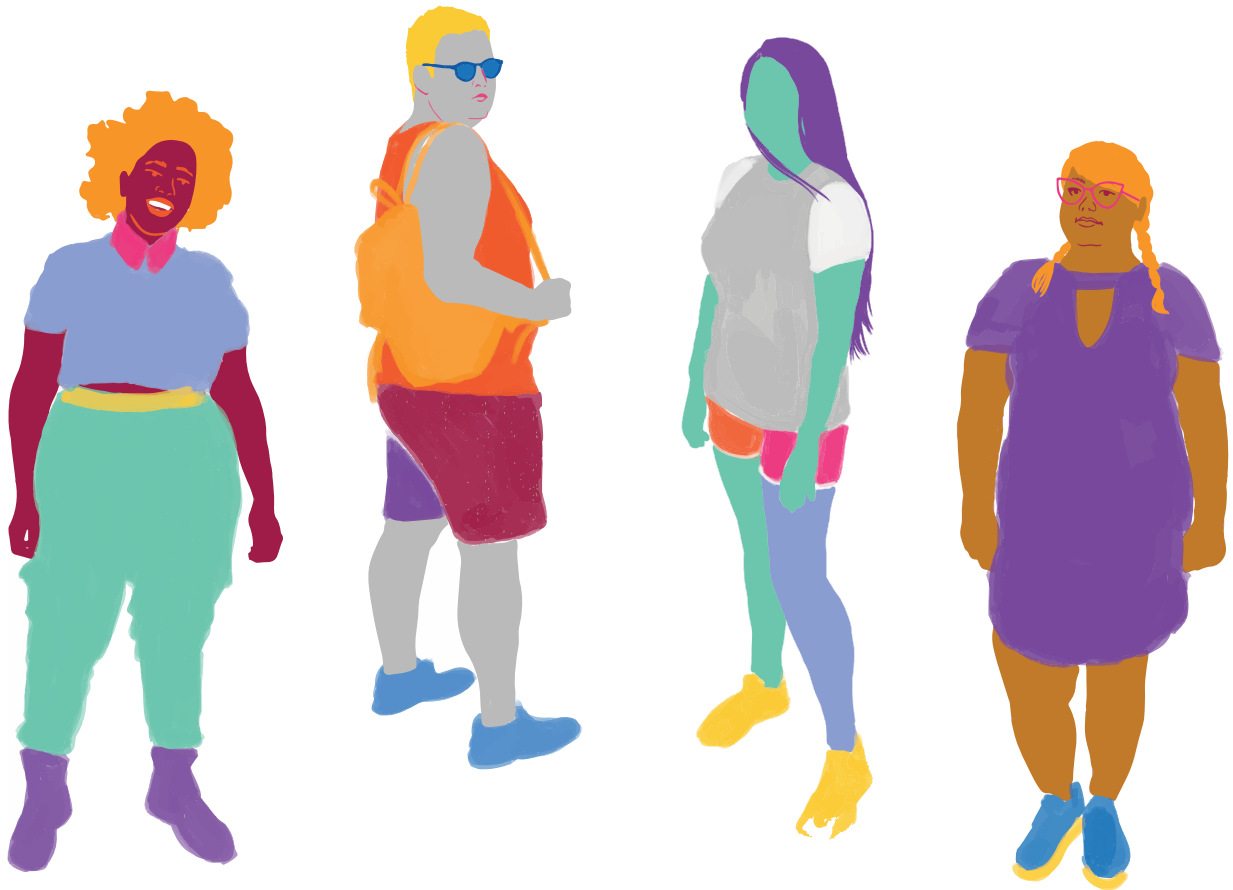


A Community-Informed Approach to Understanding **Youth's Perspectives** on **Abortion Access**



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VISIONS FOR A WORLD WITH COMPREHENSIVE ABORTION ACCESS

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Visions for a world with comprehensive abortion access

"The world would look like no prisons or jails, where birthing people can have access to their own reproductive health care and births, universal health care and access to midwives and doulas, free abortion and legal for all ages, and birth control that is free and located in pharmacies."

Anonymous, 22, Illinois

"My imagined world where everyone had safe and dignified access to reproductive healthcare would include age appropriate sex education beginning early on teaching children accurate names for their body parts and consent. As they grow up children-teens-adults would learn more comprehensive education that is inclusive, accurate, and evidence based. Reproductive health education would be available to any and everyone, healthcare including mental health and mindfulness."

-Anonymous, 25, California

"Clinics were in accessible areas with public transportation leading to them. They were financially accessible and non-stigmatized. Treatment was transparent and respectful to all those who entered the clinic."

-Anonymous, 18, Missouri

"It means that trans youth, LGBTQ+ youth, children of color, and everyone can grow in an environment where they feel safe, seen, and loved. Healthcare is free and available for the community, where doctors are kind and non-judgemental towards any procedure such as abortion. There are free mental health resources, community spaces and gardens, healthy food and clean water for everyone. It is a space for growth and people feel comfortable and respected every time they see a health care specialist. There is no stigma toward sex, abortion, STDs/STIs or HIV."

-Anonymous, 22, Texas

"A world outside of cis-white-straight-male ran governments."

-Anonymous, 26, California

"To allow people to take care of their bodies and live in their bodies safely is a healing and radical thing."

-Anonymous, 20, Arizona

Executive Summary

Context and Goals

In early 2020, Advocates for Youth, If/When/How: Lawyering for Reproductive Justice, and Unite for Reproductive & Gender Equity (URGE) came together to form the Youth Abortion Access Table (YAAT). YAAT seeks to “build a youth-led movement for youth abortion access that dismantles barriers to abortion access for young people under the age of 18 through policy work, culture shift, and movement-building, in conjunction with local, state, and national partners.”² In pursuit of this mission and to determine its own role within this space, YAAT launched a Community-Informed Agenda-Setting process in spring 2021 to understand how youth’s perspectives on abortion access can impact the direction of their shared work. They hired Rivera Consulting to facilitate and lead a planning and research process on the youth abortion access landscape with core staff from YAAT anchor organizations.

Their vision for this work is to build an intergenerational youth-led, national movement for youth abortion access that dismantles parental involvement and judicial bypass laws through policy work, culture shift, and movement-building, in conjunction with local, state, and national partners. This matters because YAAT seeks to ensure young people have abortion access, free from restriction and political intrusion, and foster a national, intergenerational youth abortion agenda that is youth-driven, led, and centered. The Steering Committee is where culture shift played out in real time, during a national public health and political crisis as well as experiencing the legal erosion of abortion rights and access. It brought together three staff members from YAAT with “community” being defined as intergenerational (18 to 30) from state partners that also work on youth abortion access, youth organizers, as well as folks with digital, base and movement building experience. To ensure that we centered youth, YAAT also established a minimum ratio of 60 percent youth, 40 percent adults.

