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INSURGENT LANDSCAPES OF CARE: MEXICAN ABORTION ACCOMPANIMENT
AGAINST THE STATE

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For all those fighting for reproductive justice

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Abstract

This dissertation traces the ways in which Mexican abortion advocates shape the changing landscape of abortion care in Mexico and the United States following contrasting Supreme Court rulings. Drawing on multi-scalar qualitative methods, I craft three papers that examine how the accompaniment model of abortion care in Mexico resists state violence, how shifting reproductive politics in the United States have had cascading effects across the border, and how abortion *acompañantes* engage their bodily selves to inform an alternative form of care. In the first paper, I outline the framework of insurgent reproductive citizenship to suggest how abortion accompaniment reconstructs forms of citizenship for pregnant people left at the margins of the state. The second paper uplifts the insurgent knowledges of *acompañantes* as they navigate the creeping effects of abortion criminalization and reshape our understanding of abortion care after the overturning of *Roe v. Wade* in the United States. In the third paper, I explore how *acompañantes*' insurgent bodies are engaged to inform a praxis of bodily care work that specifically cares for those who have been alienated by the state. In weaving together these three papers, this dissertation reveals how abortion advocates in Mexico engage their insurgent knowledges and bodies to pursue an insurgent form of citizenship. In doing so, the advocates resist state violence, reshape the landscape of abortion care, and promote reproductive justice for women and pregnant people in Mexico, the United States, and beyond.

Introduction

This dissertation began one week after the United States’ Supreme Court issued the *Dobbs v. Jackson Women’s Health Organization* decision which effectively overturned *Roe v. Wade*. This decision was counterbalanced by the changing landscape of abortion access across the southern border. Indeed, one year prior, in September 2021, Mexico’s Supreme Court issued a historic ruling that decriminalized abortion at the federal level. These contrasting legislative changes signaled a profound reshaping of reproductive rights in the Americas. Taking these legislative changes as its starting point, this dissertation seeks to examine the shifting landscapes of abortion care between the United States and Mexico and the role of Mexican abortion advocates in reshaping these landscapes. Through multi-scalar qualitative methods—including participant observation, in-depth interviews, and body mapping—I explore how Mexican abortion advocates, known as *acompañantes*, navigate uneven and changing abortion legislation to facilitate access to safe, self-managed abortion care outside of legal and medical settings. In three papers, this dissertation examines the changing landscape of abortion care from macro to micro scales, highlighting how the accompaniment model of abortion care in Mexico resists state violence, how reproductive politics have shifted between the United States and Mexico post-*Dobbs*, and how abortion advocates embody their care work. In doing so, this dissertation aims to promote reproductive justice for women and pregnant people across the Americas.¹

¹ Throughout this dissertation, I will use the terms “women” and “pregnant people.” Following the work of reproductive justice activists and scholars Loretta Ross and Rickie Solinger (2017), I use language that aims to reflect “a range of gender identities and the diversity of people’s lived experiences” (p. 6). I mostly use the word “woman” or phrases like “violence against women” when discussing various forms of sexual and reproductive oppressions, including abortion restrictions, that have historically targeted women. I use both “pregnant people” and “women” when discussing my current research to account for the range of differing gender and sexual identities. This is one attempt to attend to “the politics of gender and language” (Ross & Solinger, 2017, p. 8), while recognizing the many complexities and deficiencies embedded within this phrasing.

Abortion care in the Americas

Abortion is one of the most common and safest medical experiences in the United States (National Academies of Sciences, Engineering, and Medicine, 2018). In the United States, it is estimated that nearly one in four people with the capacity for pregnancy will have an abortion by age 45 (Jones & Jerman, 2017). While the national data on abortions in Mexico is less comprehensive, research has found that 51 percent of unintended and unwanted pregnancies ended in abortion between 2015 and 2019 (Guttmacher Institute, 2022). Despite its safety and ubiquity, the increasing politicization of abortion has incited numerous legislative restrictions and barriers to abortion access. For example, in 2019, it was estimated that over half of U.S. women of reproductive age (nearly 40 million women) lived in states that were considered “hostile” to abortion rights (Nash, 2019). In June 2022, the United States’ Supreme Court worsened this hostility by overturning constitutional protections to abortion care.

Across the border, in a country where every day nearly 10 women are killed and 4,000 women are raped (Rivera Garza, 2020), abortion care has faced similar legal restrictions. Although Mexico’s Supreme Court ruled to federally decriminalize abortion care in 2021, abortion remains highly restricted. Individual states operate under varying *causales*, or exceptions, that allow for abortion only under specific circumstances. For example, in Sonora, abortion is permitted up to 12 weeks’ gestation only if the pregnancy is the result of sexual assault, if the pregnant person is at risk of death, and if the abortion was provoked by accident (such as from a car accident). Even in states with fewer restrictions, legal abortion remains largely inaccessible, particularly for the most marginalized women and pregnant people (Singer, 2020; Veldhuis et al., 2022). Such restrictions and inaccessibility have forced many women and pregnant people to navigate layers of interpersonal and institutional violence in order to access care (Singer, 2020).

These legislative restrictions—compounded by bureaucratic mechanisms, economic barriers, and moral stigmas—have left many women and pregnant people on both sides of the U.S.-Mexico border in “abortion exile” (Singer, 2020). More recently, the *Dobbs* decision has generated numerous harms to pregnant people and abortion advocates both in the United States and beyond its borders. Indeed, many pregnant people seeking abortion were forced to travel long distances to access care, often across state or country lines (Rader et al., 2022). Yet, traveling for abortion care is not readily accessible for many pregnant people. Traveling requires access to financial resources, reliable transportation, adequate childcare, and other supports that are often inaccessible to marginalized pregnant people (Calkin, 2019; Fuentes & Jerman, 2019). Furthermore, transnational abortion travel requires the ability to freely enter and leave another country. Thus, while crossing the border for abortion care may be accessible by some women in the borderlands—temporarily allowing them to circumvent reproductive control—many others are left immobile. Crossing the border to receive abortion care, particularly from Mexico to the United States, is only possible for women with access to mobility facilitated by factors such as national passports, U.S. visas, and adequate travel funds (Ojeda, 2006). Similarly, undocumented immigrants in the United States’ borderlands are caught between the border wall to the south and border checkpoints to the north, finding themselves abandoned in “abortion exile” (Huddleston, 2016; Singer, 2020). The immobility generated by abortion restrictions creates numerous vulnerabilities for already-marginalized pregnant people. For example, pregnant people living in legally-restrictive settings—especially in Latin America—are often forced to turn to unsafe abortion practices, leading to high rates of abortion complications and death (Romero et al., 2021; Wurtz, 2012). Similarly, a survey of Texas abortion clinics found that 12 percent of women and pregnant people living in the Texas-Mexico border region have tried to self-manage their abortions, compared to only three percent of

pregnant people in the United States (Jones, 2010). As anthropologist Elyse Singer (2020) succinctly explains: “In this context, women’s ability to dictate the course of their lives, and the terms of their reproductive citizenship, depends entirely on where they live and whether they have the economic and social capital to navigate the labyrinth of legal, geographic and bureaucratic constraints” (p. 857). Those left in “abortion exile” are thus forced to turn to means beyond the state to access care.

However, in the months post-*Dobbs*, there has also been a surprising increase in the overall number of abortions. This increase does not negate the harms established above; rather, it suggests that the need for abortions still exists and abortions are now being accessed in new and innovative ways. Part of this increase is due to the growing number of abortions absorbed by clinics in protected-access states, such as Illinois and New Mexico, as people traveled out of state to access care (Maddow-Zimit & Gibson, 2024).² The advent of abortion medication has also radically changed how and where abortions take place. Indeed, in 2024 it was found that 63 percent of all abortions in the United States were medication abortions (Guttmacher Institute, 2024). This sharp increase in medication abortions has been due, in part, to the increasing accessibility of telehealth medication abortion services. Indeed, the expansion of telehealth services accounted for some of the increase in the overall number of abortions post-*Dobbs*, allowing individuals in protected-access states to access abortion care without leaving their homes (Maddow-Zimit & Gibson, 2024). Furthermore, and most pertinent to this study, some pregnant people have begun to access abortion

² The term “protected-access states” refers to U.S. states which have maintained or increased access to abortion following the *Dobbs* decision. Currently, 17 states are considered “protective” of abortion, with most located along the west and east coasts (Guttmacher Institute, 2024). All other states have varying degrees of restrictions or total bans on abortion care.

medication from overseas (Aiken et al., 2022), with some of this support coming from abortion advocates in Mexico.

Abortion advocates in Mexico, and across Latin America, have developed innovative strategies to circumvent legal restrictions to facilitate access to abortion care through a model known as *acompañamiento* (accompaniment). These accompaniment collectives first emerged as part of the larger feminist movement known as the *marea verde*, or green wave, which links access to reproductive rights to larger demands against state-sanctioned gender-based violence (Fixmer-Oraiz & Murillo, 2023). In Mexico, the abortion accompaniment model arose over 20 years ago, led primarily by a feminist collective in Guanajuato. This work grew out of resistance to legislation that criminalized abortion under all circumstances, even in instances of sexual assault (Fixmer-Oraiz & Murillo, 2023). Women, many of whom had experienced their own abortions, began offering information and support to individuals seeking abortions outside of state purview. This form of care was made possible by the use of the medication misoprostol, which is widely available without prescription at Mexican pharmacies.³

Misoprostol has become a critical tool for abortion advocates to facilitate access to safe, self-managed abortion at home, even and especially where abortion is legally restricted. Misoprostol is an efficient, low-cost drug with many uses. While its primary use is to treat gastric ulcers, pregnant people in Brazil, where abortion remains illegal, discovered its utility for inducing abortions by causing uterine contractions (De Zordo, 2016). Although it is unclear exactly when these Brazilian women discovered the use of misoprostol as an abortifacient, by the 1980s and

³ Medication abortion, especially in the United States, is usually completed using a two-pill regimen of mifepristone and misoprostol. In this regimen, according to recommendations from the World Health Organization, one mifepristone pill is ingested orally, and 24 to 48 hours later, four misoprostol pills are left to dissolve sublingually, buccally, or vaginally (WHO, 2022). Misoprostol may also be used alone to induce abortion, where access to mifepristone may be limited, which has been found to be equally safe and effective (Jayaweera et al., 2023).

1990s its use was widespread (De Zordo, 2016). This knowledge traveled throughout Latin America, making its way to Mexico, where feminist networks began to circulate the medication to facilitate self-managed abortions outside of legal and medical settings (Freeman & Rodríguez, 2024).

The accompaniment collectives in Mexico are small, informal, volunteer-based networks which offer holistic support while accompanying individuals using medication to self-manage their abortions (see e.g., Atienzo et al., 2023; Bercu et al., 2021; Moseson et al., 2022; Veldhuis, Sánchez-Ramírez & Darney, 2020 for further descriptions of accompaniment models across Latin America).⁴ More specifically, *acompañantes* provide information, guidance, emotional and physical support, in addition to free abortion medications, pads, pain relievers, and any other item the pregnant person might need to complete their abortion safely and comfortably at home. At the core of accompaniment work is a feminist ethic of care in which *acompañantes* “ensure that women who have abortions have autonomy over their bodies despite living in a society that consistently attempts to impinge on that right” (Zurbriggen, Keefe-Oates & Gerds, 2018, p. 111). Through their holistic approach, abortion advocates reshape the very landscape of abortion care by facilitating access to abortion for the most marginalized women and pregnant people.

Insurgent landscapes of abortion care in Mexico

Broadly, this dissertation aims to chart the landscape of abortion care in Mexico by exploring the role of abortion advocates in navigating, resisting, and reshaping access to abortion. In three papers, this study addresses the following research questions: (1) How do abortion advocates perceive, navigate, and alter the landscape of abortion care in Mexico?; (2) How are

⁴ Throughout this dissertation, I will interchangeably use *acompañante* and advocate to describe my study participants. I intentionally use the translation of *acompañante* as advocate, rather than the more direct translation of companion or accompanier, to signify their broader role in advocating for reproductive justice.

notions of reproductive citizenship shaped by abortion advocates in Mexico?; (3) What were the transnational implications of the overturning of *Roe v. Wade*?; (4) How do Mexican abortion advocates respond to and navigate the changing legal landscape of abortion care following the overturning of *Roe v. Wade*?; and (5) How is care embodied by abortion advocates in Mexico?

Reproductive justice serves as the overarching framework of the dissertation. Coined by Black feminist activists, reproductive justice is an intersectional movement, theory, and praxis that advances the right to sexual and bodily autonomy, including the right to have children, not to have children, and to parent children with safety and dignity (Ross & Solinger, 2017). Importantly, the framework of reproductive justice emphasizes the ways in which broader social and structural conditions shape reproductive autonomy. Incorporating reproductive justice into research design calls for explicit attention to the experiences of marginalized people of color, and analyses of power, privilege, and oppression (Eaton & Stephens, 2020). This framework undergirds all of my research questions and methods by centering questions of power, resistance, and collective care among abortion advocates in Mexico. In addition to reproductive justice, I draw on other critical theories of state violence, reproductive citizenship, feminist geopolitics, and embodiment. By attending to the territorial, political, structural, and lived dimensions of abortion care in Mexico, this study seeks to promote reproductive justice for the advocates and pregnant people living in the U.S.-Mexico borderlands and beyond.

Research Design

In order to investigate the landscape of abortion care in Mexico, I employed a multi-scalar methodological approach to triangulate three sources of data: (1) multi-sited participation observation with abortion advocates in Mexico City, Tijuana, Nogales, and Monterrey; (2) semi-structured interviews with abortion advocates throughout Mexico; and (3) body-mapping

interviews with a subset of abortion advocates. A multi-scalar methodological approach is “concerned with how social phenomena [...] are constituted through actions at different scales,” or various social, political, and historical registers (Xiang, 2013, p. 284). This approach allowed for a critical and nuanced engagement with micro, mezzo, and macro level phenomena that shaped abortion advocates’ role in the shifting landscape of abortion care in Mexico and beyond the U.S.-Mexico border.

This study was informed by critical feminist approaches to qualitative research. A critical approach to qualitative research explicitly centers situated knowledges (Haraway, 1988), while engaging broader political and social justice commitments by carefully attending to power relations that shape individual experiences and knowledge production (Denzin, Lincoln & Smith, 2008). As critical qualitative scholars Denzin, Lincoln, and Smith (2008) explain, a critical qualitative methodological approach “uses methods critically, for explicit social justice purposes. It values the transformative power of indigenous, subjugated knowledges...and it seeks forms of praxis and inquiry that are emancipatory” (Denzin, Lincoln & Smith, 2008, p. 2). Following this methodological approach, I draw heavily on the Indigenous feminist methodology of *cuerpo territorio*, which is understood as a “geographical, decolonial feminist method grounded in the ontological unity between bodies and territories” (Zaragocin & Caretta, 2020, p. 2). This framework, rooted in critical feminist and Indigenous epistemologies, directly engages situated, embodied knowledges in relation to spatial landscapes (Sweet & Ortiz Escalante, 2017), generating deeper understandings of social phenomena such as transnational abortion care between the United States and Mexico.

Critical feminist approaches to research also necessitate an engagement with positionality to reflexively understand how social positions impact knowledge production (Jackson et al., 2023).

I am both an insider and outsider to the Mexican abortion advocates centered in my research. I am a White woman with Indigenous, Swedish, Italian, and Argentine descent. Although I speak Spanish fluently, I am not from Mexico and sometimes misunderstood slang or was slow to understand cultural references. I grew up between California and Arizona, which provided another vantage point to understand the U.S.-Mexico borderlands and my relationship to the border—particularly the privilege that comes with having a U.S. passport. I am also a young woman of reproductive age who has grappled with many of the same difficult and empowering sexual and reproductive health experiences as my interlocutors. I have long supported abortion and identify as a pro-abortion activist, which engendered a greater sense of trust and camaraderie amongst my interlocutors. Finally, I am a participant in an institution—particularly a privileged, private university—that many of my interlocutors criticized. One evening, while enjoying a beer and a Sonoran-style hot dog after a long day of accompaniment training in Ciudad Obregón, Sonora, Brenda an interlocutor from Hermosillo, shared with me:

I know I've already told you this, but it's really frustrating to me that only after the [*Dobbs*] decision did people turn to look at us and say, 'Wow, *acompañantes* exist.'...Why did they wait until the issue affected them? I don't have anything against your work, or the media, but like, why did you wait so long to visibilize the work we've been doing here for decades?

Brenda provides a sharp critique of knowledge production by asking us to consider whose stories are told by whom and who decides when these stories are heard. Her critique also reminds me that I will ultimately always be an outsider to this work. In recognition of this insider/outsider divide, I employed critical feminist and Indigenous approaches to all aspects of my research design. In doing so, I aimed to resist “colonial logics by centering dissident epistemologies emerging from the embodied knowledge of resistant subjectivities” (Mack & Na’puti, 2021, p. 352). By centering the insurgent and embodied knowledges of Mexican abortion advocates, this dissertation aims to

let abortion advocates tell their own stories, as we listen to what their stories can tell us about bodily autonomy, community care, and reproductive justice.

Dissertation Roadmap

This dissertation is comprised of three papers that trace the ways in which Mexican abortion advocates shape the changing landscape of abortion care in Mexico and the United States. Drawing on 25 in-depth interviews with abortion advocates across Mexico, I craft three papers that present an insurgent landscape of abortion care.

Paper One, “‘It is an exercise of love...for freedom:’ Reconfiguring reproductive citizenship through abortion accompaniment in Mexico,” highlights the ways in which the model of abortion accompaniment resists state violence, and in doing so, works to reshape notions of citizenship for women and pregnant people in Mexico. I highlight Mexico’s public abortion services as a key site of state violence, whereby the state refuses to provide legal abortion care, promotes harmful abortion stigma, and disinvests from women’s health care. In response to state harm, the advocates engaged in radical acts of care through their model of abortion accompaniment. In doing so, I argue that the advocates engage an “insurgent” reproductive citizenship for women and pregnant people in Mexico by making accessible rights that have been denied by the state.

