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**ABORTION CLINIC ESCORTS:
EXPLORING THE ISSUES**

by

Joanna May

M. A. Teachers College, Columbia University, 2018

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Science Degree

School of Psychological and Behavioral Sciences
in the Graduate School

Southern Illinois University Carbondale

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Joanna May

A Research Paper Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Science
in the field of Counseling Psychology

Approved by:

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Graduate School
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CHAPTER 1

INTRODUCTION

Abortion clinic escorts are an important part of accessing safe, legal abortion care in the United States (Planned Parenthood North Central States, 2020). Abortion is a safe and common medical procedure experienced by approximately one-fourth of women (Jones & Jerman, 2017). However, people seeking abortions often encounter barriers to seeking those health services due to anti-abortion demonstrations outside clinics.

A note on language: whenever possible, I will use *pregnant people* or *people who are able to become pregnant*, which more accurately describes those who may need to access abortion care than women. This further serves to highlight the distinction between reproductive organs and gender identity. Until recently, researchers have almost exclusively used the term “woman” when referring to those seeking abortion care.

The mainstream pro-choice/pro-life dichotomy of abortion access fails to include reproductive considerations beyond the narrow experiences of rich, white women. This deficiency has resulted in a move towards a better, all-encompassing framework for abortion rights, something that feminists of color have been advocating for decades (Ross et al., 2017). The concept of reproductive justice was developed by Black feminists in the 1990’s and is described as, “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (SisterSong, 2019, para. 1). In the United States,

abortion rights have long been precarious (Guttmacher Institute, 2019a; hooks, 2000), in part because of the mainstream narrow scope for advocacy (Ross et al., 2017).

Abortion access is an intensely contentious and politicized issue. According to a 2019 Gallup poll, 78% of the people surveyed supported abortion in at least some circumstances, although most of these respondents indicated that they believe abortion should only be legal under certain circumstances (Saad, 2019). This suggests that there are assumptions about the “right” reasons to have an abortion, and how abortions should be accessed. Since 2011, at least 479 restrictions to abortion access have been enacted at the state level. These most recent restrictions represent more than one-third of the total number of restrictions that have been enacted since abortion became legal federally in 1973 and reflects increased attention by politicians on the issue of abortion (Nash, 2019). According to the Feminist Majority Foundation’s 2018 National Clinic Violence Survey, 62% of the clinics that participated reported daily or weekly anti-abortion activity. In response to anti-abortion harassment, many clinic directors work with volunteer clinic escorts to act as a buffer between those entering the clinic, including patients, companions and clinic staff, and the protesters/pickers (Planned Parenthood North Central States, 2020).

Anti-Abortion Violence and Harassment

Abortion was legalized federally in the 1973 Supreme Court Case of Roe vs. Wade. Since then, anti-abortion activists have targeted abortion-providing clinics, and individuals who work or volunteer in abortion access, with methods such as intimidation, arson, bombings, and murder (Cohen & Connon, 2015; FMF, 2018). In response to the growing problem of anti-abortion violence, the Freedom of Access to Clinic Entrances

(FACE) Act was signed in 1994. This federal law made it illegal to block the entrance to a reproductive health clinic, to threaten violence or to trespass, but allows graphic signs, protesting, and shouting outside of a reproductive health clinic. This Act also offers similar protection to places of worship. Following the passage of the FACE Act there was a drop in the number of serious threats of violence in the mid-1990's (FMF, 2018). To date, there have been 11 anti-abortion related murders in the United States (FMF, 2017; Russo et al., 2012). The Feminist Majority Foundation's 2018 survey found that 24% of respondents reported experiencing violence or serious threats of violence. In this study, "serious threats" were defined as death and/or bombing threats, blocking access to the clinic, stalking, physical violence, and/or invasion of the clinic.

Anti-abortion rhetoric frequently includes distorted, inflammatory language designed to make emotional appeals (Kimport et al., 2012). These emotional appeals contribute to the social acceptance of anti-abortion violence and harassment as the norm in the United States (Russo et al., 2012). It is possible that particularly extreme and egregious forms of violence, such as murder, has made other occurrences, such as stalking, picketing and harassment, appear less pressing or newsworthy (Cohen & Connon, 2015). In fact, the regularity of harassment can have a larger effect on providers than more extreme forms of violence, in part because law enforcement and others are more likely to respond to more extreme violence with empathy and/or support (Cohen & Connon, 2015).