Working collaboratively with Rivera Consulting, YAAT invited youth participants and staff from state abortion access partners—including Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), the Illinois Caucus for Adolescent Health (ICAH), and California Latinas for Reproductive Justice (CLRJ) to join the Steering Committee for a community-informed approach to understanding young people’s perspectives on abortion access. After a strategic pause in recognition of the burnout and exhaustion in the movement and overall in the Fall of 2021, the committee held an initial meeting in January 2022; at this meeting, the committee established youth with intersectional experiences with abortion access—including obstacles to access based on geography, identity-based oppression, and other obstacles—as the key constituency for the research. In February and March 2022, members of the Steering Committee, YAAT staff, and Rivera Consulting facilitators co-developed the research framework and outreach approach to collect data, as well as the [qualitative survey tool](#) used to answer their central research questions.

Central Research Questions and Community-Informed Approach

The YAAT Steering Committee developed a Vision Map for the research ([Appendix A](#)). Based on this framework, the committee held a research planning conversation in its February meeting and developed the following central research questions: “What assets and barriers promote and impede access to abortion for young people? What culture shift is necessary in youth abortion access?” This central research question guided planning for the survey tool, interviews, and analysis.

To answer this central research question, the Steering Committee and facilitators developed a multi-stage qualitative survey and interview approach. First, young

people involved in abortion access, sex education, and related justice movements would complete an online survey; then, a set of respondents who volunteered to do so would participate in 1:1 interviews to collaboratively analyze and respond to aspects of the findings of the initial survey and to expand on answers they had given. Members of YAAT staff and the Steering Committee recruited participants through personal and professional networks within the movement. One important factor for analyzing the information in this report is that given research ethics requirements for informed consent and community based research, all participants were at least 18 years old. The recruitment process co-planned by the Steering Committee and YAAT staff yielded 129 participants, of whom 95% were aged 25 or younger. The survey was in the field from March 16, 2022 to March 31, 2022—therefore, all responses predate the leak of the draft *Dobbs v. Jackson Women’s Health Organization* decision.³

Core Findings from Community-Informed Research

ROLE OF PERSONAL NETWORKS

Many participants reported learning about abortion through their community and personal networks—most had not learned about it through sex ed or other formal education. In qualitative survey responses, young people described their peer, family, and community networks as the primary source of both accurate information and disinformation about abortion in their lives. Accurate community-based education is a key asset for youth abortion access, and the spread of disinformation through communities is a key barrier.

KNOWLEDGE GAPS ON UNDER-18 ACCESS AND SELF-MANAGED ABORTION

Many responded to an open-ended question about access for people under 18 by stating that they did not know how under-18 access operated in their community or state. Similarly, only 52% somewhat or strongly agreed with the statement “I know about

self-managed abortion.” Given that most respondents said that they know where to find information about abortion access in general and given that most are involved in abortion access or peer education work, these two topic areas are notable knowledge gaps. It is particularly important to note that many respondents who did not know how people under 18 could access abortion had recently been under 18 themselves, and many were likely go-to peer resources in their communities given their peer education roles—while this research did not include people under 18, this finding implies that many people under 18 do not know how to access abortion in their states.

NOTIFICATION AND CONFIDENTIALITY

Many respondents emphasized confidentiality as a key asset to abortion access and breaches of confidentiality as a key barrier. Several respondents expressed particular concern about inadvertent parental notification for people who access abortion using a family insurance plan. A clear state-by-state guide to how and when family members could be notified when a person has an abortion—as well as about the possibility or impossibility of inadvertent notification through insurance coverage or unexplained charges—could help address this concern. Issues of insurance notification for people over 18 became more relevant in the last decade, as the Affordable Care Act brought millions of people between 18 and 25 onto family insurance plans.

HARMS OF ORGANIZED OPPOSITION TO ABORTION

Respondents described the harms that they had experienced from anti-abortion laws, anti-abortion protestors, and organized opposition in their religious communities. Even before the leaked draft *Dobbs v. Jackson Women’s Health Organization* decision, most respondents agreed that it had gotten harder for people in their communities to access abortion during their lifetimes. Some respondents also shared that they feel overwhelmed by how organized the opposition to abortion is—one person wrote that “at times it feels like

the conservative groups have so much more money to spend on restricting this access.” For many respondents, the opponents of abortion in their communities are far more vocal and visible than the supporters.

STRUCTURAL RACISM, HOMOPHOBIA, AND TRANSPHOBIA

Where barriers to access exist, they are substantially exacerbated by structural oppression on the basis of race, sexual orientation, and gender identity. These factors create barriers to safe clinic access, and they also make it more difficult for people to overcome barriers to access in their communities and states. Importantly, structural barriers are not based solely in the anti-abortion movement—respondents described these barriers in the pro-abortion movement and abortion services as well. This is particularly true of transphobia: trans men and nonbinary respondents described facing transphobia in seeking abortion and other reproductive care.

ABORTION AS HEALTHCARE

Many respondents expressed a desire to frame abortion as a healthcare issue, and several expressed frustration that it is discussed primarily as a political topic. Several cited specific examples of other healthcare procedures to illustrate how differently abortion is discussed—one respondent said in an interview that “nobody says tonsilectomy should be safe, legal, and rare,” while survey respondents said it should be as normal as a blood draw or repairing a broken bone. Some of these responses posited a healthcare framing as fundamentally distinct from a political one—one respondent shared the harm they felt when teachers used abortion as a political debate topic in high school civics classes, for example. In light of political attacks on the fundamental right to abortion, these responses highlight the need for careful framing in discussing youth abortion access. For example, there is a subtle but important distinction between framing **access to abortion** as a political issue and framing **the act of getting an abortion** as an inherently political act, just

as access to healthcare in general is a political issue and people generally do not frame the act of accessing that care as a political statement.

ROLES FOR SUPPORTIVE ADULTS

Respondents wrote that supportive adults should offer both material support and empathetic non-judgmental support such as listening and sharing stories. Many respondents pointed to accurate information as a key need—for example, supportive adults can work with and provide resources to young people to produce guides to abortion access in their states. Several respondents stated that such clinic guides are key for distinguishing real clinics from fake ones. Importantly, many more respondents used the term “fake clinic” than used “crisis pregnancy center”. A few respondents even described crisis pregnancy centers as a resource while identifying fake clinics as a barrier, showing that they saw the two as distinct. Clear and accessible language is essential in communicating accurate information. Respondents also described the importance of direct material aid such as transportation and money, and some recommended that supportive adults contribute to abortion funds. Respondents also highlighted the impact that supportive adults can make by listening and providing empathetic and non-judgmental support when someone in their life is considering getting an abortion. Relatedly, many respondents described the culture of silence around abortion, and said that hearing abortion stories from supportive adults can help demonstrate that people who get abortions are not alone.

Who is YAAT?

