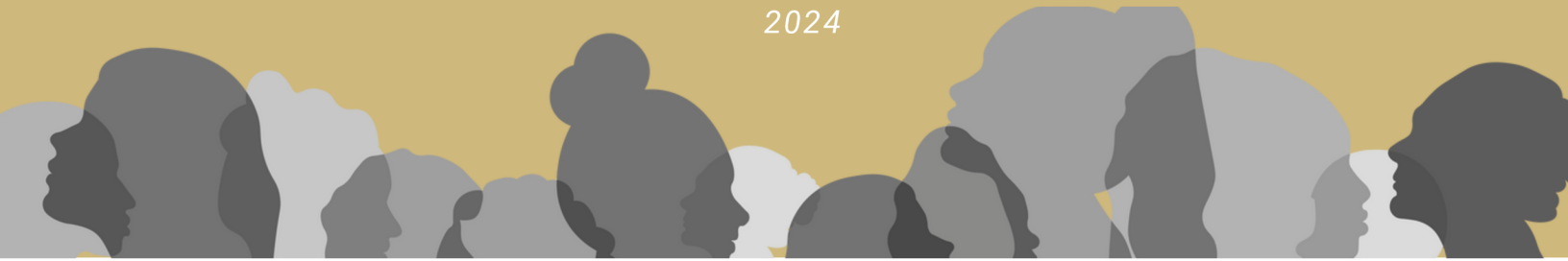


WORKING IN THE AFTERMATH:

HOW TEXAS SOCIAL SERVICES PROVIDERS ARE NAVIGATING SERVICES POST ROE

2024



The Supreme Court decision on *Dobbs v Jackson Women’s Health Organization* created dramatic changes in abortion access across the United States. Prior to that decision, Texas had already implemented new abortion restrictions that included unprecedented civil procedures that emboldened private citizens to enforce these restrictions (i.e., SB 8). The threat of lawsuits and financial settlements created a ‘chilling effect’ for social service professionals who risked being personally sued for aiding and abetting abortions by simply providing information. The chilling effect refers to a phenomenon whereby persons will not exercise their right to free speech or other constitutionally protected activity out of fear of prosecution or retribution even if a law is invalid or does not apply to them.

These changes have had (and will continue to have) the greatest effect on people from groups who have been historically marginalized—the same groups who social service providers most frequently serve in their agencies and programs. Although social service providers are not directly linked to reproductive health care and abortion, by the nature of their primary role as brokers and facilitators services in settings such as foster care or domestic violence shelters, they are a primary gateway to access. In the many contexts that someone may need an abortion, before an individual ever reaches a healthcare provider, social service providers are commonly the connection (or disconnection) to accurate information, referrals, and financial and logistical support—this is particularly the case for clients who have been marginalized by trauma and/or historically subjected to systemic oppression.

To better understand how recent changes in abortion laws are affecting social service providers and their clients, a study at the University of Colorado Boulder surveyed and interviewed social service providers in Texas in January 2023. A total of 96 Texas social service providers completed an online survey and seven of these participants engaged in an interview to discuss topics in greater depth. Of the 96 surveyed, over half (59%) were White, two-thirds were women (64%), and most had degrees in public health, education or psychology. This sample of social service providers were working in agencies such as community healthcare clinics and hospitals (46% and 47%, respectively), mental health or counseling centers (23%), domestic violence shelters (12%), foster care (13%), legal or immigration services (15%), and homeless shelters (10%). Six major themes arose from the survey and interviews.



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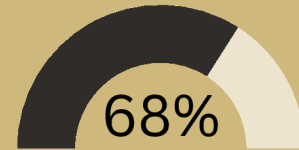
Theme 1. Social service providers are witnessing harm to their clients.

Since changes in abortion laws, providers are seeing the effect of restrictions on clients. In this survey sample, two-thirds of providers had a client who wanted an abortion but couldn't access it. Beyond abortion services, 44% said that they had a client who had pregnancy complications and did not receive timely medical care as a result of policy changes.

