Abortion Restrictions and Electoral Turnout: The Effect of *Dobbs v. Jackson* on Women's Voting

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Introduction

- Widespread reporting on the 2022 midterms attributed weak Republican support in 2022 to the Supreme Court overturning Roe
- Abortion has the potential to be politically mobilizing: restrictions on abortion access may motivate those most affected to shape policy
- Majority of Americans actually want access of abortion federally protected, yet many who benefit from abortion access oppose it

RQ

Do restrictions on abortion access lead women to turn out at higher rates?

Introduction

To assess this question, I use the L2 Voter File:

- 2014-2022 DiD exploiting state-level variation in abortion restrictions
- 2010-2022 DiD within the state of IN at county-level

Results: No evidence to suggest obstacles to accessing abortion care affects women's voting

Background

In June of 2022, the U.S. Supreme Court ruled on a case called *Dobbs vs. Jackson*, which revoked federal protection of abortion rights

This resulted in state-level variation in abortion access

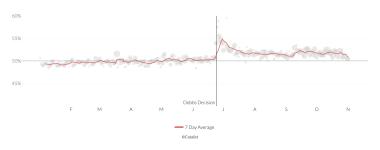
News media framed abortion as the reason behind the absence of a "red wave" in the 2022 midterms

- "Michael Moore predicting blue 'tsunami' in response to Roe ruling" The Hill, 2022
- "'THE central issue': How the fall of Roe v. Wade shook the 2022 election" Politico, 2022
- "How Abortion Helped Blunt a Red Wave in the Midterms" Time Magazine, 2022

Background

There is descriptive evidence that abortion has the potential to be a politically mobilizing issue:

- Record high turnout in Kansas (Chang 2022)
- Voter registration for women spiking after the Dobbs v. Jackson decision (Catalist 2022)



Women's Voter Registration, 2022

Theory

I consider access to abortion as access to reproductive care, or healthcare.

- Women's turnout should increase to protect the policies they benefit from (e.g. policy feedback) (Mettler 2019)
- Women's turnout should increase if women prioritize health outcomes when participating in politics (Miller 2008; Chattopadhyay and Duflo 2004).
- Women's turnout should decrease due to hardship around election time, increased cognitive costs, and demoralization associated with losing access to medical care (Cox et al 2024; Haselswerdt and Michener 2019)

Data

Electoral Turnout: L2 Voter File: 2014-2022 for the state level, 2010-2022 for IN. Contains demographic information

- Midterm + general elections (every two years)
- Turnout calculated with VAP by gender
- DV: women's turnout, or turnout gap

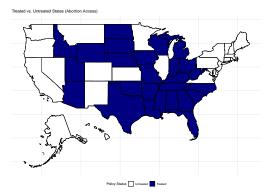
Abortion Restrictions: codified [0,1] if "restrictive" from Guttmacher institute, corroborated with FindLaw, which tracks changes in legislation to abortion access by state.

- Post treatment: June 24, 2022 November 8, 2022
- contested (bans imposed and repealed) are coded as treated

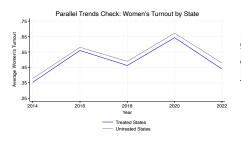
Empirical Strategy

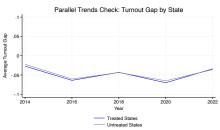
State-level Difference-in-Differences: 2014-2022 L2

- states with contested or restricted access post-Dobbs = 1, 0 otherwise
- treated and untreated states are relatively similar in terms of their abortion rates (Statista 2021)
- One post-treatment period: 2022

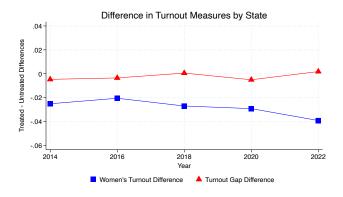


Parallel Trends Check





Parallel Trends Check: State-level



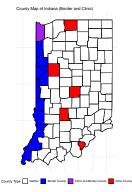
DiD Results: State-level

	(1) Women's Turnout	(2) Turnout Gap	(3) Women's Turnout (Midterms)	(4) Turnout Gap (Midterms)
Post * Treated	-0.014	0.005	-0.013	0.004
	(0.011)	(0.003)	(0.011)	(0.002)
R-squared	0.946	0.891	0.895	0.827
Observations	255	255	153	153

Standard errors in parentheses, clustered at the state level. Fixed effects for state and year included.

*
$$p < 0.05$$
, ** $p < 0.01$, *** $p < 0.001$

Empirical Strategy



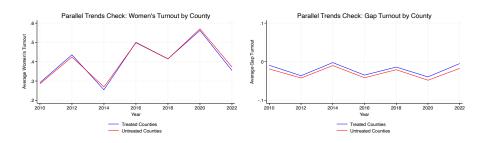
Indiana County Map

County-level Difference-in-Differences within

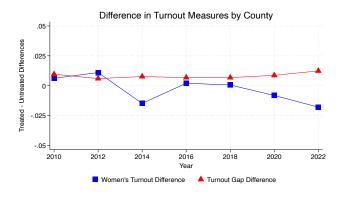
IN: 2010-2022 L2

- Why IN?
- Two analyses: border counties and clinic counties, to get at increased obstacles to reproductive care
 - border counties = 0, inland = 1
 - clinic counties = 1, no clinic county = 0

Parallel Trends Check: Border Counties



Parallel Trends Check: Border Counties



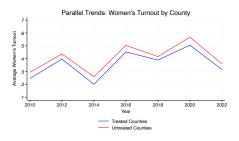
DiD Results: Indiana's Border Counties

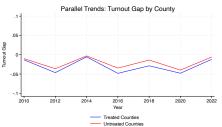
	(1) Women's Turnout	(2) Women's Turnout (Midterms)	(3) Turnout Gap	(4) Turnout Gap (Midterms)
Post * Treated	-0.017**	-0.015**	0.005	0.004
	(0.006)	(0.005)	(0.003)	(0.004)
R-squared	0.958	0.933	0.901	0.868
Observations	644	368	644	368

Standard errors in parentheses, clustered at the county level. Fixed effects for county and year included.

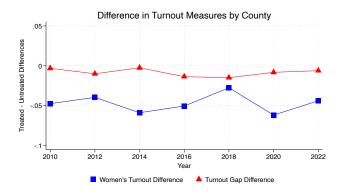
*
$$p < 0.05$$
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Parallel Trends Check: Clinic Counties





Parallel Trends Check: Clinic Counties



DiD Results: Indiana's Clinic Counties

	(1) Women's Turnout	(2) Women's Turnout (Midterms)	(3) Turnout Gap	(4) Turnout Gap (Midterms)
Post * Treated	0.00377	0.000766	0.00265	0.000776
	(0.00739)	(0.00659)	(0.00185)	(0.00149)
R-squared	0.958	0.932	0.901	0.867
Observations	644	368	644	368

Standard errors in parentheses, clustered at the county level. Fixed effects for county and year included.

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$$p < 0.05$$
, ** $p < 0.01$, *** $p < 0.001$

Discussion

Evidence for abortion access being galvanizing as a **principle or idea** rather than a piece of reproductive health:

- CES: men report similar abortion policy preferences
- the only statistically significant results for border counties are near-identical to running the same analysis of men's turnout

Whether losing access to a resource that is politicized may be **differential by party**:

- Democrats reported abortion as a top priority going into midterms, while Republicans reported no change
- Hazlett and Mildenberger (2020): while voters of both parties should feel the 'risks' of losing a resource, voting increases only for Democrats