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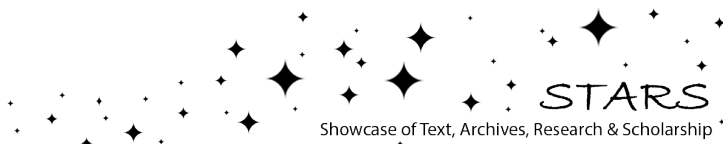
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KEEP YOUR THOUGHTS OFF MY BODY: SOCIAL ATTITUDES TOWARD RAPE-
RELATED ABORTIONS

by

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B.A. Caldwell University, 2014

A thesis submitted in partial fulfillment of the requirements
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ABSTRACT

Since the legalization of abortion in 1973, abortion continues to be an ongoing debate among pro-choice and pro-life groups, and politicians, and is one of the many barriers women may face. As rape continues in being a significant social issue, rape-related pregnancies and abortions have been understudied. By using the General Social Survey (GSS), this paper analyzes various sociodemographic variables which may influence social attitudes toward rape-related abortions. Findings indicate that Blacks, women, those living in the South, and age were not significant predictors of whether a pregnant woman should have a legal abortion as a result of rape. Other sociodemographic variables were significant; many supporting previous studies. However, this paper adds to the literature since social attitudes related to rape-related abortions have not been thoroughly studied. As this issue may arise, it is critical for professionals working with victims/survivors to understand, offer, and not judge women's decision should they decide to terminate their pregnancy. Due to various potential barriers women face, we may never obtain an accurate number of rape-related abortions or pregnancies. Because women may not report their rape, future research should focus on women in hospitals, abortion clinics, etc. to get a better understanding of the issue.

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CHAPTER ONE: INTRODUCTION

Although abortion was legalized in 1973 by the U.S. Supreme Court in its Roe v Wade decision, it continues to be at the center of an ongoing, controversial debate. The Supreme Court's decision provided constitutional protection for women seeking to terminate their pregnancy. Since legalizing abortion, many policies have been created that affect abortion access for women nationwide (Kacanek, Dennis, Miller, & Blanchard, 2010). Though abortion is legalized on a federal level, states have their right to alter their laws and have their own policies. There are many reasons for why women may seek to terminate a pregnancy, yet there is a severe lack of research focusing on those terminating rape-related pregnancies.

It is estimated that the national rape-related pregnancies rate is 5% of rape victims for women ages 12-45 years (Holmes, Resnick, Kilpatrick, & Best, 1996; Perry, Murphy, Haider, & Harwood, 2015b; Perry, Murphy, Rankin, Cowett, & Harwood, 2016). Studies also suggest that of the total number of women seeking to terminate pregnancy in abortion clinics, roughly one percent are due to rape (Perry, Zimmerman, Al-Saden, Fatima, Cowett, & Patel, 2015a & Perry et al., 2015b). As studies show, the percentage of national rape-related pregnancies and of those seeking or completing rape-related abortions are significant, researchers have failed to seek more information from these women behind the statistics or attitudes toward legal abortion in these cases (Perry et al. 2015a; Perry et al. 2016). By utilizing the General Social Survey (GSS) dataset, I will address attitudes toward abortion, specifically analyzing whether or not respondents believe a legal abortion should be possible for pregnant women as a result of rape. The purpose of this paper is to examine whether various sociodemographic characteristics such as race/ethnicity, gender, education, marital status, age, attending religious services, political

views, income, and living in urban and southern regions affects ones attitude toward rape-related abortions.

CHAPTER TWO: LITERATURE REVIEW

As the debate about whether abortion should be legal or not continues, the nation is divided by two viewpoints: pro-choice or pro-life. The pro-choice advocates argue that it is a woman's right to decide what happens with her body and argue that access to a safe and legal abortion is her choice as well. Pro-life supporters view abortion as slaughter of an innocent life. This group believes in protecting and preserving the fetus' life (Misra & Panigrahi, 1998). Though there are studies on abortion and rape, research lacks studies specifically focusing on rape-related pregnancies, rape-related abortions and attitudes toward this issue.

Rape is a serious underreported, common violent crime against women. Roughly one in five women are raped in the United States and about 10-20% of the cases are reported to law enforcement (Holmes et al., 1996; Perry et al., 2015a). Unfortunately, because rape is so underreported, these estimates may not reflect the actuality of the issue. Rape, as defined by the Federal Bureau of Investigation (FBI), is "penetration, no matter how slight, of the vagina or the anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (New Rape Definition, 2014). As previously mentioned, 5 percent of rapes committed result in pregnancy, and an estimated 32,101 pregnancies result from rape each year among adult women (Holmes et al., 1996; Perry et al., 2015b, Perry et al., 2016).

Rape

Rape may cause the victim severe negative symptoms. Victims may suffer long term effects including but not limited to mental health problems, substance abuse, eating disorders, loss of self-esteem, and feelings of shame or guilt. They may also suffer from chronic pelvic

pain, sexual dysfunction, chronic vaginitis, marital discord, other chronic pain syndromes, suicide/suicidal tendencies or physical injuries (Holmes et al., 1996; Perry et al., 2016; Cass, 2007). As many claim, sexual assault is unfortunately something we cannot control. It happens everyday and though reporting has increased over the years, it still remains underreported.