One social service provider conveyed a story of a pregnancy complication that threatened a mother's life and her future reproductive options. Doctors had to navigate new laws and hospital rules to avoid treatment that may jeopardize the fetus, even though the baby had a fatal diagnosis.

Social service providers in maternal fetal medicine settings explained that the lack of abortion access has increased the need for infant palliative care. Pregnant patients who would have interrupted pregnancies with serious fetal diagnoses are now unable to do so. Medical settings are having to alter services provided to those families.

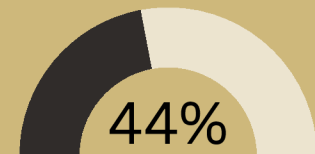
“
There's more and more families who are having to endure a pretty emotionally charged and, honestly, pretty intensive experience, you know, having to give birth to their baby, and then for weeks, sometimes just a few days they're in the intensive care unit, if they will be able to survive or not, or also just waiting for their death.
”



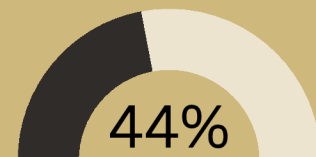
of providers reported having at least one **client who could not access abortion services.**



of providers reported having at least one **client who traveled out of state for abortion services.**



of providers reported having at least one **client who had pregnancy complications/miscarriage and did not receive timely medical care.**



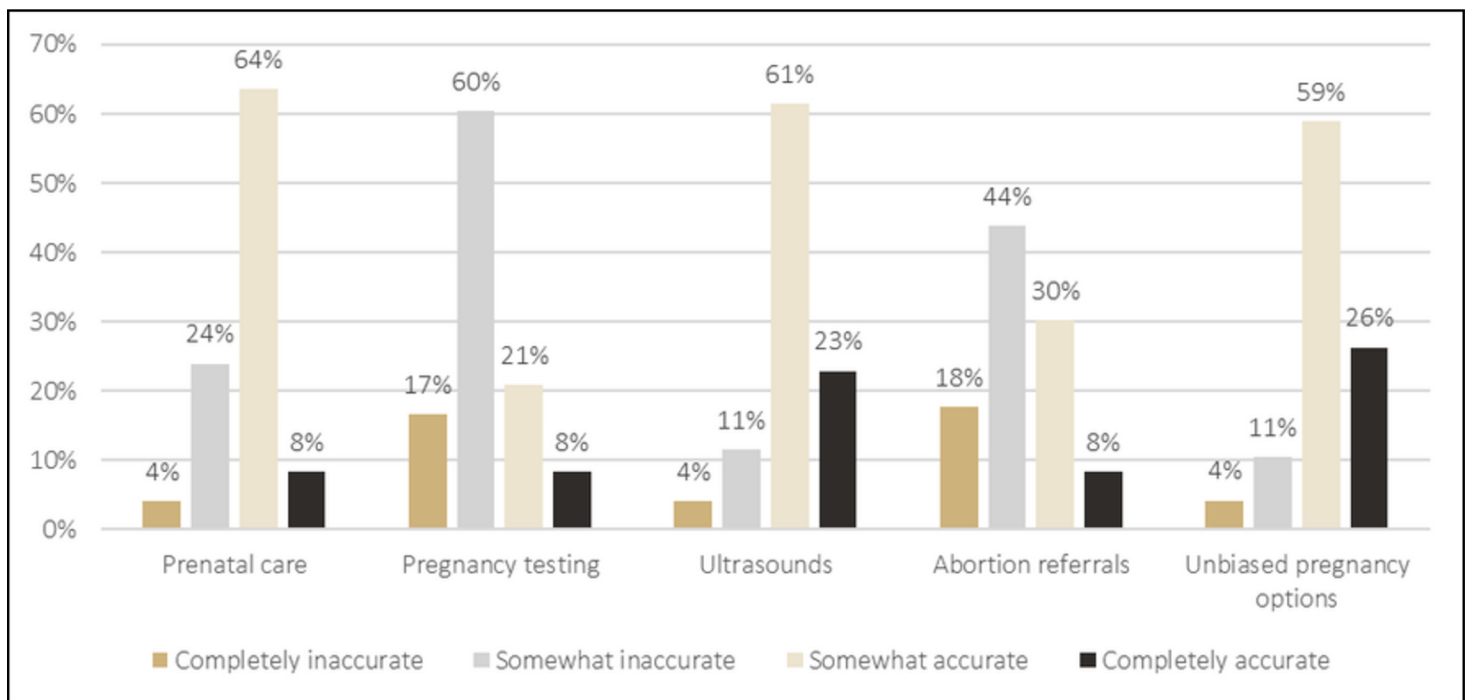
of providers reported having at least one **client who had pregnancy complications/miscarriage and did not receive timely medical care.**



