

HER NAME IS GRACE:

A Faith-based Support Group for Troubled Pregnancies – Pre and Post Abortion

By

Marleena Debrough

Doctor of Ministry

Candler School of Theology

Dr. Jennifer Quigley

Project Consultant

Roger Nam

Director of DMin Program

ABSTRACT

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Marleena Debrough

Introduction/Background: I met several women who experienced a troubled pregnancy. They were all frightened, young, and unwedded. Trying to avoid further guilt and shame they would possibly encounter from their families, churches, and communities, they made a drastic decision to abort their babies; however, guilt and shame from the abortion procedure haunted them for years. All these women, from various states, presented to my context for pastoral care, and several of them felt if they had emotional and financial support, they would not have aborted their children. It is from this experience of witnessing their emotional pain that this study was birth.

Purpose/Objective: In the absence of medical risk to the mother and child and the absence of violence, how can a faith-based support group address troubled pregnancies for women 13-45 years old in the State of Pennsylvania? Can guilt, shame, and the lack of emotional and financial support be the catalyst for an abortion? Are there any best practices available today that aid in treating troubled pregnancies? This study will attempt to identify the influences and results of an abortion to validify the need for a women's support program addressing their emotional and financial concerns.

Methods: The design method used was a qualitative interview process addressing the problems confronting troubled pregnancies. It assessed statistical data for abortions, abortion laws, criminal consequences, health risks for unsafe abortions, psychological effects with some women, and best practices already existing.

Results/Conclusion: The findings indicated that Pennsylvania had 35,412 abortions in its latest report of 2023 indicating many troubled pregnancies of diverse ages, races, and incomes. Laws, criminal consequences, and states with strong abortion bans caused more risks for abortions and greater medical harm for troubled pregnancies. Psychological problems only affected 5-10% of women who aborted; therefore, guilt and shame were not a catalyst for an abortion but an aftereffect. Lastly, there were some support ministries available but varied in what they offered. Therefore, the results of this study identified the need for more women support groups to assist troubled pregnancies financially, emotionally, and physically in hopes of healing the broken.

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Marleena Debrough

Andrews University, Master of Arts in Pastoral Ministry, 2015

Project Consultant: Dr. Jennifer Quigley, PhD.

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INTRODUCTION:

Barbara was a young lady who was not ready to start a family. Being raised in a conservative family with Christian morals caused Barbara to experience some anxiety once she discovered that she was pregnant out of wedlock. She sorrowfully found herself in a troubled pregnancy and was not able to handle the associated stress, shame, and guilt that accompanied this situation. Not only did she suffer from her own internal shame but also the fear of external shame from her family, church, and local community. She explained that her anxiety was so great that her decision making was altered. The lack of financial security caused her to make decisions that would not have occurred if she was financially independent, so she decided to have an abortion against her beliefs and suppressed her emotions; however, over the years, the guilt of her decision began to haunt her. She later married and became pregnant in the marriage union; however, the spouse rejected the idea of a family at the time for various reasons and forced her to have a second abortion. Barbara was hurt and disgusted to have encountered this shame and guilt a second time. Years later, Barbara was still affected by the two decisions to abort her children. She presents to my church for confidential pastoral care due to the continued shame and guilt she carried for years. In hindsight, she felt if she had emotional and financial support, she would not have aborted her children. This was just one testimony of several women who have sought pastoral care for abortion decisions made years prior under emotional distress.

Abortion has been a very hot topic in politics, the news media, and governmental agencies for years, but it has become more vocal and controversial in the past couple of years and over the

past two political elections of 2020 and 2024. “On June 24, 2022, the US Supreme Court overturned *Roe v. Wade*, the landmark piece of legislation that made access to an abortion a federal right in the United States. The decision dismantled 50 years of legal protection and paved the way for individual states to curtail or outright ban abortion rights.”¹ This reversal of *Roe v. Wade* has caused many women to feel emotionally and physically imprisoned and at risk for medical harm. I felt the necessity to explore if there were any programs that provided care for women who may be experiencing emotional distress in this political environment and needing pastoral care and financial assistance. With testimonials of some women who report emotional stress years after an abortion and the risk of medical harm to some mothers with post-abortion procedures, I wondered if there were other options that would prevent any physical and emotional harm to the mother. The 2023 Abortion Statistics of Pennsylvania reported that there were many complications from the 35, 412 abortions performed. It states, “In 2023, there were 524 reports of complications from abortions that were submitted by physicians; 11.7 percent more than the 469 reported in 2022. More than 79 percent of the complications were related to retained products of conception, 15.5 percent to bleeding, and 2.2 percent to infection.”² Carlton and Snodgrass in, *Moral Injury After Abortion*, argue that some women suffer from emotional distress due to choosing an abortion against their moral values. In their neutral stance concerning abortion, they state, “The moral challenge and resulting transgressive act then engendered moral stress, which ‘arises from conflicts among core values and is experienced physiologically through emotions like shame, guilt, or fear about causing harm by putting

¹Patty Housman, “*Roe v Wade Overturned: What It Means, What’s Next*,” *American University*, June 29, 2022, accessed March 13, 2025, <https://www.american.edu/cas/news/roe-v-wade-overturned-what-it-means-whats-next-cfm>.

² “Abortion Statistics-PA General Assembly,” last modified December 2024, accessed March 13, 2025, pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/healthstatistics/vitalstatistics/documents/2023.

ultimate commitments in jeopardy.”³ With this knowledge of aborted women suffering from physical and mental challenges, I wanted to ask these questions to bring care and support. Can non-biased, faith-based support groups aid in a solution that desires to address the entire woman – physically, emotionally, and financially? Can a faith-based support group alter the emotional distress of guilt and shame at pre and post abortion mental states of the mother? After meeting several women who have shared similar stories of feeling guilt and shame from an abortion decision, I desired to research the matter and implement a support ministry for women with troubled pregnancies.

RESEARCH QUESTION:

In the absence of medical risk to the mother and child and the absence of violence, how can a faith-based support group address troubled pregnancies for women 13 – 45 years old in the State of Pennsylvania? Can guilt, shame, and the lack of emotional and financial support be the catalyst for an abortion? Are there any best practices available today that aid in treating troubled pregnancies? This research will discuss the problem with troubled pregnancies and the need to provide other options for emotional and financial support with an abortion decision; will assess statistical data for abortions with age and income demographics to evaluate the abortion challenge; will define the abortion laws, criminal consequences, and health risks for unsafe abortions; will assess psychological effects on some women who abort; will evaluate the successes of best practices that exist with other faith-based programs in addressing troubled pregnancies; will introduce the plan for innovation of “Her Name is Grace - A Faith-based Support Ministry” that addresses women at pre and post abortion mental states; and will identify

³ Tara C. Carleton and Jill L. Snodgrass, *Moral Injury After Abortion – Exploring the Psychospiritual Impact on Catholic Women* (New York: New York, Routledge, 2023), 85.

partners who have aligned with this program to provide financial and physical assistance to obtain a better outcome with troubled pregnancies. This research project will use the interview method of best practices of other faith-based abortion ministries to establish criteria for the innovation of a program that addresses the needs of troubled pregnancies. Statistical data will also be used to assess the demographics of the community regarding the number of women affected by abortions with the before and after effects of the procedure. This study will attempt to identify the influences and results of an abortion to validate the need for a women's support program addressing their emotional and financial concerns.

STATISTICAL DATA & DEMOGRAPHICS

In the most current 2023 Abortion Statistics for the state of Pennsylvania, 35,412 women aborted, and in the state, abortions are allowed up to 23 weeks of gestation. Within the counties of Montgomery, Philadelphia, and Bucks which surround our context and community, 13,933 women aborted their children.

This is the summary of the 2023 Abortion Statistics,

In 2023, there were 35,412 abortions performed in Pennsylvania. White (15,822) and Black or African American (15,474) individuals accounted in almost equal measure for more than 88 percent of abortions. Abortions to individuals of Hispanic origin accounted for 12.8 percent (4,517). More than 87 percent (31,018) of the abortions performed in Pennsylvania in 2023 were to unmarried individuals...The age group having the most abortions was 25-29, accounting for 10,044 (28.4 percent) of all 2023 abortions.⁴

Table 6 of the Pennsylvania Abortion Statistics detailed the number of aborted women's marital status: Married – 4113; Unmarried – 31, 018; Unknown – 281. The statistics for unmarried

⁴ "Abortion Statistics-PA General Assembly," last modified December 2024, accessed February 2, 2024, <http://www.legis.state.pa.us>.

women at 4,113 episodes were very important because many people believe that abortions are mainly performed on unmarried people versus married. As in Barbara's testimony, often the spouses or significant others pressure pregnant women to abort their child. In *Aborted Women, Silent No More*, David C. Reardon, a pro-life advocate, discusses that personal influences contributed to many women's abortion decisions when surveyed.

Presented with a list of persons who may have played a role in their abortion decision, the women were asked to indicate to what degree each of these persons influenced their final decisions. The following table summarizes the results in the order from the most frequently cited interpersonal influence to the least: A Survey of Women Who Aborted – Were you encouraged to have an abortion by: husband or boyfriend? – 51%; abortion counselor? – 35%; friends? – 24%; parents? – 23%; doctor? – 23%; social worker? – 14% and other family members? – 14%.⁵

Abortions affect all women whether it's the marital status, race, income, or locality, so please see Appendix I for statistics in greater detail.