Patients

Anti-abortion protesters have a negative effect on patients seeking abortion care (e.g., Altshuler et al., 2017; Kimport et al., 2012). Patient interactions with protesters

increase feelings of stigma (Cozzarelli et al., 2000; Kimport et al., 2012). Participants in one study found the anti-abortion protesters to be the most upsetting aspect of their abortion experience (Kimport et al., 2012). Patients who report having difficulty making the decision to get an abortion are more likely to become upset after an interaction with protesters (Cozzarelli et al., 2000; Foster et al., 2017). Researchers have suggested that the negative effects anti-abortion protesters have on patients are short-term and are no longer present at one week (Foster et al., 2017) and two years post-abortion (Cozzarelli et al., 2000). In one study, 83% of staff workers at abortion-providing facilities reported that they regularly comforted patients due to their interaction with anti-abortion protesters. This indicates that protesters have a significant and negative effect on a facility's daily operations (Foster et al., 2017). Abortion clinic escorts attempt to buffer these negative effects of protesters.

“Othering” of the Abortion Procedure

There are various forces that have contributed to stigma surrounding the abortion procedure and a shortage of abortion providers. Medical schools or teaching hospitals may withhold abortion care training because of state legislation, stigma against abortion, funding, and lack of qualified doctors who have the knowledge to provide this training (The American College of Obstetricians and Gynecologists, 2019). Forty states have restrictions mandating that abortions must be done by physicians, severely limiting provider availability (Guttmacher Institute, 2019b). The restriction of abortion provision to physicians is an anti-abortion measure, as other medical professionals such as nurse practitioners and doctor's assistants have the training to perform abortions, and, in one study, outcomes for first-trimester abortions, both medical and aspiration, were

comparable to those for physicians (Weitz, et al., 2013). This within field stigma contributes to the rhetoric of abortion as a dangerous procedure by providing legitimacy to the idea that restrictions are for the safety of pregnant people.

As a result of anti-abortion stigma both within and outside of the medical field, the violence directed at providers, and Targeted Regulations of Abortion Providers (TRAP) laws, 95% of abortions occur at abortion clinics or specialized sexual health clinics (Jones et al., 2019). The TRAP laws include specific regulations that are far more stringent than is necessary to provide safe, high-quality abortion care; this includes hospital admitting privileges, size of procedure rooms and corridors and physical proximity to hospitals (Guttmacher Institute, 2018). Such laws have restricted abortion procedures to primarily specialized clinics, allowing anti-abortion protesters to more easily target abortion providers (Cohen & Connon, 2015). Outside of abortion-providing clinics, abortion clinic escorts deal with the physical reality of clinics being easy targets.

Clinic Escorts as a Convergence Point

In response to these myriad issues, many clinics have volunteer clinic escorts (Planned Parenthood North Central States, 2020). Clinic escorts' main purpose is to accompany patients and companions into the clinic with as little harassment from anti-abortion protesters as possible (Planned Parenthood North Central States, 2020). The fact that escorts are necessary is emblematic of the severity of this harassment. Clinic escorts are often the first supportive presence outside of a clinic that patients witness. Clinic escorts exist because anti-abortion activists can target abortion-providing clinics. Clinic escorts are aware of the history of anti-abortion violence and harassment, and this affects their experiences on the sidewalk and beyond.

Abortion clinic escorts are important to abortion access, but they have been largely left out of the literature. The most prominent article specifically about clinic escorts was published in 1993 (Dilorio & Nusbaumer, 1993), before the passage of the FACE Act significantly altered anti-abortion activity at clinics (FMF, 2018). Although there are larger clinic escorting groups, mostly online, clinic escorting programs are often run independently, because different clinics have different needs (Arnold & Rinkunas, 2019). In the present study, the voices of abortion escorts from clinics in three states are centered through qualitative interviews.