The Youth Abortion Access Table is a collaboration between three abortion access organizations: Advocates for Youth, If/When/How: Lawyering for Reproductive Justice, and URGE. YAAT is developing a community-informed agenda for its work fighting for unencumbered access to confidential abortion care for young people in the next few years. This work aims to guide its execution of its mission to “build a youth-led movement for youth abortion access that dismantles barriers to abortion access for young people under the age of 18 through policy work, culture shift, and movement-building, in conjunction with local, state, and national partners.” After a discovery process with Rivera Consulting, the three organizations in YAAT partnered with youth advocates and staff at California Latinas for Reproductive Justice, Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), and the Illinois Caucus for Adolescent Health (ICAH), forming a Steering Committee to guide the research. We are deeply grateful to the following people and organizations who participated in our Steering Committee:

Gabriella Rodriguez
Advocates for Youth

Amelia Torres,
California Latinas for Reproductive Justice

Desiree Luckey,
URGE: Unite for Reproductive & Gender Equity

Alyssa Vera Ramos,
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HK Gray

Veronika Granado

Hannah Baity

California Latinas for Reproductive Justice

URGE: Unite for Reproductive & Gender Equity

If/When/How: Lawyering for Reproductive Justice

Advocates for Youth

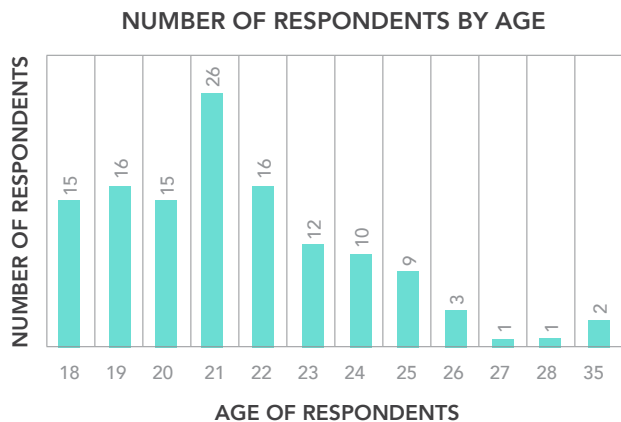
What is this research hoping to learn?

This research is hoping to learn what assets and barriers promote and impede access to abortion for young people. We also hope to learn how young people view (or don't view) the movement for reproductive justice (RJ), how the RJ movement can better show up for young people, and how culture around youth abortion access needs to shift.

Who participated?

Rivera Consulting, YAAT staff, and the Steering Committee identified national and state-level organizations with networks of young people engaged in advocacy or education for reproductive health and justice, as well as young people organizing for related causes. Organizations shared a qualitative and quantitative survey with young people in their networks, who were compensated \$25 for their participation. Participants were recruited based on network-mapping and network-based outreach by members of the YAAT Steering Committee, and primarily included young people who participate in reproductive justice movements through abortion access and peer education work.

All participants were at least 18 years old given community-based research ethics and informed consent standards, and 95% of respondents who listed an age or an age range were 25 years old or younger, aligning with the constituency priorities set by the Steering Committee. 129 participants from DC and 26 states in every region of the United States completed the survey.



How did our research change over the course of this project timeline?

Our research approach evolved based on the constituencies and learning goals identified by the Steering Committee and YAAT staff and principals. While YAAT initially planned this community-informed agenda research as a landscape assessment of existing work on youth abortion access, culture shift in the movement amid the pandemic and the erosion of abortion rights played out in real time on the Steering Committee, who concluded that learning from young people involved in the movement for abortion access and other justice movements was the best way to inform planning for youth abortion access work.

How was data analyzed?

Qualitative data was descriptively coded in Dedoose⁴ using a framework of assets to youth abortion access, barriers to access, and recommendations. This framework is based on a set of learning goals developed with YAAT staff in the planning process and then the Steering Committee, and also informed survey development. These goals included the committee’s desire to: “explore partnership with and learning from existing groups of young people within and beyond reproductive justice”; “identify obstacles and gaps for youth abortion access”; reach “actionable steps for the movement for youth abortion access”; and “produce clear and accessible conclusions that come back as a resource to people who participated” and avoid being extractive. The assets-barriers-recommendations framework reflected in the central research questions and coding approach is based on the Steering Committee’s desire to develop actionable insights into practices that promote access and to listen to young people’s hopes for how the movement for abortion access can support their work. Quantitative data was collected on a five-point Likert scale⁵ from “Strongly disagree” to “Strongly agree”, and is reported descriptively using stacked bar charts.



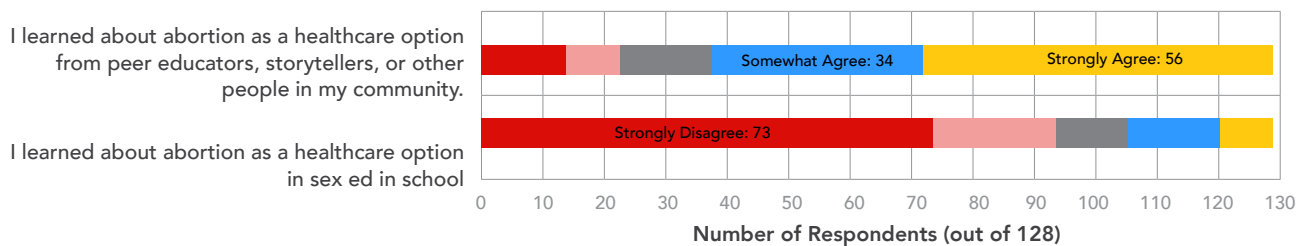
Endnotes

1. Responses to the question “What is the first word that comes to mind when you hear the word ‘abortion’?”
2. Based on vision expressed in the YAAT Logic Model, 7/15/21.
3. Weisman, Jonathan. “Draft Supreme Court Opinion Would Overturn Abortion Decision.” The New York Times, May 3, 2022, sec. U.S. <https://www.nytimes.com/live/2022/05/02/us/roe-v-wade-abortion-supreme-court>.
4. Dedoose is a software package for qualitative data analysis. Rivera Consulting researchers hand-coded 129 survey responses to identify key themes. After initial coding Rivera Consulting researchers read through responses to these descriptive codes and sorted the codes into the 12 topic areas discussed in this report, then re-read coded excerpts for each section to write a summary of findings for it.
5. Likert, Rensis (1932). “A Technique for the Measurement of Attitudes”. Archives of Psychology. 140: 1–55.

Core Findings of Community Based Research

Learning Through Community/Personal Networks

Respondents learned about abortion from personal and community networks, and generally not from sex education. 90 respondents (70%) had learned about abortion as a healthcare option from peer educators, story-tellers, or other community sources, while only 23 (18%) learned about it in school-based sex ed. Many respondents identified peer education and abortion story-telling as key assets for abortion access.