Let's discuss the income within the Montgomery County communities. According to an income analysis by the U.S. Census Bureau and American Community Survey (ACS) 2022, "In Montgomery County, the median income for all workers aged 15 years and older, regardless of work hours, was \$63,619 for males and \$40,484 for females... In Montgomery County, among full-time, year-round workers aged 15 years and older, males earned a median income of \$84,500, while females earned \$70,465, leading to a 17% gender pay gap among full-time workers."⁶ Another study reveals the disparities of income among the races within the three counties of Pennsylvania in Bucks, Philadelphia, and Montgomery indicating "All White - \$85.1K; Hispanic – \$57.5K; Black - \$56.4K; Other - \$50.7K; and American Indian - \$47.0K."

⁵ David C. Reardon, *Aborted Women Silent No More* (Springfield, IL: Acorn Books, 1987, 2002), 10-11.

⁶ "Montgomery County, PA Income," Neilsberg Study, last modified December 15, 2023, accessed January 3, 2025, <http://www.neilsberg.com/insights/montgomery-county-pa-income-by-gender/>

There is a significant difference between the incomes of the minorities versus the white race.

Studies show that many women who abort will have income deficits. David C. Reardon argues, in his study from *Aborted Women*, that there are multiple reasons why women abort their children, and these are a few of the top reasons:

The two most frequent reasons given for an abortion were financial problems and being unmarried. The expectation of financial hardship after the birth of the child was a major concern for both married and single women. For single women, refusal by parents to help support her and her child was frequently the overriding pressure to abort. In some cases, parents insisted on the abortion. Being unmarried, having a partner unwilling to marry, or being unwilling to marry an undesirable partner are also major factors in abortion decisions, since the prospect of being a single parent appears overly burdensome, or even impossible.⁷

In comparison, the Guttmacher Institute, that provides a prochoice stance on abortion, performed a study in 2004 concerning the top reasons women have abortions. These are the results of their study:

“The reasons most frequently cited 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%). Nearly four in 10 women said they had completed their childbearing, and almost one-third were not ready to have a child. Fewer than 1% said their parents' or partners' desire for them to have an abortion was the most important reason. Younger women often reported that they were unprepared for the transition to motherhood, while older women regularly cited their responsibility to dependents.”⁸

Though the incomes obtained from the 2022 survey indicate that the salaries in Montgomery

⁷ Reardon, *Aborted Women, Silent No More*, 45.

⁸ Lawrence B. Finer, “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives,” *Guttmacher*, <https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>.

County do not indicate any monetary deficits among white residents, there were disparities between races and gender that indicated a much lower household income. Philadelphia County reported lower household incomes than Montgomery and Bucks Counties. Also, many of the wages reported were household incomes and not necessarily the income of one individual who would be responsible for the wellbeing of a child alone. Therefore, according to all the information received concerning the income disparities and the large number of troubled pregnancies within the three counties, there is a need for a support program for women with troubled pregnancies in Montgomery County's lower income communities which holds our context. The lower income communities in Bucks and Philadelphia counties together would allow our ministry to reach hundreds of women. Studies have reported that approximately 5 – 10% of women regret having an abortion; therefore, our ministry would be able to target the 700 women at (5%) of the 14,000 within the three counties who may seek help and assistance.

UNDERSTANDING the ABORTION DILEMMA

Abortion has become such a personal issue and has been divided into two groups: pro-life advocates and pro-choice advocates, and sometimes it's hard for the two groups to meet. Pro-life believers state it's their choice and their right to do with their bodies what they wish, while the pro-life believers feel that the life of the child has the utmost importance, and the abortion choice has minimal significance in comparison to a life. Abortions were believed to be a social and moral issue per Sandra M. Alters, who has a neutral stance on abortion and defines the abortion procedure in her book, *Abortion – an Eternal Social and Moral Issue*, that “an abortion - also called ‘induced abortion’ – is a procedure performed to end a pregnancy before birth occurs. This is not the same as a spontaneous abortion, a process that occurs when a fetus or embryo dies in the mother's uterus and is expelled by the body. Spontaneous abortion is also

called a ‘miscarriage.’”⁹ Alters also states, “Induced abortion can be accomplished in several ways. Some abortion procedures are performed with surgery and some with medication... The type of abortion a woman has depends on her choice, health, and how long she has been pregnant.”¹⁰ The controversy over an abortion is often misunderstood as to how one understands the abortion process. The question of debate is the viability of a fetus and Alters argues the instability in perceptions of an abortion.

The Harris Interactive Election 2000 survey, conducted April 4-10, 2000, asked adults who had previously identified themselves as being pro-choice or pro-life, ‘When does life begin?’ A vast majority (88%) of the pro-life group responded that life begins at conception. The pro-choice group’s opinions about when life begins were much more divided than the opinions of the pro-life group. For instance, the largest proportion of pro-choice respondents (38%) said that life begins when the fetus can survive outside the mother’s uterus (after the point of viability). Only 23% of those identifying themselves as pro-choice felt that life begins at conception. In addition, 15% of pro-choice respondents said that life begins at birth; 8% were not sure; and 14% responded that life begins ‘once brainwaves or motion are observed from the fetus.’ Just 7% of the pro-life group agreed with this final statement.¹¹

Andrzej Kulczycki, who takes a neutral stance to abortion, defines in his article, *Abortion*, that ‘induced abortion is the deliberate termination of pregnancy before viability (which may vary from twenty to twenty-eight week’s gestation, but medical advances now imply that viability can be generally assumed at about twenty-four weeks.)’¹² Though the belief of pro-life advocates is that abortion produces murder, many women who abort do not normally have the mentality that they are committing murder. It is the state of mind of the troubled pregnancy that causes a stress

⁹ Sandra Alters, *Abortion – an Eternal Social and Moral Issue*, 2006 ed., (Gale, 2006), 1, Gale eBooks.

¹⁰ Alters, *Abortion – an Eternal Social and Moral Issue*, 1.

¹¹ Alters, “Public Attitudes Toward Abortion,” 1.

¹² Kulczycki, Andrzej, “Abortion,” Oxford Bibliographies, last modified May 24, 2017, accessed June 26, 2023, <https://www.oxfordbibliographies-com.proxy.library.emory.edu/display/document>.

level that is unimaginable to the regular person. As a matter of fact, many of the early church leaders in the Roman Catholic Church did not see abortion as a homicide. It was denied being a homicide due to the thought processes that a fetus did not have a soul until it formed in the flesh. It wasn't until "Pope Pius IX declared abortion a homicide and therefore grounds for excommunication"¹³ in 1869, and abortion has been declared a criminal activity ever since within the Christian faith. Interestingly, "according to Dr. Roy Bowen Ward in 'Is the Fetus a Person?' the Bible's View," states 'both the Old Testament and New Testament of the Bible are silent on the subject of abortion.'¹⁴ "Jewish law does not recognize a fetus, or even an infant younger than thirty days old, as having legal rights. There have also been changes concerning abortion over the years within the medical community of the American Medical Association. It originally decided against abortion, but it established changes in 1959. "The Medical Penal Code proposed that physicians be permitted to terminate a pregnancy if one of the following conditions was met: The pregnancy threatened the life of the mother or would critically impair the mother's physical or medical condition. The child would be born with a grave physical or medical defect. The pregnancy resulted from rape or incest."¹⁵ Historically, abortion was believed to be a health crisis or a life crisis. Abortion was used with imitations as it was very hazardous to one's health. In times past, many health risks resulted in causing some of the women to perish; therefore, abandonment became a popular alternative. In the book, *Human Drama of Abortion*, Faundes and Barzelatto argued, "Unwanted newborns were abandoned on the doorsteps of private homes, at crossroads, in marketplaces, or in the wilderness. Although abandonment did not involve direct killing, few abandoned newborns were found and raised, and

¹³ Alters, Abortion – an Eternal Social and Moral Issue, 3.

¹⁴ Alters, Abortion – an Eternal Social and Moral Issue, 4.

¹⁵ Alters, Abortion – an Eternal Social and Moral Issue, 8.

most consequently died.”¹⁶ Though women were still obtaining abortions, they were still considered illegal. It was the *Roe v. Wade* case that finally legalized abortions. Jane Roe, who was Norma McCorvey, lived in Texas and had a 5-year-old daughter. She was divorced and in great financial strain and was a 21-year-old high school drop-out. She was pregnant again and sought an abortion procedure due to her poor economic situation. Abortion was illegal in Texas unless the mother was at a great health risk. Norma approached many abortionists but was turned down because of the law. With this hardship in her life and the inability to obtain an abortion, Norma gave up the child for adoption. This act exposed her to attorneys who felt a need to support women and their rights to obtain an abortion. It took several years and several debates before the Supreme Court before Norma McCorvey won the right to obtain an abortion under the supervision of a licensed, professional physician. The attorneys for Roe, Norma McCorvey, were able to show that illegal abortion was an infringement on her right to privacy and that it violated the fourteenth Amendment. Another resource stated, “The Supreme Court decided in 1973 in the case of *Roe v. Wade* that before viability (roughly the first 24 weeks of a normal 40-week pregnancy), the circumstances of a woman’s abortion decision should not be judged by anyone.”¹⁷ No judgement should be made on any woman’s pregnant crisis. Even if we disagree with other’s decisions due to our personal, religious or societal beliefs, nonjudgement, kindness, and compassion should always be displayed. This abortion issue continues to be controversial and divisive, separating families, churches and the country. To many, all the progress of legalized abortions and the rights of pro-choice believers to make their own decisions with their bodies were erased with the reversal of *Roe v. Wade*, and troubled

¹⁶ Faundes and Barzelatto, *Human Drama of abortion*, 74.