Reasons for not reporting the assault vary from victim -to- victim. However, it is critical to understand that many victims are blamed or not listened to. Also, because rape myths are prevalent in society today, victims often refuse to seek any sort of legal, medical, or mental health services and, instead, turn to friends and family members for support (Kernsmith & Hernandez-Jozefowicz, 2011). Because this study specifically relates to female victims, rape myths such as suggesting it was her fault because of what she was wearing, or doing, leading the male on, or even doubting her claims may do more psychological harm and delay or prevent reporting.

Decisions to report or not are likely to be influenced by one of the three types of rape: stranger, acquaintance/date, and marital/partner rape. Society and media tend to focus on stranger or date rapes (Cowan, 2000). Through media portrayal and rape myths, the most common and unlikely to occur is the stranger rape. Yet, acquaintance rape accounts for 80-90% of all rapes (Cowan, 2000). Another common but severely understudied rape is marital rape.

Acquaintance/date and marital/partner rapes, also known as “hidden rapes,” are the least likely to be reported or taken seriously. In fact, a common rape myth is that boyfriends/spouses cannot rape their partners. The victim is then accused of not being responsible to fulfill her wifely duties since men cannot control their urges (Cowan, 2000). Up until 1977, it was nearly impossible for husbands to be legally held accountable for raping their wives. As of 1993 all 50

states had made marital rape a crime (Auster & Leone, 2001). However, there are still some possibilities for husbands not to be prosecuted for rape in 30 states. Additionally, according to Auster and Leone (2001), some states identify marital rape as a lesser crime than nonmarital rape or stranger rape.

According to Basile (2002), studies have shown an estimate of marital rape to be between 10-14% and suggests it occurs frequently. Although marital rape has been studied and brought to the attention of readers within the last two decades, studies suggest that people may still not recognize forced sex between couples as rape (Basile, 2002; Auster & Leone, 2001). Lastly, Auster and Leone (2001) found that there are gender differences among college students involved in fraternity and sorority life in regard to marital rape; they found that women were significantly more likely than men to agree that marital rape should be handled like other crimes. Interestingly, they also found a significant difference between fraternity and nonfraternity men; men who were not members of a fraternity were more likely to approve of the husband being prosecuted for marital rape (Auster & Leone, 2001; Cowan, 2000; Basile, 2002; Holmes et al., 1996).

Factors Associated with Attitudes Toward Rape

Time and time again, research shows that race, gender, age, and education are major factors associated with attitudes towards rape (Cowan 2000; Basile, 2002; Burt, 1980). Though research suggests these same variables influence attitudes towards rape over time, it is critical to note that there is a lack of research among black and white women with their age differences, marital status, and religion. Black women, in particular, are described as being at a higher risk of

being raped compared to their white peers. However, research shows that rates of rape among black women are basically equal to rates for white women (Perry et al., 2015a; McNair & Neville, 1996).

In regard to race, age, and rape types, a study conducted in New Orleans collected data on 1172 patients during January 2000 to December 2004. Avengo, Trevor, and Mills (2009) found that 92.6% of victims were women. Of their sample, 59.1% were black, 38.6% white and 2.3% other. When comparing race, black victims were significantly more likely to be young (less than 25) and significantly more likely to be adolescents, whereas white women were more likely to be 26-35 years of age. Out of the 1172 patients, 53% knew their assaulters. Black and young patients were significantly more likely to know their rapist than white women (62.6% vs 43.5%). When looking into age factors, there were significant differences of assault by type of relationship. Young victims were more likely to be assaulted by a friend, whereas older victims were more likely to be assaulted by their spouse. This supports previous research suggesting that acquaintance and marital rape are common among the three different types of rape.

Abortion

Abortion continues to have a profound impact on public policies and remains one of the most controversial debates of our time. Though abortion continues to be debated, it was not always a problematic issue. Abortion has been present throughout history dating back to the ancient Egyptians, Greeks, and Romans. Before abortion became a crime in the 19th century, abortion was a woman's choice (Hull, H. E. N., & Hoffer, P. C., 2001). From early civilizations to today, abortion was and may still serve as a form of birth control. It has been observed through

history that among upper class families, abortion was used to avoid unintentional childbearing and the lower class used it to limit family size to preserve their limited resources (Hull, H. E. N., & Hoffer, P. C, 2001). Research investigating reasons why women obtain abortions has been limited in the United States. According to Finer, Dauphinee, Singh, and Moore (2005), although research has been limited in the United States, studies in Scandinavia and worldwide have found economic hardship, partner difficulties and unreadiness for parenting as recurring reasons why one might seek to abort their pregnancy.