Paper Two is entitled “‘The green wave has now pierced the border:’ Decolonial reproductive geopolitics post-*Dobbs*.” This paper takes the overturning of *Roe v. Wade* as its starting point to explore how Mexican abortion advocates responded to the shifting legal landscapes of abortion between the U.S. and Mexico. In particular, I reveal how the *Dobbs* decision generated profound geopolitical implications that cascaded beyond borders, and how the abortion

advocates in Mexico engaged their insurgent knowledges to reshape our understanding of abortion care.

Paper Three, “‘We are there putting our bodies on the line for others:’ Embodied care work of Mexican abortion advocates,” explores the ways in which the advocates’ accompaniment practice becomes embodied. Specifically, I highlight the different ways the advocates put their bodies on the line to care for others and the bodily impacts this generates. In doing so, I reveal how the advocates utilize their own bodies as sites of power and resistance to reclaim reproductive autonomy and justice.

In weaving together these three papers, this dissertation reveals how abortion advocates in Mexico engage their insurgent knowledges and bodies to pursue an insurgent form of citizenship. In doing so, the advocates resist state violence, reshape the landscape of abortion care, and promote reproductive justice for women and pregnant people in Mexico and beyond.

“It is an exercise of love...for freedom:” Reconfiguring reproductive citizenship through abortion accompaniment in Mexico

I leave Tucson, Arizona at 5:00 am, driving south towards the border in the pitch black. By 7:00 am, I arrive at the bus station in downtown Nogales, Mexico and board a bus heading to Hermosillo. I am meeting up with abortion advocates who have invited me to accompany them on their *recorrido* through the state of Sonora, as they collect signatures for their *amparo*.¹ I find Brenda and Camila outside of Brenda’s apartment in Hermosillo and she hands me a stack of papers. I leaf through the papers—handouts explaining the purpose of the *amparo*. In neat, bold font, it reads:

Hemos decidido emprender una estrategia para exigir a las autoridades el reconocimiento del aborto, el derecho a decidir y los derechos sexuales y reproductivos de las mujeres y otras personas con capacidad de gestar en Sonora. [We have decided to undertake a strategy to demand that the authorities recognize the right to abortion, the right to decide, and the right to the sexual and reproductive health rights of women and people with the capacity to become pregnant in Sonora.]

We pile into Brenda’s car and head to Ciudad Obregón where they have organized an event with local feminist activists to collect signatures for the *amparo*.

Beyond the facilitation of abortion care, legal mobilization (Lehoucq & Taylor, 2020) is a critical part of the *acompañantes*’ practice.² Yet, this legal mobilization initially felt at odds with the radical political stance of *acompañantes* that often exists in direct opposition to the state. Indeed, both Brenda and Camila have reminded me over and over that abortion does not have to

¹ An *amparo* is a judicial action that protects individuals when constitutional rights are violated by state authorities, whereby any citizen may submit an *amparo* to the District Court. *Amparos* have become an increasingly important legal strategy for pro-abortion activists living in legally-restrictive states following the Supreme Court decision in 2021. These activists argue that states are responsible for abiding by the Supreme Court ruling that decriminalized abortion at the federal level.

² Legal mobilization can be understood as the strategic use of legal action by social movements, collective actors, and/or individuals (Lehoucq & Taylor, 2020). Specifically, this use of legal action is often aimed at influencing policy or asserting rights (Vanhala, 2011).

be legal for it to be safe; that safe abortion care can and does exist outside of legal, state services. Thus, if abortion can be done safely and effectively regardless of the law, then why would they continue to push for abortion legalization? Camila explained: “It’s important to fight for legality not only to increase access to abortion care, but mostly to have the state recognize our autonomy.”

This complex relationship between abortion care and the state and legal system reveals deeper questions of how citizenship and autonomy are shaped and experienced. Indeed, as Camila makes clear, this legal mobilization extends beyond material changes to the law; through their activism they articulate the importance of being recognized as autonomous, rights-bearing subjects—of being recognized as full citizens by the state. This strategy of legal mobilization is only one way in which abortion advocates engage with and challenge the state to promote access to abortion. In this paper, I explore the landscape of abortion care in Mexico, highlighting the conflicting care provided by the state versus the care provided by abortion advocates. By examining these contrasting dynamics of abortion care, I reveal how notions of citizenship are both deconstructed through acts of state violence and reconfigured by the care offered by abortion advocates. In particular, I emphasize how abortion *acompañantes* pursue an “insurgent” form of reproductive citizenship that resists state violence by reclaiming self-constructed reproductive autonomy.

Background

The landscape of abortion access in Mexico is a kaleidoscope of conflicting state and federal policies, public health facilities, private abortion clinics, pharmacies, and feminist abortion accompaniment collectives. In Mexico, individual states have the right to enact abortion legislation, creating a divided landscape abortion access. For example, Mexico City was the first federal entity in Mexico to decriminalize first trimester abortion in 2007. It would be 12 years

before another state decriminalized abortion, with Oaxaca decriminalizing abortion in 2019, and another 11 states following suit between 2021 and 2023. In September 2021, Mexico’s Supreme Court put forth a landmark decision, as they ruled to decriminalize abortion at the federal level. This ruling was later expanded in a 2023 Supreme Court decision that required all public hospitals to provide access to abortion care, regardless of the state’s existing abortion legislation. The most recent Supreme Court ruling sets the stage for state legislatures to decriminalize abortion at the local level; however, many states have yet to make any substantive code changes.

Indeed, the remaining 19 states in Mexico still operate under penal codes with varying abortion restrictions. The most restrictive state, Guanajuato, offers abortion care only in the case of two exceptions—if the pregnancy is the result of sexual assault or if the abortion was provoked by accident. These exceptions are known as *causales*, and each state offers access to legal abortion care under various *causales*. For example, in Chihuahua, abortion is permitted up to 12 weeks’ gestation under four *causales*: if the pregnancy is the result of sexual assault; if the abortion was provoked by accident; if the pregnancy poses a severe risk to the pregnant person’s health; or if the pregnancy is the result of non-consensual artificial insemination. Before the landmark Supreme Court ruling in 2021, abortion was punishable by law. Again, in Chihuahua, individuals found to have had an abortion could face anywhere from six months to three years in prison, with the same penalty for assisting doctors, nurses, or midwives (Código Penal del Estado de Chihuahua, 2021).

Other states operate under a mix of different *causales*, creating confusing and unnecessary hurdles to access abortion care. Abortion is, in theory, also universally accessible under a legal norm known as the NOM-046.³ The NOM-046, which was updated in 2016, mandates access to

³ The full name for this legal norm is “*Norma Oficial Mexicana NOM-046-SSA2-2005. Violencia familiar, sexual y contra las mujeres. Criterios para la prevención y atención*. [Official Mexican Standard NOM-046-SSA2-2005. Family and sexual violence against women. Criteria for prevention and care.]” The NOM-046 mandates access to

abortion care in any public health facility if the pregnancy is the result of sexual assault (Ipas, 2020). In other words, regardless of the state's existing abortion legislation, any pregnant person is allowed to seek abortion care at a public hospital if they have experienced sexual assault. The NOM-046 does not require the person seeking abortion to file an official criminal report in order to access care. However, as some scholars have noted, abortion care is rarely made accessible even in spite of these exceptions (Küng et al., 2021).

Where abortion is legally permitted and actually provided, it is primarily accessible through the public health system.⁴ Following the decriminalization of abortion in Mexico City in 2007, abortion was made freely accessible through the public health program known as *interrupción legal del embarazo* (ILE), or the legal interruption of pregnancy. The ILE program is offered only at the Ministry of Health facilities which typically serve low income and unemployed individuals, and, as various scholars have noted, are plagued with long wait times, lack of resources, and other bureaucratic hurdles (Amuchástegui & Flores, 2013; Singer, 2022).⁵ Later, after the Supreme Court ruling in 2023, abortion became accessible at all federal hospitals in every state through the *Aborto Seguro* [Safe Abortion] program. Yet, in spite of this legal ruling, abortion care is hardly

healthcare for victims of family and sexual violence, including access to emergency contraception, testing and treatment for sexually transmitted infections, and psychological attention, among other services. The norm was updated in 2016 to mandate access to public abortion care through the *Aborto Seguro* [Safe Abortion] program.

⁴ There are also private health clinics and nongovernmental organizations, such as Marie Stopes, that provide legal abortion care. Marie Stopes, which now operates clinics in seven states, offers both medication and procedural abortion; however, these services tend to be more expensive. For example, medication abortion through Marie Stopes ranges from approximately \$100 to \$175 USD. Whereas in a public hospital, the service is offered for free. Similarly, misoprostol can be purchased from pharmacies for around \$35 USD, and it is often donated for free by feminist accompaniment collectives.

⁵ There are various levels of healthcare in Mexico. The lowest tier of public health services are offered at government hospitals through the *Secretaría de Salud* [Ministry of Health], which primarily serve low income and unemployed people without social security. Secondly, there are federal public hospitals that serve the “working population,” or those that are employed in the formal sector with access to social security. These hospitals are known as the Mexican Institute of Social Security (*IMSS*) and the Mexican State's Employees' Social Security and Social Services Institute (*ISSSTE*), with the former providing care for private-sector employees and their families and the latter serving only government employees and their families. Finally, there are private hospitals that generally serve higher income populations, and provide higher quality care (Doubova et al., 2018).

accessible through public health institutions. From conscientious objection and stigma to poor quality services and obstetric violence, public health institutions in Mexico have made accessing safe and dignified abortion care nearly impossible (Casas, 2009; Castro & Frías, 2019; Veldhuis et al., 2022).

Abortion restrictions as state violence

This uneven and incomplete abortion rights regime in Mexico can be understood as a form of state violence. The theory of state violence elucidates the myriad of ways violence is enacted by state institutions and actors, from police violence and citizen surveillance to the entrenchment of structural inequalities (Torres, 2018). More specifically, I am concerned with the way in which state violence is gendered, particularly affecting women. Scholars have noted how state actors directly perpetrate gendered violence, such as through direct sexual assault against women (see e.g., Falcón, 2001), as well as how the state engenders conditions of violence through economic and political processes which further endanger the lives of marginalized women (Camacho, 2010; Smith, 2016; Wright, 2011). Abortion restrictions are couched within this broader landscape of gendered state violence. While scholars from the United States have largely ignored the relation between such injustices (see e.g., Beck et al., 2024), Mexican and other Latin American scholars have long connected abortion restrictions to broader forms of gendered state violence (Bejarano Celaya & Acedo Ung, 2014; Sutton, 2010, 2017). Bejarano Celaya and Acedo Ung (2014, p. 261) explain clearly:

The denial of rights to women [regarding abortion] is also a form of gender-based violence in which the State sets itself up as a perpetrator; by not guaranteeing the ability to exercise these rights to the female collective, it is also institutional violence.

Understanding the role of the state in perpetrating and perpetuating gendered violence is critical for assessing the landscape of abortion care in Mexico.

Implications for (reproductive) citizenship

Recognizing abortion restrictions as a form of state violence provides insight into the broader implications for the citizenship rights of women and pregnant individuals. Citizenship is a contested term, but can often be understood as the rights that an individual holds in relation to the nation state (Marshall, 1950). Citizenship has also been broadly defined in terms of human rights (Turner, 1993; Yuval-Davis, 1997), and can therefore be understood as “the right to access welfare and health services provided by the state, and the right to bodily integrity and freedom from the fear of violence” (Munday, 2009, p. 250). Yet, as the unequal landscape of abortion care in Mexico suggests, these citizenship rights are not distributed evenly across society. Women, in particular, have historically been denied access to full citizenship rights, and therefore experience numerous restrictions on bodily autonomy (Lister, 1997; Munday, 2009).

Historically, reproductive health policies have explicitly served to reinforce existing social hierarchies by surveilling and restricting the reproduction of marginalized women and pregnant people (Roberts, 1999; Ross & Solinger, 2017). From forced sterilization and coercive contraception practices targeting women of color to limited access to reproductive healthcare and bans on abortion, marginalized women’s bodies have faced numerous forms of reproductive control (Lawrence, 2000; Roberts, 1999; Solinger, 2019). Such forms of bodily coercion and control have revealed the role of reproduction, and violence, at the center of state-citizen relations. A small but robust number of studies have theorized experiences of reproduction and reproductive rights—from maternal healthcare access to assisted reproduction and international surrogacy—within the framework of reproductive citizenship, raising issues of state power and citizen-action (Hanafin, 2013; Mills, 2010; Riggs & Due, 2013). The concept of reproductive citizenship highlights the many ways in which states regulate and shape the reproductive autonomy of their

citizens, with the aim of regulating the population and reinforcing particular values of sexuality and reproduction (Roseneil et al., 2013; Turner, 2008). In doing so, this theory underscores the intersections between state power, reproduction, and citizenship by revealing who is deemed worthy of reproducing and who is deemed in need of surveillance. Furthermore, the framework of reproductive citizenship asks us to consider the “labyrinth” of geographic, legal, economic, political, and social constraints that individuals must navigate in order to fulfill their reproductive autonomy (Singer, 2020).

Little literature, however, has contextualized abortion care within the framework of reproductive citizenship (see Amuchástegui & Flores, 2013; Singer, 2020; Unal & Cindoglu, 2013). For example, one study by Amuchástegui and Flores (2013) examines how Mexican women’s subjective notions of citizenship shift based on the formal recognition of abortion rights. Drawing on interviews with 24 women who legally terminated their pregnancies following the decriminalization of abortion in Mexico City in 2007, Amuchástegui and Flores found that “the legalization [of abortion] fully allows for the exercise of a crucial right and thus enhances incipient experiences of citizenship for Mexican women” (p. 923). Although the legalization of abortion allowed women to exercise their right to reproductive autonomy, the authors also found that many women still did not view themselves as full rights-bearing citizens, suggesting that women’s interpretations of their own reproductive citizenship are mediated by broader “social, institutional, and subjective conditions” (Amuchástegui & Flores, 2013, p. 923).

Importantly, the theory of reproductive citizenship has almost exclusively focused on the reproductive health experiences of women and pregnant people and how their citizenship is constricted by the state. While important, this literature has neglected the role of resistance to state violence, raising a need to devote theorizing to questions about how citizenship may be

reconfigured outside of the state and who engages in this resistance. Thus, I contend that the theory of reproductive citizenship needs greater attention and depth regarding the role abortion advocates play in altering and redefining access to reproductive autonomy and citizenship. This study seeks to address these critical absences by examining how abortion advocates in Mexico recast citizenship through their model of accompaniment care.

Abortion access, particularly in Latin America, is heavily shaped by the actions of abortion advocates whose work both engages with and resists formal avenues to abortion services (Krauss, 2019, 2021). In Mexico, these abortion advocates are part of informal, volunteer-based networks that offer support known as accompaniment, or *acompañamiento*, whereby *acompañantes* [advocates] offer holistic support while accompanying individuals using medication to self-manage their abortions (Atienzo et al., 2023; Bercu et al., 2021; Veldhuis, Sánchez-Ramírez & Darney, 2020). More specifically, *acompañantes* provide information, guidance, emotional and physical support, in addition to free abortion medications, pads, pain relievers, and any other item the pregnant person might need to complete their abortion safely and comfortably at home. At the core of accompaniment work is a feminist ethic of care in which *acompañantes* “ensure that women who have abortions have autonomy over their bodies despite living in a society that consistently attempts to impinge on that right” (Zurbriggen, Keefe-Oates & Gerdt, 2018, p. 111). Through the work of abortion accompaniment, I argue that women and pregnant people are offered an alternate form of care which resists and reconfigures the various forms of structural and interpersonal violences they experience. More specifically, through the care of abortion advocates, women and pregnant people can access an insurgent reproductive citizenship that exists beyond the nation state.

Present Study

In this paper, I draw on 25 in-depth interviews with abortion advocates in Mexico, supplemented by three months of participant observation, to explore how abortion advocates resist state violence and pursue reproductive citizenship. More specifically, I utilize the case of abortion care to explore how notions of reproductive citizenship are both constrained by state actors and reconfigured through the work of feminist abortion accompaniment collectives. Abortion advocates provide a unique vantage point through which to understand how state violence is resisted by engaging their insurgent reproductive citizenship given their prominent role in shaping access to abortion care while making demands on the state. This study aims to address the following research questions: (1) How do abortion advocates perceive, navigate, and alter the landscape of abortion care in Mexico?; and (2) How are notions of reproductive citizenship shaped by abortion advocates in Mexico? By centering the voices of abortion advocates, this study puts forth the theory of insurgent reproductive citizenship to suggest how the act of abortion accompaniment makes legible new forms of citizenship for women left at the margins of the state.

Methods

Setting and sample

This analysis draws on participant observation and in-depth interviews conducted with abortion advocates in Mexico. I conducted participant observation with feminist accompaniment collectives in Mexico City, Baja California, Sonora, and Nuevo León in order to gather a broad understanding of the legal landscapes of abortion across Mexico, and how accompaniment collectives operated within this landscape. Although Mexico's Supreme Court has ruled in favor of the federal decriminalization of abortion, individual states continue to operate under differing penal codes. Thus, each of the states where I conducted fieldwork maintains distinct abortion

policies—with Baja California and Mexico City offering decriminalized abortion care, and Sonora and Nuevo León operating under restrictive policies. Mexico City, for example, was the first state in Mexico to decriminalize first trimester abortion in 2007, while Baja California later decriminalized abortion up to 12 weeks’ gestation in 2021. On the other hand, both Sonora and Nuevo León only allow abortion under three distinct conditions. Sonora allows for abortion if the pregnancy is the result of sexual assault, if the pregnant person is at risk of death, and if the abortion was provoked by accident. Similarly, Nuevo León, allows for abortion if the pregnancy is the result of sexual assault, if the pregnant person is at risk of death, or if the pregnant person is experiencing severe health problems as a result of the pregnancy. This selection of fieldwork sites offered an important vantage point to view how differing abortion legislation shaped the advocates’ roles in the broader abortion care landscape, as well as their relationship to the state.