Theme 2. Social service providers do not understand crisis pregnancy centers.

Survey participants reported relying on crisis pregnancy centers when clients had unplanned pregnancies with **70% saying that they sometimes or often referred to crisis pregnancy centers**. However, participants seemed unfamiliar with the services offered at crisis pregnancy centers. A majority of the sample said that it was “somewhat accurate” or “completely accurate” that crisis pregnancy centers offered prenatal care (72%) and unbiased counseling for pregnancy options (85%); **however, very few crisis pregnancy centers offer those services**. Crisis pregnancy centers tend to be faith-based organizations that seek to encourage and support women in continuing pregnancies [1-3]. While they do offer pregnancy testing and many offer ultrasounds, **almost none provide prenatal care or abortion referrals**. **Staff at crisis pregnancy centers are often not medical providers** and have endangered the lives of pregnant individuals with serious pregnancy complications [4].

Figure 1. Are the following services provided at crisis pregnancy centers?



“ So, I’ve worked in [city] for 10 years. I’ve been a [social service provider] for the last seven years. And so, I have a decent idea of the resources in [city] and I’ll need to pull them up to come up with numbers and addresses for clients. But of the last few months, especially when I’m searching for resources for clients, I get a bunch of pregnancy resource centers instead of the resources that I know exist. And so, it takes a lot more digging.

[1]Swartzendruber, Andrea, Riley J. Steiner, and Anna Newton-Levinson. 2018. “Contraceptive Information on Pregnancy Resource Center Websites: A Statewide Content Analysis.” *Contraception* 98(2):158–62. doi:10.1016/j.contraception.2018.04.002.

[2]Charlotte Lozier Institute. 2020. *Pregnancy Centers Stand the Test of Time*. [3]Bryant, Amy G., and Erika E. Levi. 2012. “Abortion Misinformation from Crisis Pregnancy Centers in North Carolina.” *Contraception* 86(6):752–56. doi:10.1016/j.contraception.2012.06.001. [4]Grossman D, Joffe C, Kaller S, Kimport K, Kinsey E, Lerma K, Morris N, White K. *Care Post-Roe: documenting cases of poor-quality care since the Dobbs decision*. *Advancing New Standards in Reproductive Health (ANSIRH)*, University of California, San Francisco, 2023. <https://www.ansirh.org/research/research/how-post-roe-laws-are-obstructing-clinical-care>

Theme 3. Agency leadership is not providing guidance, so providers work with a code of silence around the topic of abortion.

While 62% of survey participants agreed that they received some training or guidance around talking about abortion in their workplace (Figure 2), survey and qualitative data suggest this guidance encouraged participants not talk about it; 58% of survey participants said that their employer prohibits them from providing information to clients about abortion.