"I come from a community where we have expansive peer education programs and relatively comprehensive sex education, which promotes knowledge of and access to abortion."
-Anonymous, 18, Michigan

"I'd love to see more abortion-centered events in my community, particularly on college campuses in the area. Our HBCU students are a well of untapped potential when it comes to abortion access work."
-Anonymous, 22, Mississippi

- 35 respondents brought up **Peer Education** as an asset for abortion access or a recommendation for how to expand it. Respondents described positive experiences both as peer educators and as learners, and emphasized abortion teach-ins, practical education workshops for abortion access, and online education campaigns as important strategies for reducing stigma and increasing access.
- 50 respondents described **Abortion Storytelling** as an asset or recommended expanded spaces for sharing abortion experiences. Several specifically mentioned Shout Your Abortion's role in reducing stigma, and many others emphasized that they felt less alone when they heard the abortion stories of people they knew and respected. Several specifically recommended that adults who had abortions as young people share their experiences publicly with people in their communities.
- While respondents rely on peers for learning about abortion, this also makes **Misinformation From Peers** a key obstacle to abortion access. 55 respondents said they had received misinformation from their peers or others in their community, substantially more than the 34 who had received misinformation online. Community-based relational conversations are a major source of both accurate information and misinformation about abortion for young people.

"Abortion story-telling promotes access and destigmatizes our stories and experiences. Abortion funds also do so much work. They fund abortions, help people get access, and create care kits."

-Anonymous, 22, Illinois

"I have heard that abortions make future fertility more difficult, but I'm not sure where I heard that. It seemed to be a common myth among students in my high school, despite our really strong sex ed program."

-Anonymous, 25, New York

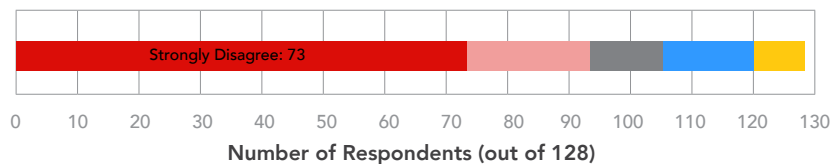
"In my university community, we have clubs and university offices that provide education around sexual health and provide a lot of resources around reproductive healthcare. I would love to see more abortion specific care resources provided by my university, but I do feel like I know where to look elsewhere"

-Anonymous, 20, Massachusetts

Abortion in Sex Education

The vast majority of survey respondents did not learn about abortion as a healthcare option in school. 93 respondents (73%) somewhat or strongly disagreed that their schools had taught abortion as a healthcare option. Access to accurate sex ed varies dramatically by state in the survey responses; a few respondents described comprehensive sex ed access in Democratic-leaning states, while many noted that comprehensive sex ed is banned by law.

I learned about abortion as a healthcare option in sex ed in school



"I learned about abortion in my sex education class when I was 13. I went to school in New York at the time."

-Anonymous, 21, Louisiana

"I had one day of sex education in all 14 years of public education in Florida. That day we learned "don't have sex until marriage and marry an unaffected partner because all forms of contraception are evil" with the implication being abortion is NOT an option."

-Anonymous, 21, Massachusetts

- **Medically Accurate Sex Ed** is a key asset where it exists, but only 12 respondents mentioned it in any open-ended responses, and only 23 somewhat or strongly agreed that their sex ed curriculum covered abortion.
- 16 respondents brought up the **Lack of Accurate Sex Ed** as a barrier to abortion access, and several mentioned that abstinence-only sex ed was mandated under state law. Additionally, some respondents mentioned that sex ed in their states actively discouraged abortion or spread misinformation about it.
- 32 respondents recommended expanding **Comprehensive Sex Ed** in schools, including discussion of abortion. Many of these respondents encouraged supportive adults to vote for politicians who would support comprehensive sex ed, and many others encouraged people to discuss abortion access with young people in their own lives.

"In Idaho, sex education is entirely based on abstinence, and conversations about abortion in school are explicitly prohibited by the state legislature."

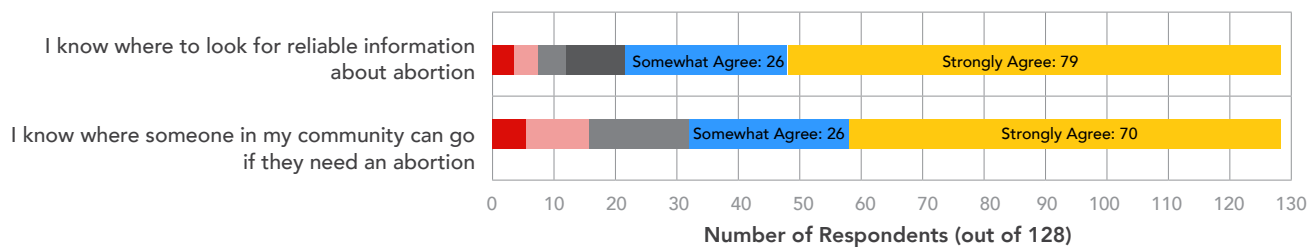
-Anonymous, 23, Idaho

"We don't learn about any reproductive health information in high school, it's actually forbidden."

-Anonymous, 18, Michigan

Most Respondents Know Where to Find Information

Most respondents know where to access an abortion or find information about access. Only 5 respondents somewhat or strongly disagreed with the statement "I know where to look for reliable information about abortion."



- **"Asset: Planned Parenthood"** was the single most common qualitative code. 68 individual respondents mentioned the organization by name in at least one open-ended response, and nearly all see it as a source of reliable information and abortion access.
- 41 respondents also mentioned **abortion access organizations in their local and state communities**. Multiple respondents mentioned the Carolina Abortion Fund, Jane's Due Process, Whole Women's Health, Women Have Options, and MOASH as substantial assets to abortion access.
- **Information/Knowledge** and **Online Resources** were each key themes in what promotes abortion access, with 45 and 33 respondents respectively. Respondents saw practical information on access as essential—for example, where is the nearest clinic and what funds will pay for it. They also emphasized that **True and Unbiased Information** about abortion is necessary to counteract misinformation campaigns, and 41 respondents recommended distributing information as an appropriate role for supportive adults.

"There are groups in my community that help provide real facts about the laws in Ohio surrounding abortion. We have some awesome nonprofits like Ohio for Choice, Women Have Options, and Ohio Women's Alliance. Some of these groups also help provide funding or other accommodations."

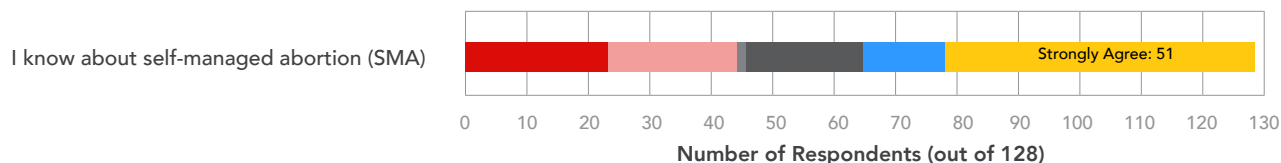
-Anonymous, 19, Ohio

"Reach out to your local abortion funds if you're feeling isolated or alone. There is a whole community that is there to support you and funds normally have things that you could participate in."