The accompaniment collectives with whom I conducted observations were largely informal, volunteer-based collectives. They ranged in size, with some having as few as two advocates and others having up to 15 volunteers. Some collectives had their own office spaces where they would store medication and other supplies; however, most did not have offices and instead used space within their own homes to prepare for and support their abortion accompaniment. All accompaniment collectives I met provided the majority of their accompaniment virtually through WhatsApp, although some advocates provided in-person support if requested by the pregnant person. The use of WhatsApp was both a practical decision and a strategic decision made by advocates. Practically, the advocates accompanied dozens or more pregnant people each week—a quantity that would be nearly impossible to support in person. Moreover, many pregnant people only sought initial information and instructions for how to use the medication, which was easily provided over text message. Strategically, many advocates felt

providing virtual accompaniment via WhatsApp protected their own safety and the safety of the person seeking care. For example, the advocates supported individuals experiencing intimate partner violence who were more able to access information over the phone rather than receive in-person care. When in-person accompaniment was provided, it was often for abortions occurring at later pregnancy durations (generally past 17 weeks' gestation).

In addition to participant observation, I used a snowball sampling method to conduct 25 in-depth interviews with advocates from 12 different collectives across nine Mexican states, including Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, Tamaulipas, Mexico City, Estado de México, and Guanajuato. Participants ranged in age from 24 to 55 years old. Almost a quarter of participants (24%) identified as lesbian, 28 percent as heterosexual, and 48 percent as bisexual. Nearly all participants identified as cisgender, with only one participant identifying as nonbinary. Over half of participants (52%) had experienced their own abortion, and more than a quarter (28%) were mothers, having between one and four children. On average, participants had worked as *acompañantes* for 5 years, and ranged in years of experience from 2 years to over 15 years.

Data collection

All procedures were approved by the University of Chicago's Institutional Review Board prior to beginning data collection. Between July 2022 and March 2023, I conducted over 500 hours of observations with advocates. While in the field, I observed advocates as they prepared for and provided accompaniment support to people seeking abortion. I visited their office spaces and their homes, purchased misoprostol at various pharmacies, and crossed the border, all as advocates supported people seeking abortion. I also participated in accompaniment trainings led by advocates, and examined their protocols and manuals when available. Finally, I attended various

large protests for International Safe Abortion Day and International Women's Day. These protests have been used to draw attention to rising acts of violence against women, from femicide to abortion restrictions, while highlighting rampant state impunity. These spaces provided access to another space where abortion advocates make demands on the state.

Participant observation was textured by 25 in-depth interviews with advocates. I conducted the interviews both in-person and remotely via Zoom. Prior to beginning the interview, participants provided informed consent for their participation and audio recording of the interview. The interviews followed a semi-structured interview protocol of 22 questions that explored broad themes related to the legal landscape of abortion care in Mexico, their reactions to legal changes to abortion in Mexico and the United States, and their personal experiences of providing abortion accompaniment. Sample interview questions included: "How does your abortion accompaniment differ from public abortion services?"; "How have the legal changes to abortion in Mexico affected your work as an advocate?"; and "How does the context of violence against women in Mexico shape your work as an advocate?" Interviews lasted on average 90 minutes and ranged from 60 minutes to 120 minutes. Participants were remunerated with the equivalent of \$60 USD for their participation in the interview.

Data analysis

All transcripts were analyzed with MAXQDA, a computer-assisted qualitative data analysis software (VERBI Software, 2021). A flexible coding method of thematic analysis was used to analyze the interview transcripts. Flexible coding is a rigorous and transparent data analysis method that involves both inductive and deductive approaches to qualitative data analysis (Deterding & Waters, 2018). Analysis involved a mix of open coding, particularly in vivo coding, descriptive, and analytic coding. Open coding allowed for inductive analysis, where participants'

own words were used as codes. Examples of in vivo codes included: “*postura política* [political stance]”; “*punte* [bridge]”; “*Estado represor* [repressive state]”; and “*letra muerta* [dead letter (of law)].”

I focused specifically on a method of analytic coding known as “versus coding” (Saldaña, 2016). Versus coding is a coding method that identifies “which individuals, groups, or systems are struggling for power” (Saldaña, 2016, p. 124). Such coding uses two dichotomous terms to identify conflicts between different phenomena (e.g., “good vs. bad”). Sample versus codes used included: “*acompañamiento vs. estado* [accompaniment vs. the state]”; “*violento vs. amoroso* [violent vs. loving]”; “*cálido vs. frío* [warm vs. cold].” The versus coding method was particularly apt for this study, as it is an analytic heuristic that aligns with a critical feminist research approach by focusing on themes that highlight issues of power, conflict, and inequities (Saldaña, 2016). I also engaged in analytic memoing in order to identify themes across transcripts. The coding scheme was refined on an ongoing basis during the analysis process.

Findings

Advocates described the landscape of abortion care in Mexico, highlighting the various ways in which the state fails to provide adequate abortion services. Such neglect of reproductive healthcare, as the advocates noted, functioned as a way to dispossess women and pregnant people of their citizenship. In response, the advocates shared how their model of abortion accompaniment acts not only as an antidote to state services by facilitating access to safe, self-managed abortion; more so, the act of abortion accompaniment helps to recast reproductive citizenship. Below, I highlight three overarching themes: (1) State violence and public abortion services, with subthemes of (1a) (Un)Lawful neglect; (1b) Structural stigma; and (1c) Public abortion care(lessness); (2) The construction of reproductive citizenship; and (3) Abortion accompaniment

as insurgent reproductive citizenship, with subthemes of (3a) Bridge to rights; (3b) Dignified care; (3c) Bodily autonomy, autonomous bodies; and (3d) Love as an act of resistance.

“The State is the first to replicate stigma, the first to enact violence, the first to reprimand”:

State violence and public abortion services

The advocates called attention to both the explicit and insidious forms of violence the state enacts on women and pregnant people seeking abortion care. The advocates used words like “neglectful,” “blind,” “invisible,” “aggressive,” and “violent” to describe the state and its actions. Adriana, an advocate from Tamaulipas, stated simply: “I think the State is blind, deaf, and mute, but it’s not dumb. They make it seem as if they’re blind, that they’re deaf and mute, because that’s what is convenient for them.” Like Adriana, Brenda—an advocate from Sonora—shared a similar refrain: “The State is neglectful. The State is the first to replicate stigma, the first to enact violence, the first to reprimand.” The advocates described the various ways in which the state engages in violence, including by neglecting abortion legislation, perpetuating abortion stigma, disinvesting from abortion training and public health resources, and dispossessing women’s citizenship.

(Un)Lawful neglect

One of the most obvious forms of violence was the state’s outright refusal to provide abortion care. The advocates explained that the state simply fails to provide abortion care, despite various laws and policies that mandate access to abortion. “In reality, they don’t provide any service. They just don’t do it,” explained Elena, an advocate from Nuevo León. This sentiment was shared across all advocates, regardless of the state they lived in and whether abortion was decriminalized or not. For example, the state of Coahuila now provides abortions up to 12 weeks’ gestation following the 2021 Supreme Court decision. Yet, as the advocates pointed out, the state

continues to deny abortion care to pregnant people. I interviewed Marisa, an advocate from Coahuila, in March 2023, as she explained the landscape of public abortion services:

In Coahuila, since October of last year [2022], there is no money for public abortion services. So they haven't been providing abortions since October of last year, and now it's urgent. There needs to be more mobilization on part of our collectives, to demand that the institution do their job because, effectively, we are doing the job that they are supposed to be doing. Like yeah, we're here working, but when are you going to do your job? Like yeah, we're here, but when are you going to open your doors? Yeah, we're here, but when are you going to get the resources? What's the deal?

An advocate described a similar situation in Baja California, where abortion was decriminalized in October 2021. Pamela explained:

In Baja California, abortion was decriminalized last year up to 12.6 weeks' gestation. However, we see that there are more challenges than advances. The State is still putting barriers in place, not providing information about the public abortion services, not telling people that they have the right to access it.

Cristina, another advocate from Baja California, shared how the decriminalization of abortion has generated new barriers to abortion care:

They have created this law, but we are well aware that this does not solve the problem. In fact, it has caused other issues...what happened is that before decriminalization, women said, 'No, I'm not going to go ask for an abortion in an institution, because they are going to want to violate me, criminalize me, I could end up in jail.' Now the women, some of them feel they can trust the institution, and they go, but they are denied access. It is institutional violence, it was and continues to be institutional violence...They make [women and pregnant people] trust the State, even though the State is not ready to provide them [abortions].

Cristina and other advocates explicitly name the state and its institutions as "violent," offering a powerful critique that underscores the culpability of state actors in perpetrating harm.

In states where abortion has yet to be decriminalized, there exist even more barriers. Camila explained the legal landscape of abortion care in Sonora:

Abortion is illegal, at least voluntary abortion is illegal. Even though the Supreme Court has said that we can no longer be criminalized for abortion, we live a different reality. We know that when someone goes to a hospital after self-managing an abortion, the doctors will force you to admit that you provoked an abortion. Why would they force someone to admit that if abortion has been decriminalized? Who do they want to know? They simply

still want to criminalize it. There's the NOM-046 but it's nothing more than an illusion. Here in Nogales, we know that the public hospital is supposed to have a unit that specializes in abortion care based on the NOM-046, but we've never accompanied anyone who has tried to access an abortion that way because the people don't want to. They are really afraid of being criminalized, of being revictimized. The truth is that the only legal way to access abortion has become obsolete at this moment because we all know how the justice system functions here.

As Camila clearly explains, the state has made legal abortion inaccessible—"obsolete" through a direct refusal to provide legally-mandated care. Joselyn, an advocate from Nuevo León, shared a similar sentiment: "They don't even know their own laws or regulations. Forget about whether they agree with it, or if they are empathetic, it's what the law says. To not comply with the law, to ignore it, seems terrible to me." Similarly, Lilia, an advocate from Tamaulipas, shared how laws are disregarded by the state:

Here in Mexico there may be many laws, but they are not followed. I mean, really whether it is legal or not...Here there are laws that protect women in certain cases. There are sections of the law that protect abortions and the state does not respect them. In fact, it is mandatory that they have information outside the health centers regarding the NOM-046, and yet, they don't make the services available. No, they don't want to spread that information. So really here, whether or not it is decriminalized, the treatment is not humane. Because for women, if you go for an abortion, they will use conscientious objection to not provide the service; but actually, according to the NOM, if you seek an abortion due to sexual assault, it is considered an emergency and in a medical emergency conscientious objection does not apply...But the vast majority of the girls who go there don't know that, because obviously the doctors do whatever they want; they will even let you bleed to death, they don't care. Yes, we have had cases where the girls go to the hospital and are kept there for up to five days. It's an inhumane thing. They once had a girl handcuffed to a chair for five days, totally illegal. There is no law here. So even though the law says whatever it says, it doesn't really affect us.

This stark example from Lilia highlights how the State willfully neglects to provide abortion care in spite of the existing legal frameworks.

Structural stigma

Abortion stigma—particularly *structural stigma*—was cited by nearly all advocates as a more insidious form of violence perpetrated by state actors. Structural stigma is defined as “societal-

level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized” (Hatzenbuehler & Link, 2014). According to the advocates, abortion stigma was spewed by government officials, seen and felt in hospital settings, and blazoned by anti-abortion protestors. The advocates described how state actors perpetuated such stigma, in turn making it more difficult for pregnant people to access safe abortion care. For example, Rosa, an advocate from Nuevo León, shared:

I have many critiques of the State. I think it’s atrocious that they don’t offer [abortion] services, that the services that do exist are highly stigmatized, that they can’t even imagine that people who have abortions are not bad people. They do this from a disingenuous protection of life, a false protection of life. The State plays a very important role because they have the power to reach many people, they have many resources...The truth is that the role of the state is deplorable, because they continue to influence people. The State is *la voz que manda* [the one that commands].

Camila similarly described the role of the state in Sonora:

Not only does the State perpetuate violence, the State enacts it. I think the State is one of our biggest aggressors. That’s its role, to attack us. Because not only do they deny access [to abortion], they also create all of these myths surrounding abortion, that abortion is bad. We know that the pro-life agenda is funded by the State; it is a political agenda.

This political agenda that generates and perpetuates abortion stigma showed up plainly in hospital settings when individuals seek abortion care. Itzel, an advocate from Coahuila, shared:

It is in the interest of the State to maintain itself, to not make any reforms or anything, because it is their way of subjugating women...We have realized that even since [abortion has been decriminalized] in Coahuila, there are still [medical] personnel [in the hospital] who tell the *Ministerio Público* [similar to a District Attorney’s office] when a woman is admitted for an abortion.⁶ They call the *Ministerio Público*, take photos—they even post the photos on social media [and] send them to the media [outlets]—and they make notes with the sensitive data of the women who are receiving abortion care in hospitals. But that is what the State wants, to dominate women; and not with a noose like a legislature, but with stigma, because it wants this stigma to be created on the issue of abortion.

⁶ The *Ministerio Público* in Mexico is responsible for the investigation and prosecution of crimes that fall under its local jurisdiction.

Thus, as the advocates explain, even when abortion is legally permitted, insidious acts of violence, enacted in the form of stigma, often bar pregnant people from receiving safe and dignified abortion care.

Public abortion care(lessness)

As the advocates made clear, this stigma often led to harmful and insufficient abortion care. Indeed, many advocates pointed out the “ignorance” of the medical staff, their lack of knowledge and training regarding abortion, and the lack of resources available to hospitals. Nadia, an advocate from Baja California, shared:

Politically, it’s a very conservative society. Very misogynistic, completely insensitive to the problems that women experience, and you can see that in the way society treats people who have abortions. We also see this in the health sector. People in the health sector are super violent...terrible, very bad. But what shocks me more than the prejudice is the level of ignorance among medical personnel about abortion. One time I argued with a gynecologist because they said, ‘12 misoprostol pills is a lot, that’s why people die.’ And I said, ‘No, 12 misoprostol pills is the dose that the World Health Organization recommends. Women die because people like you are denying them access to abortions in emergency situations and then you judge them for it. It is that fear of judgment that stops people from seeking help when they need to.’ So yeah, forget their personal prejudices, their religious beliefs that cloud their perception; they are completely uninformed about the actual abortion procedures. It’s like, if you don’t want to provide abortions, that’s fine. I don’t agree, but that’s fine. But at least provide the correct information.

Many other advocates noted that medical personnel lacked sufficient knowledge and training to support access to safe abortion care in hospital settings. Alma, an advocate from Chihuahua, stated: “Here, it’s common for doctors to use sharp curettage, a method that the World Health Organization has completely discarded. They consider it obsolete. The health services here lack a lot of updated knowledge and technology.” Indeed, as Alma explained, the abortion procedure of sharp curettage is no longer recommended by the World Health Organization (WHO) as it has been shown to increase the risk of abortion complications, such as uterine perforations (WHO, 2022). Furthermore, the WHO has suggested that the use of curettage is “incompatible with

numerous human rights including the right to health” (WHO, 2022, p. 66). Research has demonstrated that other abortion methods, such as manual vacuum aspiration and medication abortion are safer, less painful, and more affordable than sharp curettage (Huber et al., 2016; Küng et al., 2021). Such outdated procedures suggest a lack of investment in reproductive healthcare, which puts pregnant people at risk for unnecessary and avoidable complications. Adriana shared a similar description of public abortion services in Tamaulipas:

The doctors and nurses don’t want to modernize, they don’t want to be trained. They are still using protocols that were used 50 years ago. These protocols are no longer recommended by the WHO, they are not updated. That’s a huge problem. These doctors are still offering sharp curettage, which is very invasive, surgical, and very expensive. Compared to medication abortion—which can cost around \$700 pesos or sometimes free when we donate the medication to the pregnant person—sharp curettage can cost anywhere from \$13,000 pesos to \$30,000 pesos. And paying that much doesn’t even guarantee that they will treat you with dignity.

In addition to the outdated procedures, other advocates shared that pregnant people are often not offered a choice of which abortion method they would prefer. For example, Paulina, an advocate from Mexico City, explained how the state makes decisions around who receives what type of care:

Here, you can go to any [government] hospital to access abortion. You don’t even have to live in Mexico City...I mean, you could come from Estado de México or another state and ask for an abortion. But the difference is, if a woman comes from another state, the doctors will do manual uterine aspiration [*aspiración manual endouterina* or *AMEU*] because the Ministry of Health argues that they don’t want to risk giving women medication in case something goes wrong. So, if a woman from another state comes here, they will receive *AMEU* no matter what. On the other hand, if a woman lives in Mexico City, they will receive medication up through 10 weeks’ gestation. The doctors will give her medication even if she would have preferred *AMEU*.

By not allowing pregnant people to choose their preferred abortion method, the state strips away another aspect of bodily autonomy.

Furthermore, this lack of knowledge and training is compounded by the lack of resources afforded to public health services. Many advocates explained that the hospitals lacked basic

supplies necessary to complete safe abortion processes. For example, Nadia explained: “They don’t have mifepristone. The Safe Abortion program [in Baja California] doesn’t have mifepristone.” When asked if she knew why, she explained:

Well, what they have told us is that they don’t have the resources to buy [the medication] because the program is new, so they need to demonstrate that there is enough need in order to get more resources. So, they’ve actually asked us to refer people to their program, and it’s like...why would we refer people there if you’re telling me that you don’t have the necessary medication for the abortions? Of course, you can also abort with only misoprostol; it’s also safe and effective, but it’s just not the standard of care you would expect from a medical institution that receives \$800,000 pesos annually just for the Safe Abortion program.