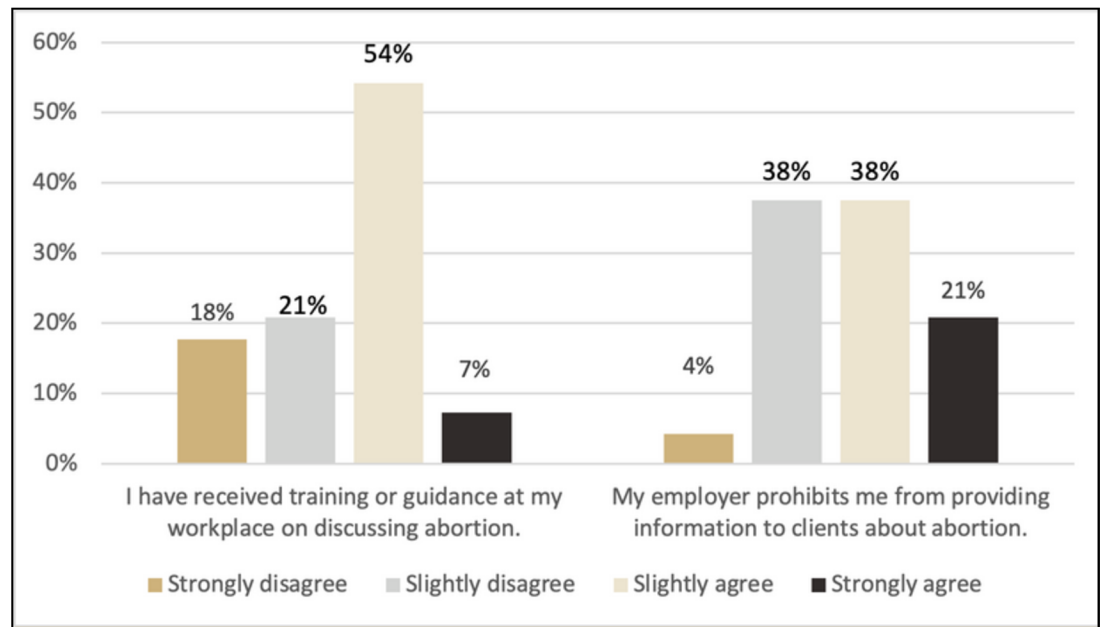
Providing some context to this (i.e., employers prohibiting an exchange of information on abortion services), **one participant described that their organization has told them that they cannot provide specific abortion information to clients** (e.g., phone number of a clinic out of state) and guessed that the reason for this guidance was because:

"I think giving information is considered aiding and abetting, technically."

Other participants also described a lack of guidance as well as an unofficial code of silence related to talking about issues around abortion. **One participant explained:** *"Our organization has, in my opinion, purposely not given guidance. My boss, I've come to them several times to be like we need to get guidance from our Legal Department on how to navigate this. And they have done their part to reach out to them and be like hey, we need to talk about this. Can you come to our meeting? And they just haven't responded."*

Despite the lack of guidance or instruction to avoid providing information around abortion, **several participants described that they continue to have conversations with clients when the need arises but they do so more carefully and creatively.** *"It is still something that is a part of the vernacular when they're talking about different options. They will say pregnancy termination is available. It is not available in Texas. So, it is still something we say. We're just sort of grappling with how much more we can say besides that."*

Figure 2. What guidance have you received in your workplace regarding abortion?



Theme 4. Social service providers are not sure what is legal.

We asked survey participants about the legality of various potential client scenarios. Understandably, survey participants were confused about what is legal related to accessing abortion out of state, follow-up care, and other related circumstances. Indeed, many situations are unclear, though some are clearly (il)legal in Texas under current law. For example:

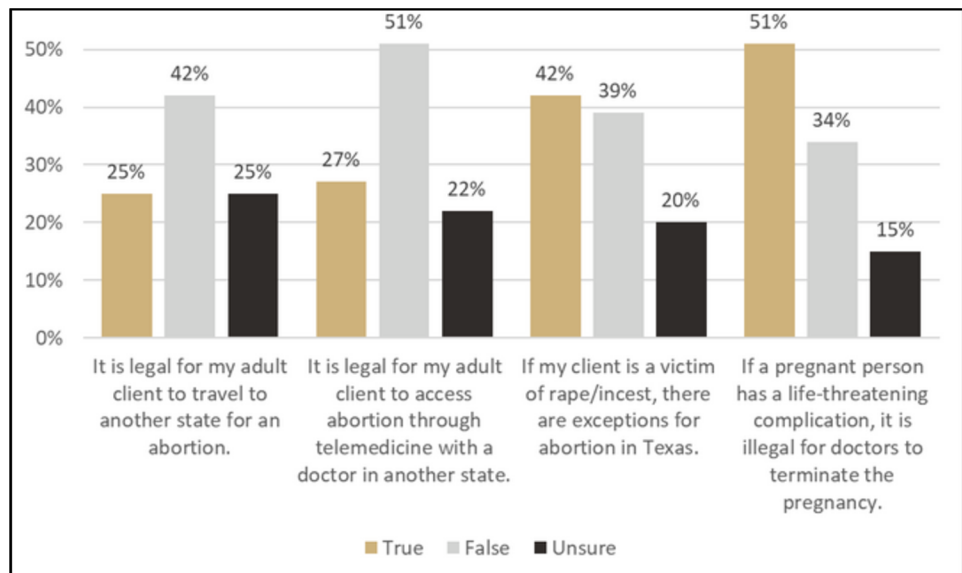
- People can legally cross state lines to obtain an abortion. While it is legal for people to leave the state to access abortion services, most providers (67%) said this was false or were unsure.
- There are medical exceptions for doctors to terminate a pregnancy. Only about half of respondents knew that there are exceptions when a pregnant person has a life-threatening complication. While it is true that Texas law has an exception for the life of the pregnant person, what and when a complication is life-threatening is highly debatable and the potential repercussions to the provider for intervening to protect the lives of pregnant people will likely delay necessary medical treatment for pregnant people. A 2023 report details how healthcare in such situations has been compromised in states with abortion bans [5].

- **No exceptions for rape or incest.** Only 39% of providers understood that state law provides no exceptions for victims of rape or incest. Some participants were unsure if there was an exception (20%), and 42% of survey participants thought there were exceptions for rape or incest.

In addition to the confusion of laws described above, providers were asked more specific questions related to potential client situations. For example:

- **Hospitals are not required to report to law enforcement.** 78% of survey respondents thought that a hospital must report a patient to state authorities who had an abortion outside of Texas and sought follow-up care in Texas. However, hospitals are not "required" to report someone who has an abortion to authorities or the police.
- **There is a lack of clarity on "aiding and abetting."** 67% of participants said that it was true that giving information about obtaining an abortion could open them up to a lawsuit. While Texas law specifies "aiding and abetting" an abortion as prosecutable, it is still unclear if simply providing information equates to "aiding and abetting."
- **Plan B is legal.** 42% of survey participants thought that emergency contraception was illegal; however, currently, Plan B is legal in Texas. Plan B does not cause an abortion; it prevents pregnancy by preventing fertilization [6].

Figure 3. Are these hypothetical client scenarios legal?



[5] Grossman D, Joffe C, Kaller S, Kimport K, Kinsey E, Lerma K, Morris N, White K. Care Post-Roe: documenting cases of poor-quality care since the Dobbs decision. *Advancing New Standards in Reproductive Health (ANSIRH)*, University of California, San Francisco, 2023. <https://www.ansirh.org/research/research/how-post-roe-laws-are-obstructing-clinical-care>

[6] <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/plan-b-one-step-15-mg-levonorgestrel-information>

(Theme 4, continued. Social service providers are not sure what is legal.)

Examples from Qualitative Interviews

The constant changes within Texas and across other states added to interviewees feeling lost on the legality of abortion-related topics. For example, several participants thought it was still legal to obtain an abortion if the pregnant person was less than 6 weeks pregnant.