Though reasons to terminate a pregnancy vary from woman to woman, Finer et al. (2005) found that the most common reasons for obtaining an abortion were that having a child would interfere with a woman's education, work or ability to care for dependents (74%); that she could not afford a baby now (73%), and that she did not want to be a single mother or was having relationship problems (48%). When examining relationship-related reasons, the most common subreason was that women were not able to afford a baby now because they were unmarried (42%). Over time research has suggested that race and gender are constant factors in attitudes towards abortion (Lynxwiler & Gay, 1994, 1996; Gay & Lynxwiler, 1999; Carter et al., 2009; Simon & Adbel-Moneim, 2010; Misra & Panigrahi, 1998). Although early studies show that race was heavily influential, it has decreased throughout the years.

As attitudes toward abortion based on race and gender have changed over the years, it is evident that abortion attitudes are fluid and may change frequently. To better understand abortion attitudes, Carter, Carter and Dodge (2009) recommend to not only consider race and gender but to include the social context at the time when the data were collected. In another study by Lynxwiler and Gay (1994), the authors found that black men and older white and black women

supported legal abortion less than their counterparts in 1972-1974. In 1975-1978, they found that black men and older black women remained less supportive of abortion than older white women. As previously mentioned, attitudes are fluid and, therefore, constantly change. Interestingly, a poll in 2008 showed no significant difference between men and women. Forty-nine percent of men and 50% of women described themselves as pro-choice; while 46% of men and 43% of women identified themselves as pro-life. Another poll published in 2009 found similar results (Simon & Adbel-Moneim, 2010).

Studies also suggest that religious affiliation influences abortion attitudes (Lynxwiler & Gay, 1994, 1996; Gay & Lynxwiler, 1999; Carter et al., 2009; Simon & Adbel-Moneim, 2010). Gay and Lynxwiler (1999) found that married respondents, who were more likely to reflect pro-life attitudes and political views, were more likely to reflect pro-choice attitudes. Not only were their results similar to previous studies supporting race influences by age and gender, but they also found that abortion attitudes varied by religion. Conservative, Protestant, Catholic, Mormon, and Jehovahs Witness respondents showed more pro-life attitudes (1994, 1999). Furthermore, Simon and Adbel-Moneim (2010) found that those who stated religion was very important to them believed that abortion should be either illegal or legal under limited conditions. Those who stated religion was not important believed that all abortion should be legal.

Research supports the assertion that religion, race, and education are influential in abortion attitudes (Jones et al., 2002; Misra&Panigrahi, 1998). Unlike previous studies, however, Misra and Panigrahi (1998) found that black men were more pro-choice compared to their male white peers. The authors found that elderly blacks and women were more conservative in their

study. Although researchers found slightly different results, they found that racial influences on abortion are decreasing as other studies suggest.

Jones, Darrouch, and Henshaw (2002) found that a majority of women older than 17 years who had an abortion reported a religious affiliation. The highest were Protestants (43%), then Catholics (27%), other (8%) and those who reported no religious affiliation (22%). In regard to education, Jones et al. (2002) found women who were 20 or older and did not graduate high school accounted for 13% of the abortions. Those who graduated from high school made up 30% and those with some college made up 57% of women seeking abortions. “Information gathered from this nationally representative sample reveals that the typical woman having an abortion is between the ages of 20-30, has never married, has had a previous birth, lives in the metropolitan area, and is economically disadvantaged and Christian” (Jones et al., 2002, p. 232).

Rape-Related Abortion and Barriers

Rape-related pregnancies are a noteworthy issue; with over 32,000 pregnancies occurring among adult women in the United States, rates among adolescents are yet undetermined (Holmes et al. 1996). To date, there is a lack of empirical research showing how many women choose to terminate rape-related pregnancies, but studies time and time again support the notion of 1% of women who terminate their pregnancy do so because of rape (Perry et al., 2015b; Perry et al., 2016; Finer et al., 2005). Though research on terminating rape-related pregnancies is understudied, there are many studies proposing that women who seek to terminate their pregnancy as a result of rape do so later than those who were not raped (Holmes et al., 1996; Perry et al., 2015a; Perry et al., 2015b) With an average of 1 in 3 women seeking post-assault

medical care, abortion may be the first time women with rape-related pregnancies access care after the assault (Perry et al., 2015b).

In a longitudinal study consisting of 4,008 women who have been raped once in their lifetime, rape was defined “as nonconsensual assault with force or threat of force and some type of sexual penetration of the victim’s vagina, rectum or mouth” (Holmes et al., 1996 p.321). Consisting of three waves in 1990, 1991, 1992, researchers found that most of those who became pregnant as a result of rape knew their perpetrator. They found that the most common types of rape were partner/martial rapes: 29.4% boyfriends, 17.6% husbands. The second most common type of rape consisted of acquaintance/date rape with 14.7% friend, 11.8% other relative, 8.8% stranger, 8.8% known, nonrelative, and 5.9% father-stepfather. Lastly, 2.9% reported the rapist as unknown or they refused to answer. Much like previous studies claiming acquaintance and partner rape are most common, this study supports the idea. Holmes et al. (1996) also found that 32.3% of mothers kept the infant, 50% went through an abortion and 5.9% placed the child up for adoption. Lastly, the authors also found that “61.7% of cases the pregnancy were discovered within 11 weeks after rape. Thirty-two percent did not discover they were pregnant until they had already entered the second trimester, 5.9% were unsure of the time elapsed after the rape” (p. 322).