As the advocates made clear, the existing abortion services provided by the public health system are greatly insufficient to meet the needs of pregnant people seeking abortion care in Mexico. Indeed, the State’s disinvestment in abortion care, oftentimes in direct defiance of state and federal legislation, reflects a broader dispossession of women’s rights.

“Our citizenship is taken away every time we raise our voices:” The construction of reproductive citizenship

Many advocates explained how notions of citizenship were restricted as a result of the neglect and violence enacted by the State. The advocates defined citizenship broadly, from the ability to cross borders and have full political participation, to the ability to access sexual and reproductive healthcare and live a dignified life. Pamela shared her thoughts on citizenship:

I think it is a fallacy, that all people are given the same rights. That sounds nice and it’s great that’s what the law says, but there are citizens that some people believe shouldn’t be allowed to be citizens. There are bodies that simply do not matter...However, I firmly believe that all people have rights and that by the simple fact of being human beings we should have access to such rights. It’s about having a decent life...Citizenship is more than about crossing [the border] and touching that soil. Citizenship seems, to me, to be a more complex issue. Who is forced to reproduce? Who cannot reproduce? Who deserves to reproduce and who does not deserve to reproduce? Who has those rights or who has the privilege to say, ‘I don’t care that abortion is illegal in Texas, I can take my car or a plane and go to California?’ Very few people compared to the bulk of the population.

Here, Pamela articulates the notion of *stratified reproduction* in relation to citizenship. Stratified reproduction refers to the power relations that define reproductive autonomy, empowering some women to reproduce while disempowering others on notions of race, class, sexual and gender identity, and citizenship status, among others (Colen, 1995; Ginsburg & Rapp, 1995). More specifically, the framework of stratified reproduction underscores how the reproductive rights of marginalized women are curtailed, as the state deems these individuals as deviant and in need of surveillance (Ginsburg & Rapp, 1995; Ross & Solinger, 2017).

Building on this notion of stratified reproduction, Mariela powerfully described the various ways in which the state strips women of their citizenship:

Politically, women do not have active participation. They are not considered subjects of the law. Even though we are experiencing sexual violence, even though we are experiencing this violence and we comply with the law, the law is not upheld. That makes it *letra muerta* [dead letter (of the law)]. In doing so, they take away our citizenship. They take away our citizenship from the moment we report [a sexual assault] and they doubt us. Our citizenship is taken away when we request an [abortion] process that is perfectly legal and that is denied to us due to religious prejudices. Our citizenship is taken away every time we raise our voices and we are violated for doing so. They take away our citizenship every time we want to demonstrate the scaffolding of the progressiveness of human rights at the national level and they do not want to match the criteria of the Supreme Court of Justice with the criteria of local legislation...How can we trust in our citizenship when the State does not even ensure whether hospital procedures or protocols are taking care of us?

In recounting the ways in which the state strips women of their citizenship, Mariela powerfully highlights the insidious erosion of political participation, legal subjectivity, and bodily autonomy. Her reflection underscores the grim reality where even in the face of sexual violence and legitimate requests for legal processes, women find their citizenship negated, eroding trust in a system that fails to safeguard their well-being and dignity.

I will share an extended quote from Brenda, who echoes the numerous ways the state denies women and pregnant people their reproductive rights and autonomy:

The argument that we feminists and *acompañantes* give is that the right to decide is part of our sexual and reproductive rights, but then they say ‘Why don't you close your legs?’; ‘Why don't you use a condom?’; those kinds of things. These types of arguments make invisible the structural conditions that women experience. Indeed, the system, the structure, is waiting for a woman to arrive covered in bruises, with visible signs of violence, before they will do anything. That invisibilizes the many other forms of violence and structural conditions that limit our citizenship, our humanness, and our possibility to access the entire range of rights that we should be given as people.

In the case of abortion, we are talking about the right to decide. I think that has been the standard for all sexual and reproductive rights that they have historically denied us. For example, the right to decide how many children we want. That's what the Constitution says, ‘To decide the number and spacing between the children you want to have.’ From the right to decide with whom I want to share my body, with whom I want to share my intimacy, to the power to access, for example...menstrual hygiene products, pads, tampons, pap smears, mammograms, all of these things that are also basic parts of our sexual and reproductive rights.

I believe that the issue of abortion has allowed us to reflect a little further on these conditions, because now I have seen that they are even promoting laws so that girls and women can have sanitary pads and these types of things that we previously took for granted...For me, in the case of abortion and citizenship, reflecting a little beyond how real it is that women can access sexual and reproductive health, regardless of our conditions, and being able to demand that the State do something, to respect our decisions, because it is not up to the State to get involved in women's bodies, but they do it anyway and they intend to make decisions about our bodies and judge us if we don't do as they say.

Brenda's narrative highlights various dynamics that intersect to constrain women's citizenship.

First, Brenda articulates how abortion stigma intersects with forms of structural violence that limit access to abortion care, and therefore, full access to citizenship. Furthermore, Brenda highlights how the issue of abortion allows us to examine the broader conditions under which women's citizenship is constrained by the state. In other words, the case of abortion allows us one particular vantage point through which to understand the (de)construction of women's citizenship in Mexico.

Additionally, the advocates also shared how this form of state violence has catalyzed their own activism. Itzel shared a powerful reflection on the relationship between the Mexican state and women and pregnant people:

The State doesn't have the slightest interest in giving women a decent life...What they want is for us women to leave, stand up and do hunger strikes or things like that...We are angry, and the State is sitting there doing nothing. *Eso es lo que le gusta al Estado, tenernos*

cansadas, agobiadas, con rabia [That's what the State likes, to keep us tired, overwhelmed, angry].

Yet, for Itzel and the other advocates, this *rabia* has translated into resistance. In spite of the various ways in which the state restricts citizenship, the advocates explained their desire to resist state violence. Mariela explained that rights have never been guaranteed by the State, but rather have been conceived and pushed forward by marginalized groups:

Rights have never been built by exercises of conscience of those who legislate, they have always been pushed for by those of us who are oppressed, by those of us who are victims of their systemic oppressions, of their systemic violence, as in this case of women's health...so, we have to push to make it ours.

Camila shared a similar sentiment, stating:

I feel that even though the State continues to restrict us, oppress us, attack us, society is prepared to respond, perhaps not on the same scale, but we are not going to stop responding. I think that at the end of the day, the State can do whatever it wants, but as long as there is a response from us, the work will continue to advance, whether they like it or not.

For these advocates, practicing their model of abortion accompaniment was their response. Indeed, for many advocates, the act of abortion accompaniment was an explicit form of political resistance and “*rebeldía*” [“rebellion”]. Camila, for example, shared how abortion accompaniment is her own act of rebellion:

Accompaniment, for me, is like a political act, to tell other people ‘Don’t let anyone tell you what to do with your body. Don’t let anyone make decisions for you.’ Accompaniment is a political stance. Accompaniment is my act of rebellion from what I have lived, against all of the impositions that, at some point, I let take over my life.

Lilia shared a similar feeling: “For me, accompaniment is a type of fight that exists inside each of us. A fight to help women feel free, so they can exercise their reproductive rights and feel like they are human beings.” Through the practice of accompaniment, the advocates begin to reconfigure how citizenship is experienced outside of the state.

“Feminist accompaniment is loving, it’s free from stigma, it’s like sisterhood:” Abortion accompaniment as insurgent reproductive citizenship

In response to state harm, the advocates developed a model of abortion care that could exist outside of restrictive laws and policies. Indeed, as Valeria stated, accompaniment care and public abortion services “are opposites. Not only do they have small differences, but they also have totally distinct visions.” The advocates highlighted key differences between their model of care and public abortion services, including how they bridge access to rights and provide dignified care, free from violence and stigma, centered on bodily autonomy, and anchored in love. By offering this sort of care, the advocates engaged an insurgent reproductive citizenship, refiguring women’s citizenship rights beyond the state.

Bridge to rights

Being a “*punte*,” or bridge, between abortion care and citizenship rights was a crucial role of *acompañantes*. As such, the advocates provide critical linkages to care to the most marginalized women and pregnant people, working to make accessible what has been made inaccessible by the state. Adriana explained: “Accompaniment means to provide access to a reproductive right for those who cannot access it. It is about being a little *punte* [bridge] between these rights and any woman. And by any woman I mean any woman in any place, any economic situation, any gestational age, anything.” Brenda shared a similar refrain:

Accompaniment means being a *punte* [bridge] to facilitate the ability to make a decision that is right for your life and your wellbeing. Yeah, I think it’s about being a bridge...For me, being an *acompañante* is the ability to tell the person that they can have their abortion without judgment, that we can create safe spaces for ourselves, that what they’re doing isn’t wrong.

For these advocates, becoming a bridge to abortion services that the state is not willing or able to provide was in direct opposition to the violence and neglect of the state. In doing so, the advocates

also help bridge the gap between illegality and legality. In other words, the advocates provided a bridge to *safe* abortion outside of *legal* abortion services through their accompaniment practice. As noted, many advocates felt that bridging access to abortion must occur in direct defiance of the legal system. Rosa clearly articulated this point:

Whether it's legal or not, we are here. And we've said it to their face, like 'you guys do what the law says, we will do what's left out. We will take care of it.' It might sound kind of confrontational, but it's the only way to do it – to be visible, to have that power.

Emilia shared a similar point of view: “I do not believe in the State, and...I believe that it is necessary for abortion to be legal, but...my fight is to accompany women, because I do not believe that the State has to have the power over this, we have to have it [power].” For these advocates, their act of accompaniment directly defied the state, which also gave them a sense of power and control over their rights.

Yet, bridging the gap to abortion rights was not experienced uniformly across advocates. Specifically, those advocates living in states where abortion remained legally-restricted engaged the state in different ways. As noted in the introduction, many advocates engaged in a legal strategy known as *amparos* to demand that the state align their abortion legislation with the federal Supreme Court ruling. While in the field, I accompanied advocates in the states of Sonora and Nuevo León as they submitted their *amparos* to the local District Courts. Brenda described her experience with *amparos* in Sonora:

It's not [the state's] priority to decide on the *amparos* for women to access abortion, even though the Supreme Court has decided so. There's a huge contradiction between what the Supreme Court says and [what the states do] ...but the states just aren't willing. Well, at least in the case of Sonora, the state is just not willing to align itself with the federal ruling, even though it now says that we can no longer be criminalized [for abortion] So, now with the strategy of collective *amparos*, we hope...that it can be a form of pressuring authorities to create possibilities for dialogue. That's how I see it. Whether or not they actually grant the *amparo*, at least they know that we are not indifferent to the state.

Brenda's reflection clearly highlights the importance of such legal mobilization. *Amparos* provide not only a strategy to amend existing legislation; they also act as a critical mechanism to articulate their autonomy and resistance to an indifferent state. Materially, these *amparos* also establish legitimate legal frameworks to access abortion care in public health settings. Alma, an advocate who is also a lawyer, explained the situation in Chihuahua:

We've successfully gotten two *amparos* granted so that at any moment, if we need to access the right [to abortion], we can go to the public health services and they have to provide the abortion, regardless of any *causales*. They have to do it even if we just walk in and say we want to access our right to abortion.

As Alma makes clear, these *amparos* have provided another way to access abortion care. Thus, as the advocates demonstrate, their model of abortion accompaniment both directly challenges and engages with the state, particularly the legal system. On the one hand, the advocates dismissed the legal system by bridging access to care outside of the state. On the other hand, the advocates reappropriated legal mechanisms to make demands on the state. Though distinct, these strategies are both rooted in a desire to uphold bodily autonomy by bridging access to abortion rights to women and pregnant people who have been marginalized by the state.

Dignified care

Beyond this form of mobilization, the advocates described how their model of abortion accompaniment differed from the state abortion services. Indeed, many advocates shared that the care they provided was much more dignified compared to that of the state. Marisa stated simply: "Accompaniment means dignifying women's reproductive health, their independence, and their right to decide whether or not they want to have a child." Part of providing dignified care meant providing free abortion medications and safe spaces for abortions, as well as providing care free from violence and stigma. Andrea, an advocate from Nuevo León, shared:

Here, we have the NOM-046 which has various criteria, but one criterion is that if a woman has been a victim of sexual assault, she can have an abortion at any gestational age. Yet, [the doctors] won't do it. The process is very revictimizing. Sometimes girls say, 'you know what? I'd rather have my abortion with medication, outside [of the hospital], with an *acompañante*.' Why? Because we won't revictimize them; we won't stigmatize them.

Adriana echoed this sentiment, explaining how the public health services in Tamaulipas differed from her accompaniment care:

We provide dignified abortion care. I think that's the first thing that separates us from the public health services, which are very stigmatizing, full of prejudice, very violent. They think that they can humiliate you just because they are in a position of power as doctors, nurses, or whatever. What we offer is much more humane, dignified, unconditional.

Many other advocates shared this feeling, noting how they do not question why the pregnant person is seeking care. Instead, they aim to facilitate access to, as Elena shared, "the tools that [pregnant people] need, whether that's emotional, economic, psychological, whatever is necessary for the person to access their right." By providing more holistic, dignified care, the advocates felt they could help redefine abortion as a more positive, loving experience. Nadia explained:

[Our accompaniment] is free from violence.... It is loving, yes, with an emphasis on autonomy, on the right to decide... The possibility to be accompanied, to be comfortable in your home, yeah, that [abortion] doesn't necessarily have to be a completely negative and painful experience. Instead, we have the ability to redefine it and experience it in a new way. That, I think, is the main value of accompaniment.

Bodily autonomy, autonomous bodies

As Nadia mentioned above, the model of abortion accompaniment also prioritizes the autonomy of individuals. Respect for bodily autonomy was cited as a central factor that distinguished accompaniment care from public abortion services. Alicia, an advocate from Baja California, clearly stated: "The accompaniment we provide is not just for the person to end their pregnancy; rather, it also generates a sense of autonomy, so that they can feel like the *dueñas* [owners] of their bodies." Noemi, an advocate from Estado de México similarly shared:

We [*acompañantes*] are intermediaries, providing the information that women need. For what? In order to exercise their bodily right to live a life free from violence. That, and also so that they can make the decisions that they need in order to feel free and informed. So, we are just the intermediaries of this information so that they can do whatever they want with their bodies.

Beyond the traditional understanding of bodily autonomy, the advocates also emphasized respect for natural, autonomous bodily processes. Itzel described the difference in treatment of the autonomous body between *acompañantes* and the health system:

We respect the autonomy of bodies. I can only tell you how to use the medication; we cannot control the [abortion] process. That is to say, I cannot tell you, ‘In five hours you are going to expel [the product],’ because we see the body as something very natural, very autonomous, something that is going to take the medicine, make it its own, and have a certain effect. You just have to prepare the body, for what? So that all the pain that may arise can be managed through breathing exercises, massages, teas, listening to music, watching your favorite movie, and so on. In the health sector, this process is all mechanized, because in the health sector they tell women, ‘You are going to arrive and they are going to want to do an *AMEU* on you,’ because they have to provide care quickly and efficiently. They are not going to tell you, ‘Let’s wait and see how your body carries out a natural process while you wait in this room and wait for the medication to take effect,’ because what they want is immediacy.

Itzel’s emphasis on respecting natural bodily processes highlights a deeper understanding of bodily autonomy. Furthermore, her narrative underscores a stark contrast between the holistic approach of *acompañantes* and the mechanized, expedited procedures within the health sector, advocating for a more autonomous form of abortion care.

Ultimately, the advocates made clear their respect for bodily autonomy, as well as for autonomous abortion care that can be completed without the supervision or resources of the state. Mariela clearly explained: “We don’t need the State in order to have [abortions]. We don’t need their legalization, we don’t need their decriminalization, because women have learned to do it [ourselves].” Emilia, an advocate from Baja California, echoed this statement: “Abortion is autonomous. We don’t need the State, we don’t need an institution, we don’t need anyone else.

[Self-managed abortion] is a practical response...it's a tool that allows us to resolve something quickly."

Love as an act of resistance

Beyond the explicit forms of political resistance, the advocates also positioned themselves from a place of love. Indeed, when asked how their care differed from public abortion services, nearly all advocates responded with "*es amoroso*" ["it's loving"]. Brenda clearly stated: "I think that feminist accompaniment is loving, it's free from stigma, it's like sisterhood."

For these advocates, this love was expressed through the warm care they provided for pregnant people seeking abortions. Pamela describes the type of warm, loving care *acompañantes* are able to provide, even when that care is provided virtually:

The treatment, the way of sharing information with people, although it is not in person, I believe that it is a more dignified treatment, a more loving treatment, a more respectful treatment, and a treatment in which we become accomplices, so to speak, in a positive sense, that we exchange doubts, ideas, beliefs. That they don't have to go to a hospital, with someone who has a white coat and who believes themselves superior to the rest of the people, who is not going to touch them with cold hands. I know that we are at a distance, but I believe...that our accompaniment is warm.

This contrast of cold versus warm was echoed by other advocates. For example, Joselyn shared:

"Our accompaniment differs in warmth. Health services are very cold." Sara shared this understanding, as she explained: "Accompaniment means to be present in the moment a woman needs us. It is free from stigma, it is respectful, it is warm. We are effectively facilitating access to their rights."

Like Sara, many advocates articulated how this act of love generated a sense of autonomy and freedom for pregnant people. Camila explained simply: "I do this out of love, out of empathy, from the commitment I feel to ensure that people and women can fully exercise their right to decide about their bodies." Similarly, Alicia described how she accompanies from a place of love:

“Something that I try to do is to make every person that I accompany feel that having an abortion is also an act of love, that they can experience it in an autonomous and free way.” Collectively, the advocates shared how their accompaniment stems from a profound sense of love, empathy, and commitment. This love, they argue, fosters a sense of autonomy, freedom, and care for pregnant people seeking abortion. This articulation of love is shared by bell hooks (1994), who has theorized love as an act of resistance. For hooks, love can even be understood as a “practice of freedom” (hooks, 1994). To conclude, I return to Sara who echoes hooks’ understanding of love: “Yes, accompaniment is an act of love, an act of unconditional love for the person who seeks accompaniment, and I do it with a lot of care. An unconditional love. Yes, it is an exercise of love for these people and the future, for their life plans, for freedom.”