¹⁷ Lynette Knapp, trans, *the Abortion Controversy* (San Diego, CA: Greenhaven Press, Inc., 2001), 87.

pregnancies increased with abortion bans due to criminal consequences to healthcare providers, aborted women, and to anyone else who assisted with the personal decisions of pregnant women.

RISKS WITH ABORTIONS AND ABORTION BANS – [The Problem Defined]

The reversal of the Roe v. Wade law has made many women feel that their rights have been taken away from them as human beings and possibly criminalized to serve time in prison for their personal moral choices. The criminal laws are not only applicable to them but to their healthcare professionals and anyone who assists them in their travels. When women have troubled pregnancies, they will seek to obtain the results they need when in fear, and any banning of the law or restrictions will not always cause them to consider other options. Therefore, the problems identified are the number of pregnancies seeking abortions, the medical risks of illnesses and maternal deaths from the consequences of poor medical services or the absences of medical services due to the banning of abortion laws and criminal consequences in multiple states, and the risks of psychological effects that are believed to occur with some post-aborted women. The statistics of the number of abortions in the state of Pennsylvania have already been discussed indicating that the numbers are large, and there is an opportunity for this support group to change the lives of some of the women with troubled pregnancies. Now let's discuss the other risks to abortion that identify the problems.

Women with troubled pregnancies are at threat for medical risks with health challenges in abortion ban states. Studies show that abortion procedures are safer in legal abortion states. When women must seek abortions by other means or in other states, their health is at a greater risk when complications arise, and they are not treated readily due to the bans in abortion states. Sandra Alters states in her book, *Abortion*, that abortions are safer in states that have no restrictions or less restriction bans. She argues, "In its first major study of abortion (*Legalized*

Abortion and the Public Health, Washington, DC: National Academy Press, 1975), the Institute of Medicine concluded that ‘evidence suggests that legislation and practices that permit women to obtain abortions in proper medical surroundings will lead to fewer deaths and a lower rate of medical complications than [will] restrictive legislation and practices.’”¹⁸ The story of Amber Thurman is a perfect example of a woman having to obtain an abortion in another state due to strict abortion bans and obtaining complications and being denied treatment in her home state. This will be discussed in length later in the study. The New York Times state that twelve states have initiated abortion bans, and many other states have initiated abortion restrictions since the reversal of *Roe v. Wade*. These are the states that have instituted abortion bans in almost all circumstances: Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, Tennessee and West Virginia. There are other states – Idaho, Indiana, Kentucky, South Dakota, and Texas - that have greater restrictions that are in further details in Appendix III. The following states had restrictions of gestational limits at six weeks including: Florida, Georgia, Iowa, and South Carolina. Two states had gestational limits at 12 weeks including Nebraska and North Carolina, and the state of Utah had an 18-week gestational limitation. All the other states had legal abortion access under varying conditions to include until viability, or no limits at all, while 4 states allowed legal abortions till twenty-two and twenty-four-weeks including Pennsylvania, the state in which my context is located. Why is the clarity of the state’s decisions necessary to know? Many women feel violated in their rights to make decisions about their own bodies, so states with bans or strict limitations have caused many women with troubled pregnancies to seek other states to obtain abortion services or healthcare services for their medical safety. The medical safety risk is not just for safe abortion procedures but also for life saving measures for

¹⁸ “Medical and Ethical Questions Concerning Abortion,” *Abortion: An Eternal Social and Moral Issue* (2006 ed.), accessed November 18, 2024, <https://go-gal-com.proxy.library.emory.edu/ps/retrieve.do?>

women who naturally abort. To know which states have legal abortions and which have bans or restrictions can determine the medical safety of a pregnant woman. Abortion bans have been determined to cause greater health risks for women seeking abortions leading to major illnesses even up to death for the mother. In the Guttmacher Publication, a pro-choice advocate, they argue in, *State Bans on Abortion Throughout Pregnancy*, that abortion bans affect all women but especially the marginalized.

Research has long indicated that abortion bans of all types have the greatest impact on people in marginalized groups. Individuals who face systemic racism and other forms of oppression may encounter compounding barriers to obtaining an abortion.¹⁹

According to Sandra Alters in *Medical and Ethical Questions Concerning Abortion – Abortion and Health*, she argues the discrepancy of health risks regarding abortion by giving the history of health risks for abortions from the early 1800s, the evidence stated by the Institute of Health, and the studies of a former Surgeon General, Dr. C. Everett Koop.

Abortion was widely practiced during the colonial period and early years of the United States but became less common between the early 1800s and 1973, when – under certain conditions – abortion was considered a criminal offense. After abortion was legally banned, women of means generally were able to find doctors willing to perform supposedly therapeutic (medically necessary) abortions allowed by law. Many poor women, however, died or developed medical complications from self-induced abortions or abortions performed by untrained persons.

Since the 1973 Supreme Court ruling on the legality of abortion in *Roe v. Wade*, a number of studies have been done on the physical, emotional, and psychological impact of abortion on women. In its first major study of abortion (*Legalized Abortion and the Public Health*, Washington, DC: National Academy Press, 1975), the Institute of Medicine concluded that “evidence suggests that legislation and practices that permit women to obtain abortions in proper medical surroundings will lead to fewer deaths and a lower rate of medical complications than [will] restrictive legislation and practices.”²⁰

¹⁹ “State Bans on Abortion Throughout Pregnancy,” Guttmacher, Google, last modified January 2, 2025, <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans>.

²⁰ Sandra Alters, *Abortion – an Eternal Social and Moral Issue – Abortion and Health*, 2006 ed., (Gale, 2006), 1, Gale eBooks.

Abortion bans have caused some women to flee for their safety, and some have ended with loss of life or irreversible medical illnesses. The story is told of Amber Nicole Thurman who resided in the state of Georgia and was pregnant with twin babies. Amber had just moved to her own place and was to soon start nursing school and felt that children would not be the best decision at this time. Because of the abortion restrictions in Georgia, Amber had to travel to North Carolina for an abortion procedure; however, Amber became very ill with a severe infection. She was given abortion pills, but not all the fetal tissue was excreted from her body. Physicians declined to treat Amber until her situation became dire due to the abortion bans. Amber simply attempted to obtain an abortion in another state because of the abortion restrictions in her home state; however, she lost her life due to the healthcare workers fear of imprisonment. Because of Georgia's abortion restrictions at six weeks, she could not be seen by the medical staff until her medical status was grave enough to warrant it. Candi Miller was a second woman pregnant who could not receive medical services due to a troubled pregnancy. Candi had multiple disease pathologies and was counseled that another pregnancy would be detrimental to her health. However, Candi became pregnant but had ordered abortion pills to end the pregnancy. She too had fetal tissue remains in her uterus that caused major illness. She sustained great pain and was confined to her bed for several days. Candi expired without a hospital admission due to the new legislation of a six-week abortion ban with criminal penalties for healthcare providers. She expired from a mixture of pain medications attempting to self-manage her pain. These two Georgia incidences occurred in August and November 2022 respectively, and it drew lots of controversy stating that these two mothers expired because of the severity of the abortion ban and laws. From these incidences, a Georgia state judge reversed the six-week abortion ban as 10 doctors reported that both women's medical conditions were preventable of death. Though

abortion procedures are deemed safe, the medical status of some women with troubled pregnancies are at high medical risks in abortion ban states should any health challenges occur. However, fewer risks or medical complications occur in states with less restrictive laws. This is the second problem identified.

The third problem is one that I have personally experienced with three ladies who confronted me in the past. Upon contacting my context, they all experienced guilt, shame, financial deficits, and difficulties with forgiveness internally and externally, yet their abortion decisions were made five to ten years plus prior. They were seeking pastoral care to help with their guilt and shame. The dilemma is the notion that some post-abortion women suffer from psychological issues. It is quite controversial, and several studies have been done to determine the validity of psychological illness in women post-abortion. It is also a political debate and discussion. Many pro-life communities feel that there is a high risk of medical and psychological illness that occur because of the abortion procedure and that some risks are not discussed with women prior to an abortion. They believe that there are other options to abortions that are not shared, and the women do not discover the side effects of their decisions until after the procedure. They believe that many of the issues are not reported or shared with the community, and it gives a false sense of safe abortions. The pro-choice communities debate and argue that abortions are safe procedures and do not put women at risk of medical or psychological harm. Studies have been performed with results to indicate that abortions pose no further harm than women who delivered unwanted babies or from those who lost their babies naturally. So the question is asked. Can psychological illness be the result of women with post abortion procedures? In the journal, *Health Care for Women International – No One Needs to Know! Medical Abortion: Secrecy, Shame and Emotional Distancing*, a study was done on 22 women who had a medical abortion at home. Idun Roseth and

cowriters, who take a neutral abortion stance, argue that many of the women had some emotional issues months to years beyond the abortion procedure, but they did not regret having an abortion.