CHAPTER 2

METHOD

Participants

Eighteen people participated in this study from three different clinics. One interview was discarded due to a poor audio recording. As a result, there are seven interviews from the first site, four interviews from the second site, and six (originally seven) interviews from the third site. All of the clinic escorts interviewed were white, 15 identified as female, two as male, and ages ranged from mid-20's to 71 years old, with most being in their mid-20's to 30's. Educational status ranged from high school diploma to graduate degree; 16 had completed at least an undergraduate degree. The participants had volunteered as clinic escorts an average of 18 months, with a range of four months to eight years. Frequency volunteering ranged from once per month to three times a week, with an average of twice a month. Participants were not compensated for their involvement in this study.

Materials

Due to the lack of research about abortion clinic escorts, this study was designed to be exploratory, focusing on gathering information on what a clinic escort does and how they may be impacted by anti-abortion attitudes. Questions were designed to capture a wide range of clinic escort experiences and were informed by my experiences as a clinic escorts. Questions were developed with input from my advisor. The questions were initially pilot tested on a peer/fellow clinic escort and adjusted to ensure capture of a wide range of clinic escort experiences. Some questions included are "Why did you get involved as a clinic escort?," "Walk me through what you do when you

volunteer as a clinic escort,” and “What is the most challenging/rewarding part of clinic escorting?”

Interviews were semi-structured, allowing participants to talk about their experiences more naturally. After consenting to be interviewed, participants read and signed a consent form agreeing to be audio recorded, and they were informed that all results would be de-identified to protect anonymity. Participants also completed a demographic questionnaire. At the start of each interview, informed consent was again verbally confirmed. Interviews ranged from five minutes to half an hour, with an average of fifteen minutes.

Procedure

Participant Recruitment and Data Collection

Participants were recruited from three sites through social media and word of mouth. The only requirement was that the participant currently volunteer as a clinic escort. I volunteered one to two times per month as a clinic escort at one of the sites used in this study. At this site, this study was announced on a private social media page and in-person, and those who were interested contacted me in-person or via email. Prior to visiting the two other sites, I obtained introductions to volunteers at those sites through volunteers at my site. These introductions were essential, as many clinic escorting programs value the privacy of their volunteers due to the prevalence of anti-abortion violence and harassment. After being introduced, I scheduled a time to volunteer at or observe the sites in-person, one time at each location. At these sites, an announcement was made prior to my coming, and I was able to recruit participants in-person.

Interviews were conducted between September 2017 and June 2018 and took place at a location of the participant's choosing in order to provide maximum comfort and openness during the interviews. The locations ranged from the privacy of a car to public areas, such as a café or park; one interview was conducted remotely via video chat.

Data Analysis

I coded the interviews using qualitative thematic analysis, as outlined by Braun and Clarke (2006). This approach provides clear guidelines to ensure rigor, while also allowing for the flexibility needed when evaluating qualitative data. Braun and Clark's (2006) steps for qualitative thematic analysis are familiarization with the data, identifying initial codes, searching for themes, reviewing these themes, naming and defining themes, and generating the final report. Following Braun and Clark's (2006) process, I first familiarized myself with the data. This included transcribing the audio recordings and deidentifying the interviews. In deidentifying, a nuanced understanding of the interviews was required when determining the information to be deidentified. Transcripts were edited for clarity and readability, which primarily consisted of removing "um"s and "uh"s, and all participants were given pseudonyms. I then read the individual interviews. After this, I compiled interview responses question by question, so that all the responses to each question could be read at once. While engaging in this process, I developed initial codes, which I then categorized into themes. After developing initial themes, I read the interviews in their entirety once more and adjusted the themes. I then finalized and defined the themes, and wrote the analysis.

I am the sole analyst of these data, and in generating themes, I drew from my

own experiences as a clinic escort. This is in line with feminist research, which values the positionality of the researcher (Franks, 2002). In addition to personally volunteering as a clinic escort, I consider abortion access to be a fundamental feminist issue. This research article is not intended to be read as “the” experience of clinic escorts, but rather to provide space for the voices of some clinic escorts, which have largely been ignored in psychological research, and to provide research that can be expanded upon.

CHAPTER 3

RESULTS AND DISCUSSION

In the interviews conducted, participants described their role as a clinic escort to be a buffer against anti-abortion harassment (Theme 1). They also discussed the myriad ways in which harassment takes place at abortion and sexual health clinics (Theme 2). Clinic escorts described concern for patient welfare (Theme 3) and the role this activist position filled in their lives (Theme 4). Finally, this section ends with a narrative from a participant (Theme 5) that highlights the intertwining nature of the issues addressed in this study. In the analysis following, “anti” or “antis” refers to anti-abortion protesters/harassers, who engage in a variety of anti-abortion activities outside of abortion and sexual health clinics.