Discussion

The findings of this study highlight the ways in which reproductive citizenship in Mexico is both deconstructed by the state and reconfigured through the resistance of abortion advocates. The advocates noted the various ways the state enacted violence, from refusing to provide legal abortion services, promoting abortion stigma, and disinvesting from public health care. These various forms of violence stripped women’s citizenship from them. In response to state harm, the advocates engaged in radical acts of care through their model of abortion accompaniment. In doing so, I argue that the advocates engage an “insurgent” reproductive citizenship for women and pregnant people in Mexico by making accessible rights that have been denied by the state.

The findings of this study contrast the harmful dynamics of state violence with the loving resistance of abortion accompaniment. This builds on a growing body of recent literature that has described the work of abortion advocates in Latin America as a direct response to “states of uncare” (Duffy et al., 2023) and “uncaring institutions” (McReynolds-Pérez et al., 2023). I extend this

literature by using the language of study participants to explicitly identify these harms as state *violence*, rather than *uncare*.

Indeed, this study clearly links abortion restrictions and attacks on bodily autonomy to forms of state violence. Through the state's refusal to provide legal abortion care and lack of investment in appropriate training and necessary resources, the state not only denies people their right to bodily autonomy, but also enacts a form of violence against women and pregnant people. Other scholars have situated these harms within the frameworks of reproductive politics and governance, whereby state and non-state actors produce intersecting forms of surveillance over women's reproductive lives (Morgan & Roberts, 2012). While these frameworks provide useful theoretical grounding, I choose to name these attacks on bodily autonomy as acts of state violence. As the advocate's explained, this violence is materialized in various state institutions, such as the government and public hospitals, and seeps into other aspects of society that erodes women's rights. In naming this harm as violence, this study builds on the small body of literature that explicitly connects abortion restrictions to state violence (see e.g., Beck et al., 2024; Bejarano Celaya & Acedo Ung, 2014; Sutton, 2017). These scholars, mostly from Latin America, have noted how the criminalization and regulation of abortion care constitutes a form of violence as it seeks to punish and control women's bodies (Bejarano Celaya & Acedo Ung, 2014; Sutton, 2017). Unlike other, more visible forms of violence against women, such as femicide, abortion restrictions enact a less visible, though utterly harmful form of violence that strips away women's autonomy and citizenship.

In order to resist state violence and the deconstruction of citizenship, the advocates engaged in the practice of abortion accompaniment. Their model of care is holistic, working both within and outside of formal legal avenues to facilitate access to safe abortion care. In addition to

providing support for pregnant people seeking abortions, the advocates also engaged in legal mobilization. By making demands on the state through legal mechanisms like *amparos*, the advocates reappropriate legal tools for their own means, defying the lawful neglect of the state. This sort of legal activism may be seen as what scholars have referred to as “abortion lawfare” (Gloppen, 2021; Krauss, 2021; Sieder & Bravo Espinosa, 2021). The concept of lawfare can be understood as “the strategic use of rights, law, and litigation to advance contested political, social, and economic goals” (Gloppen, 2021, p. 6). Importantly, individuals outside of the state, such as feminist activists, can also engage lawfare by appropriating “legal tools and rationalities to contest its authority” (Krauss, 2021, p. 17). Here, I draw on the latter definition to underscore how the abortion advocates in this study reappropriated the state’s own legal tools to resist its authority. Indeed, as the advocates made clear, this sort of legal activism is less concerned with material changes to the law; rather, their goal is to make themselves and their claims visible to the state in order to be recognized as autonomous, rights-bearing citizens. This particular strategy of abortion lawfare not only bridges access to safe abortion care both within and outside of the state, but it also begins to reconstruct notions of citizenship that have been denied to women and pregnant people.

Furthermore, as the findings suggest, the advocates recast notions of reproductive citizenship through the type of abortion care they provided. The findings of this study align with other research that has demonstrated how abortion advocates in Latin America generate “infrastructures of safe abortion care that are beyond the state” (Duffy et al., 2023, p. 624; see also McReynolds-Pérez et al., 2023; Singer, 2022). Through their model of abortion accompaniment, the advocates in this study directly defied state violence and neglect by promoting dignified and autonomous abortion care. Moreover, their focus on bodily autonomy and care that is free from

stigma and violence works to reconfigure the type of citizenship that has been denied to them by the state.

Taken together, I argue that abortion advocates engage a form of “insurgent” reproductive citizenship through their resistance to state violence. As noted earlier, the theory of reproductive citizenship reveals how the state regulates reproduction, determining who is considered deserving of reproduction and who is subject to surveillance, ultimately restricting the autonomy and citizenship of women and people with the capacity to become pregnant (Turner, 2008). I use the term “insurgent reproductive citizenship” to convey how abortion advocates in Mexico pursue a form of citizenship—one that guarantees access to reproductive healthcare—outside of the state. To do so, I draw on James Holston’s (2007, 2009) notion of “insurgent citizenship,” which posits that marginalized groups, often those excluded from formal political processes, assert their citizenship rights through alternative means such as grassroots organizing, protests, and lawfare. This insurgent form of citizenship emerges as a response to the segregation and dispossession imposed on marginalized communities by the state. In other words, marginalized communities organize social movements and engage in direct resistance to confront the conditions of inequality that the state used to segregate them (Holston, 2009). As Holston explains: “It is an insurgence that begins with the struggle for the right to have a daily life in the city worthy of a citizen’s dignity” (2009, p. 254).

Here, I theorize that abortion advocates in Mexico engage in “insurgent reproductive citizenship” through their abortion advocacy and accompaniment. Insurgent reproductive citizenship contains two concrete dimensions, as demonstrated by the advocates. First, insurgent reproductive citizenship highlights a mode of citizenship that exists beyond the state. The advocates forth a radical, self-constructed notion of autonomy by facilitating access to abortion

care beyond the purview of the state. Their model of accompaniment directly rejects the neglect and violence they experience at the hands of the state. Furthermore, through the advocates' insurgent care, they extend access to abortion rights—and therefore, reproductive citizenship—to women and pregnant people who have been marginalized by the state. Yet, this insurgent reproductive citizenship does not replace citizen rights, specifically rights to (reproductive) healthcare, conferred by the state. Thus, the advocates continue to pursue a formal autonomy that is legally recognized by the state—the second dimension of insurgent reproductive citizenship. To do so, they use the state's own tools against itself to demand legal changes. This is most clearly highlighted by the advocates' use of abortion lawfare, through means of the *amparo*, which allows the advocates to make direct demands on the state, attempting to align their insurgent reproductive citizenship with state-recognized reproductive autonomy. In other words, insurgent reproductive citizenship as practiced by the abortion advocates in Mexico exists both beyond and within the state, as they simultaneously pursue self-constructed autonomy, as well as formal state recognition. The entanglements between self-constructed bodily autonomy and the demand for state-recognized rights result in an insurgent form of reproductive citizenship that promotes reproductive justice for women and people with the capacity for pregnancy in Mexico and beyond.

By theorizing abortion advocates' insurgent reproductive citizenship, I extend the extant theory of reproductive citizenship in critical ways. First, this study views reproductive citizenship from a structural lens, rather than highlighting individual experiences of reproduction. In doing so, I call attention to the structures of care that shape reproductive citizenship, raising questions about how citizenship may be reconfigured through insurgent action. By reframing reproductive citizenship through a structural lens and exploring the landscape of abortion care, this study helps us to envision alternative configurations of citizenship beyond conventional state frameworks.

Second, this study demonstrates how actors outside of the state may reappropriate power in order to reshape such landscapes of care. Indeed, by centering the insurgent, radical care of abortion *acompañantes*, this study unveils the dynamic and nuanced processes through which reproductive citizenship, and the right to reproductive healthcare, are actively contested and reconstructed.

Limitations

This study should be viewed within the context of its limitations. First, this study only interviewed abortion advocates, and did not attend to the experiences of the women and pregnant people who are accompanied by the advocates. Although some existing literature has captured the experiences of pregnant people accompanied by abortion advocates (see e.g., Garnesy et al., 2022), future research should attend to how these individuals experience reproductive citizenship through abortion accompaniment care. Secondly, this analysis is based on interviews with 25 advocates from 12 feminist collectives in Mexico. Therefore, the results of this study cannot represent the diversity of feminist activism and abortion accompaniment that exists throughout Latin America. Instead, these in-depth interviews offer rich detail that center the knowledge and expertise of these abortion advocates, allowing us to theorize the intersections between abortion care, state violence, and reproductive citizenship in Mexico and beyond.

Conclusion

This study examines the landscape of abortion care in Mexico by highlighting the violence enacted by the state versus the care provided by abortion advocates. By centering these contrasting dynamics of abortion care, I highlight how notions of citizenship are both deconstructed and reconfigured. In doing so, I reveal how abortion accompaniment makes legible new forms of reproductive citizenship in the face of ongoing acts of state violence. Furthermore, this study seeks to disrupt epistemological understandings of care, violence, and citizenship. By theorizing the

inadequate abortion care offered by the state as state *violence* rather than *uncare*, I aim to call attention to questions of power by rejecting the normalization of such violence. This violence is resisted through abortion accompaniment, which centers dignity, bodily autonomy, and love. By situating this form of care within the framework of reproductive citizenship, this study highlights how the very notion of citizenship itself is contested and resisted through care.

“The green wave has now pierced the border:” Decolonial reproductive geopolitics post-*Dobbs*

Today, we will cross the border from Tijuana, México to San Diego, California to ship abortion medication to two pregnant people in the United States. One package will go to a woman in Georgia and one to New Jersey. The New Jersey case surprises me, and I mention that to Cristina, noting that abortion care is still legal in New Jersey, and they have even more access in New York. “It’s probably too expensive,” I offer, and Cristina agrees. The abortion accompaniment collective that Cristina leads, *Las Feroces*, offers abortion medications for free, only asking for a small donation, which for many women means nothing at all. Today, neither woman has provided a donation and they will receive their pills for free.

We stop quickly by their office to grab the pills—one mifepristone pill and four misoprostol pills for each woman. While at the office, Cristina gets a text from one of the women. “¿Cuándo vas a mandar el paquete?” she asks, anxious to know when the medications will be shipped. We quickly gather the pills and some boxes, and head to the *línea peatonal*. The radio station on the bus announces that the wait to cross the border is 60 minutes. We jump off the bus and criss-cross the bridge from Tijuana to San Ysidro. We pass through the immigration and customs checkpoints without issue, the abortion medications slipping by unnoticed.

The actions of Cristina are transgressive, moving across physical, moral, and social boundaries, as she physically crosses the border to facilitate access to a form of abortion care that exists outside of state purview. This has become a new reality post-*Roe*, where countless pregnant people in the United States have sought the support of Mexican abortion advocates to access abortion medications. This study takes the historic reversal of *Roe v. Wade* as its starting point, examining its reverberations across borders. To do so, I explore how abortion advocates in Mexico

respond to the widening legal access of abortion in Mexico to facilitate abortion care for those now stranded in legally-restricted settings in the United States. This study is motivated by the following research questions: (1) What are the transnational implications of the overturning of *Roe v. Wade*? and (2) How do Mexican abortion advocates respond to and navigate the changing legal landscape of abortion care following the overturning of *Roe v. Wade*? Drawing on 25 in-depth interviews with Mexican abortion advocates, I identify three central themes that emerged from the advocates' experiences of navigating the post-Roe landscape: (1) Creeping criminalization; (2) Disrupting transnational power imbalances; and (3) Reimagined care. While the work of abortion advocates in Latin America has received some scholarly attention (see e.g., Bercu et al., 2021; Krauss, 2019; Singer, 2020; Sutton, 2010), relatively little research has explored the contemporary role of advocates in navigating transnational abortion care between the United States and Mexico (see Murillo, 2016; Reagan, 2000 for discussions on the history of cross-border abortion care in the 1960s and 1970s). By centering the narratives of the advocates who are currently navigating the contradictory terrain of both increasing criminalization and legalization of abortion across borders, this study highlights the importance of attending to transnational reproductive politics.

Background

In September 2021, Mexico's Supreme Court declared the criminalization of abortion to be unconstitutional, setting the stage for the nationwide decriminalization of abortion care. Less than one year later, in June 2022, the United States Supreme Court issued a ruling on the *Dobbs v. Jackson Women's Health Organization* case that ended the right to constitutional abortion care. These contrasting legislative changes signaled a profound reshaping of abortion access and reproductive rights in the Americas. More so, these legislative shifts revealed how abortion politics and service provision transgress borders, generating new "borderlands of abortion care" (Fixmer-

Oraiz & Murillo, 2023, p. 275). Indeed, after the *Dobbs* decision, many pregnant people seeking abortion care were forced to cross state, or even country, lines (Rader et al., 2022). Such cross-border travel has extended beyond the U.S. southern border, where pregnant people in the United States have looked to Mexico in search of legal abortion care (L. Hernández, 2022).

Crossing the border for abortion, specifically, is hardly a new phenomenon. In the mid-1960s, before abortion was widely legal in the United States, feminist activist Patricia Maginnis began distributing flyers with information on reputable abortion providers in Mexico, assisting women in California and other southern border states in seeking abortion care (Murillo, 2021, 2016; Reagan, 2019). Only four years after Maginnis began distributing ‘the list’, “over 12,000 women had traveled outside the United States to obtain abortions with the list’s help” (Reagan, 2019, p. 344). Later, after the passage of *Roe*, Mexican women began traveling north to places like San Diego, El Paso, and Houston to access legal abortion care (Angulo & Guendelman, 2002; Reagan, 2019). More recently in 2021, following the adoption of Senate Bill 8 in Texas that banned abortion after six weeks’ gestation, pregnant people in the United States again began to look to Mexico to access abortion medication in Mexican pharmacies (Martinez & Rossi, 2021).

Historical and contemporary experiences of cross-border abortion care between the United States and Mexico are part of a larger, global pattern of forced abortion travel. When abortion care is not readily accessible due to criminalization, legislative restrictions, or economic barriers, pregnant people are often forced to travel across state and country lines to access needed healthcare services. A small number of studies have begun to explore the challenges associated with cross-border abortion care, particularly in the “abortion corridors” between Ireland and England and between Chile and Peru (Freeman, 2017; Side, 2020). Traveling long distances, whether across state or national borders, requires access to financial resources, reliable transportation, adequate

childcare, and other supports that are often inaccessible to marginalized women and pregnant people (Calkin, 2019; Fuentes & Jerman, 2019). Such barriers to travel can lead to non-medically necessary delays in abortion care, increased likelihood of abortion complications and emergency room-based follow-up care, negative mental health outcomes, and decreased use of abortion services overall (Jerman et al., 2017). Furthermore, transnational abortion travel requires the ability to freely enter and leave another country. Access to such mobility is stratified and constrained by the social positions of pregnant people, resulting in unequal access to reproductive healthcare (Singer, 2020). Thus, while crossing the border for abortion care may be accessible by some—temporarily allowing them to circumvent reproductive control—many others are left immobile.

In this space of “abortion exile” (Singer, 2020), abortion advocates have developed innovative strategies to circumvent such legal, bureaucratic, and geographic constraints. In the United States, abortion funds appeared in the early 1990s with the aim of decreasing economic barriers for those seeking abortion care (National Network of Abortion Funds, 2023). Abortion funds are small non-profit and grassroots community organizations that provide people seeking abortions with logistical, financial, and emotional support (Ely et al., 2016). In the decades since their emergence, abortion funds have provided critical support for marginalized individuals accessing in-clinic abortion and telehealth medication abortion (Ely et al., 2016; Leyser-Whalen et al., 2021). Similarly, across Latin America, feminist collectives have emerged with the explicit aim of facilitating access to safe, self-managed abortion care through support known as accompaniment, or *acompañamiento* (Atienzo et al., 2023; Krauss, 2019). In Mexico, the accompaniment model was developed over 20 years ago, largely in response to legislation that criminalized abortion even in instances of rape (Fixmer-Oraiz & Murillo, 2023). Women, many of

whom had experienced their own abortions, began offering information and support to individuals seeking safe abortion care outside of legal, medical settings. This was primarily achieved through the utilization of the medication misoprostol, which is widely available without prescription at Mexican pharmacies. In this model, volunteers, known as *acompañantes*, provide information, guidance, and physical and emotional support, both in-person and remotely, while accompanying individuals using medication to self-manage their abortions (Veldhuis, Sánchez-Ramírez & Darney, 2020). By facilitating access to safe self-managed abortion, abortion advocates in Mexico circumvent legal and policy barriers to abortion care.

Thus, while cross-border abortion has existed for decades between the United States and Mexico, the phenomenon has assumed a new and distinctive form. Indeed, access to abortion care is shifting within the context of increasing criminalization of abortion in the United States and the growing movement towards legalization of abortion in Mexico. In particular, increased attention to the model of abortion accompaniment supported by Mexican abortion advocates has opened up a new way to imagine abortion care in a post-*Roe* environment. In this study, I reveal the transnational implications of changing abortion legislation, and the critical role Mexican abortion advocates play in reshaping these borderlands of abortion care. Specifically, I propose the theoretical framework of decolonial reproductive geopolitics to conceptualize the bi-directional impacts of the overturning of *Roe v. Wade* between Mexico and the United States.