-Anonymous, 21, Texas

Knowledge Gaps on Under-18 Access and SMA

Despite widespread knowledge of abortion access and information, there were substantial knowledge gaps on two key issues: self-managed abortion and abortion access for people under 18. Only 52% of respondents somewhat or strongly agreed that they knew about self-managed abortion, and many answered an open-ended question about access for people under 18 with a variant of “I don’t know much.” Information campaigns focused around these two issues would be particularly valuable in expanding access. Many respondents expressed a strong desire to learn more about self-managed abortion.



“I know that people under 18 may not know a lot, if anything at all about abortion access depending on where they live, go to school, and religious affiliations.”

-Anonymous, 25, California

“Honestly, I know very little. I wish I knew more, but I only know information for adults.”

-Anonymous, 21, Ohio

“I did not know there was an age limit to abortions[...] I do not know much information about abortion access for people under 18 other than possibly needed parental permission.”

-Anonymous, 22, Maryland

“I’m not sure of the rules on parental consent or confidentiality.”

-Anonymous, 18, Michigan

- Even among respondents who were well versed in their state’s laws on adult abortion access, many identified the **Lack of Information on Under-18 Abortions** as an obstacle. This is a striking knowledge gap among young people only a few years over 18, and it is reasonable to infer the gap is comparable or worse among people under 18.
- Many respondents were not familiar with **Self-Managed Abortion (SMA)**, but others are helping to inform their networks about it. Learning sessions on self-managed abortion and legal guides for people who wish to spread information about it could each help bridge this knowledge gap, particularly if demand for SMA substantially increases after a decision on *Dobbs v. Jackson Women’s Health*.
- In addition to “push factors” pushing people away from clinics and toward self-managed abortion (including anti-abortion laws, protestors, and racism and transphobia at clinics or in other past experiences of health care), several respondents also emphasized potential **“pull factors”** that make SMA a better option than clinical care in some contexts. One such factor was confidentiality, as one respondent noted that it could be easier for a person under 18 to preserve confidentiality in their abortion care using SMA rather than a clinic. Another factor was the role of agency in avoiding trauma. One respondent described SMA as “on your terms” and noted that it could avoid some potentially traumatic aspects of clinic care.

"I do not know much about SMA but I would love to know more. I know some about the abortion pill which is partially self-managed in Ohio at the moment since the first pill needs to be given by a doctor in a clinic. I would like to know more about these options though."

-Anonymous, 19, Ohio

"I carry around stickers with plan C information and always hand them over whenever I have a chance."

-Anonymous, 22, Texas

"I would also let them know (in a very indirect way) about self-managed abortions."

-Anonymous, 21, Ohio

"Not much at all. I've heard of abortion pills you can get shipped to you, and home remedies. And I'm pretty sure 16 and over people can get care without an adult at planned parenthood. That's about it though."

-Anonymous, 20, California

"And then you have self manage abortions. I just learned about those myself. It's a great great option, it's a little bit cheaper, and like I said, it's self managed. On your terms and you're doing it. And I think it takes away some of the trauma that people might have when it comes to getting abortions, because for some people it's not always an easy like it's a really traumatizing thing. So I think self manage abortions are the future of abortions."

-Anonymous, 25, South Carolina

Parental Consent and Notification Laws

Among participants who were aware of the landscape of abortion access for people under 18 in their states, many flagged parental consent or notification laws as major obstacles to access.

"When my best friend became pregnant and was attempting to receive an abortion, she could not do so without parental consent because she was a minor, and this was a substantial barrier to her."

-Anonymous, 19, Michigan

- 37 participants mentioned **Parental Consent Laws** as obstacles to access. Many of these respondents cited judicial override programs as assets in overcoming these barriers.
- Several respondents also noted that even in states without parental consent laws, young people are often concerned that **Shared Health Insurance Plans** will notify their parents if they seek an abortion. Abortion funds are vital for protecting confidentiality, and it may also be valuable to produce and distribute FAQ documents about when medical records will and will not be shared.

"I had to go through a judicial bypass when I was 17 in Texas so I'm very aware of the laws and accessibility surrounding minors access to abortion. I didn't know anything until I had to go through this experience myself."

-Anonymous, 21, Texas

"The first thing I did was find somewhere that would take a minor without their parents finding out. I just called different providers."

-Anonymous, 25, California

"Finding out about the restrictions for children/teens to get an abortion made me enraged."

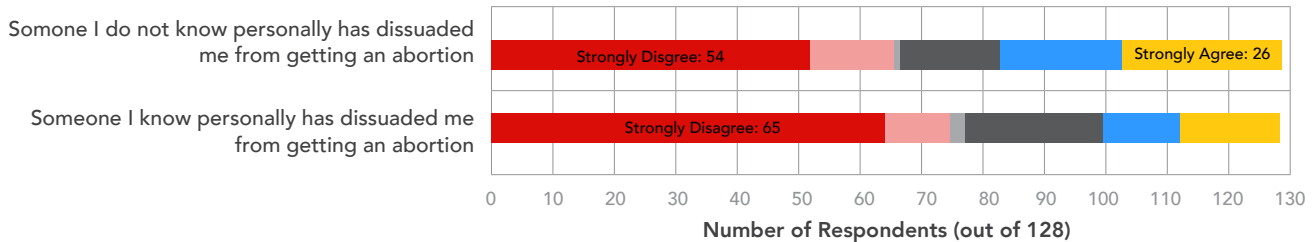
-Anonymous, 19, Michigan

"Judicial bypass is available for patients under 18 without parental consent in Texas. Jane's Due Processes does specific work around supporting minors seeking abortion."

-Anonymous, 25, Texas

The Harm of Organized Opposition to Abortion

Many barriers to abortion stem from **organized campaigns to deny the right to an abortion or intimidate people out of accessing abortion**—these include crisis pregnancy centers, protestors, misinformation in person and online, religiously driven campaigns against abortion, and anti-abortion laws. These opponents use scare tactics, including misinformation exaggerating the dangers of abortion and graphic anti-abortion visuals. Most people had not been personally dissuaded from accessing abortion, but those who had were substantially more likely to be dissuaded by people they did not know personally.