Roseth states, “Through our analysis we revealed that the women in this study terminated their unintentional pregnancy because this was perceived as a logical and sensible choice in their current life predicament. However, ambivalent feelings and thoughts of ‘what if’ were clearly present beneath the surface, for some more than others... Most of the women did not regret their decision, yet an emotional reaction to the abortion occurred, often after months or years.”²¹

In Sandra M. Alters, *Abortion: An Eternal Social and Moral Issue: Medical and Ethical Questions Concerning Abortion*, she lists several studies and their findings concerning psychological risks with abortions. Under the sub-title, “Abortion and Health,” she discusses a report regarding Post-Abortion Stress Syndrome. It was a report from Dr. C. Everett Koop, Surgeon General of President Ronald Reagan, who was asked to perform a study on the health risks of aborted women, but the report was not released until 1989. Some found Dr. Koop’s findings to be suspicious because the report was not released for two years. However, Dr. Koop reported in a letter to President Raegan that the findings from the research were inconclusive. He also stated that there were some reports of psychological illness. “In March 1989, testifying before the U.S. House of Representatives, Dr. Koop reported that, although psychological problems may result from having an abortion, the problem is ‘minuscule from a public health perspective.’”²² Dr. Koop argues that though there are some cases of women with psychological issues post abortion, the numbers are too small to support real issues or a psychological diagnosis. Koop also argues that not only were the results inconclusive regarding psychological problems, but that some anti-abortion groups support the

²¹ Idun Roseth, Eva Sommerseth, Anne Lyberg, Berit Margrethe Sandvik & Bente Dahl, “No one needs to know! Medical Abortion: Secrecy, shame and emotional distancing,” *Journal of Health Care for Women International*, DOI (2022): 6, accessed July 7, 2022, <https://doi.org/10.1080/07399332.2022.2090565>.

²² Alters, *Medical and Ethical Questions Concerning Abortion*, 1.

idea that there are large numbers of women who do suffer from psychological issues called the ‘post-abortion syndrome,’ and that it was associated with post-traumatic stress disorder; however, Koop disagrees. Alters cites in this same chapter that “Dr. Nancy Adler of the University of California at San Francisco,” who was also an expert with the American Psychological Association, gives her report.

Dr. Adler reported that an APA expert panel on the psychological effects of abortion found no evidence of the so-called ‘post-abortion syndrome’ of psychological trauma or deep depression. In fact, the APA investigation found ‘the predominant feelings following abortion to be relief and happiness. Some women report feelings of sadness, regret, anxiety, or guilt, but these tend to be mild.’²³

Planned Parenthood, a pro-choice advocate, also did studies reported in, “The Emotional Effects of Induced Abortion,” and they argued that any psychological issues are minimal and there is no threat to aborted women. They also report that the greatest difficulty with aborted women is not after the procedure but before the procedure, and the only women who may suffer from psychological issues would be from those who had emotional issues prior to the pregnancy and those who wanted a healthy pregnancy. However, Alters also reports controversial study results that suggest that psychological problems do occur. A Pro-life Action Ministry, who authored, “What They Won’t Tell You at the Abortion clinic argued in this statement,

Most often a woman will feel the consequences of her decision within days of her abortion. If they don’t appear immediately, they will appear as she gets older. Emotional scars include unexplained depression, a loss of the ability to get close to others, repressed emotion, a hardening of the spirit, thwarted maternal instincts (which may lead to child abuse or neglect later in life), intense feelings of guilt and thoughts of suicide.²⁴

²³ Alters, Medical and Ethical Questions Concerning Abortion, 2.

²⁴ Alters, Medical and Ethical Questions Concerning Abortion: Others Disagree, 3.

Alters tells of another study concerning the Rachel Project, which is a pro-life abortion group for women and men of aborted pregnancies, that was reported by Dr. E. Joanne Angelo, “an assistant clinical professor of psychiatry at the Tufts University School of Medicine and a psychiatrist in private practice in Boston,” that Dr. Angelo disagrees with Dr. Adler and Dr. Koop, the former Surgeon General. Dr. Angelo argues that psychological issues are prevalent, and they can occur immediately after the abortion or anytime between “five to twelve years” before any of the women have the courage to seek help. She reports their addictions to alcohol to calm their thoughts of “sorrow, guilt, and shame,” and their feelings of loneliness and eating disorders, and their difficulty of forming and maintaining relationships, and their attempts to replace their deceased child are prevalent. In *Moral Injury After Abortion – Exploring the Psychospiritual Impact on Catholic Women*, Tara Carleton and Jill Snodgrass, who take a neutral stance with abortion, reported various studies that conflicted over the mental health risks with aborted women as well. They report that some feel that as many as 10 – 20% of women suffer from mental illness post abortion; however, the APA established a task force that would perform a study on the health risks of aborted women, and the study revealed that the health challenges and mental health risks were no different from those of aborted women than those who gave birth to an unwanted child. The APA Task Force also reported that if any psychological issues occurred it could be due to their religious experience, either previously or presently, and that would cause some people to experience feelings of mental distress. They argued that mental illness was a minimal result among most aborted women, but some negative issues occurred with those who were shaped by moral beliefs and their religiosity.

Another reported risk of negative emotional outcomes because of an abortion argued by Carleton and Snodgrass comes from a study performed by Major et al. This study revealed that women who had self-blame with their character had more negative views coping with their

acceptance of the abortion procedure immediately and some three weeks later; however, those who reported behavioral blames had no issues coping with the abortion. Carleton and Snodgrass, who were well known for their argument regarding moral stress that leads to moral injury, argued that when women have self-blame regarding their character and “experiencing a meaningful pregnancy,” these two factors can lead to negative emotional outcomes and may lead to “moral injury post abortion.”

As we have discussed multiple studies and controversies over the effects of psychological illnesses post-abortion, many of the studies would agree that there is a small number of women who are effected and is believed to occur with women who had psychological problems prior to the abortion, moral views concerning abortion or religiosity, and that mental illness was no different for aborted women than from women with unwanted births and women who had failed wanted pregnancies. Due to the low statistics of women who report psychological illnesses that are described to be “post-abortion syndrome” or “post-abortion trauma,” researchers state there is no diagnosis of that and that the APA does not have it included in the “Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD),” nor is it recognized as a real diagnosis by medical or mental healthcare professionals, and nor is it associated with PTSD.

The fourth problem concerning psychological issues with abortion raises the second question of the research, assessing if guilt or shame were contributors to an abortion. This issue is very controversial among researchers as some feel that guilt may be a lower cause, but shame had minimal to no cause for abortion. Roseth and colleagues in the article, *No one needs to know!*, argue that women do opt for an abortion when in a troubled pregnancies due to various reasons. However, guilt and shame were secondary emotions that the women encountered and were the

result of their abortion choice due to alienation and judgement within their communities and families. Carleton and Snodgrass in *Moral Injury After Abortion*, argued that women in troubled pregnancies experienced moral stress that led to moral injury. They defined moral stress as “results from the experience of a moral challenge that engenders conflict related to one’s moral beliefs, core values, or ultimate commitments; imperils one’s integrity or self-understanding; and is experienced physiologically through emotions such as shame, guilt, or fear. Moral injury is the social, psychological, and spiritual suffering that results when one cannot adequately manage or cope with the experience of moral stress.”²⁵ Carleton and Snodgrass also argued that these symptoms of guilt, shame, and the lack of self-forgiveness were a result of moral injury from an abortion; however, guilt and shame were again secondary emotions after an abortion procedure versus the cause for the abortion. Carleton and Snodgrass site multiple studies and reasons that influence abortion, and guilt and shame were not listed as primary reasons but more of secondary reasons post abortion. They reported,

According to research, common factors contributing to a woman’s decision to have an abortion include individual goals, such as relationships and career-related goals, relationship difficulties, and finances. Studies conducted as early as 1985 investigated the reasons women seek abortion and overwhelmingly, despite changing contexts, those reasons have not changed.²⁶

Other reasons for seeking abortions may have varied slightly with some women feeling that the timing was not right either due to being too young or not the right time in life and other women feeling an obligation to their other children in response to the new pregnancy. As multiple studies have been completed over the years, it was stated earlier that the influences for abortion primarily remain the same. I asked the question if guilt and shame were the catalyst to an abortion, and the

²⁵ Carleton and Snodgrass, *Moral Injury After Abortion*, 57.

²⁶ Carleton and Snodgrass, *Moral Injury After Abortion*, 19.

answer from multiple studies reveal an answer of no. Guilt and shame are emotions obtained as a result of the post-abortion procedure.