Theoretical Frameworks

The changing landscape of abortion care between the United States and Mexico, and the increasingly important role of abortion advocates and self-managed abortion, can be understood within the theoretical framework of feminist geopolitics. Feminist geopolitics traces how power, violence, and resistance operate on multiple scales, from the body to the nation state to

international relations (Dixon & Marston, 2011; Massaro & Williams, 2013). This theory demonstrates how the intimate and mundane—particularly women’s sexual and reproductive lives—are central to the operation of global power relations (Dowler & Sharp, 2001; Massaro & Williams, 2013). In other words, a feminist geopolitical lens highlights the ways in which women’s bodies and reproduction are inherently entangled with international relations (Dowler & Sharp, 2001). Building on this theory of feminist geopolitics, the nascent framework of reproductive geopolitics shows how reproduction is conceived as a primary site of governance, not only by states, but also by “international organizations, transnational corporations, and religious and nongovernmental organizations” (Perler et al., 2023, p. 104). To date, this theory has only been applied in one published article, where Perler et al. (2023) engage this framework to describe how governance of in/fertility technologies in Mexico “affects the value assigned to different bodies and the question whose bodies and lives are considered as worthy of reproducing” (p. 102). I build on this theory of reproductive geopolitics by proposing the framework of decolonial reproductive geopolitics to highlight the cross-border dynamics of abortion care generated by the *Dobbs* decision.

This paper also draws on the conceptual framework of transnational feminism to explore how feminist activist movements respond to changing reproductive geopolitics. In particular, I explore how the model of abortion accompaniment practiced by abortion advocates in Mexico represents a “transnational feminist knowledge project” that moves from south to north (McReynolds-Pérez et al., 2023, p. 82). A transnational feminist perspective engages principles of intersectionality and social justice to highlight how structural forces exacerbate power differences between privileged and oppressed women around the world (Enns et al., 2020). Central to transnational feminism is an exploration of how feminist struggles contest intersecting geopolitical

forces, such as globalization and migration, with a particular emphasis on “border work” and how knowledge moves across borders (Conway, 2017; Enns et al., 2020). Importantly, transnational feminist theories center a decolonial analysis that destabilizes traditional forms of knowledge production that center the global north (Falcón, 2016). This theory of transnational feminism shapes how I understand the shifting geopolitical relations between Mexico and the United States in the wake of *Dobbs*. Specifically, I engage the framework of transnational feminism to examine how reproductive geopolitics are experienced and resisted by advocates in Mexico and how transnational feminist alliances between Mexico and the United States may be generated and sustained in a post-*Roe* environment. Thus, I bring together extant frameworks of feminist geopolitics and transnational feminism to theorize the impacts of decolonial reproductive geopolitics post-*Dobbs*.

Methods

Research Design

This study engages the conceptual framework of transnational feminism as both a theoretical heuristic and methodological praxis. Indeed, the framework of transnational feminism has been cited as a “paradigm in which to cultivate a methodology to practice decolonizing forms of research” (Falcón, 2016, p. 174). Critical feminist scholar Sylvanna Falcón (2016) highlights four central tenets of transnational feminist methodology: reflexive understanding of positionality and privilege, developing a research community, integrating multilingualism, and highlighting liberatory models and social movements. I draw on these tenets to partner with and center the expertise of Mexican abortion advocates redefining abortion care in the Americas. Integrating multilingualism was of particular importance, as I conducted all aspects of my research in Spanish. Falcón (2016) explains that engaging multilingualism “destabilize[s] the colonial imposition of

English as the primary or dominant method of communication” (p. 181). Here, I serve as a conduit between the language of my participants and the dominant language of academia to share their knowledge with a wider audience.

Sample

Participants were interviewed from collectives in each northern border state of Mexico—including Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas—in addition to Mexico City, Estado de México, and Guanajuato. A snowball sampling method was used to recruit participants from various feminist collectives within Mexico. On average, participants had worked as *acompañantes* for 5 years, and ranged in years of experience from 2 years to over 15 years. Although some *acompañantes* in Mexico will physically accompany pregnant people to clinics for procedural abortions (Krauss, 2019), all *acompañantes* I met supported women in self-managing their abortions outside of clinic spaces. Most often this meant providing remote support via WhatsApp while the person managed their abortion at home; other times, if the pregnant person needed a safe space to complete their abortion, *acompañantes* would invite them into their office spaces or their own homes. All advocates I interviewed were part of small, informal collectives that ranged from as few as two *acompañantes* to 15 *acompañantes*.

Participants ranged in age from 24 to 55 years old. Almost all participants identified as cisgender, with one participant identifying as nonbinary. Nearly half of the participants (48%) identified as bisexual, 28 percent as heterosexual, and 24 percent as lesbian. More than a quarter (28%) of participants were mothers, having between one and four children, and over half (52%) had experienced their own abortion.

Data Collection

This research draws on 25 in-depth interviews with Mexican abortion advocates, supplemented by three months of participant observation. Between July 2022 and March 2023, I traveled to Mexico City, Tijuana, Nogales, Hermosillo, and Monterrey to meet with various accompaniment collectives. While in the field, I conducted observations with abortion *acompañantes* as they prepared for and provided accompaniment support to people seeking abortion care. Additionally, I participated in accompaniment trainings led by advocates, attended large-scale protests regarding abortion rights and gender-based violence, and conducted in-depth interviews. All procedures were approved by the University of Chicago's Institutional Review Board.

Interviews were conducted both in person and remotely via Zoom between July 2022 and March 2023. Participants provided informed consent for their participation and audio recording prior to beginning the interview. Interviews followed a guide of 22 questions and lasted between 60 minutes to 120 minutes, with an average 90 minutes. Interview questions were shaped by the theoretical frameworks of feminist geopolitics and transnational feminism, and explored topics including participants' experiences of accompaniment work, the landscape of abortion care in their region, reactions to legislative changes, and conceptions of reproductive justice in a post-*Roe* environment. Sample interview questions included: “¿Me puedes contar un poco sobre qué haces durante un día típico de trabajar como acompañante?” [“Can you tell me about a typical day working as an advocate?”]; “¿Cómo han afectado tu trabajo los cambios legislativos que están pasando en los Estados Unidos?” [“How have the changes to abortion legislation in the United States affected your work as an advocate?”]; and “¿Cómo influye el contexto de la frontera en tu

trabajo como acompañante?’ [“How does the border shape your work as an advocate?”]. Participants were compensated the equivalent of \$60 USD in Mexican pesos for their participation.

Data analysis

Interviews were conducted in Spanish, transcribed verbatim in Spanish, and analyzed in Spanish to ensure participants’ original meanings were not lost during the data analysis process (Van Nes et al., 2010). Quotes selected for reported findings were then translated into English. A flexible coding approach was used to analyze the data. Flexible coding is a rigorous and transparent method of qualitative data analysis that involves both inductive and deductive methods to identify key themes and theories from the data (Deterding & Waters, 2018). I began by developing a codebook that aligned with the interview guide to identify overarching themes and patterns in the data. I also identified emergent codes derived from the text to allow for inductive analysis. After selecting the overarching theme of “responses to *Roe*,” analytic codes were applied to identify sub-themes (e.g., “risk”; “solidarity”; “implications beyond U.S.”; and “self-managed abortion”). The coding scheme was refined on an ongoing basis during the analysis process. All transcripts were analyzed with MAXQDA, a computer-assisted qualitative data analysis software (VERBI Software, 2021).

Findings

The *Dobbs* decision, while most immediately felt in the United States, generated numerous implications for Mexico. All accompaniment groups I talked to, from Baja California to Tamaulipas, and Estado de México to Guanajuato, had received an onslaught of messages from pregnant people in the U.S. seeking abortion care following the *Dobbs* decision. One acompañante from Tijuana, Baja California explained in an interview just one month after the decision: “Before, it was just like one [U.S. case] every two months. Then, one every month. Now, it’s one every

week or sometimes two.” Similarly, another advocate from Ciudad Juárez, Chihuahua noted, “our work increased substantially, three or four times the number of women who we would normally help each month.” While some pregnant people sought basic information regarding self-managed abortion, the majority explicitly requested help obtaining abortion medications. Another advocate from Tijuana explained: “We’ve received a lot of requests for medication, especially from Texas.”

These individuals requesting support came from various states in the United States, from border states like Arizona and Texas to states much further north like Wisconsin and New Jersey. The majority of advocates I spoke with felt strongly about supporting the most marginalized pregnant people in the United States, particularly undocumented migrants. One advocate from Matamoros shared:

The majority of women who have sought accompaniment, at least from our collective, almost, I don’t know, I could say about 80% of them are migrants. They live in the United States and don’t have the possibility to travel. Most of them have found us on social media or just from word of mouth like, ‘You helped my cousin and now I’m reaching out.’

While the advocates prioritized care for marginalized pregnant people, they also made clear that they were willing and able to support anyone from the United States, regardless of race or citizenship status. An advocate from Monterrey explained: “In the United States, most of the people who have sought our services have been migrants. But there have also been White women who don’t speak any Spanish, and the only thing they know about abortion is one that’s done in a clinic.”

In addition to increases in the number of people seeking care, the overturning of *Roe v. Wade* generated cascading effects for abortion advocates in Mexico, highlighting the ways in which legal and policy changes creep beyond borders. The advocates spoke to the implications that moved from the United States into Mexico, as well as implications from south to north as the Mexican advocates responded to the changing landscape of abortion care in the United States.

Below I highlight three themes that demonstrate these cross-border dynamics: (1) Creeping criminalization, with subthemes (1a) Risk to pregnant people; (1b) Risk to advocates; and (1c) Geopolitical risk; (2) Disrupting transnational power imbalances; and (3) Reimagined care, with subthemes (3a) Alegal abortion and (3b) Reciprocal solidarity.

“If the U.S. is doing this...what will happen to us?”: Creeping criminalization

The advocates spoke of the multiscale risks that permeated the border following the *Dobbs* decision. Indeed, the advocates noted the ways in which the context of increasing criminalization and surveillance in the United States crept across borders, generating a sense of risk and fear. Specifically, the advocates highlighted the risks to pregnant people seeking abortion care in the United States, the risks the advocates themselves faced in navigating these changing legal landscapes, and the geopolitical risks that were generated as a result of this decision.

Risk to pregnant people

Advocates described undertones of fear and uncertainty from the messages from pregnant people in the U.S. Specifically, these pregnant people were fearful that seeking care in Mexico would put them at risk of criminalization in the United States. In other words, they were afraid the United States could surveil their actions, even across borders. As some advocates explained, these feelings of fear harkened back to years prior in Mexico before abortion had been widely decriminalized. One advocate from Monterrey, Nuevo León shared: “I was so surprised when I first connected with these women [in the U.S.], because I felt that I went back in time 6 or 7 years. Their urgency, their fear. They would ask: ‘Are you really going to help me?’” An advocate from Saltillo shared a similar sentiment, highlighting the fear that pregnant people in the United States expressed: “It’s like starting from scratch [with the people from the U.S.]. They say things like, ‘I’m going to die,’ and [we say], ‘No, you’re not going to die.’ ‘They’re going to incarcerate me,’

[and we say], ‘No, they’re not going to incarcerate you.’” Similarly, another advocate from Monterrey described the differences between the cases from the U.S. and those from Mexico. She explains:

I’ve noted a big difference in the cases from the U.S. than those from Mexico. In that sense, it makes me sad because it reminds me of our work here 5 or 6 years ago. When I began working as an *acompañante* then, the women here [in Nuevo León] were so afraid of talking about abortion. It makes me sad to realize that women in the U.S. are now feeling so afraid. It’s very sad and very unjust, especially because it will mostly affect poor, marginalized women, not privileged women.

Advocates described the various strategies that pregnant people used to keep themselves safe from criminalization and to minimize surveillance while seeking abortion care in Mexico. One advocate from Monterrey shared her experiences of accompanying women from the U.S.: “Something that I have seen, for example, when women from the U.S. have come here, they are terrified of having their phones traced while in Mexico, so they leave their phones at home. That really caught my attention, that these women would go to such great lengths because they are so scared of being tracked here.” Similarly, an advocate from Estado de México, on the periphery of Mexico City, described the lengths women from the U.S. went to in order to minimize legal risk:

These women [from the U.S.] who recently contacted us are more afraid of legal repercussions, so they look for a more distant accompaniment. This is what a woman from the U.S. told us. She was very afraid of being arrested because she had seen the news. She wasn’t very aware of the legal context [in her state] and wanted us to explain to her what could happen if she had her abortion in the U.S. That was really alarming for us, because although we knew the legal context was changing, it wasn’t something we knew all the details about. Also, there was another case of a woman who contacted us because she had planned to travel to Mexico City and had no one to meet her there. That was also one of the cases that caught our attention, that she preferred to come here alone so no one would find out.

In this new context of increasing abortion criminalization in the United States, the advocates in Mexico have been tasked with understanding a complex and distinct legal landscape in order to shield pregnant people from heightened surveillance.

Risk to abortion advocates

The risks experienced by pregnant people seeking care were mirrored by risks that advocates felt when providing accompaniment while navigating this new legal landscape. In particular, the advocates felt they might face risk of criminalization in the United States by facilitating care for people seeking abortions. One advocate from Chihuahua City, Chihuahua clearly articulated this risk:

After the overturning [of *Roe v. Wade*], fewer acompañantes were willing to put themselves at risk. It's totally understandable because not only is the *acompañada* at risk, but so is everyone involved in the process. Yes, we are in Mexico, our territory, but the moment that one passes the medication across borders, we are entering a territory that is not ours, where you are worth nothing and they [the U.S.] don't care about you.

Another advocate from Nogales, Sonora shared her feelings of risk regarding her work supporting pregnant people in the U.S.: "I think the only time I've ever been really worried about being an *acompañante* was when everything happened in the United States. I remember I heard something that said that *acompañantes* are like at the level of *narcotraficantes* [drug traffickers]." This quote powerfully reflects the way in which abortion, and abortion advocates, were becoming criminalized in the post-*Roe* environment, as a medication used for explicit healthcare purposes was suddenly recast as an illicit drug being trafficked across borders.

Many advocates themselves were confused and unsure of the risks they might face if they provided accompaniment support to pregnant people in the U.S. I interviewed one advocate from Mexico City only two weeks after the *Dobbs* decision. By that time, her accompaniment collective had already received over 15 inquiries from pregnant people in the U.S. Given that the legal landscape of abortion was rapidly changing, this advocate was unsure of the risks she faced:

In terms of shipping medications [across the border], I know that we acompañantes are a little afraid. We know another collective that helps us to send medications; it's difficult, but we've been able to send medication to different countries. But it's really difficult because it implies money and legal risk, so some *acompañantes* don't want to risk it. I

really don't know what the legal risks are in the U.S...I think that there is a lack of understanding regarding whether or not we can send medication to the U.S. that I think should be somewhat clearer for us, so that we can continue to accompany these women in their [abortion] processes.

Like this advocate, others grappled with the risk involved in supporting pregnant people in the U.S. to obtain medication. One advocate from Nogales explained:

At some point, I considered crossing medication into Arizona. I also thought about if I cannot cross, I could put it in P.O. boxes where people could come pick them up...but then someone said to me, 'what if you cross and you lose your visa. I don't know, maybe they'll put you in jail.'...So, for me, it was a question of recognizing how far I could really support.

Due to this fear, advocates explained that they needed to take extra precautions. One advocate from Matamoros, Tamaulipas shared:

Right now, it has become a bit complicated for us due to the issue of persecution in the United States following the revocation of *Roe v. Wade*. We have to look out for ourselves a lot more, especially in terms of digital privacy. We have to be more conscious of how we say things and who we say things to. Because not only are they persecuting women [in the U.S.], they are also persecuting advocates by allowing any citizen to report someone else. That makes everything more difficult. It's like a witch hunt, like a war. So, now we have to take care of ourselves, and care for our *compañeras* on the other side [of the border].

Numerous advocates used this phrase of “witch hunt,” or *caza de brujas*, to refer to the post-*Roe* environment. For example, an advocate from Tijuana stated: “What’s happening in Texas feels like a witch hunt.” This refrain highlights how dangerous this environment felt for both pregnant people and advocates navigating the changing legal landscapes of abortion care, and how this risk extended beyond borders.

Geopolitical risk

These risks to both advocates and pregnant people were further compounded by the geopolitical impacts generated by the *Dobbs* decision. Indeed, for many advocates, ideals of the United States as a powerful and progressive nation were disrupted by the overturning of *Roe*. One advocate from Mexicali, Baja California shared her immediate reaction upon seeing the news of the *Dobbs* decision:

I remember that I woke up, grabbed my phone, opened Facebook and it was the first thing I saw. I cried, and said to myself ‘No.’ Because, in part, the United States is seen—I think erroneously—as the ideal for many countries, the standard in terms of rights, when in reality, rights in the U.S. are trampled on and squashed for many marginalized groups. I think that this [overturning of *Roe v. Wade*] sent a strong message to other countries that these rights can be taken away. I also remember that anti-abortion groups here [in Mexicali] were celebrating this as a victory.

More specifically, the advocates expressed a fear that the criminalization of abortion in the United States would creep across the border, influencing a re-criminalization of abortion in Mexico. Many other advocates noted that immediately following the decision, there were widespread celebrations among Mexico’s conservative political parties. One advocate from Hermosillo, Sonora explained the detrimental impact this decision could have on abortion legislation in Mexico:

We couldn’t believe that the U.S. would take such a large step back. We just couldn’t believe it. And then we thought, if the U.S. is doing this—who is the world leader—what will happen to us?...It’s a huge regression. This decision also strengthens the power of the [conservative] right in Mexico. In Sonora, we know that conservative groups are the ones with the money, so they have the power. So, I see it like this – if conservative discourses in the United States are gaining power, it’s very probable that Mexico will reflect these discourses. That the conservative discourses will gain strength here in Sonora and it will be more difficult to legalize abortion care here. Sure there are other states in Mexico that have ruled in favor of abortion care, but the state of Sonora is very, very conservative.

Similarly, one advocate from Guanajuato—one of Mexico’s most conservative states—explained:

With everything that happened in the U.S., some public figures in Guanajuato were celebrating because they have the same vision [to criminalize abortion care]. So for us, it was like wow, our government in Guanajuato might feel empowered. This recession of rights that happened in the U.S. gives our government more arguments to ban abortion.