"I first learned about it when my parents used to force me to go to a Christian church. They used to try to "inform" us with misinformation and videos of the obvious anti abortion propaganda that was always spread. I remember one church the girls were invited to go to had a whole wall full of the posters, pictures, and diagrams that were not even medically correct."
-Anonymous, 24, California

"At times it still feels like the conservative groups have so much more money to spend on restricting this access."
Anonymous, 19, Ohio

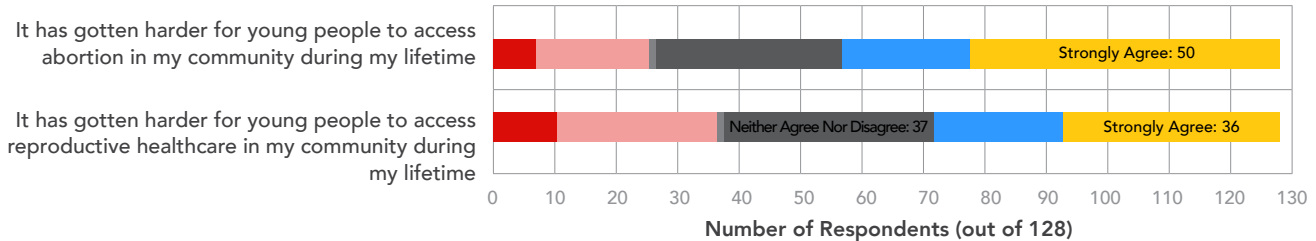
- **Religion** was one of the most commonly cited barriers to abortion access, with 58 respondents citing the influence of religious beliefs or religious institutions in at least one open-ended response.
- 30 respondents cited either **Clinic Protestors** or **Anti-Abortion Protestors** in general (especially on college campuses) as barriers to abortion access. Several recommended that supportive adults support **Clinic Escort** programs. Respondents noted that **Anti-Abortion Visuals** are particularly harmful as a protest tactic.
- One of the more insidious tactics respondents cited as an obstacle to abortion was **Crisis Pregnancy Centers**. Several respondents described CPCs in their area that masqueraded as clinics, including several that opened locations directly across the street from abortion providers. One respondent reported that the CPC in their area deployed fake clinic escorts using vests very similar to those used by Planned Parenthood escorts. Other respondents noted that CPCs in their area have successfully optimized their search engine results to be among the first hits when someone searches "abortion". Notably, several respondents were not familiar with the term "crisis pregnancy center", and referred to CPCs as "fake clinics" instead—it may be valuable for information campaigns around CPCs to use this more accessible terminology instead.

"There was a Catholic crisis pregnancy center in my area that encouraged women to keep the baby to all ends, even though they wouldn't be taking that child in themselves if the woman went through with the pregnancy."
-Anonymous, 19, Michigan

"Idaho operates multiple "pregnancy crisis centers" that offer free ultrasounds, pregnancy counseling, etc. but ultimately are funded by religious organizations whose whole goal is to talk you out of abortion. They require you to listen to the heartbeat, they print a picture of your ultrasound, and they guilt you into changing your mind. It is nearly impossible to know what resources are legitimate vs what are not because in Idaho there are so few legitimate resources"
-Anonymous, 23, Idaho

Growing Obstacles to Access

These campaigns and other anti-abortion efforts have undermined youth abortion access in much of the country. 70 respondents (55%) felt that it has gotten harder to access abortion in their lifetimes, and 56 (44%) said the same about reproductive healthcare in general.



"Personally, I do not have health insurance as a low-income individual, and also would not have the money to take off of work or pay for the abortion if I found myself in that circumstance."

-Anonymous, 19, Michigan

"I think the legislative issues are most important. Part of the reason there are so few abortion clinics in Louisiana are due to TRAP laws. LA is also a state that requires parental consent or judicial bypass for abortions for minors. Also, most insurance plans in Louisiana (including private insurance) can't legally cover abortion. I think that getting rid of these barriers would be the most impactful way to promote abortion access."

-Anonymous, 20, Louisiana

- 36 respondents cited **Distance** as a barrier. Many noted that abortion clinics were accessible only in major metropolitan areas of their states, and that few service providers offered services in rural areas. Though this survey was fielded before the leaked draft of the *Dobbs* decision, many respondents will likely experience a substantial increase in their distance to the nearest clinic, as many live in states with trigger laws.
- 39 respondents cited **Financial** barriers to abortion access. These barriers fell into three major categories: the out-of-pocket cost of the procedure itself, restrictions on insurance coverage of abortion, and the indirect costs associated with transportation and time off of work. Some respondents noted that these issues are exacerbated because abortion funds often rely on local communities for support, so communities with less money and less support for abortion have both higher financial need and less ability to meet it. Several responses connected these financial barriers to the high cost of healthcare as a whole and recommended an advocacy focus on healthcare costs.
- 8 responses cited **Appointment Wait Times** as a barrier to abortion access. Several of these respondents noted that wait times have gotten worse as local clinics have shut down, and that these wait times can delay abortion past the point where it is legal. Some respondents noted that it is particularly difficult to find appointments outside of 9-5 business hours, making it difficult to access care without time off from work.
- Importantly, each of these three barriers are exacerbated by **Anti-Abortion Laws**. Many states have curtailed abortion access with burdensome regulations on clinics which increase distance to the nearest clinic for many residents and increase wait time at clinics that remain open, and mandatory waiting periods exacerbate wait time. Laws precluding health insurance coverage of abortion, particularly for low-income people, create large financial burdens.

"We are in an abortion desert in my city. The last abortion care provider just shut down, so people have to travel over 100 miles to receive an abortion."

-Anonymous, 21, Ohio

"Milwaukee and Madison Wi both have at least 1 abortion clinic each. Both have lots of repro health centers & planned parenthoods. Northern Wi (top half or 2/3) don't have so much."

-Anonymous, 22, Wisconsin

"Clinics are only in metropolitan areas. I wouldn't be surprised by someone having to travel three hours one way to the closest clinic."

-Anonymous, 24, North Carolina

"If necessary, I would just go out of the state to get an abortion, since getting one in Texas must be hellish."

-Anonymous, 22, Texas

"There are only two clinics, and only one provide abortion services and with the amount of patients they intake, some people might be too far along by the time they can schedule an appointment."

-Anonymous, 25, South Carolina

Systemic Oppression

Each of the structural obstacles to abortion described above is exacerbated by systemic oppression. Structural racism, misogyny, and transphobia each create obstacles for abortion access and make it harder for people to surmount the barriers created by anti-abortion laws. Any campaigns to expand abortion access, fight back against restrictions, or provide material aid should be grounded in the reality that systemic oppression substantially impacts who can access abortion and how they can access it.

"I also face the barrier of existing as a transgender man. All reproductive health care seems to be centered on female individuals who present in a feminine manner. I fear judgment in arriving to a clinic or an OB/GYN as a masculine presenting individual."

-Anonymous, 18, Michigan

"People who aren't cis women may also be dissuaded from accessing abortion because so much of the messaging around abortion (and clinic language, decor, etc.) distinctly sends the message that abortion is for feminine people, especially women."