Another study in 2015 looked into two urban public family planning clinics in Chicago. This cross sectional study included women who terminated their pregnancies between August 2009 and August 2013. Perry et al. (2015a) sought to investigate demographic characteristics in correlation to women seeking to terminate rape-related pregnancies. Their final sample size consisted of 19,465 women; the majority were black (85.6%). However, they found that 1.9%

had sought to terminate rape-related pregnancies; this is nearly double the 1% other studies constantly suggest. Nonetheless, the authors also claim “the prevalence of rape-related pregnancy in patients presenting for abortion is not well studied” (p.393). However, these results are not generalizable as women in this study were predominately black and of low socioeconomic backgrounds.

Perry et al. (2015b) conducted interviews with women in abortion clinics who disclosed they were raped and professionals involved with their care. Participants, of whom the majority were on Medicaid, were recruited and enrolled from July 2013 to February 2014. Researchers found that these women did not seek any sort of post-assault medical attention. Disclosure of rape in this study consisted of the women disclosing themselves. They found that rape-related pregnancies were terminated on average at the gestational age of 18 weeks; when compared to non-rape pregnancies, those on Medicaid terminated their pregnancies later.

Researchers also found that women decided to terminate their pregnancies because the pregnancy arose from violence against their consent; they felt alienation from the fetus and their body or for previous responsibilities to dependents. Some women found themselves in a complicated situation as some voiced anti-abortion sentiments but struggled with their decision to terminate the pregnancy. Others felt that the abortion was the first step in healing after the assault. Though some did not know of other potential resources or decided not to choose additional services, many stressed that it was important to offer them regardless.

In conclusion, many studies show overwhelming evidence of barriers rape victims experience when accessing abortion. As previously mentioned, a majority of the women mentioned in these studies are black. Though national studies claim black women are not at any

higher risk of victimization compared to other races for being raped, studies suggest the combination of race, poverty, and location may make black women more vulnerable to sexual violence and therefore less likely to access appropriate resources (Perry et al., 2015a). Besides race being a factor, other barriers such as access to health care due to financial issues, difficulty identifying and reporting rape cases, state laws and the Hyde Amendment (discussed below), play a role when seeking to terminate a rape-related pregnancy. However, when addressing attitudes toward rape-related abortions, the Hyde Amendment and state laws are closely related.

Barriers: The Hyde Amendment and State Laws.

Since legalizing abortion in 1973, many policies have been created and implemented. The Hyde Amendment was one of the many created to restrict access to abortion. Passed in 1976, the Hyde Amendment bans federal funding for abortion with the exception of rape, incest, or life endangerment. Since the existence of the amendment, these exceptions have a history of being omitted, reinstated, redefined, and debated. “Each modification has simultaneously reflected and reinforced deep cultural ambiguities about the definitions of these circumstances” (Kacanek et al., 2010, p. 79). Following the implementation of the Hyde Amendment, one of the major concerns was whether this new policy would force women to seek illegal harmful abortions.

Although the federal law states that abortion is legal and that Medicaid covers abortion due to rape, incest, or life endangerment, states have their right to make their own laws and policies. As of 2010, thirty-two states and the District of Columbia (DC) follow this regulation. However, in cases like South Dakota, which clearly violates federal law in only covering abortion that endangers the woman’s life and Iowa, where the governor must personally review

and approve each abortion to be funded by state resources before the procedure can be performed, may cause serious issues and delays when trying to access a legal and safe abortion. “Violating federal law, South Dakota refuses to cover abortion when pregnancy results from rape or incest, crimes which have reached an extreme crisis level in the state” (The High Cost of State Bans on Abortion Coverage, 2015, p. 2).

With different policies and laws in place, accessing and obtaining funded abortion may be harder for women across states (The High Cost of State Bans on Abortion Coverage, 2015). Data taken in 2007 showed there were more than seven million women of reproductive age. Of that age group, 12 % were on the Medicaid program (Boonstra, 2007). Generally speaking, those enrolled in Medicaid are poor individuals and families living below the federal poverty line. Numerous studies suggest that poor women and those on Medicaid are more likely to wait two to three weeks longer for an abortion than women not covered by Medicaid (The High Cost of State Bans on Abortion Coverage, 2015; Boonstra 2007; Boonstra & Sonfield, 2000.). This may be one reason why previous studies conclude that women seeking to terminate their rape-related pregnancy usually do so later than non-rape pregnancies. It is also important to keep in mind that the longer the delay to obtain abortion, the more it will cost and the risks increase.

Another important issue that needs attention should be directed at Medicaid employees. “Medicaid staff may incorrectly lead patients to believe that they will be required to provide extensive documentation proving that they were raped, unnecessarily delaying or preventing access to care” (The High Cost of State Bans on Abortion Coverage, 2015, p. 2). Kacanek et al. (2010) focused on the provider’s experience with Medicaid across eight states where funding is restricted to only cases of rape, incest, and life endangerment. Like other studies, they found that

often times they did not receive reimbursement and, therefore, women were usually forced to pay on their own. (Kacanek et al., 2010; Foster, Arnott, Parniak, LaRoche&Trussel, 2015). Kacanek et al. (2010) found that of the “245 reported abortions that should have been qualified for Medicaid reimbursement, 143 were not reimbursed. Of the 102 reimbursed, 99 were in one state; within that state, 27 qualifying abortions were not reimbursed” (p. 80).