As these quotes highlight, the impacts of the *Dobbs* decision were felt far beyond the borders of the United States, underscoring both the importance of geopolitics and the permeability of the border.

“*Voltear a ver:*” Disrupting transnational power imbalances

While noting the geopolitical impacts of the *Dobbs* decision, the advocates also shared sharp critiques of the United States. Many used the phrase “*voltear a ver,*” or “turn to look,” to

describe how after *Dobbs*, many people in the United States (specifically reporters and journalists) turned to look at their advocacy work in Mexico. Here, I use this phrase to also exemplify how the advocates turned their gaze on the United States to elucidate other geopolitical issues following the overturning of *Roe*. One advocate from Hermosillo summarized these complex relations:

It really grabbed my attention that after the [*Dobbs* decision] in the United States, the media and many people *voltearon* (turned around) and said, ‘Look, these *acompañantes* exist, there is work that is being done in Latin America that we can perhaps use,’ but I think it is a very clear example of inequalities between the countries. Now, the media is coming to us, but they just want to know how we are helping the women in the United States. But how many years have passed that we, in Latin America, have been doing this extremely challenging work, slowly chipping away at the barriers, all while managing adverse structural conditions. And yet, just now they are turning around to see the work we’ve done. Only now it occurs to them to think about what third world women are doing to have access to reproductive justice. I think that this is a great example of how the world is unequal...That we shouldn't care about women until they affect you directly. It is the clearest example of how hypocritical and how unequal this world is. Why did they wait so long to make visible the work that we have been doing for years? For me, this is the greatest example of the colonization that we are currently experiencing, because the most colonizing country is the United States. Yet, there are women in Guatemala and El Salvador who live in even more brutal conditions than we find ourselves in, and have done even greater work to ensure [abortion] access. If such a rich country, with so many possibilities, can bring certain issues up for discussion, why wait until it affects you?

This advocate’s powerful reflection highlights many themes other advocates noted, including critiques of the United States’ power, the role of the media in perpetuating such unequal geopolitical relations, and who is most impacted by the changing legislation in the U.S.

Reflecting on the *Dobbs* decision, many advocates were quick to critique the notion that the United States is viewed as a progressive nation. “*Nunca fue un país de la libertad*. [It was never a country of freedom],” one advocate from Monterrey stated. Indeed, another advocate from Saltillo shared a similar sentiment:

We know perfectly well that the United States likes to maintain itself from a progressive stance, where quality of life is perceived as much better than in Mexico. But on the other hand, so many people there [in the U.S.] are displaced for not having a certain socioeconomic status, political status, etcetera.

This criticism of the United States also extended to its geopolitical relationship with Mexico. An advocate from Tijuana shared the broader geopolitical implications of abortion restrictions in the United States:

The United States is seen as a progressive and advanced country, but the fact that it is restricting access to abortion, or that it has had this setback is a counterproductive message for everyone...it's a counterproductive message for other countries that are looking to the United States as an example. It is also an economic situation, even like a war, for the world because the United States, the fact that it does not allow women to decide about their bodies...the only thing that is going to come from this is more population for the United States, and well, a country, or any context, when it has more population, you need more resources, more attention, and what does the United States do when it needs more resources? It is invading countries, it is exploiting countries and exploiting people. So, that is what is going to happen if the right to access abortion is not limited.

Indeed, these critiques of colonization and imperialism were shared by numerous advocates to call attention to the extractive and harmful practices of the United States government in relation to reproductive healthcare policies. An advocate from Chihuahua explained how her support of pregnant people in the United States worked in relation to the imperialism of the United States:

For example, the journalists I've talked to from Europe can't understand [our support for pregnant people in the U.S.]. They say, 'But you're from Mexico, how are you feeding the empire? How are you *dando libertad* [giving freedom] to women in the empire, if you were the ones who were conquered and subjugated by the United States?' That gives a twist to the story; that gives our movement a super interesting place within geopolitics. We are the *mestizas, somos las menos las que estamos ayudando al más* [we are the minority who are helping the majority].

Here, this advocate situated her abortion accompaniment work within a larger history of colonization and subjugation of racialized women in the U.S.-Mexico border region. Indeed, other scholars have noted how poor Mexican women's bodies have and continue to be objectified along the U.S.-Mexico border (B. Hernández, 2022; Valencia, 2018). Yet, as this advocate explains, by facilitating abortion access for pregnant people in the United States, she restories the history of subjugation experienced by marginalized women in the border region. As these quotes suggest,

we can see how the broader geopolitical relationship between the United States and Mexico is both made visible and changed by cross-border abortion care.

As this advocate and others alluded to, the media also played a critical role in shaping narratives of abortion care in the United States and Mexico. For example, at the time of my fieldwork in March 2023, one collective in Nuevo León had received an incredible amount of interest from journalists. The co-founder of the collective, Valeria, told me that they've had over 300 reporters contact them. "*Es increíble, de verdad, el poder mediático que tiene Estados Unidos.* [It's incredible the amount of media power the United States has.]" Although this increased media attention made visible the work of the advocates in Mexico, many *acompañantes* felt the media minimized the breadth and depth of their accompaniment by only focusing on how their work benefited those in the United States. One advocate from Mexicali explained:

Sometimes it's like the people in the United States don't care, you know? After this regression happened, many, many journalists *voltearon a ver* [turned to look] at the collectives along the border, but if we didn't have numbers, it was like 'Thanks anyways. Do you know anyone who has accompanied more than you? They want to say, 'Mexican women have accompanied X number of people.' As well as, '*Sí, las mexicanas salvacionistas*' [Yes, the Mexican saviors]. No, we don't want to be saviors...well, I'm going to speak for myself, I don't want to be seen like that, but it did seem to me that [the journalists] didn't care about our work, only about the number of people we had accompanied.

Many advocates shared important critiques of who they felt was most impacted by the changing abortion legislation in the United States. According to the advocates, the United States only cared about the issue of abortion—and therefore the work of the advocates—once it affected not just themselves, but specifically privileged White women. One advocate from Estado de México articulated the conflicting policies that were generated after the *Dobbs* decision:

They are obligating women [in the U.S.] to cross the border. *Es una política muy contradictoria* [It's a very contradictory policy], because, on the one hand, the United States *no quieren migrantes pero quieren que sus mujeres migren* [they don't want immigrants, but they want their own women to migrate (for abortion care)].

This advocate aptly notes the forced abortion travel that occurred following *Dobbs*, calling attention to the constriction of reproductive mobility in the United States. More so, this advocate's reflection shows the cascading geopolitical effects of the *Dobbs* decision beyond the borders of the United States. Indeed, immediately following *Dobbs*, many news articles began to wonder if pregnant people from the United States would cross into Mexico to access abortion care (Kanno-Youngs & Espriella, 2023). Although many advocates I spoke to along the border acknowledged this reality, they were also cognizant of the many challenges of forced abortion travel. I interviewed an advocate from Tijuana in July 2022, only one month after the *Dobbs* decision, who explained:

The interviews they [journalists] have done with us ask us a lot if we now believe that many women are going to come from the United States to cities on the border to have an abortion. What I normally tell them is that it seems to me that it is not impossible for them to come. Some probably do...but, for a woman to cross from the United States to a border city, she needs to have the documents to return to the United States and many women don't have that. Above all, we are interested in women from a Latin American context, who are most likely the ones who are least likely to obtain these documents to return to the country or the United States. Another is that if they have the documents, any type of woman who has the ability to migrate, to come and go, requires economic resources to pay for transportation, travel expenses. You need a certain number of days off, to be absent from school, perhaps to be absent from family responsibilities. Perhaps you have children or are in charge of other situations, business or work or whatever you're doing. So not just any woman is going to do it.

An advocate from Mexicali, another border city in Baja California, shared a similar message:

I remember that during the pandemic I accompanied a person from Arizona, and since Mexicali and Arizona are relatively close, the person also had the resources to be able to come to my house, to be able to get the medication, to be able to cross [the border] without any problem and to be able to return without any problem. That is an extraordinary and very good scenario, but how many people have that access? How many people can come by car from Arizona, cross, cross again? *Poquísimas* [Very few]. Before this *Roe v. Wade* thing, those who contacted us from the United States were mostly undocumented...What happens to those people? Personally, I think that the reason why so many people, including the media, turned to look at what was happening with *Roe v. Wade* is because it was going to affect White women. I think that's what caused people to open their eyes, because the issue [of abortion access] has always affected Latinas and people of color.

Both of these advocates from Baja California articulated how reproductive mobility is constrained by a labyrinth of policies and legislation that disproportionately harm low-income pregnant people, undocumented pregnant people, and pregnant people of color. This understanding of reproductive mobility also clarified who the advocates felt called to support in the wake of *Roe*. One advocate from Saltillo explained:

Obviously, there are going to be many women who have the ability to cross the border and come to have a procedure, but I believe that we should not focus on them, because they are going to be fine. We must focus on the women who are [not able to] cross the border, the migrants, the women who already live in the United States and who cannot access [abortion] because they are in states where it is illegal there, where they are going to be penalized, where the collectives are being persecuted.

By turning their gaze onto the United States, the advocates provide critical analyses of the changing landscape of transnational abortion care.

“That’s where the Latin American perspective comes in”: Reimagined care

While the *Dobbs* decision impacted the advocates in Mexico, it also created an “*apertura*,” or “opening,” for Mexican advocates to resist and reshape the restrictive abortion care landscape. Indeed, despite the risks that were generated in the wake of the *Dobbs* decision, many advocates remained steadfast in their desire to support abortion care across borders. Instead of feeling at-risk, some felt emboldened to continue their work because, as one advocate from Monterrey put it, “we don’t have anything to lose.” Another advocate from Tijuana was staunch in her commitment to helping pregnant people in the U.S. access abortion care despite the risks:

There are risks. So, we are trying to be aware of them and figure out how to maneuver them. But there is something that we are clear about—it is that we are not going to be paralyzed by fear. Personally, we are very sure of what we want to do, of what we are doing, and of our goal to support people in need of abortion care.

The advocates drew on their own knowledge and experience of facilitating safe self-managed abortion care in legally-restrictive settings to reimagine abortion care in the post-*Dobbs* landscape.

By centering their knowledge and expertise, the advocates demonstrate how the *Dobbs* decision generated implications that moved from south to north. First, through their active support of pregnant people seeking abortion care in the United States, the advocates challenged our notions of what safe abortion care can look like outside of legal and medical settings. Second, the advocates also engaged in a praxis of transnational feminist organizing that revealed the possibility of building transnational solidarity in a post-*Roe* world.

Alegal abortion

While the advocates recognized that the *Dobbs* decision represented a “huge recession of rights,” many also emphasized that abortion does not have to be legal for it to be safe. The stripping of the legal right to abortion care in the United States prompted many advocates to reflect on how abortion care can and should be delivered in the absence of legality. In other words, the advocates articulated a form of “alegal” abortion care—or a type of abortion that exists outside the frameworks of the law (Singer, 2022). This notion of abortion care provided a critical counterpoint to the United States, where abortion care was becoming increasingly criminalized and inaccessible.

Drawing on their years of facilitating safe self-managed abortion care in legally-restrictive settings, the advocates agreed that the changing legal landscape of abortion care in the United States might allow pregnant people to, as one advocate from Ciudad Juárez put it, “learn more about their bodies, their autonomy, and to have their abortions safely and comfortably at home.” An advocate from Monterrey explained:

On the one hand, I see [the *Dobbs* decision] as something very terrible. But, on the other hand, I also realize that this is a big step, that women are going to learn that they can take their sexual and reproductive health rights into their own hands. They are realizing that the State doesn’t care about them, but also that the State cannot regulate their bodies.

Furthermore, many advocates believed women’s reproductive autonomy had been curtailed, in part, due to the medicalization of abortion care in the United States. In line with feminist critiques

of medicalization, one advocate reminded us that “medicalization can impose a lot of limitations, as well.” An advocate from Saltillo, Coahuila explained the limitations of over-medicalized abortion:

Generally, in the U.S. it was always straight to the clinic. In the U.S., they don’t self-manage the majority of abortions in their homes. I think that many people are unaware of this possibility. For us in Mexico, we’ve always had the possibility of going to the pharmacy to get medications, but I know that is more difficult there. But in this sense, I think the border can facilitate greater access. Now, after the recession, many people [in the U.S.] are fighting to maintain these clinic spaces, but they aren’t focusing on the alternatives, of which there are many. I think that when they begin to focus on these alternatives, they are going to be able to change the way they go about having their abortions.

As this advocate explained, by focusing on the alternatives, including self-managed abortion, women may gain greater reproductive autonomy. Similarly, an advocate from Monterrey shared:

I was so surprised at how much lack of information there is about self-managed abortion in the United States. That’s when I said, ‘I want to be able to provide this information to women in the United States, so they know they don’t have to go to a clinic, but rather that they can have their abortion safely and comfortably at home.’ It’s one of the safest medical processes that exists.

Furthermore, the advocates believed that conceptions of legality and the focus on legalizing abortion care in the United States also restricted women’s reproductive autonomy. An advocate from Hermosillo shared her thoughts on the perception of abortion legalization in the United States:

They are really attached to the idea of legality. So, when we talk about the work we do, they ask ‘but you’re breaking a lot of laws, right?’ But from our point of view, we need to do this work because the State is not. And so what I see is how difficult it is to break these ingrained ideas that legality is not necessarily what it is like on paper, right? I think this is a big challenge for Americans. We understand legality from another perspective; in other words, beyond what the State says, because we know that the laws are wrong and that for them to change, it takes a very, very long time.

Another advocate from Nogales shared her perspective on the complicated relationship between abortion and legality:

After the recession I was reminded that legality isn't everything. Of course, for me, it is important for abortion to be decriminalized in order to improve access and also to change the narrative around how it is perceived. Because the word 'illegal' has a very negative connotation that makes people demonize it...so, in that sense, I think legality is important.

The advocates informed broader understandings of abortion care by accepting alternatives to medicalized abortion care and disrupting notions of legality. An advocate from Mexicali shared:

Well look, I know that [the *Dobbs* decision] is a recession, but abortion doesn't have to be legal for it to be safe. We know that the laws don't protect us, and...I can assure you that community organizing is more important than the law. At least for us, the more we care for one another, the stronger we become. Of course, it's terrible that they are messing with the laws, but we know that we can do it. We don't need abortion to be legal for it to be safe. '*Clandestinidad*' ['clandestine'] does not go hand in hand with 'unsafe.'

Nearly all advocates were quick to remind me that clandestine abortions are not unsafe. An advocate from Tijuana shared a pointed reminder that the United States will not return to the time of "back-alley abortions." Instead, with the advent of new medications and technologies, pregnant people will have access to safer alternatives. She explained:

I've heard people in the United States say that it is a return to the 'back-alley abortion,' and 'people are going to die,' and it's like, well, not necessarily. The techniques, the information, and also the community organizing has opened up possibilities beyond what is immediately visible...We are operating with different techniques and technology, from the use of the internet to the use of pills, which was not available before. It's a completely different context and set of tools, so there's no reason to go back to that.

Drawing on their accompaniment experience, the advocates disrupt traditional biomedical and legal notions of abortion care, paving a path forward for facilitating abortion access in a post-*Roe* environment.

Reciprocal solidarity

Following the overturning of *Roe v. Wade*, the advocates shared visions of abortion care grounded in solidarity and community organizing. The advocates highlighted the need to build networks and alliances across borders to facilitate care. For example, an advocate from Tijuana shared: "This is a very clear example that the rights that we have already won can be taken away

from us. So, I would advocate more for community networks, in and of themselves, looking for other ways to access [abortion] ourselves, and claim what belongs to us.” Similarly, an advocate from Mexicali explained:

Since the State has turned its back on us, we thought ‘and now what.’ But, like always, we women are willing to place our bodies on the line, as the first territory, and we said, ‘let’s do this.’ That’s how we began to weave these networks. When everything happened in the United States, we quickly thought, ‘how can we support our *compas* in the United States, especially in Texas?’

Another advocate from Tijuana was willing to take matters into her own hand:

It’s a very unfortunate message that the U.S. is sending to the world with this recession of rights because the U.S. is seen as the most progressive, advanced, and developed country. But if we try to see this from the other side, it’s like, okay, if the U.S. doesn’t want anything to do with the issue of abortion, then the only thing that will happen is that the issue of abortion will now be in women’s hands. This is what has happened in Latin America: us women have taken the issue of abortion into our hands, and literally, with our hands we’ve had to do what’s necessary to ensure access to abortion care for us. So for us, it’s like, ‘if you [the U.S.] don’t want anything to do with abortion, then move aside.’ We will do it ourselves because there is no other option.

While all advocates were willing to support pregnant people on both sides of the border, many also expressed pointed critiques of the United States. An advocate from Nogales clearly articulated:

We have been fighting for years and years for decriminalization. There [in the U.S.], they have never told us, ‘Hey, come here. Here you can have a legal [abortion], we will help you.’ It’s not about being resentful, but I think it’s also very important to recognize the place from which we stand.

Similarly, others felt that their advocacy efforts could only extend so far. For instance, an advocate in Monterrey explained: “We cannot solve the problem. We cannot go to the United States and say, ‘Mexico is going to fix this.’ Instead, what we can do is tell people what we have done when we were dealing with the same struggles as you are now.” Rather than acting as “*salvadoras*” [saviors], the advocates underscored the importance of building alliances with people across the border. An advocate from Hermosillo highlighted the complicated nature of creating alliances between the United States and Mexico:

I think that what will result from this recession is the importance of generating alliances. Alliances that, in the end, will benefit those on both sides [of the border]. The possibility of creating networks, of thinking of this as a joint fight for our sexual and reproductive rights. Because if for you it was a shock to lose access to your rights, for us it has been a fight that does not end...But now is the time to strengthen these alliances and talk seriously about access to our sexual and reproductive health rights, considering the differences that exist [between the countries]. No, we are not the same. And I do not mean that one country is better than the other. But no, we do not live in the same conditions. We live in very, very unequal conditions, and we have learned to overcome them.