-Anonymous, 25, New York

"When I was in church I associated abortion with femininity. The church enforced the narrative that women are nurturing and defined by motherhood. I was told that having an abortion made you less of a woman."

-Anonymous, 24, Florida

- 16 respondents mentioned **misogyny, patriarchy, or transphobia** as obstacles to abortion access, and some emphasized that even pro-abortion groups often perpetuate transphobia by framing their services as for women. Several respondents emphasized the importance of LGBTQIA+-affirming sex ed and intentionality from pro-abortion organizations about access for trans people.
- 10 respondents described **systemic racism** as a barrier. Racial residential segregation can increase obstacles to clinic access for residents of color and particularly for Black residents. Others noted that non-citizen immigrants—and particularly undocumented people—are particularly vulnerable to anti-abortion laws because they cannot vote.

"Accessibility to vote is a huge obstacle in my opinion. Undocumented people are highly misrepresented and not given access to voting rights, and as they make up so much of our population I see our voting systems become more effective for people who have easier access to free clinics and resource centers."

-Anonymous, 21, California

Abortion as Healthcare

Several respondents identified the treatment of **abortion as a topic for political debate—rather than as essential healthcare—as an obstacle to access**. People who first learned about abortion as a contentious political issue described internalizing misinformation about it, and polarization around abortion can also make people in conservative communities see getting an abortion as a political statement that would contradict their values. Several respondents compared abortion to other common healthcare procedures. Relatedly, there is a distinction between framing **access to abortion as a political issue** and framing the **act of getting an abortion as an inherently political act**, just as access to healthcare in general is a political issue and people generally do not frame the act of accessing that care as a political statement.

"If we continue to work on proving it to be a health centered topic rather than a religious or political topic things could be so much better."

-Anonymous, 18, Michigan

"We don't judge people when they need surgery for a broken bone"

-Anonymous, 21, New York

"There would be no one outside of clinics harassing patients first and foremost. People wishing to access care could do so free from fear or stigma, and it would be seen as normal as getting blood drawn."

-Anonymous, 23, North Carolina

"I have always been pro-choice, but I moved to being pro-abortion. When I was pro-choice, I was still uncomfortable with the idea of an abortion and often advocated for prevention of pregnancy. While I still stand by making birth control and sexual education more accessible, I now believe that abortion is healthcare and should be just as much of an option as birth control."

-Anonymous, 20, Washington, DC

"I used to view abortion very impersonally and neutrally as a political issue. Now, I rely on it as I go about my life; it helps me be less fearful of sexual activity."

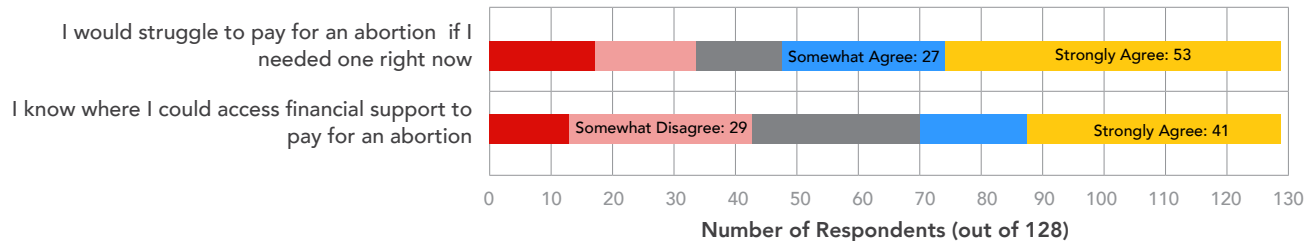
-Anonymous, 18, Michigan

"Abortion was frequently used as a debate topic in high school classrooms where teachers and students would spread misinformation."

-Anonymous, 21, Massachusetts

Supportive Adults Should Offer Material Support

People need **material support**, including both financial support and in-kind support like transportation. 63% of respondents would struggle to pay for an abortion if they needed one right now. Respondents were evenly split on whether they know where they could access financial support to pay for an abortion, showing that both increased support for abortion funds and additional information campaigns about them would be valuable.



*"I would like supportive adults to help gather information for youth. Having a pamphlet on how to access abortion in New Orleans (for folks both under and over 18) would be a game changer. Community education is important and I think supportive adults need to be outspoken."
-Anonymous, 20, Louisiana*

*"I would like adults to create a directory of safe, trustworthy people who can volunteer to drive young people to abortion clinics and help them through the process. I'd like them to advocate for us where our voices aren't taken seriously."
-Anonymous, 19, Massachusetts*

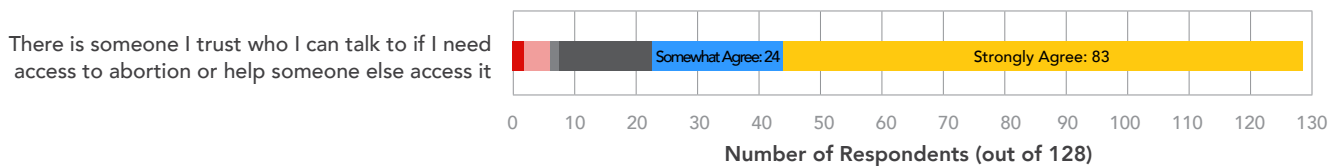
- 28 respondents recommended that supportive adults provide **Financial Support**. Many of these respondents particularly recommended funding for local and state abortion funds, particularly those run by young people.
- 21 respondents recommended that supportive adults provide **Transportation Support**. This support could include financial support to pay for transportation, and several respondents encouraged supportive adults to provide transportation to clinics or work to expand public transportation access at clinics.
- 43 respondents requested **True and Unbiased Information** about abortion. Several respondents expressed frustration that most information they receive about abortion is aiming to influence their decision, and many expressed a desire for information sessions, panels, and other resources from medical providers. Respondents noted that information-sharing is important not just for people accessing abortion, but also for reducing stigma about abortion.
- 12 respondents recommended that supporters provide **Information on Accessing Abortion** in the form of guides to clinic access or state legal guides. Several respondents emphasized that it is challenging to find legitimate clinics because crisis pregnancy centers masquerade as them, and noted that a directory of abortion resources in each state would be valuable. An example of one access guide for New England states is available [here](#). Regional or national interactive maps may be particularly helpful in a landscape where abortion is completely illegal in some states.
- Several respondents mentioned **Abortion Doulas** as an asset for abortion access, and some recommended funding for doula training programs or for hiring doulas. One respondent noted that doula training in their area became more challenging when a nearby hospital stopped providing abortions because doulas generally shadow procedures as part of their training, and this barrier will likely increase substantially if the final *Dobbs* decision results in widespread clinic closures.