Theme 1: *“I’m attempting to buffer, right?”: Clinic escorts as a buffer.*

Participants discussed their role as a clinic escort, frequently referencing the myriad ways they acted as a buffer between “antis” and those entering the clinic. This included behaviors such as acting as a physical shield, standing between those entering the clinic and a graphic sign, for example, but also included other means, such as distraction through chatting, or being focused on non-escalation.

The clinic escorts interviewed for this study described acting as a distraction from the antis through conversation and physical presence when discussing their role as a clinic escort.

I think for me the big thing with patients is, because of the way that the protesters are set up at this clinic, they're right on the sidewalk with patients, and so forming sort of like a shield with your body in a way that does not feel overbearing. ... you

want to be walking next to someone like you'd be walking next to them on a sidewalk, but preferably between you and the protester, preferably between you and whatever like terrible graphic sign the protester has.... I always talk about [traffic] because... you can *not* think and have that conversation with me, but you're also not listening to protesters if you're listening to me talk about traffic.

(Hannah)

Participants also described their role as a clinic escort in relation to wanting to be a supportive presence; Lindsay drew on personal experiences when describing the role of a clinic escort,

I've been a client before, you know I was not fazed by the protesters, but it was very jarring to be like, wow this is really, these people just do this, and they do it with nobody fighting them or going against them, and I realized very quickly that escorting is not there to fight [antis], escorting is not there to stop them, but it's just kind of there to just be somebody to walk with you.

Lindsay's statement that "escorting is not there to fight [antis]" is in line with the non-engagement policy reported by participants at every site. The non-engagement with antis was often described as minimal instead of nonexistent due to physical proximity and length of time in the presence of antis. These policies are usually in place to prevent harasser escalation on the sidewalk; the goal of clinic escorting is often described as providing support to patients (Planned Parenthood North Central States, 2020). Participants reported that refusing to engage with antis means the focus is on the individuals entering the clinic and decreasing their exposure to upsetting events. Many clinic escorts stated that this was difficult to do at times, and some referred to this as the

most difficult part of clinic escorting, but that their commitment to patients and others entering the clinic, particularly in the role of being a buffer, helped them to overcome this. Ashley summarized this issue in the following way:

[the most difficult part of clinic escorting is] Probably keeping your mouth shut, because they make a lot of terrible sexist, racist, homophobic comments where you just want to you want to call them out, you want to cuss them out you want to do anything you can, [but] you don't want to escalate the situation...is what gets me the most riled up.

Here Ashley described that responding to the comments of antis would possibly lead to escalation of the situation, and awareness of this is what helps her to maintain composure.

Clinic escorts expressed being highly conscious of decisions and autonomy of patients and companions. Several stated asking for consent or confirmation from a person before walking them in, and that some patients and companions do not want an escort walking with them.

Another thing that we do is always ask for consent first because if an escort starts walking with you and you don't necessarily want them to talk with you, well that's taking away your agency and we're there to give space, we're there to give room for people to take control of the situation as they see fit.

This is in line with the sentiment many participants expressed, describing this volunteer experience as part of a larger goal to help create space for people to exercise bodily autonomy.

Theme 2: “It’s mostly verbal, but they do get in your personal space”:***Experiences of harassment.***

Experiences of harassment. Clinic escorts discussed the myriad ways anti-abortion harassment manifests on the sidewalk. This theme also encompassed the impacts this harassment and a wider culture of anti-abortion sentiment, have on them. Though clinic escorts at every site agreed that antis engaged in harassing behaviors, participants differed as to whether they personally felt harassed. Stephanie described feeling harassed in the following ways,

[I have felt harassed] every time, by so many different people in so many different ways. Everything from being called a deathscort, to being told I’m brainwashed; trying to talk to me when I’ve asked to be left alone, that’s happened *a lot*. More recently, someone coming up behind me and...trying to quietly say my name into my ear.