"I even feel confused at times about where we are with laws. So, I can't imagine—is this state that? Is that state this? Even in Texas, I feel like there are many times where I've seen headlines that are it's this or that or – I'm like where are we now?"

All participants expressed confusion about whether they could legally provide information to clients. This unclarity was often connected to a lack of guidance from their employers. Participants explained:

- *"I want an attorney to sit down with us and be like here is what is prosecutable and here is what's not. And we haven't gotten that."*
- *"What I've struggled with is how much to say to the patient of giving them information on specific clinics versus this is a website you can go to versus abortion is not available here but it's available in other states. And I feel like, honestly, my agency hasn't provided a ton of support in how to navigate that. And so, we've sort of just been making it up as we go."*
- *"And I'm like what's a tangible resource? Is the name and phone number of a clinic a tangible resource? Do you know what I mean? There's no definition that I've heard of that."*

Participants expressed concerns around whether clients are able to access legal reproductive health options, such as Plan B. One participant described their concerns:

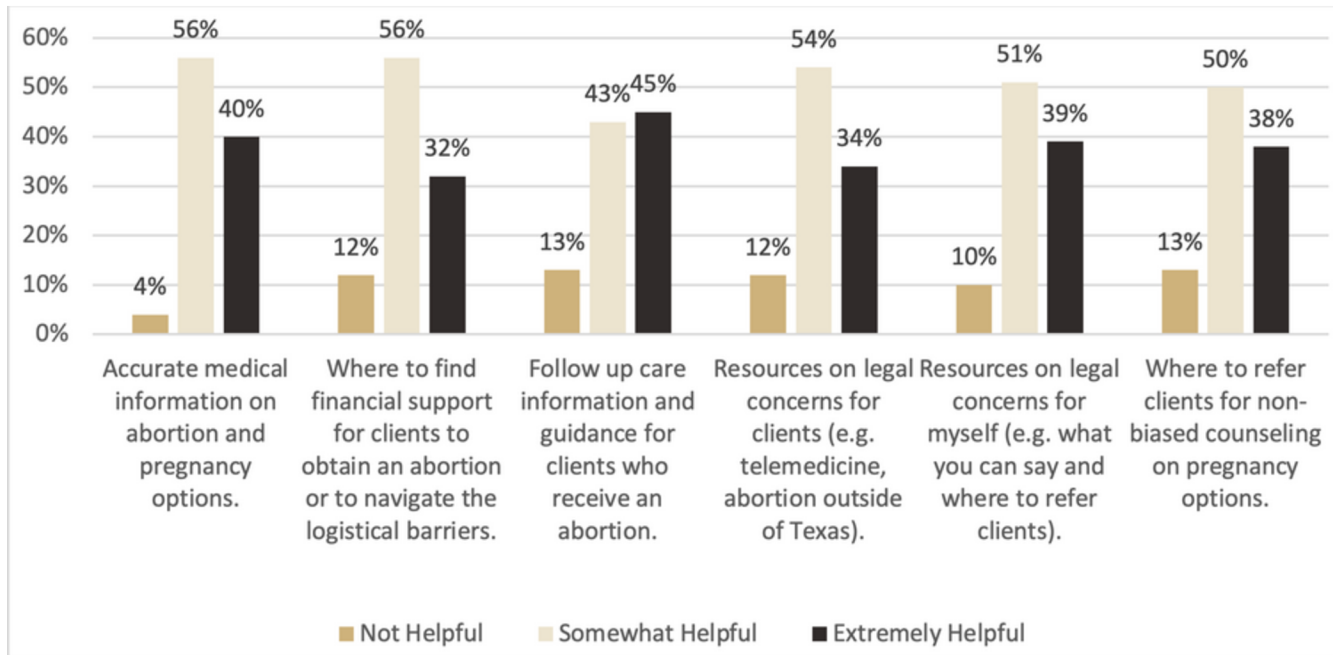
- *"So, for example, the thing I deal with the most [is] somebody who has experienced a sexual assault within, you know, the last week and they are interested in Plan B....And where that gets tricky or has gotten tricky in the past is taking them. So, if somebody is going to go get a forensic exam like a sexual assault forensic exam....those places will help them to get Plan B and refer them to further services, like, through Planned Parenthood. But where I was concerned, I mean, I've been concerned about this for years, not just with these recent laws, is that some of the hospitals are Catholic hospitals. So I've specifically asked them, hey, I've got this 14-year-old, or this, you know, 12-year-old who was sexually assaulted. Will they be provided with access to that [Plan B]? And they said, they will. I don't know exactly how it works like. I don't know if they administer it, or if they send them somewhere."*