Unfortunately, many of these providers found themselves speaking to Medicaid staff who exhibited anti-abortion attitudes. One of the providers stated that in one case, when their office contacted Medicaid asking about abortion benefits, the speaker responded “Oh, my God, I knew one of these days I’d get a call like this.” Another provider shared that a Medicaid employee once said the policy does not cover abortions, when the provider restated that in some cases it does, the employee insisted it did not. “Whoever is reading it doesn’t think this woman deserves an abortion or doesn’t believe in abortion so they just deny the claim” (p. 81).

Another implication that affects women on Medicaid is the inconsistency of regulations and expectations from and by providers. Some providers ask for the police report of the assault, and as discussed earlier, the majority of victims do not report. Others, in case of no police report, ask women to sign certifying or write a letter stating she was raped, which may also be problematic as one may not identify themselves as a victim, e.g., in cases of acquaintance or partner/marital rapes. One of the providers in the study shared that in the absence of the form, some clinicians refuse to sign the paperwork. In some cases, the doctor’s concern was not whether the woman was really raped. He was concerned that he would be accused of fraud. (Kacanek et al., 2010).

Another provider shared similar concerns including some clinicians who even refuse to sign because they personally are against abortion or they fear of being accused for coercing patients. In a specific case between a doctor and his patient, the doctor had told the patient she was not able to use contraceptives because of her health conditions but abortion would be possible if needed. However, when the patient went to her doctor for the procedure, her doctor refused to sign the forms because he opposed abortion. “He told her she’d die but wouldn’t sign the form” (Kacanek et al., 2010) These examples reflect attitudes toward legal abortion that are federally eligible for funding under the Hyde Amendment. Though these cases are eligible, we can see that attitudes and beliefs may get in the way when trying to terminate a rape-related pregnancy.

Attitudes may make a difference whether or not a legal abortion should be possible for a pregnant woman as a result of rape as well. Since the legalization of abortion, “public discussion about abortion in the United States has generally focused on policy; who should be allowed to have abortions and under what circumstances” (Finer et al., 2005, p. 110). Though factors and attitudes have changed throughout the years, there is evidence that restricting access to abortion does not decrease the rates of abortions. On the contrary, it increases dependence on illegal, unsafe, and potentially dangerous abortion procedures (Lester, Benfield, & Fathalla, 2010; The High Cost of State Bans on Abortion Coverage, 2015). “Restrictions on abortion coverage not only interfere with a woman’s ability to make personal decisions, but they amplify existing health disparities, disproportionately harming women who already face barriers to accessing health care, including lower-income women and women of color” (The High Cost of State Bans on Abortion Coverage, 2015, p. 1). Not only do these restrictions take away a woman’s

constitutional right in obtaining an abortion, but they may also create barriers for a woman to set her life plan. Lastly, not only does this show the need for further research, it reflects a flawed social and public health policy that is in great need of attention.

CHAPTER THREE: THEORETICAL FRAMEWORK AND HYPOTHESIS

Examining attitudes toward rape-related abortions can best be explained by conflict theory, which is reflected throughout the literature. As aspects of social inequalities are related to the majority of the women in the studies mentioned above, it is evident that conflict theory is present. Conflict theory, originated by Karl Marx, states that conflict results when inequalities, power dynamics or resources are unequal between groups. Related to rape-related abortions, conflict theory exists between the politicians creating the laws and limiting women, particularly of lower income, access to abortion. Conflict theory is also present with unequal access and limitation to education, income and race among women seeking abortion. As education may influence income, income may influence access to proper care. Lastly, as studies have shown, there are significant differences between race and health care access, education levels, and income. Therefore, social inequalities directly affect thousands of people and create tension among groups. As social inequalities continue, the concepts of conflict theory are noticeably present among groups and their differing power dynamics.

Hypothesis

Based on conflict theory, I hypothesize that the lower income, less educated, married individuals, and men are less likely to agree that women should obtain legal abortions if pregnant as a result of rape. I also hypothesize that women, individuals of higher income, educated and never married/single individuals are more likely to agree. Lastly, those who attend religious services are less likely to support that a women should be able to obtain legal abortion if pregnant as a result of rape compared to those who do not.

CHAPTER FOUR: DATA, METHODS AND VARIABLES

Like many other studies, data used in this study are from the General Social Survey (GSS). The GSS is a nationally representative dataset consisting of surveys collected through interviews. The GSS has been used since 1972 to monitor changes throughout the years within the United States. The GSS is a public national resource used by educators, policymakers, journalists, students, and others. It is a project undertaken at the University of Chicago and is funded by the National Science Foundation. This dataset is ideal to use for this study as it includes information regarding attitudes toward legal abortion if due to rape and numerous sociodemographic variables. For this particular study, only those who were interviewed in 2014 are included (N=2425). However, the final sample size consisted of 1,443 respondents because not all 2,425 respondents were asked this question on the GSS.