Due to the violence and targeted harassment discussed previously, an anti’s use of a clinic escort’s personal information, can feel threatening (Cohen & Connon, 2015). Indeed, several clinic escorts referred to anonymity as a means to prevent harassment. Anonymity strategies included avoiding talking about personally identifiable information, such as where a person worked or lived, as well as avoiding using their own and other clinic escorts’ names when the antis were present. Some participants also described being aware of their physical presentation, making efforts to dress in an undistinctive way or wearing sunglasses. One participant, Stacey, described how the antis learned and used the names of her children, a harassment tactic that has been discussed in previous research on abortion providers (Cohen & Connon, 2015).

So, some of the antis have actually learned like my name and like some of my family members'. My daughters specifically, and so they'll tell...you don't need to do this, you need to go home to your kids, like [they] need you, and they'll say my daughters' names.

Some participants acknowledged the harassment, while expressing ambivalence or minimizing the personal effects of antis' behaviors.

It is technically, but at the same time it's crazy[sic] people yelling things that aren't true at me. I mean, I don't know what counts as harassment? Does being called a deathscort when I walk into the clinic everyday count as harassment? Maybe? (Madison)

Clinic escorts at the third site almost all reported feeling harassed, and becoming accustomed to, or minimizing the personal effects of the harassment. It is important to note that this site is the only abortion clinic in the state, which may explain why clinic escorts reported experiencing more frequent and extreme forms of harassment. Ashley described the following:

I've been bumped and pushed before, don't get me wrong...I've seen them take a sign and smack it in an escort's face, and so they *will* get physical, they will be very cruel with their insults, you know, it's usual [for them] to tell us we're going to hell, tell us god is watching us and how terrible we are...it's mostly verbal, but they do get in your personal space. I mean, I've had grown men like touch their nose to mine, and talk in my face telling me I need to get out of here I'm making a horrible choice with my life, all that good stuff.

Here Ashley is describing both verbal and physical interactions with antis. The type of violence she described may be present at approximately one-fourth of abortion clinics in the United States (FMF, 2018).

Participants described a range of responses concerning their personal and emotional reactions to their experiences. While some clinic escorts engaged in the normalizing behaviors discussed previously, some addressed the negative long-term effects of regularly dealing with anti-abortion harassers, as illustrated by Elizabeth:

I don't know, the biggest challenge is just the little emotional, like death by a thousand paper cuts problem. It's like, you hear it once or twice meh, but you hear it like a couple dozen times twice a month, sometimes three times a month it's like, it can get to you.

In response to these experiences, participants reported feeling threatened or fearful in a variety of ways, viewing their experiences in the larger context of anti-abortion violence and terrorism in the United States. One participant described being alert for weapons while volunteering (i.e. "we're a situational awareness of knives, guns, anything that can be used as a weapon."). These attitudes show an awareness of the climate regarding abortion access in the United States and demonstrate that clinic escorts are often acutely aware of the risks they take when volunteering.

Theme 3: *"Nobody should be that terrified to go to a doctor": Concern for Client Welfare*

At least one participant from each site reported that seeing the patients become upset in response to the antis' behavior was the most difficult part of their volunteer experience. The effects of antis has been studied, and were discussed previously (e.g.

Altshuler et al., 2017; Kimport et al., 2012). Clinic escorts often see patients in this highly emotional, possibly volatile situation, and many participants had personal stories about seeing patients cry, be frightened and/or become angry when faced with anti-abortion harassment. These anecdotes were often referenced as motivation to continue volunteering as a clinic escort.

Clinic escorts expressed a desire to be a comforting presence to those seeking healthcare. Reasons were often multifaceted with Emily, a volunteer at the third site, saying, "Nobody should be that terrified to go to a doctor. People ask me why do you do this? But there's no single answer, it's not fair, it's just not fair." In Emily's use of the word "terrified," she is drawing from her own years of experiences witnessing people entering the clinic she volunteers at. She appears to suggest that her role as a clinic escort is to mitigate this feeling of terror and cites this concern as motivation to continue volunteering.

Many participants discussed client welfare in a broader context of dedication to reproductive rights and healthcare as motivation for their decision to volunteer in this way. Participants described several ways that antis attempt to shame and upset patients. Emily describes a common occurrence at the clinic she volunteers at:

[A] patient came carrying a baby, crying, with the protesters harassing [saying], that baby isn't any different than the one in the womb, you should kill that one and keep the one that you're pregnant with, yeah, they say that all the time, and this woman was just crying. How could I not come back? How could you see these things and not come back to just support the patients that are going in?