"Material help: funding, rides to clinics, etc. Information is readily accessible online, but getting from "Point A to Point B" is harder, and stigma prevents people from seeking the resources they need to do that."
 -Anonymous, 18, Michigan

"I would like to see resource-sharing move beyond online spaces, and be something that people actually discuss in person. I would also like to see live reviews of resources, too often people refer the same resources that never get back to folks, that don't work in their state, or are no longer operating -- having an updated database, specific to your state/location, with quotes/short testimonies from people who actually used and benefited from that resource would be extremely helpful."
 -Anonymous, 23, Idaho

Supportive Adults Should Listen and Offer Non-Judgmental Support

People also want listening and non-judgmental support from supportive adults, and many identified a supportive personal network as a key asset in abortion access. 84% of respondents said that there was someone they could talk to if they needed to access abortion or help someone else access it, higher than the share that agreed with any other statement.



"Let us lead the conversations and decolonize our stories without telling us what to put in it to appeal to adults or politicians."
 -Anonymous, 22, Illinois

"I would like supportive adults to bring youth into the conversation and respect our voices. We should be able to help inform and create the policies that will affect our bodies and our lives."
 -Anonymous, 20, Washington, DC

"As I've gotten older I've only realized how much more common abortion is than what I previously believed."
 -Anonymous, 21, New York

- 46 respondents encouraged people to provide **Non-Judgmental Support** to people seeking abortion in their lives, and 23 people mentioned **Listening**. Many of these respondents encouraged people to listen first when someone tells them they are considering having an abortion, and to provide support without judgment regardless of what choice the person makes.
- 16 respondents encouraged people supporting people who are seeking abortion to **Emphasize That They Are Not Alone**. Respondents used this phrase to mean both that it is very common for people to get abortions and that people still have people who love and support them while they are considering abortion access. Abortion storytelling and sharing statistics are two mechanisms for showing that abortion is common.

- 11 respondents identified a **Culture of Silence** around abortion as a major obstacle, and some noted that even supporters of reproductive justice can perpetuate this culture by talking about every form of contraception and never mentioning abortion. Some respondents noted that anti-abortion laws in their states perpetuate this culture—people who are afraid of legal repercussions for helping someone access abortion may be reluctant to talk to them or provide emotional support as well. One respondent who serves as a peer educator in a program that receives federal funding also described their fear that their funding would be terminated if they educated young people about abortion, and others described similar chilling effects based on state laws.

"I think adults should be open and honest about abortion and other reproductive journeys with the youth. I think we try to "protect" youth from adult realities and that discredits their knowledge and ability to think for themselves."
-Anonymous, 25, California

"I'd definitely say the biggest barrier to abortion care is the silence, no one talks about it, no one informs the young, and it perpetuates a vicious cycle of oppression."
-Anonymous, 26, Texas

"Saying the word abortion. People are scared and try to avoid saying the word but its important when we want to reduce abortion stigma in general"
-Anonymous, 21, Louisiana

"Teach fellow adults!! Nothing like tea time and chit chatting about abortion access with your friends."
-Anonymous, 20, Texas

Strategic Considerations for the Road Ahead

In preparing this report, facilitators held follow-up interviews and collaborative co-analysis conversations with survey respondents, members of the Steering Committee, and YAAT staff and principals. Each group highlighted different aspects of the survey results in their analysis, but members of all three groups expressed their hope that national youth abortion access organizations can find a call within it to find new ways to work with, learn from, resource, and center young people in their work. Every group and every person brings different assets, resources, and skills to the fight for youth abortion access, and every group will likely find their own distinct alignments within the findings shared in the report as a result.

Each of the YAAT anchor organizations has some existing programming that is deeply responsive to the needs identified in this report. URGE's [SMashing Stigma](#) zine on self-managed abortion transmits clear, accessible, and factual information about a topic on which many young people in the abortion access movement lack knowledge. If/When/How: Lawyering for Reproductive Justice's [Repro Legal Helpline](#) and [Repro Legal Defense Fund](#) are providing direct material support to people facing increasing obstacles to access, including people who choose SMA. Advocates For Youth's [Youth Abortion Support Collective](#) is providing resources for young people to become abortion access experts in their communities, and many people who participated in the survey for this project are YASC members. By the same token, there is no one-size-fits-all solution that every group should pursue to respond to the hopes young people expressed in this report—instead, it is incumbent on each YAAT anchor organization to map their own assets onto the needs described herein and find niches to show up for young people and youth-led organizing.

Above all, one key lesson from this research is that restrictions on abortion access disproportionately harm people who are already marginalized in other ways (including trans and gender non-conforming people). Related structural oppression prevents people from accessing resources that would otherwise allow them to circumvent some state-level bans or restrictions. By the same token, many states curtail many basic rights of privacy and autonomy for people under 18. The fight for youth abortion access—and particularly abortion access for youth who face oppression on the basis of race and/or gender identity—is core to the fight for abortion access. Lastly, as both researchers and social justice playbook makers, it is also essential that these findings help inform how culture, geography, and faith impacts messaging, organizing, and advocacy for the overall reproductive justice movement as they reimagine a world where abortion access is universally accessible for all who need it.

Appendix A:

Emergent Vision Map for Research: January 2022

Emergent Vision Map For Research

VISION: What is the committee's vision for the research?

- Be guided by voices of young people
- Include young people with many different sets of experiences with seeking, not seeking, or helping others seek abortion
- Explore partnership with and learning from existing groups of young people within and beyond reproductive justice
- Identify obstacles and gaps for youth abortion access, both to remove obstacles and to educate on their history and on practical steps for circumventing them

WHY IT MATTERS: What culture shift do we want to see?

- Normalizing abortion as healthcare, including by teaching it as an option in sex ed curriculum
- Trusting young people to make their own decisions as a practice of full bodily autonomy
- Recognizing that culture shift is necessary to reduce stigma and promote autonomy.
- Dignified physical access to abortion is necessary but not sufficient on its own
- Communicating about abortion accessibly, without using jargon and with apps that young people actually use
- Countering fear-based messaging, including from crisis pregnancy centers

CORE VALUES: What are some of the guiding values that came up in meeting #1?

- Autonomy for young people: trusting people to make their own decisions and respecting and honoring those decisions
- Education: About the history of abortion and restrictions on it, obstacles to abortion, and how to tear down or avoid these obstacles
- Partnership: Fights for youth abortion access as no independent from fights for abolition, racial justice, or immigrant justice, and this movement can learn from young people within other movements
- Non-extractive learning: If we learn from a person or group, the work we produce should come back to them and be useful for them in their own life and work

GOALS AND OBJECTIVES: What does the committee hope to achieve and co-create by the end of this process?

- Explore partnership with and learning from existing groups of young people within and beyond reproductive justice
- Identify obstacles and gaps for youth abortion access, both to remove obstacles and to educate on their history and on practical steps for circumventing them
- Conclude with actionable steps for the movement for youth abortion access
- Produce clear and accessible conclusions that come back as a resource to people who participated – avoid being extractive!

Source: Perspectives share in YAAT Steering Committee, January 12th, 2022