BEST PRACTICES OF FAITH-BASED ABORTION MINISTRIES

The third question of this research was to assess if there were any best practices within the community that could aid in treating troubled pregnancies. Through research, we were able to access a combination of faith-based pro-choice and pro-life abortion ministries for women with troubled pregnancies that were very successful in addressing emotional and financial assistance as well as provide training courses for prenatal care, birthing skills, child parenting skills, emotional support for parents, pastoral care and counselling services. These are a few of successful ministries that have made great success in its treatments and support of troubled pregnancies throughout several states:

1. Religious Community for Reproductive Choice – An interview was performed with one of the employees, Carolyn Miller, who provided a history of the ministry, and the interview questions can be cited in Appendix V. It was shared that this ministry has been in existence since 1967. It was called a clergy consultation service, and it was previously located in 38 states. It was a live on-site service with twelve to seventeen employees until their government funding was discontinued, and they resorted to an on-line website ministry with three full-time employees. It is a protestant faith, pro-choice abortion ministry, but it does not act as a direct referral service. It simply offers spiritual support and education for mothers or parents through prayers, meditations, spiritual literature, pastoral care, “compassionate care,” legislative literature pertaining to current laws and political changes, resources for emotional and spiritual healing along the abortion journey, and training courses on birthing, adoption, teen pregnancy, and abortion rights. It has a large clergy

staff that represent a multitude of spiritual faiths. It does not provide live interactions with the clients. In 1973, after *Roe v. Wade* was passed, the “Religious Coalition for Abortion Rights” became an official legal organization, and it was incorporated in 1981 “to be codified” in the states. It became a global ministry that provides educational courses for parents, pastoral counselling for troubled pregnancies, and training for clergy and ministry leaders to provide spiritual and emotional support within their faiths without judgement or condemnation via online services. It is one of the most productive ministries that addresses the religious freedom of reproduction. It states that the birth decisions are sacred for the women who make their choices, and the freedom to choose is protected by “people of faith.” It supports the justice for reproductive care in multiple situations and provides information concerning legislative changes around reproductive rights. Its website states the mission of the ministry:

We strive to provide a safe and compassionate space for individuals who may be going through a difficulty reproductive crisis such as infertility, loss, abortion or a lack of maternal care... Our goal is to empower you with the tools you need to honor your unique experience, heal from any emotional pain and find hope and peace on the other side of this crisis.²⁷

This ministry addresses four categories per their website – “Support for Reproductive Crises, Faith Based Resources for Clinics, Leadership Training, and Activist Education.” Their marketing strategy was totally through social media platforms. Their financial support was dependent upon private donations which sustained their website advertisement and employee salaries. Miller felt the most important part of their mission was “to live in a world where people are not shamed for their choices and trying to combat shame and stigma associated with

²⁷ Google, “*Religious Community for Reproductive Choice*,” accessed December 8, 2024, <https://rcrc.org>.

abortion.”²⁸ The difference in their services with other faith-based ministries is the amount of pastoral care and compassion care that is provided for all troubled pregnancies and other maternal losses. They are proud to partner with other organizations, especially “We Testify,” a program that shares the testimonials of aborted women as well as with other organizations providing leadership courses to those seeking compassion training for women with troubled pregnancies. These leadership training courses are inclusive of four classes and are offered on-line at a low cost.

2. Catholics for Choice - It is a faith-based, pro-choice ministry that started in 1973, when Roe v. Wade was legalized. Their aim is to speak out for those who are oppressed and ensure that all women have rights to make their own reproductive choices. They have three principles that portray their values: “conscience, social justice, and religious freedom.” They feel true to their catholic beliefs and traditions and feel that everyone must be able to use their own conscience. It supports social justice for all people regardless of race, gender, finances, ethnicity or culture, which is called the “Preferential Option for the Poor.” They support religious freedom to accept Christianity or no religious affiliation at all and strongly believes in the “separation of church and state.”

They have 1200 organizations in 41 countries and has been tested and proven to be accurate by 6,000 advocates.

The mission of Catholic for Choice – which serves the pro-choice Catholic majority – encounters, educates and emboldens people of faith who support reproductive freedom. Catholics for choice believes healthcare is a human right and that includes access to abortion. Our faith calls us to affirm reproductive and religious freedom as essential to Catholic social justice.²⁹

²⁸ Carolyn Miller, interviewed by author, Norristown, October 8, 2024.

²⁹ “*Our Mission*,” Google Catholics for Choice.org/theory-of-change/assessed December 10, 2024, <http://www.google.com/Cahtolicsforchoice>.

Catholics for Choice provides education on legislation for abortion and reproductive rights, LGBTQ+, immigration, and gender equality. It also provides education and support via library resources, workshops, webinars, testimonials, and seminar trainings. Its employees make up a diverse group but does not include a host of clergymen as the Religious Community for Reproductive Choice ministry. It also depends on private and public donations to fund the employee's salaries and website support for marketing and education.

3. StandupGirl.Com Foundation - It is a faith-based, pro-life ministry that provides pregnancy training in multiple sites such as clinics, resource centers, and homes for maternity. It is a non-profit organization that is acknowledged world-wide by multiple Christian Leaders, and its vision is to dissuade women and couples from the idea of abortion presently and in the future. It works with women who are vulnerable to pregnancy and purposefully attracts women between the ages of 12 – 24 years old to educate them to advocate for the life of their child. It was formed in 2001 by the founders – Katy and Paul Harmon - and has been very influential to 64 million women and couples who have viewed this site since its inception. Approximately 50,000 young ladies view this site per month. This mission was developed to reach youth and young adult women on multiple social media sites to address them during their time of crisis with information to encourage them to maintain their pregnancy. Standup Girl's Mission is this:

To Reach and Rescue as many lives as possible, around the world, through an effective network of life-affirming pregnancy help, to Renew communities for LIFE. To achieve our mission, we do the following: We REACH those who are abortion-vulnerable through the StandUpGirl website, social media sites, 24x7 chat, text and email services. 'Reach down your hand from on high; deliver me...' – Psalm 144:7. We RESCUE those who are reached through our life-affirming network by providing true reproductive health care,

ministry, education, and social services where lives are saved and changed.³⁰

Standup Girl ministries feel that their techniques are to reach across the aisle and attract women who are pro-choice believers being different than many of the other abortion ministries that are present today. Standup Girl functions with choosing a “Pregnancy Help Organization” for personal counselling to young ladies with troubled pregnancies. They also provide prenatal birth classes, parental child-rearing classes virtually, and texting counselling services. It also provides educational classes to include dating, love, sex, girl power, teen girl help and young mother’s help. It has various marketing strategies already stated through chat lines, websites, emails, yard signs, posters, testimonials, and billboards. It also depends on charitable donations from partnering with private and public organizations, stocks, vehicle donations, and employment settings. This ministry stands out from others due to the age population that it attracts, the diversity in donor acceptance, and in marketing strategies.

4. First Choice Women’s Resource Centers – It is a faith-based, pro-choice ministry that has five locations throughout the New Jersey state. It offers free medical services for Telehealth visits, abortion services, pregnancy testing, and STD services. Women can make appointments for office visits and this organization will journey with them during their pregnancy path for an abortion if desired. It feels that it is different from other abortion centers because it covers all the healthcare costs and will help women in their decision-making process of abortion as the FDA has “advised the abortion pill’s” option up to 10 weeks for abortion safety. It also provides online courses and training sessions

³⁰ “*Statement of Faith*,” Google StandUpGirl.com Foundation, accessed December 10, 2024, <http://www.standupgirlfoundation.org/statement-of-faith/>.

with spouses or significant others and counselling sessions and training classes for all pregnant women. The environments are private and without judgmental biases. First Choice stands out from the rest of the other faith-based abortion ministries as it offers post-abortion care to address the emotional problems of some women with “depression, sadness, eating disorders, anxiety, feelings of low self-esteem, desire to avoid pregnant women and or babies, recurring nightmares or flashbacks to the abortion experience, and various types of addictive behaviors.”³¹ It also stands out with its training courses for men and significant others of women with troubled pregnancies for emotional support.

5. Solutions Health and Pregnancy Centers – This is considered a faith-based, pro-choice abortion ministry because of its commitment to compassionate care for troubled pregnancies. It has thirty-nine years of experience, and it also provides free pregnancy and STD services. It provides training to men and significant others for emotional support of their partners. It has two New Jersey sites, and its mission is very similar to First Choice Women’s Resource Centers. It provides on-site medical, coaching, and counselling visits in very private settings to diminish anxiety for women. They do not provide or refer abortions. This ministry is different from others because of the coaching services it provides.
6. PreBorn! – It is a virtual, Pro-life abortion ministry whose mission is: “To glorify Jesus Christ by leading and equipping pregnancy clinics to save more babies and souls.” It provides spiritual counselling through the following: prayer initiatives, blog writings, evangelism training for pregnant women and evangelism for treatment clinics, training

³¹ “*After-Abortion Care*,” Google First Choice Women’s Resource Centers, accessed December 10, 2024, <http://www.google.com/firstchoicewomen’sresourcecenters>.

courses and library resources that promote the life of the child and emotional support of the mother. It also provides post-abortion counseling services encouraging women to accept God's forgiveness for their emotional healing. PreBorn! is financed through public and private donations distributing 8% to administrative and website cost and the remaining 84% to its programs. It solicits personal and private donations from various organizations and communities including monthly financial commitments to ensure its program's success and longevity. PreBorn!'s Mission: "Providing resources for mothers and their preborn babies means more lives saved and souls impacted with the Kingdom of God. This is the passion and purpose of PreBorn!"³²

Her Name is Grace Ministry differs from these various programs in that it offers services without political biases. It respects a woman's rights to abort as well as a decision to birth their child; therefore, counseling services will be provided for pre- and post-abortion situations. It will provide emotional and financial support through a Big Sister Program that establishes a deeper nurturing and healing relationship with an intimate one on one connection. Its focus is on the life of the mother and child and is in hopes of the mother choosing birth as well as nurturing the mother beyond the birthing or abortion procedures.