Dependent Variable:

The dependent variable used in this study asked respondents “Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if she became pregnant as a result of rape?” The variable was labeled as “abrape” in the dataset and was coded as (1) Yes and (2) No. I recoded this variable as “ABORTRAPE” with new values of (1) Yes and (0) No.

Independent Variables:

The independent variables include attendance at religious services, marital status, and race/ethnicity. *Religious attendance* is labeled as “attend” and measured by the following

question: “How often do you attend religious services?” Respondents were coded as (0) “Never,” (1) “Less than (LT) once a year,” (2) “Once a year,” (3) “Several times a year,” (4) “Once a month,” (5) “2-3 times a month,” (6) “Nearly every week,” and (7) “More than once a week.” *Marital status* is labeled as “marital” and was measured by asking respondents “Are you currently married, widowed, divorced, separated, or have you never been married?” Dummy variables were created and were categorized into (1) Married or Widowed, (2) Divorced or Separated and (3) Never Married/Single. Married respondents served as the reference group in the analysis.

For *race and ethnicity*, respondents were asked “What race do you consider yourself?” and “Are you Spanish, Hispanic, or Latino/Latino?” If respondent replied “yes,” they were asked to identify themselves from a list of countries; “Which group are you from?” Variables were coded as (1) Not Hispanic, (2) to (47) possible countries respondents could have been from, and (50) Other/not specified. Dummy variables were created and Whites served as the reference group.

Control Variables:

Control variables for this study included sex, age, political views, degree obtained, income, region and whether the respondent lived in an urban, rural, or suburban areas. *Sex* was originally coded as (1) males and (2) females. Dummy variables were created (1) females and (0) males. Males served as the reference group. *Sex* was also renamed to Female. Responses regarding *age* range from 18 to 89. Each year is coded to the age of the respondent.

Political views were measured by a 7-point scale asking the respondent to identify themselves as extremely liberal to extremely conservative. Political views were recoded to (1) Extremely conservative, (2) Conservative, (3) Slightly Conservative, (4) Moderate, (5) Slightly Liberal, (6) Liberal, and (7) Extremely Liberal. Respondents were asked for their highest *degree*. Responses were coded as (1) Less than high school, (2) Junior College, (3) Bachelor, and (4) Graduate.

Respondents were asked for their total family *income*: “In which of these groups did your total family income, from all sources, fall last year before taxes, that is.” Results are coded using a 25-point scale ranging from (1) under \$1,000 to (25) \$ 150,000 or over. Respondents were asked to provide their *regional location* and resulting codes were coded as (1) New England, (2) Middle Atlantic, (3) East North Central, (4) West North Central, (5) South Atlantic, (6) East South Central, (7) West South Central, (8) Mountain, and (9) Pacific. A dummy variable was created combining (5) South Atlantic, (6) East South Central, and (7) West Side Central to represent the South as (1) and all others = 0 and was labeled as “South.” Lastly, urban, rural and suburban residency was measured by using the Survey Research Center (SRC) Belt Code (Survey Research Center, University of Michigan). The variable was renamed as Urban and recoded as (1) other rural, (2) other urban, (3) suburb 13-100, (4) suburb 12 largest, (5) SMSA 13-100, and (6) 12 largest SMSA.

CHAPTER FIVE: ANALYTIC STRATEGY

The analysis for this research uses binary logistic regression to examine the relationship between various sociodemographic variables on attitudes toward legal abortion if due to rape since the dependent variable is dichotomous. Because multicollinearity may be an issue, prior to running the binary logistic regression, frequencies were checked in the data set for missing data and errors. By running an OLS regression, it was determined that all Variance Inflation Factors (VIFs) ratios in this study ranged from 1.043 to 1.642. Following Fisher and Mason's (1981) example, VIFs less than four means that there are not any significant multicollinearity present. The final sample consisted of 1,443 respondents. To better understand each variable, descriptive statistics were computed. Table one shows frequencies, mean and standard deviations (SD) of each variable.

Table 1: Descriptive Statistics of Variables

Variable	Mean	SD
ABORTRAPE (0) No (1) Yes	.7824	.41276
ATTEND (0) "Never" (1) "Less than once a year" (2) "Once a year" (3) "Several times a year" (4) "Once a month" (5) "2-3 times a month" (6) "Nearly every week" (7) "More than once a week"	3.31	2.826
INCOME	17.21	5.639

Variable	Mean	SD
DIVORCED (1) Married or Widowed (2) Divorced or Separated (3) Never Married/Single	.1996	.39983
SINGLE (1) Married or Widowed (2) Divorced or Separated (3) Never Married/Single	.2536	.43524
FEMALE (0) Males (1) Females	.5454	.49811
BLACK	.1601	.36681
HISPANIC	.1573	.36422
SOUTH (0) Others (1) South	.3617	.48067
URBAN (1) Other rural (2) Other urban (3) Suburb 13-100 (4) Suburb 12 largest (5) SMSA 13-100 (6) 12 Largest SMSA	3.1760	1.53762
DEGREE (1) Less than high school (2) Junior College (3) Bachelor (4) Graduate	1.69	1.243
AGE	49.12	17.206