Here Emily describes feeling as though her presence can act as a support to patients when they are experiencing interactions with the antis that are distressing.

For some participants, concern for client welfare manifested in a desire to respect and promote the strength and resilience of patients:

I think they assume that all of these women are fragile and broken, or breaking and I don't think they are. And some of them are, and some of them aren't, but that's not [for] them to decide, right? That's the part of it for me that I think is important, that I get something out of, that like no, you are not fragile. You are making a decision that's good for you. Do that. (Megan)

Megan emphasizes enforcing/supporting the agency of patients, acknowledging that they can make their own, autonomous decisions, emphasizing the right of patients to make that decision. She states that the “get[s] something out of” helping create space for people seeking abortion care to make their own decisions, regardless of emotional state. She also appears to value emphasizing the strength of clients by stating that they “are not fragile” indicating that there is inherent strength in decision-making.

Another aspect of client welfare that participants discussed is the patient's right to privacy. If a patient is entering a clinic whose only service is to provide abortions and abortion care, as is the case at two of the sites for this study, it could be argued that a patient's right to privacy has already been violated, because the purpose for the visit is evident. In the case that a patient is entering a clinic that provides a wide array of sexual and reproductive health services, participants observed that antis often assume everyone entering is there seeking an abortion/treats everyone entering as though they're there for an abortion. Some participants reported attempting to restore patient

anonymity by standing in front of harassers' cameras or providing a hat or umbrella to shield patients' faces.

In some cases, participants expressed a main goal to destigmatize abortion and integrate abortion care into the larger picture health care, seeing this as a way to improve the abortion experience for patients. Stacey described this very concisely, "I really just want people to go to the doctor without being harassed, abortion is healthcare, it's a doctor's appointment, like it's totally normal." In this quote, Stacy addresses the issue of abortion care being separated from mainstream medical care, and how this can contribute to increased stress for those obtaining an abortion.

Theme 4: *"I need to do something to be active and help in some way."*: Activist identity.

Despite this volunteer experience often being described as difficult and challenging in a variety of ways, participants also discussed positive aspects of this volunteer position, particularly focusing on finding meaning and value in this work. Of those interviewed, seven out of seventeen explicitly referenced the 2016 Presidential Election as their primary reason for seeking out this volunteer experience. One person interviewed stated, "I just kind of had that realization that things are terrible, Trump is president, I need to do something to be active and help in some way." This participant discussed the political climate as motivation to do something helpful. In this light, volunteering in this position may also be seen as an exertion of clinic escorts' autonomy in relation to the political climate.

One participant who volunteered at a sexual health center, expressed focusing on the abortion services provided as a way to push back against anti-abortion stigma:

I don't even call it a women's health center, like, no it is an abortion clinic. It IS a women's health center, and most of what they do isn't abortions, but I say it like that because I'm so tired of tiptoeing around abortion. I'm so tired of politically having to tiptoe around abortion and how, as if it were something to be ashamed of. and as if it were a medical procedure that were like horrendous and draconian and it's not any of those things. (Hannah)

For many, dealing with the harassment of antis is something that becomes more manageable over time as a volunteer is able to focus on the goals of clinic escorting. Stacey described a moment when things started to click and tuning out anti-abortion harassers becomes easier:

I think for most of us there's a moment where it just like clicks, and like, what they say doesn't matter anymore and you realize that you're really not there, it's not about you that's not why you're there, we're there for the patients, and we're saying client focused to make sure that their appointment is as normal as it can be.

In this quote, Stacy describes how her role as a clinic escort, and focusing on "why you're there" (i.e.. for the patients) helps to mitigate the sometimes unpleasant interactions with antis.

In valuing their role as a clinic escort, participants expressed different ways they avoid burn out and respect their own personal limits. Clinic escorts referenced techniques such as taking breaks and refraining from volunteering too frequently:

We really advise escorts to take a break to not do it every day, but because it does effect almost every issue in your life and I wrote something not too long ago

about I'm fired with anger, and that's is my strength, is anger and it really truly is, but I get too angry and I can tell, I tell this story about how I can come out three days, but on the fourth day that I'm coming out, you don't want to be near me because it's my limit, it really is, and I start engaging, and start talking to them.