HER NAME IS GRACE – [INNOVATION OF THE PLAN]

After initiating pastoral counseling with Barbara and other women who approached our context confidentially and was suffering from emotional distress with an abortion procedure that occurred many years prior, we were moved to start a women's support ministry to address women in

³² "The Defining Issue of Our Generation," Google PreBorn!, accessed December 10, 2024, <http://www.PreBorn!.com>.

emotional pain. Depending on one's moral upbringing, it can determine the extent of remorse felt, if any at all, and all the women who contacted us were from families of moral values and religious homes. They were all experiencing extreme shame and guilt and difficulty with self-forgiveness post abortion. We gave much thought and prayer to the distress that these women faced, and we were spiritually and emotionally moved to address women of troubled pregnancies during the most difficult, confusing, and fearful times of their lives. The name – Her Name is Grace – was given to us at the beginning of the developmental process during our times of prayer and devotion. Grace always symbolizes the act of kindness and compassion of God but especially in times when we feel the least deserving. We want the women to know that God's compassion is always with them even during their darkest of times. It is a nonpolitical ministry that is unbiased to decisions of those choosing the abortion procedure and for those who choose not.

This is a summary of the program:

1. Her Name is Grace is a faith-based support ministry for women with troubled pregnancies who may be contemplating an abortion, unrelated to medical risks or sexual crimes.
2. This ministry will offer emotional support through pastoral care, professional counselling, and financial support for childcare services that include food, clothing, and diaper products through monthly vouchers to assist those who give births. This attempt to address an abortion decision is not politically based but health based, focusing physically and psychologically on the health of the woman. Though the psychological effects are minimal as indicated by multiple studies, this ministry is created to reach the 5 – 10% of women located near our context.
3. Post-abortion counselling services will be provided to women who are experiencing psychological distress, and pre-abortion services will be provided for women who are

fearful or are having financial difficulties; however, it will not supply monies for abortion services. It is designed to distribute financial vouchers to women who choose birth for the first one to two years depending on the financial needs of the mother.

4. It will operate as a big sister support group assisting women with their appointments for medical visits and hospital delivery, if needed. It will provide support and personal care in celebrating special events with birthdays and anniversaries, aiding with job application processes, and training in interviewing skills to assist with employment finding for financial stability.
5. Most of the employees will be volunteers for this ministry, as some women within our context and the community have experienced a troubled pregnancy and would strongly desire to participate in this ministry. The employee staff for this Big Sister Program includes marketers, financiers for grant writing and solicitation for private and public donations, professional counselors, spiritual counsellors, session planners, human resource trainers for job finding, vendor connectors for baby item donations, web-site developer, front desk staff and secretarial services to maintain important records, contacts, contracts, and record keeping. Services will be held within the church's context to start.
6. The cost for the program will entail:
 - \$100 for professional counselling and emotional support up to 12 sessions at one per month as needed for pre- and post-abortion services. Counselling services will be provided via live sessions versus on-line sessions.
 - \$200 vouchers per month will be negotiated with programs through merchants such as Wal Mart and Target.
 - Pastoral care will be provided on a volunteer basis without cost, however, professional

counsellors will receive compensation.

- The cost of the monthly budget will be determined by the number of clients in the program. If the demand exceeds the supplies, a waiting list to enter the program will be established.
7. Professional and pastoral counselling will also be provided for staffers who may encounter emotional distress from personal interactions with the women.
 8. The challenges that may be encountered with this ministry could be the ability to maintain the financial budget for monthly expenses and counselling staffers and the monthly voucher program, the fatigue and burn out of volunteers, and the number of clients entering the program. Our response to those challenges will be to maintain financial grants, public and private donations, and connections for vendor gifts. Burnout and emotional stress that may affect the staffers will be addressed through pastoral and professional counselling. A waiting list for the program admission will be established to manage the monthly budget and client enrollment if over-enrollment occurs.

Her Name is Grace is committed to providing services for oppressed women while maintaining our value system of respect personal choice, and emotional and health safety for every woman. The mission is to provide services for every woman with a troubled pregnancy that we may encounter and specialize in our personal one-on-one care in hopes of changing lives promoting healthy, emotional, and physical outcomes.

THE PARTNERS

Her Name is Grace Ministries have received numerous accolades for its mission, value system, and dedication to helping women with troubled pregnancies. It will look to partner with department store merchants who are willing to donate diaper supplies, clothing items and other

baby products as well as obtaining grants through private and state organizations to achieve this cause. One grant funding organization called the Versacare Foundation was elated to hear the mission of this ministry and wanted to participate in the venture. It offers up to \$50,000 per year and has agreed to support the ministry financially; however, it does recommend that we partner with other financial institutions as well to ensure a steady income. The ministry has already been approached by other clergy who would like to initiate this ministry in their context and partner with Her Name is Grace Ministries to extend it to other states. Our church context will provide 25% of the financial cost and provide volunteer staff members. We have also partnered with the organization, Religious Community for Reproductive Choice, for educational services through their resource library and training courses which include – emotional and spiritual support training, leadership training, and compassionate care training.

CONCLUSION

Her Name is Grace Ministries was developed from the private consultation of some women who felt extreme guilt, shame and unforgiveness after many years of experiencing an abortion procedure. The decision was haunting them, and they had no peace of mind. So, the innovation of this ministry was to address women at the start or during their time of crisis to prevent the emotional distress that we witnessed with several women. As the abortion topic has ballooned into great political upheaval with some states having strong restriction bans, the reversal of Roe v. Wade, and criminalization of the abortion process, the need for a ministry to assist women at this time seemed obligatory. This research was to address the problems concerning troubled pregnancies through statistical data of young pregnancies, their income limitations, and the number of abortions obtained near our context. It was to look at the problem through various risks of abortions including the hardships on female choices, their risks of health and medical illness with strict

abortion bans, and potential changes in legislation concerning abortion laws. It was to address the psychological health of the mother during the pregnancy and post abortion and assess if shame and guilt were a catalyst to an abortion.

The findings suggested that there were 35,412 abortions received in the state of Pennsylvania with 13,933 occurring in the locality of the context with women of diverse ages, cultures, and incomes. The lower the income and education the greater the choice of an abortion. Secondly, some studies revealed that states with stricter abortion bans would cause women to have unsafe abortion procedures and put them at great medical harm. Amber Thurman and Candi Miller, just to name a few, were refused medical attention after an abortion attempt, and they died from medical complications. Therefore, the women's health issues are of great importance as every life is valuable. Thirdly, psychological problems as an aftereffect has been proven to affect only a small group of women. Study results revealed that most women have no regrets from an abortion procedure except for a minuscule number who report suffering from psychological distress. There is a great controversy with those findings due to methodological deficits within many of the studies performed. For those who suffer emotionally, it could have been from one's moral views, religiosity, and psychological health prior to the pregnancy. The APA also stated that there was no psychological diagnosis of Post-Abortion Syndrome that correlated with PTSD, and it is not listed as a viable diagnosis. Most studies revealed that guilt and shame were not a catalyst for abortion but may be an aftereffect from a post-abortion procedure. The reasons for an abortion had slight variations, but the main causes remained the same for years. They were primarily due to unwanted pregnancies because of financial deficits, poor relationship issues with the father, and interruption of present and future goals. Because of these results, the problem was identified and the need for a women's support group for troubled pregnancies was established. Her Name is Grace Ministries

was developed to address the small number of women who may suffer from emotional distress with post-abortion procedures as well as those with financial deficits prior to an abortion. It is a ministry that is committed to providing services for oppressed women while maintaining our value system of respect, personal choice, and the emotional and physical health and safety of every mother. This faith-based program is non-political and has been approved by many who have been introduced to it with financial and volunteer staffing partnering. It is dedicated to bringing hope to those who feel hopeless and to change lives one at a time. We end this research with this question for further study:

The women that approached our context for pastoral counselling had psychological distress for greater than ten years and denied having any psychological issues prior to their pregnancies. So, due to the inconclusiveness of the psychological impact on women post abortion, can further studies be performed that will observe women for ten years or more versus the three years of observation in many of the previous studies?

Appendix I

Statistical Data

The ages of aborted women in Pennsylvania were these: "12 or under: 3; 13 - 19 years: 2,882; 20 - 24 years: 9,362; 25 - 29 years: 10,044; 30 - 34 years: 7,827; 35 - 39 years: 4,045; 40 - 44 years: 1163; and 45 years and older: 86." [Table 1]

"Induced Abortions Performed in Pennsylvania by Race of Woman - January - December 2023: White - 15,822; African American - 15,474; Asian/Pacific Islander - 1,287; Multi-race - 1,349; Other races - 316; Unknown - 1164 for a total of 35,412." [Table 3]

In Montgomery County where my context is located, there were 2,053 abortions of the 35,412 performed in Pennsylvania. [Table 7, pg. 5] In comparison to the state, the ages of abortion for Montgomery County include: Under 15 years: 10; 15-17 years: 35; 18-19 years: 109; 20-24 years: 452; 25-29 years: 558; 30-34 years: 481; 35-39 years: 301; and 40 plus: 107. [Table, pg. 5]

The surrounding Counties of Philadelphia and Bucks have their individual totals of 10,826 and 1054 reported abortions respectively who could also be impacted by our women's support ministry for troubled pregnancies. [Table 7, pg. 4-5]

The 2023 Abortion Statistics also share the number of aborted women's marital status: Married - 4,113; Unmarried - 31,018; Unknown - 281. [Table 6]

In 2023, there were 524 reports of complications from abortions that were submitted by physicians; 11.7 percent more than the 469 reported in 2022. More than 79 percent of the complications were related to retained products of conception, 15.5 percent to bleeding, and 2.2 percent to infection.