Variable	Mean	SD
POLITICAL VIEWS (1) Extremely Conservative (2) Conservative (3) Slightly Conservative (4) Moderate (5) Slightly Liberal (6) Liberal (7) Extremely Liberal	3.9231	1.48091

CHAPTER SIX: RESULTS

By reviewing the Step Chi-square and Model Chi-Square statistic, the model was statistically significant (281.142), Cox and Snell $R^2=.177$, and Nagelkerke $R^2=.273$. In this study, a p value of less than .05 is considered to be statistically significant. The VIFs for this analysis was less than four for all variables. Although we started with 2,425 total sample size, we ended up with a grand total of 1,443 because 982 or 40.5% are considered missing cases since not all respondents were asked this particular question.

To determine the effects of the various sociodemographic variables on whether someone would agree or disagree with a women obtaining legal abortion if pregnant as a result of rape is displayed in table two. Attendance ($b = -.230$), total family income ($b=.047$), political views ($b = .370$), divorced ($b=.479$), single ($b = .468$), Hispanics ($b = -.999$), those living in urban areas ($b = .117$), and degrees ($b = .231$) are statistically significant. Women ($b = -.233$), Blacks ($b = -.141$), the South ($b = -.246$) and age ($b = .009$) were not significant in this analysis. Lastly, age also shows no significance.

The more times the respondent attended religious services, the least likely they agreed with legal abortion if pregnant as a result of rape. Family income also played a role in whether one would agree. The higher the family's income, the more likely they would agree. The more one identifies as liberal, the more likely they were to also agree a women should have access to abortion. Divorced/separated and single/never married individuals were more likely to agree compared with those who are married or widowed. Hispanics, although statistically significant, were less likely to agree. Those who lived in urban areas were also more likely to agree compared to those living in rural and suburban communities.

Reflecting on previous studies, many of these variables continue to influence attitudes. Because this topic solely focuses on women and previously mentioned studies found that women were more likely to agree that marital rape should be handled like other crimes, tend to abort because they were single, could not afford a child or did not the child to interfere with school, to find that women were not significant in this study is interesting. Lynxwiler and Gay (1994;1996) Gay and Lynxwiler (1999), Carter et al. (2009), and Simon and Adbel (2010) found that race and gender are constant factors. It is important to keep in mind that attitudes are fluid and although race seems to decrease, however table 2 shows that Blacks and women respondents were not significant.

Table 2: Logistic Regression Results with Sociodemographic Variables Influencing Social Attitudes toward Rape-Related Abortions (N=1443)

	<i>b</i>	<i>S.E.</i>	Wald	Sig.	Exp(B)
Attendance	-.230	.027	70.364	.000	.794
Divorced	.479	.202	5.615	.018	1.614
Single	.468	.219	4.559	.033	1.597
Black	-.141	.213	.439	.508	.869
Hispanic	-.999	.196	25.908	.000	.368
Income	.047	.015	10.107	.001	1.048
Political View	.370	.056	44.068	.000	1.447
Women	-.233	.148	2.473	.116	.792
South	-.246	.151	2.646	.104	.782
Urban	.117	.051	5.389	.020	1.125
Degree	.231	.069	11.369	.001	1.260

	<i>b</i>	<i>S.E.</i>	Wald	Sig.	Exp(B)
Age	.009	.005	3.246	.072	1.009

VIF: < 4	Missing Cases: 982/ 40.5%	Model Chi-Square:281.142=
N: 1443	Step Chi-Square:281.142	Degrees of Freedom: 12

CHAPTER SEVEN: DISCUSSION

Strengths and Limitations:

When addressing sensitive topics such as abortion and rape, literature is limited. While there may be data available addressing rape, data may be outdated or not properly collected given that there are different definitions, lack of reporting and/or not enough resources. However, given that this topic is sensitive and debatable in nature, research has failed in studying social attitudes towards accessing legal abortion if pregnant due to rape. This study adds to the literature, given that this area is understudied. However, because it only focuses on 2014, this also serves as a limitation to the study. Another limitation of this study is that it is cross-sectional. It only looks at 1,443 respondents who answered all the questions in 2014.

Future Research and Conclusions:

Future research should continue studying social attitudes towards legal abortion if pregnant as a result of rape. Understanding reasons, social demographics and potential influences is important to know so that we, as a society, can better understand our communities and help women who are in this situation. Particularly, because women were found to be not significant in this study, future research should study these women's demographics to get a clearer picture of who these women are. Also observing that political views and attendance were significant but the southern region wasn't would also be another interesting study. Lastly, future studies should also look at age. This paper found that age was not significant, however, abortion attitude studies

show that age is. It would be interesting to study cohorts and using gender and race to fully understand the difference across age.