Theme 5. Social service providers need resources.

By and large survey participants thought that all listed resources in Figure 4 would be “helpful.” This may point to an overarching need for any reliable and trusted information on the topic of abortion to help navigate changes.

Figure 4. How helpful would the following resources be in your work supporting clients in the area of reproductive health, especially abortion access?



Qualitative participants described **needing a centralized resource hub** providing a range of resources and information, versus a specific type of resource.

Several participants explained:

- *“So I think being able to go to a place, and find all of this - It may be like, you know, short info guides or info sheets right? But also being able to find them by area I think that that would be really helpful. And also knowing that we can go to a place and get like the latest and to be able to do it. You know, really know that there's one credible source so that we can go to where everything is consolidated.”*
- *“I think just being able to go to one place where everything is. You know information is there, but also to hear about how things are getting addressed, and how people are being helped.”*
- *“I think being able to provide a lot of information for families is needed, and for that, we need a really good understanding of what's available. Of how to access it. And also of how to help cover any costs that may emerge. And then to be able to communicate that very clearly.”*



Theme 6. Social service providers are experiencing intense anxiety for themselves and their clients.

Social service providers and their clients are experiencing intense pain and fear around abortion topics. Participants in the qualitative interviews represent social service providers from an array of settings that encounter abortion issues rarely to daily. Regardless of the setting, the changes in abortion laws affected (directly and indirectly) their work and their clients in pervasive ways. Several comments captured this challenge well:

- *"I've spent so many days in sessions with clients at [work] listening to the amount of pain that it's like this is at the edge of a cliff...I think the thing that is the most demoralizing to me is that we can so easily compromise good medical care for religion—it is a little bit mindboggling to me."*
- *"I just want to make sure that...maybe highlight that we love our patients so much and this is really anxiety producing for all of us. It's really hard to come in every day worrying that you're risking your livelihood. But we do it anyway."*
- *"I work as a supervisor, I have staff— counselors that I am responsible for. I would say my work with them has changed because of their disillusion with being in Texas, generally, at this point. The amount of hope that they can actually offer is so limited. And that, actually, is broader than just abortion access. And also, we can't find anywhere, any shelters to take anyone."*

Conclusion

Research documenting the impact of abortion access has focused on abortion providers and to some extent, those seeking abortions. However, there is little information about how social service providers are navigating pregnancy-related discussions with clients. Given that social service providers are often working with people who have experience historical and systematic oppression, it is critical that they can provide accurate information to clients.

Abortion is, and has been, a difficult topic for social service providers in Texas. Changes in policy to restrict abortion have clearly affected social service providers' work as well as the lives of their clients. Confusion resounds around what resources are available, what is legal, and what information social service providers can legally provide to clients. This confusion, along with lack of guidance within their workplace, has contributed to a general code of silence around the topic of abortion. Additionally, resources are scant and reliable information supports are difficult to identify in the new landscape. Despite this, social service providers appear to be navigating policy changes to continue to provide informal information about abortion and continue to stand in the gap for clients when needed.

This research was supported by a development award to Katie Massey Combs from the University of Colorado Population Center (CUPC), which is supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development under Award Number P2CHD066613. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