Appendix II

Income Statistics

A comparison study by Statistical Atlas was done comparing all the counties within Pennsylvania and these are the results of the surrounding counties of Montgomery, Philadelphia and Bucks:

Median Family Income – Montgomery County – 81.9K; Bucks County – 79.6K; and Philadelphia County – 64.0K. There were also income disparities in the median household according to race, and these were the results: Asian – 86.1K; Non-Hispanic White - \$86.6K; All White - \$85.1K; Hispanic – \$57.5K; Black - \$56.4K; Other - \$50.7K; and American Indian - \$47.0K.

Appendix III

Abortion Bans with the Most Restrictions

A few other states had further stipulations: Idaho states, "Abortion is banned in almost all circumstances, and the Idaho Supreme Court ruled in 2023 that there is no constitutional right to an abortion in the state. A U.S. Supreme Court ruling will allow access to emergency abortions while lower courts decide if the state's ban violates a federal law requiring emergency care for any patient."¹

Indiana's ban states, "Abortion is banned in almost all circumstances. In 2023, the Indiana Supreme Court ruled that the state Constitution does not include a right to abortion except in dire situations. A separate challenge to the ban by residents who argue that it violates their religious rights is ongoing."² Kentucky's ban states, "Abortion is banned in almost all circumstances. In 2022, voters rejected a ballot measure that would have amended the state Constitution to say it did not contain the right to an abortion."³

South Dakota's ban states, "Abortion is banned in almost all circumstances. In 2024, voters rejected a ballot measure that would have prohibited regulation of abortion in the first trimester."⁴ The last state's ban is by Texas, and it states, "Abortion is banned in almost all circumstances. Private citizens can sue abortion providers and those who assist patients who are seeking an abortion after about six weeks of pregnancy."⁵

¹ "Tracking Abortion Bans Across the Country," The New Your Times, accessed January 14, 2025, <https://www.nytimes.com/interactive/2024/us/abortion-laws-roe-v-wade.html>.

² The New York Times, "Tracking Abortion Banns Across the Country"

³ The New York Times, "Tracking Abortion Bans Across the Country."

⁴ The New York Times, "Tracking Abortion Bans Across the Country."

⁵ The New York Times, "Tracking Abortion Bans Across the Country."

Appendix IV

Story of Amber Thurman

by Kavitha Surana for ProPublica:

In her final hours, Amber Nicole Thurman suffered from a grave infection that her suburban Atlanta hospital was well-equipped to treat. She'd taken abortion pills and encountered a rare complication; she had not expelled all the fetal tissue from her body. She showed up at Piedmont Henry Hospital in need of a routine procedure to clear it from her uterus, called a dilation and curettage, or D&C. But just that summer, her state had made performing the procedure a felony, with few exceptions. Any doctor who violated the new Georgia law could be prosecuted and face up to a decade in prison. Thurman waited in pain in a hospital bed, worried about what would happen to her 6-year-old son, as doctors monitored her infection spreading, her blood pressure sinking and her organs beginning to fail. It took 20 hours for doctors to finally operate. By then, it was too late. The otherwise healthy 28-year-old medical assistant, who had her sights set on nursing school, should not have died, an official state committee recently concluded.⁶

⁶“Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother’s Death was Preventable,” ProPublica, <https://www.propublica.org/article/georgia-abortion-ban-thurman-death>.

Appendix V

INTERVIEW QUESTIONS FOR FAITH-BASED ABORTION SERVICES

Started in 1967 – called Clergy consultation service; was in 38 states; was a protestant ministry that directly helped pts find a abortion provider; in 1973 after Roe v Wade was passed – Religious coalition for abortion Rights – became an official legal organization; became incorporated in 1981. To get it codified in the states. Now global as info is written on-line

1. Is your service pro-abortion or pro-life? Pro-abortion but not a direct referral service; just offers spiritual support; just educates and have a social media presence; all online training; no interaction w/ pts
2. What marketing strategies do you use? media
3. How do you finance your operation? Now depends on private gifts; was trying to influence public policy; private donations sustain enough; do maintain website and social appearance; covers salaries;
4. What services/ministries do you offer? Used to offer sex educational services
 - Compassionate care - X
 - Counselling – emotional, spiritual [does not provide one-on-one services]
 - Financial support
 - Sexual education
 - Birth control information
 - Abortion procedures
 - Contraception
 - Pastoral care - X
 - Parenting services

5. What is the vision for your ministry? To live in a world where people are not shamed for their choices; trying to combat shame and stigma associated w/ abortion

6. Is it based on Christian Principles? yes

7. What are your monthly outcomes regarding numbers served? Only if someone thanks us; happens often and regularly

8. What are your struggles or weaknesses?

Strengths: trying to reduce public hysteria, staying grounded and not overly reactive; providing resources to people

Struggles – more project based; has the learning center; when larger had regular recurring events in churches and nation-wide summits and bus in hundreds of youth; not a membership organization where you're doing things over and over but what shall we do next year. Had 12 – 17 people but now 2-3 people; employees granted monitoring of the website. Less in the political sphere w/ offering pastoral care; mild voices w/ no gov't pushback

9. What services do you offer differently than any other services?

Pastoral services; compassionate care

10. Do you partner with any other services to produce greater resources?

**PENNSYLVANIA INDUCED ABORTION REPORT
JANUARY-DECEMBER 2023**

Table 1
Induced Abortions Performed In
Pennsylvania by Age of Woman

<u>Age (Years)</u>	<u>Number</u>
12 or Under	3
13	24
14	68
15	153
16	237
17	391
18	814
19	1,195
20 - 24	9,362
25 - 29	10,044
30 - 34	7,827
35 - 39	4,045
40 - 44	1,163
45 or Older	86
Unknown	0
Total	35,412

Table 2
Induced Abortions Performed In
Pennsylvania by Weeks of Gestation

<u>Weeks of Gestation</u>	<u>Number</u>
8 or Less	23,593
9 - 10	5,650
11 - 12	2,137
13 - 14	1,418
15 - 17	1,332
18 - 20	722
21 - 23	560
24 or More	0
Total	35,412

Note: Weeks of gestation are based on clinical estimate.

Table 3
Induced Abortions Performed In
Pennsylvania by Race of Woman
January-December 2023

<u>Race of Woman</u>	<u>Number</u>
White	15,822
Black	15,474
Asian / Pacific Islander	1,287
Multi-Race	1,349
All Other Races	316
Unknown	1,164
Total	35,412

Table 4
Induced Abortions Performed In
Pennsylvania by Hispanic Origin of Woman
January-December 2023

<u>Hispanic Origin</u>	<u>Number</u>
Hispanic	4,517
Non-Hispanic	30,739
Unknown	156
Total	35,412

Note: Hispanic origin can be of any race.

Table 5
Induced Abortions Performed In
Pennsylvania by Primary Type of Procedure
January-December 2023

<u>Primary Abortion Procedure</u>	<u>Number</u>
Suction Curettage	13,569
Sharp Curettage	12
Dilation and Evacuation	1,826
Intra-Uterine Instillation (Saline or Prostaglandin)	5
Hysterotomy/Hysterectomy	5
Medical (Nonsurgical)	19,993
Other	2
Total	35,412

Table 6
Induced Abortions Performed In
Pennsylvania by Marital Status of Woman
January-December 2023

<u>Marital Status</u>	<u>Number</u>
Married	4,113
Unmarried	31,018
Unknown	281
Total	35,412

Table 7
Induced Abortions Performed In Pennsylvania
by Residence and Age of Woman
January-December 2023

Residence	Age of Woman (In Years)									Unknown
	All Ages	Under 15	15-17	18-19	20-24	25-29	30-34	35-39	40+	
Total Pennsylvania	32,486	87	726	1,815	8,526	9,200	7,223	3,755	1,154	0
Adams	79	0	2	8	26	12	17	13	1	0
Allegheny	3,374	2	94	189	849	990	770	369	111	0
Armstrong	59	0	1	4	18	18	10	7	1	0
Beaver	292	1	4	7	76	100	65	32	7	0
Bedford	26	0	1	1	10	7	3	3	1	0
Berks	1,192	2	30	60	343	341	251	120	45	0
Blair	98	0	6	10	28	21	14	15	4	0
Bradford	7	0	0	0	1	5	0	1	0	0
Bucks	1,054	1	12	57	262	254	234	186	58	0
Butler	179	0	3	14	48	35	49	19	11	0
Cambria	144	1	8	10	42	42	24	14	3	0
Cameron	8	0	1	0	0	2	4	1	0	0
Carbon	121	0	2	8	41	38	12	16	4	0
Centre	150	0	2	14	59	29	18	19	9	0
Chester	856	4	18	60	202	205	198	125	44	0
Clarion	40	0	1	5	14	11	7	0	2	0
Clearfield	53	0	2	3	13	16	13	6	0	0
Clinton	35	0	0	3	14	9	4	4	1	0
Columbia	90	0	3	12	33	15	16	11	0	0
Crawford	45	1	0	2	14	15	7	5	1	0
Cumberland	391	0	8	20	115	95	90	42	21	0
Dauphin	939	1	26	51	261	252	202	108	38	0
Delaware	2,038	7	28	92	508	551	507	261	84	0
Elk	12	0	0	0	6	2	4	0	0	0
Erie	244	0	9	17	73	75	46	18	6	0
Fayette	197	0	8	15	63	48	32	25	6	0
Forest	10	0	0	1	3	2	3	1	0	0
Franklin	67	1	5	8	16	20	8	5	4	0
Fulton	3	0	0	0	1	1	1	0	0	0
Greene	28	0	1	1	10	6	6	4	0	0
Huntingdon	34	1	0	4	16	6	5	1	1	0
Indiana	68	0	4	4	28	13	13	3	3	0
Jefferson	21	0	0	3	4	5	3	4	2	0
Juniata	14	0	0	3	5	2	0	4	0	0
Lackawanna	466	0	9	32	137	132	89	51	16	0
Lancaster	888	4	20	54	258	252	170	94	36	0
Lawrence	134	0	5	7	54	33	24	7	4	0
Lebanon	195	0	1	8	68	58	36	14	10	0
Lehigh	1,133	8	22	62	319	326	235	129	40	0
Luzerne	832	0	17	57	217	259	191	78	13	0