(Emily)

Other activities cited include talking to friends and loved ones, feeling supported by volunteer leaders or other clinic escorts, and post-escorting naps. Preparation for what one will encounter while clinic escorting is also helpful, with Stephanie saying, "I know what I'm getting into now, so it's gotten easier because I know to expect threats; I know to expect graphic signs."

Theme 5: *Narrative Case Example*

One personal narrative told by a clinic escort encapsulated many different aspects of clinic escorting in the broader context of reproductive justice. This personal experience was kept complete, because it highlights the intertwining nature of abortion access, abortion activism, and personal experiences. This narrative was edited for clarity and readability.

I had an abortion about 3 years ago and when I went, I had no clue that abortion was such a big issue, I was very out of the loop I had to go two days [before the abortion] for the counseling and had to go a few days later for the procedure. An anti came and tried to block my way to getting in the door...and I was in shock, I started cry[ing], I was a mess. After that I went into [unrelated] kidney failure, so I had to put off the abortion for a while. When [the kidney failure] happened, I was admitted into the hospital, and I felt like they were very biased. Even though my

issues were non pregnancy related, they put me on the maternity wing of the hospital. I was in the room right next to the nursery was. The nurses would call me "mom." When my boyfriend came, they called him "dad" [and] they told us how cute our kids would be. When I talked about abortion they'd say, "oh no, you'll be fine don't do that." They weren't very nice about it and I felt that they were very manipulative. At the time I didn't really realize it, but thinking back on it now I do. So it kind of made me second guess my decision, but ultimately [an abortion is] what I chose and I'm very glad that I did, but I wish that I had somebody who was, one) to walk me into the clinic, and two) more people around me who were more vocal about and their support of it; where I could feel more empowered to stand up for myself. I think that being a clinic escort has actually helped that a lot, because [a few] years ago I probably wouldn't be sitting here saying, "oh, I had an abortion," but now it's a whole different game.

This story shows how one clinic escort found that her own experiences with antis, as well as anti-abortion sentiment expressed to her from medical professionals, were motivation for her to volunteer as a clinic escort. In return, this volunteer experience has helped her to better understand her experiences and to feel more comfortable discussing them.

CHAPTER 4

CONCLUSION

Anti-abortion violence and harassment are an unfortunate reality of seeking healthcare in the United States. Deeply rooted anti-abortion stigma has contributed to this problem and allowed it to flourish. Clinic escorts attempt to act as a supportive presence to patients, companions and staff entering the clinic, and to buffer the effects of anti-abortion harassment at clinics. Clinic escorts express a deep commitment to abortion access and activism, which continues to be essential in the struggle for reproductive freedom.

Limitations

The main issue with this study is the lack of diversity. Clinic escorting programs are notoriously white. So much so, that all of the regional conferences on clinic escorting in 2018 discussed this issue and how best to diversify clinic escorting. I believe that this study, particularly a critique of it, is meaningful for beginning to understand an aspect of reproductive justice that has been largely ignored.

Future Directions

Options for future research on this topic can include a larger, more comprehensive sample of clinic escorts from different areas of the United States, coming from more diverse ethnic, educational, and religious backgrounds and socioeconomic statuses. Furthermore, a study focusing on clinic escorting leadership to provide insight into training methods, turnover rate, and interactions with law enforcement would be beneficial.

REFERENCES

- Altshuler, A. L., Ojanen-Goldsmith, A., Blumenthal, P. D., & Freedman, L. R. (2017). A good abortion experience: A qualitative exploration of women's needs and preferences in clinical care. *Social Science and Medicine*, 191, 109-116. doi: <https://doi.org/10.1016/j.socscimed.2017.09.010>.
- Arnold, A., & Rinkunas, S. (2019, May 16). *How You Can Become an Abortion-Clinic Escort*. <https://www.thecut.com/2016/11/how-to-become-an-abortion-clinic-escort.html>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
<https://doi.org/10.1191/1478088706qp0630ahjjnh>
- Cohen, D. S., & Connon, K. (2015). *Living in the crosshairs: The untold storied of anti-abortion terrorism*. New York, NY: Oxford University Press
- Cozzarelli, C., Major, B., Karrasch, A., & Feugen, K. (2000). Women's experiences of and reactions to antiabortion picketing. *Basic and Applied Social Psychology*, 22(4), 265-275. doi: https://10.1207/S15324834BASP2204_1.
- Dilorio, J. A., & Nusbaumer, M. N. (1993). Securing Our Sanity: Anger Management Among Abortion Escorts. *Journal of Contemporary Ethnography*, 21(4), 411–438.
- Feminist Majority Foundation (FMF). (2017). 2016 national clinic violence survey. Retrieved December 10, 2019 from <http://feminist.org/anti-abortion-violence/images/2016-national-clinic-violence-survey.pdf>