REFERENCES

- Auster, C. J., & Leone, J.M. (2001). Late adolescents' perspectives on marital rape: The impact of gender and fraternity/sorority membership. *Adolescence*, 36(141), 141-152.
- Avengo, J., Mills, T. J, & Mills, L. D. (2009). Sexual assault victims in the emergency department: Analysis by demographics and event characteristics. *The Journal of Emergency Medicine*, 37 (3), 328-334.
- Basile, K. C. (2002). Attitudes toward wife rape: Effects of social background and victim status. *Violence and Victims*, 17(5), 341-354.
- Boonsta, HD. (2007) The heart of the matter, public funding of abortion for poor women in the United States. *Guttmacher Policy Review*, 10(1), 12-16.
- Boonsta, H., and Sonfield, A. (2000). Rights without access: Revisiting public funding of abortion for poor women. *Guttmacher Report on Public Policy*, 3(2), 8-11
- Burt, R. M. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38(2), 217-230.
- Carter, J. S., Carter, S., & Dodge, J. (2009). Trends in abortion attitudes by race and gender: a reassessment over a four-decade period. *Journal of Sociological Research*, 1(1), 1-17.
- Cass, I. A. (2007). Routine activities and sexual assault: An analysis of individual and school level factors. *Violence and Victims*, 22(3), 350-366.
- Cowen, G. (2000). Beliefs about the causes of four types of rape. *Sex Roles*, 42, 807-822.
- Finer, L.B., Frohwirth LF, Dauphinee LA, Singh S, Moore AM. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. *Perspectives Sex Reproduction Health*, 37, 110-118.
- Gay, D., and Lynxwiler, J. (1999). The impact of religiosity on race variations in abortion attitudes. *Sociological Spectrum*, 19, 359-377.
- Holmes, M. M., Resnick, S. H., Kilpatrick, G. D., & Best, L. C. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics & Gynecology*, 175 (2), 320-325.
- Hull, H. E. N., and Hoffer, P. C. (2001). *Roe v. Wade: The abortion rights controversy in American history*. Lawrence, Kansas. University Press of Kansas.

- Jones, R. K, Darroch, E. J., & Henshaw, K. S. (2002). Patterns in the socioeconomic characteristics of women obtaining abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health*, 34(5), 226-235.
- Kacanek, D., Dennis, A., Miller, K., & Kelly Blanchard. (2010). Medicaid funding for abortion: Providers' experiences with cases involving rape, incest, and life endangerment. *Perceptions on Sexual and Reproductive Health*, 42(2), 79-86.
- Kernsmith, D. P., & Hernandez-Jozefowicz, M. D. (2011). A gender-sensitive peer education program for sexual assault prevention in the schools. *Children & Schools*, 33(3), 146 - 157.
- Lester, F., Benfield, N., and Fathalla, M.F.M. (2010). Global women's health in 2010: Facing the challenges. *Journal of Women's Health*, 19(11), 2081-2089.
- Lynxwiler, J., and Gay, D. (1994). Reconsidering race differences in abortion attitudes. *Social Science Quarterly*, 75(1), 67-84.
- Lynxwiler, J., and Gay, D. (1996). The abortion attitudes of black women: 1972-1991. *Journal of Black Studies*, 27(2), 260-277.
- McNair, L. D., and Neville, H. A. (1996). African American women survivors of sexual assault: The intersection of race and class. *Women and Therapy*, 18, 107-118.
- Misra, R., and Panigrahi, B. (1998). Effect of age, gender and race on abortion attitude. *International Journal of Sociology and Social Policy*, 18, 94-118.
- New Rape Definition. (2014). Retrieved from FBI: <https://ucr.fbi.gov/recent-program/updates/reporting-rape-in-2013-revised>.
- Perry, R., Zimmerman, L., Al-Saden, I., Fatima, A., Cowett, A., & Patel, A. (2015a). Prevalence of rape-related pregnancy as an indication for abortion at two urban family planning clinics. *Contraception*, 91, 393-397.
- Perry, R., Murphy, M., Haider, S., Harwood, B. (2015b). One problem became another: Disclosure of rape-related pregnancy in the abortion care setting. *Women's Health Issues*, 25(5), 470-475.
- Perry, R., Murphy, M., Rankin, M., Cowett, A., & Harwood, B. (2016). Practices regarding rape related pregnancy in U.S. abortion care settings. *Women's Health Issues*, 26(1), 67-73.
- Simon, R. J., and Abdel-Moneim, M, A. (2010). Does gender matter? Men and women on controversial social issues. *Gender Issues*, 27, 95-109.

Smith, Tom W, Peter Marsden, Michael Hout, and Jibum Kim. General Social Surveys, 1972-2014 [machine-readable data file] /Principal Investigator, Tom W. Smith; Co-Principal Investigator, Peter V. Marsden; Co-Principal Investigator, Michael Hout; Sponsored by National Science Foundation. -NORC ed.- Chicago: NORC at the University of Chicago [producer and distributor]. Data accessed from the GSS Data Explorer website at gssdataexplorer.norc.org.

The High Cost of State Bans on Abortion Coverage. (2015, July 28). Retrieved from https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Briefing%20Paper_The%20High%20Cost%20of%20State%20Bans%20on%20Abortion%20Coverage_Updated_9.16.pdf