(Continued)

Table 7
Induced Abortions Performed In Pennsylvania
by Residence and Age of Woman
January-December 2023

Residence	Age of Woman (In Years)									
	All Ages	Under 15	15-17	18-19	20-24	25-29	30-34	35-39	40+	Unknown
Lycoming	134	0	2	8	46	32	30	11	5	0
McKean	8	0	0	0	4	2	0	2	0	0
Mercer	163	2	4	9	42	59	27	17	3	0
Mifflin	39	0	1	4	11	9	8	6	0	0
Monroe	407	2	7	31	110	111	75	55	16	0
Montgomery	2,053	10	35	109	452	558	481	301	107	0
Montour	20	0	1	0	7	7	3	1	1	0
Northampton	804	2	17	46	196	216	196	106	25	0
Northumberland	100	1	2	8	34	24	21	9	1	0
Perry	44	0	0	2	19	13	5	3	2	0
Philadelphia	10,826	33	245	565	2,736	3,214	2,526	1,184	323	0
Pike	53	0	2	3	12	13	13	9	1	0
Potter	3	0	0	1	0	2	0	0	0	0
Schuylkill	203	0	3	12	64	55	43	19	7	0
Snyder	27	1	1	2	1	10	7	5	0	0
Somerset	56	0	2	4	15	13	10	7	5	0
Sullivan	4	0	0	0	2	1	1	0	0	0
Susquehanna	15	0	0	1	4	3	4	3	0	0
Tioga	8	0	0	0	2	3	1	2	0	0
Union	25	0	1	3	7	6	6	2	0	0
Venango	33	0	0	0	11	9	6	5	2	0
Warren	13	0	2	1	3	3	2	2	0	0
Washington	412	3	6	27	123	113	84	41	15	0
Wayne	48	0	1	1	13	17	9	4	3	0
Westmoreland	447	2	11	22	99	124	109	66	14	0
Wyoming	32	0	0	3	7	13	5	1	3	0
York	882	5	30	47	250	267	170	79	34	0
Unknown	1	0	0	0	1	0	0	0	0	0
<u>Other States/Countries</u>										
Delaware	667	1	8	34	166	218	154	67	19	0
Maryland	14	0	0	1	4	6	1	1	1	0
New Jersey	396	3	2	21	110	102	80	59	19	0
New York	22	0	0	0	7	8	4	2	1	0
Ohio	958	3	21	68	266	280	207	88	25	0
West Virginia	559	1	22	44	188	156	93	37	18	0
Other States/Territories	310	0	2	26	95	74	65	36	12	0
Other Countries	0	0	0	0	0	0	0	0	0	0
Total Other States/ Countries	2,926	8	55	194	836	844	604	290	95	0
Total All Abortions	35,412	95	781	2,009	9,362	10,044	7,827	4,045	1,249	0

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Alters, Sandra M. "Abortion – an eternal Social and Moral Issue," 2006 ed., Gale eBooks.

This book discusses various topics that will assist in the history of abortion; the definitions of abortion; beliefs of multiple faiths regarding abortion; understanding when life begins; and how pregnancy affects teens and adults with abortion. It takes a neutral stance on the abortion choice.

Carleton, Tara C. and Jill L. Snodgrass. *Moral Injury After Abortion – Exploring the Psycho-spiritual Impact on Catholic Women*. New York, NY: Routledge, 2023.

This book discusses how psychological issues impact some Catholic women. The two authors, one being of the Catholic faith and the other of the Protestant faith, performed this study to discuss the controversial stance of aborted women having psychological issues after the procedure. Moral Injury discusses how the moral stress, which is conflicting emotions that counteract your moral beliefs, can lead to emotional injury after an abortion resulting in psychological issues of depression, guilt, and shame. This book was chosen for this research because it discussed the conflict concerning the validity of psychological issues in aborted women. It takes a neutral stance on the abortion choice.

Faundes, Anibal, and Jose Barzelatto. "Human Drama of Abortion: Global Search for Consensus." *Journal of JSTOR* (2006): 72-96. Accessed November 8, 2024.

<https://doi.org/10.2307/j.ctv17vf7g1>.

This journal will assist this research study because it discusses various topics concerning the history of abortions, identifies why women have abortions, the conflict with their value systems, discusses the impact of abortions, and the results of risky abortions. It takes a neutral stance on the abortion choice.

Google. "Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death was Preventable." *ProPublica*. Accessed November 8, 2024.

<https://www.propublica.org/article/georgia-abortion-ban-thruman-death>.

This article was very helpful to show how the abortion bans can lead to unsafe abortions causing women to have risky procedures or having to travel to other states for safe abortions. It also discusses the consequences of unsafe abortions and how it can lead to severe health challenges and death. It takes a neutral stance with the abortion choice.

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This report was necessary for this research because it gave the statistical data for the demographics of women in Pennsylvania. It shows stats for the number of abortions in the state and those divided into their locations as well as the ages, races, marital status, specific procedures performed, and complications with aborted women.

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This website's information was very necessary for the research because it was one of the best practices in New Jersey that performs similar ministries for women with troubled pregnancies. They have been very successful and is still a thriving ministry. Its abortion views are pro-choice.

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<http://www.neilsberg.com/insights/montgomery-count-pa-income-by-gender/>.

This article was very helpful for the research because it provided statistical data with the demographics of income itemized by races, ages, and family types.

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Google. "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives."

Accessed February 10, 2025.

<https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>.

This is a website that is important to the project because it discusses the reasons why women abort. This article takes a neutral stance with the abortion choice.

Google. "Religious Community for Reproductive Choice." Accessed September 29, 2024.

<http://rcrc.org>.

This is another best practice of a support women's ministry that shows the services it provides for women with troubled pregnancies identifying education, counselling, pastoral care, leadership training, and compassionate care. It was ideal for this research to compare their services provided with the services of Her Name is Grace Ministries. Its abortion views are pro-choice.

Google. "State Bans on Abortion Throughout Pregnancy." *Guttmacher*. Last modified

January 2, 2025.

<https://www.guttmacher.org/state-policy/explore/stated-policies-abortion-bans>.

This is another article that was useful in discussing the various abortion bans in multiple states

and how those bans affect some people more so than others. Its abortion views are pro-choice.

Google. "Statement of Faith." *StandupGirl.com Foundation*. Accessed December 10, 2024.

<http://www.standupgirlfoundation.org/statement-of-faith/>.

This is another faith-based support group that was very helpful to this research because it discussed teens and young adult women as their targeted audience and its focus to encourage women to have the births versus the abortion. It also discusses the various services that it offers, such as education, training for motherhood, pastoral care, and emotional support. Its abortion views are pro-life.

Google. "The Defining Issue of Our Generation." *PreBorn!*. Accessed December 10, 2024.

<http://www.PreBorn!.com>

This faith-based support group was also very helpful for this research because it had a very strong perspective for young women. It discussed the various services that it offers including evangelizing the women to not only change their minds towards and abortion but also to lead them into a relationship with God. It was very helpful to compare the services between this support group and others. This ministry supports a pro-life abortion choice.

Google. "Tracking Abortion Bans Across the Country." *The New York Times*. Accessed January 14, 2025.

<https://www.nytimes.com/interactive/2024/us/abortion-laws-roe-v-wade.html>.

This article was very helpful as it described the differences in the various bans by state. It identified the specificity of each ban with the weeks of restrictions and the legality of abortion within the state.

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This book assists the research because it discusses the abortion problem, the effects of abortion on aborted women, the controversies with the psychological outcomes with aborted women. It describes the survey testing performed on 200 plus women and it reports that more women have psychological issues than is reported or understood.

Roseth, Idun, Eva Sommerseth, Anne Lyberg, Berit Margrethe Sandvik, and Bente Dahl. *No one Needs to know! Medical abortion: Secrecy, shame, and Emotional Distancing*. Taylor & Francis Group, LLC, 2022.

This article assists with my research as it discusses shame, its secrecy, and the separation that it causes between people; it discusses the research done with the women and reveals its results; it discusses the ethics and foundational study; it discusses the difference between guilt and shame and the ability to hide in the shame; it discusses morality with abortion, the social norms and how one responds in identity with abortion.