- Feminist Majority Foundation (FMF). (2018). 2018 National Clinic Violence Survey. Retrieved December 10, 2019 from <https://www.feminist.org/anti-abortion-violence/images/2018-national-clinic-violence-survey.pdf>
- Foster, D. G., Kimport, K., Gould, H., Roberts, S., & Weitz, T. A. (2013). Effect of abortion protesters on women's emotional response to abortion. *Contraception*, 87, 81-87. <http://dx.doi.org/10.1016/j.contraception.2012.09.005>.
- Franks, M. (2002). Feminisms and cross-ideological feminist social research: Standpoint, situatedness and positionality – developing cross-ideological feminist research. *Journal of International Women's Studies*, 3(2), 38–50. <https://vc.bridgew.edu/jiws/vol3/iss2/3/>
- Freedom of Access to Clinic Entrances & Places of Religious Worship, 18 U.S.C. § 248 (1994).
- Guttmacher Institute. (2019a). Induced abortions in the United States. Retrieved December 10, 2019 from <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>
- Guttmacher Institute. (2019b). An overview of abortion laws. Retrieved December 10, 2019 from <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>
- hooks, b. (2000). *Feminism is for everybody: Passionate politics*. London, UK: Pluto Press.
- Kimport, K., Cockrill, K., & Weitz, T. A. (2012). Analyzing the impacts of abortion clinic structures and processes: A qualitative analysis of women's negative experience

of abortion clinics. *Contraception*, 85(2), 204-210. doi:

<https://doi.org/10.1016/j.contraception.2011.05.020>.

Jones, R. K., & Jerman, J. (2017). Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. *American Journal of Public Health*, 107(12), 1904–1909. doi: <https://doi.org/10.2105/AJPH.2017.30404>.

Jones R. K., Witwer E. & Jerman J. (2019) Abortion Incidence and Service Availability in the United States, 2017, New York: Guttmacher Institute DOI: <https://doi.org/10.1363/2019.30760>

Nash, E. (2019) A Surge in Bans on Abortion as Early as Six Weeks, Before Most People Know They Are Pregnant. Retrieved December 10, 2019 from <https://www.guttmacher.org/article/2019/03/surge-bans-abortion-early-six-weeks-most-people-know-they-are-pregnant>

Planned Parenthood North Central States. (2020, July 5). *Volunteer Clinic Escorts Program*. <https://www.plannedparenthood.org/planned-parenthood-north-central-states/get-involved/volunteer-clinic-escorts>

Ross, L. J., Roberts, L., Derkas, E., Peoples, W., & Toure, P. B. (Eds.). (2017). *Radical Reproductive Justice: Foundations, theory, practice, critique*. New York, NY: Feminist Press.

Russo, J. A., Schumacher, K. L., & Creinin, M. D. (2012). Antiabortion violence in the United States. *Contraception*, 86(5), 562-566. doi: <https://doi.org/10.1016/j.contraception.2012.02.011>.

Saad, L. (2019). Majority in U.S. Still Want Abortion Legal, With Limits. Retrieved December 10, 2019 from <https://news.gallup.com/poll/259061/majority-abortion-legal-limits.aspx>

SisterSong. (2019) Reproductive Justice. Retrieved December 3, 2019 from <https://www.sistersong.net/reproductive-justice/>

The American College of Obstetricians and Gynecologists. (2019). Committee opinion: Abortion training and education. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Abortion-Training-and-Education>

Weitz, T. A., Taylor, D., Desai, S., Upadhyay, U. D., Waldman, J., Battistelli, M. F., & Drey, E. A. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *Am J Public Health, 103*(3), 454-461. doi: <https://doi.org/10.2105/AJPH.2012.301159>.

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