For these advocates, building alliances across borders was one strategy of navigating the new and changing legal landscape of abortion care. The advocates shared other visions of the future of reproductive justice in the wake of *Roe*. One advocate from Matamoros stated:

Now that we are beginning to work collectively, as a community, I see so much future in this. Whether the law changes or it doesn't, women are going to continue to have their abortions, whether the government agrees or not. And now, the best part is we don't need the government in order to have our abortions. We can do it ourselves, with the networks we have developed across Latin America. I think that is going to help strengthen this movement.

An advocate from Tijuana shared a similar sentiment:

We have the energy, the resources, and the desire to construct a different reality, and that is what we are doing everyday through our work. So, of course I think what's happened [in the U.S.] is very upsetting, especially in political terms. But I also think that by organizing ourselves, taking care of one another, and doing what we need to do to ensure we have a right to choose for ourselves, we can begin to construct new realities.

The changing legal landscape of abortion care represented an opportunity to rebuild a new vision of reproductive justice from a broken system purposefully neglected by the state. As the advocates explained, this revocation of rights allowed for a reimagining of the future of reproductive justice through acts of solidarity. Another advocate from Tijuana shared:

Well, I see it like this. Since this option [of legal abortion in the U.S.] has been destroyed, it has given us the opportunity to build something new. That's where the Latin American perspective comes in; and with our perspective, our strategies, and our experience, we can begin to build something totally distinct with regard to how people experience their abortions. So, we really have the opportunity to throw everything out and build something from scratch that is going to be so much better than just tweaking what already existed.

Yet, the advocates emphasized that this network of solidarity will only function if it is reciprocal. In other words, the solidarity must be returned by people in the United States. One advocate from Hermosillo shared a particularly powerful message:

The green wave has risen from the global south up through Latin America and has always been stopped by the border wall. But this legal change in the United States has moved the wall. We can no longer say that the green wave will be stopped by the border wall; rather, the green wave has now pierced the border. But now I ask myself, will the people of the United States work in solidarity with the green wave? And what if they change the law [in the U.S.]? Will we continue to work shoulder to shoulder, or will they go back to the way things were and forget about us?' That's what I keep thinking about, because it would just be another replica of that historical indifference to our living conditions...perhaps just another type of exploitation.

This advocate's powerful reflection weaves together the various findings presented above, illuminating the complex dynamics of transnational reproductive politics in the wake of *Roe v. Wade*.

Discussion

As the findings of this study suggest, the overturning of *Roe v. Wade* has generated new landscapes of abortion care in Mexico and the United States. I theorize the impacts of these legislative shifts through the framework of decolonial reproductive geopolitics. This theory builds on the extant frameworks of feminist geopolitics (Massaro & Williams, 2013) and reproductive geopolitics (Perler et al., 2023) which ask us to consider how issues of reproduction are shaped by social, political, and geographic forces. Drawing on the findings of this study, I put forth the framework of decolonial reproductive geopolitics to understand how policies enacted in the United States have creeping effects across borders, as well as how these reproductive geopolitics are resisted through the knowledge and expertise of the Mexican abortion advocates. This framework particularly emphasizes a decolonial perspective, as reproductive geopolitics between the United States and Mexico must be understood within a broader history of extraction and exploitation from

north to south. Taken together, the framework of decolonial reproductive geopolitics offers a lens through which to view how landscapes of abortion care may be resisted and remade to promote reproductive justice.

The *Dobbs* decision generated a creeping criminalization effect that seeped from north to south. Indeed, the transgression of abortion legislation from the United States to Mexico created numerous risks of criminalization and heightened surveillance for both abortion advocates and people seeking abortion care. These findings add depth to a growing body of literature that has traced the effects of abortion criminalization across borders (Calkin, 2019; Freeman, 2017; Mecinska et al., 2020). Yet, the extant literature has focused almost exclusively on the experiences of pregnant people forced to travel across borders, neglecting the role of abortion advocates in navigating and resisting criminalization and surveillance. As the advocates in the study made clear, abortion criminalization in the United States permeated the southern border, forcing the advocates to adapt to new legal landscapes.

This creeping criminalization effect highlights how abortion access is an essential site of gendered state control (Calkin, 2019). More so, the cascading geopolitical risks highlighted by the advocates demonstrates how this gendered state control extends beyond borders of any one nation state. Indeed, as the advocates in this study shared, the overturning of *Roe* was celebrated by conservatives in Mexico, leading many advocates to fear how the United States' regressive policies might unravel the hard-fought work of feminist activists to decriminalize abortion in Mexico. Here, I engage the framework of decolonial reproductive geopolitics to understand the transnational implications of the *Dobbs* decision. Specifically, I extend the theory of reproductive geopolitics to attend to the ways in which abortion legislation moves beyond borders to constrict reproductive rights, as well as the ways in which these geopolitics are contested on the ground.

Reproductive geopolitics are resisted and reshaped by the knowledge and expertise of the Mexican abortion advocates. By redirecting our gaze to the United States through the perspective of the advocates, this study highlights the implications generated by *Dobbs* that moved from south to north. The advocates present a critical lens of the political geography between the United States and Mexico, deconstructing the progressive view of the United States by highlighting the relationship between U.S. imperialism and abortion access. Indeed, much of the history between the United States and Mexico has been predicated on extraction, where the violent entanglements between neoliberal economics and borderlands have rendered marginalized bodies vulnerable to multiple forms of oppression (Camacho, 2010; De León, 2015; Valencia, 2018). More specifically, the advocates in this study highlighted how the history of exploitation and violence between the United States and Mexico has shaped unequal access to reproductive rights. For example, the advocates emphasized how undocumented pregnant people in the United States would ultimately experience the greatest constriction of reproductive freedom following *Dobbs*. Such findings align with a large body of research that has demonstrated how reproductive politics are inherently tied to the geopolitics of imperialism and postcolonial imaginaries (Ginsburg & Rapp, 1991; Gurr, 2014; Perler et al., 2023). By turning the gaze on the United States, the advocates provide an alternative view of the geopolitical relationship between the two countries.

Reproductive geopolitics between the United States and Mexico are also shaped by the innovative model of care put forth by the abortion advocates in Mexico. This accompaniment model of care facilitates “transnational abortion geographies” (Calkin, 2019, p. 28), whereby pregnant people in the United States are offered an alternative model of abortion care that supports the possibility of safe and accessible self-managed abortion care which circumvents legal and policy barriers—a critically important response to the context of increasing abortion

criminalization in the United States. The act of self-managed abortion supported by feminist abortion accompaniment collectives transgresses legal lines, offering a model of abortion provision beyond state purview (Nandagiri & Berro Pizzarossa, 2023). Abortion advocates in Mexico provide critical linkages to care to the most marginalized women and pregnant people, working to make accessible what has been made inaccessible by the state. In doing so, abortion advocates often must defy legal frameworks, facilitating access to what has been described as *alegal* abortion care (Singer, 2022). These legal frameworks determine who is allowed to provide abortions, who is allowed to receive them, and under what circumstances abortion is permissible. Thus, by bypassing legal and policy barriers imposed by the United States, the abortion advocates and their model of care shift dominant understandings of what constitutes a safe abortion, who is worthy of abortion care, and who might be considered an abortion provider (Nandagiri & Berro Pizzarossa, 2023).

Beyond legal transgression, this model of abortion care transgresses physical and geographical barriers between Mexico and the United States. Indeed, by sharing information and medication across borders, the advocates alter the physical boundary between the two countries, generating new “borderlands of abortion care” (Fixmer-Oraiz & Murillo, 2023, p. 275) and reshaping abortion access in the United States post-*Roe*. Though the criminalization of abortion in the United States seeped across the border into Mexico, the resistance and care of abortion advocates in Mexico moved north of the border, permeating the landscape of abortion provision in the United States.

Finally, this study points to the role of transnational solidarity in sustaining reproductive justice post-*Roe*. Importantly, such solidarity must be understood within the sociopolitical, geographical, and historical context that shapes the relationship between Mexico and the United

States. Beyond recognizing how reproductive healthcare is shaped by such politics, as noted above, the advocates also suggest that transnational organizing must be understood within this context. In other words, the advocates presented a view of transnational feminism grounded in a decolonial perspective (McLaren, 2017; Mohanty, 1988). A decolonial perspective of transnational feminism calls attention to historical and structural forces of oppression and violence that traverse borders and intersect to harm marginalized women (McLaren, 2017; Pal & Nieto-Fernandez, 2023). The advocates in this study echo this understanding of transnational feminism by calling for cross-border organizing rooted in reciprocal solidarity. Indeed, the Mexican abortion advocates connect the struggles for abortion access in the United States to their history of struggle in Mexico, while simultaneously interrogating the colonial relations that have structured access to reproductive healthcare across borders. By centering the advocates' perspectives and expertise—their “insurgent knowledges” (Pal & Nieto-Fernandez, 2023, p. 60)—we can also begin to shift dominant sites of knowledge production. In reorienting our epistemological lens from south to north, rather than north to south, this study highlights alternative visions for reproductive justice in a post-*Roe* world.

Limitations

This study has several limitations. As with all qualitative research, the findings presented here are not intended to be generalizable, but rather offer in-depth, rich information. While the findings of this study support the use of self-managed medication abortion facilitated by accompaniment groups, this study did not address the safety and efficacy of self-managed abortion care facilitated by advocates in Mexico. Future research should attend to the efficacy of this model in this particular geographic region. Additionally, this study does not capture the experiences of pregnant people who have sought the services of these accompaniment networks in Mexico. Future

research would benefit from including their perspectives. These limitations are balanced by the strengths of this study, which highlight the importance of transnational reproductive politics by centering the voices of abortion advocates in Mexico.

Conclusion

This study explores how abortion advocates in Mexico respond to the widening legal access of abortion in Mexico to facilitate abortion care for those now stranded in legally-restricted settings in the United States after the overturning of *Roe v. Wade*. The findings of this study demonstrate the complex cross-border dynamics generated by the *Dobbs* decision and how abortion advocates in Mexico responded to the changing landscape of care. In particular, I put forth the framework of decolonial reproductive geopolitics to highlight the cascading policy effects that moved north to south, as well as the less visible forms of resistance, reimagined care, and solidarity that moved from south to north. By engaging a transnational feminist praxis, the advocates also suggest a framework for building transnational solidarity to support abortion access in a post-*Roe* world. Yet, as the advocates remind us, imagining reproductive justice in a post-*Roe* world requires reciprocity. Let us listen to the words of the advocate from Hermosillo who asks: “will the people of the United States work in solidarity with the green wave?”

“We are there putting our bodies on the line for others:” Embodied care work of Mexican abortion advocates

“¡Mujer! ¡Escucha! Esta es tu lucha. ¡Mujer! ¡Escucha! Esta es tu lucha.” [“Woman! Listen up! This is your fight! Woman! Listen up! This is your fight!”]. The cries and screams of thousands of women fill the streets in Monterrey, Nuevo León. This protest happens every year on March 8th, in almost every city in Mexico, for International Women’s Day. The women are not celebrating their womanhood or sisterhood; rather, they are taking to the streets to demand that the state value their lives, their bodies, and their freedom.

I meet up with three young *acompañantes* at a café in downtown Monterrey to make a plan for the protest – how we will stay together, what to do if one of us gets separated. The protest feels simultaneously chaotic and organized, with thousands of women standing arm in arm, melodically chanting. Once the sun sets, I decide to leave, not wanting to risk the ride home alone to my apartment too late into the night. I’m grateful my anxiety led me home early, as I awake to a text from Andréa, one of the *acompañantes*, the next morning: “The police came. It was crazy!” I immediately look up the news on my phone and see 16 women were detained. Later that morning, I walk over to another *acompañante*’s house. “It’s good that you didn’t stay at the march for too long,” Valeria tells me, explaining that she and her wife ended up going to pick up some of the younger girls who went to the march because they heard gunshots and ran to hide. “Other women were arrested and there was a lot of police violence,” she explains. I asked if this is typical for the marches here in Monterrey, but she shakes her head, explaining, “there has always been a strong police presence at these types of events, but this increase in violence and oppression began after the new governor was elected.” Knowing this, Valeria, now in her mid-40s, decided not to go to the protest; she was no longer willing to put her body on the line in the same way she did when

she was younger. “I decided not to go to the march this year, even though I love them. I love the energy of freedom that you feel during the march...But I told my wife, ‘I don’t think my body can handle it.’” Valeria’s decision not to attend the protest underscores the significance of the body in abortion advocacy work, both as a site of vulnerability and of resistance, as their bodies are the medium through which they practice their advocacy and care.

In this paper, I explore the embodied care work of Mexican abortion advocates. To do so, I draw on Latin American feminist understandings of *poner el cuerpo* (Sutton, 2021) and *cuerpos insurgentes* (Hernández Basante, 2019) to demonstrate how the advocates’ bodies are intimately entangled with their accompaniment practice. This paper examines the following research question: How is care embodied by abortion advocates in Mexico? Centering the bodily knowledge of 25 abortion advocates in Mexico, I identify five central themes that demonstrate the embodied experience of abortion accompaniment: (1) Body as a tool; (2) The physical labor of accompaniment; (3) The emotional toll of accompaniment; (4) Body on the line; and (5) Body and/as territory. In doing so, I show how abortion advocates engage their politicized bodies as sites of power and resistance to provide a form of insurgent body work for individuals’ seeking abortion that resists state violence. As such, I argue that the advocates offer an alternate form of care to other bodies who have been alienated and violated by the state.

Background

Feminist activism has a long history in Latin America. Much of this activism has aimed to shed light on the numerous types of violence women experience, including interpersonal violence, restriction of bodily autonomy, and femicide (Alvarez et al., 2003; Blejmar, 2022; Souza, 2019). More so, such feminist activism has underscored the inherent complicity of the state in (re)producing violence against women through pervasive impunity and systemic inequalities that

engender ongoing acts of violence and dispossession (Fregoso & Bejarano, 2010; Wright, 2011). Later, in the early 2000s, abortion rights became a cornerstone of feminist activism in Latin America, as activists connected the denial of reproductive healthcare to other forms of state-sanctioned gender-based violence (Fixmer-Oraiz & Murillo, 2023; Sutton, 2021).

Such feminist activism in Latin America has always centered the body, reclaiming it “from state and societal control, while also demanding the societal conditions that make that choice possible” (Sutton, 2021, p. 25). Yet, the body, though central to experiences of abortion and abortion activism, has received relatively little attention in scholarly research on abortion. The robust literature on abortion has provided important insight into the various factors that facilitate and inhibit abortion care; yet, the role of the body, and particularly embodiment, in shaping experiences of abortion has received less attention. In addressing this gap, some scholars have looked specifically at the concept of embodiment to explore how pregnant people interpret “what happens in/to their bodies” (Purcell et al., 2017, p. 164) and how abortion activists “put their bodies on the line” (Sutton, 2021, p. 37).

Embodiment, abortion, and activism

Embodiment can be broadly understood as “the experience of living in, perceiving, and experiencing the world from the very specific location of our bodies” (Tolman et al., 2014, p. 760). Furthermore, the concept of embodiment emphasizes the relationality of bodies, or the ways in which bodies are embedded in a broader web of social, political, historical, and cultural environments (Sutton, 2021). Extant research has explored the embodied experiences of reproductive healthcare, particularly focusing on experiences of childbirth and fertility treatment for patients (Brubaker & Dillaway, 2009; Malacrida & Boulton, 2012; Willer, 2020). For example, in terms of childbirth, research has found that gendered expectations influence the type of birth

individual's desire and how they feel about their birthing experience—with many valuing a “natural” vaginal birth, but feeling surprised by the physical “messiness” of it (Brubaker & Dillaway, 2009; Malacrida & Boulton, 2012).

A growing body of literature has begun to attend to embodied experiences of abortion, focusing largely on how pregnant people seeking abortion experience their abortions (Amuchástegui, 2013; Broussard, 2020; Doria, forthcoming). Such research has explored the physical sensations of abortion (Arey et al., 2023; Purcell et al., 2017), mental and emotional responses to abortion (Kimport et al., 2011; Rocca et al., 2013), and how these embodied experiences are shaped by abortion stigma (Broussard, 2020; Doria, forthcoming). Mexican scholar Ana Amuchástegui (2013) has explored how abortion was experienced after its decriminalization in Mexico City in 2007. Importantly, she notes how embodied experiences of abortion reflect the ways in which women's perceptions and experiences of their own bodies are intimately shaped by broader discourses and “struggles for the regulation of women's bodies” (2013, p. 10). In other words, embodied experiences of abortion are inherently tied to broader social and structural forces.

Even less is known about the embodied experiences of abortion activists. Argentine sociologist Barbara Sutton (2010, 2021) has written most prolifically on this issue, describing the ways in which abortion activists both discursively and materially engage the body within feminist movements in Argentina. Discursively, abortion activists use the body to frame demands against the state, employing slogans like “take your rosaries out of our ovaries” in arguments for abortion rights (Sutton, 2021, p. 32). Materially, abortion activists engage the physical body in their activist work through the notion of *poner el cuerpo*. As Sutton explains, “this notion [of *poner el cuerpo*] overlaps with the idea of giving the body to a cause (connoting the dedication and sacrifice that

activist work demands) and putting the body on the line (highlighting the dimensions of risk, for example, in protest situations).” (2021, p. 37). Indeed, as Sutton explains, “the activist body per se is vital to social change” (2021, p. 28), as it physically bears the political message of resistance and serves as a core resource for the sustenance of social movements. The work of Latin American scholars like Sutton and Amuchástegui emphasizes the importance of not only centering the body in abortion research, but also connecting bodily experiences with broader social struggles (Sutton, 2021). Importantly, while this small body of literature has explored how abortion activists engage their bodies in their daily activism, little research explores how advocates engage their body when facilitating access to self-managed abortion care.

Experiences of abortion are embedded within broader social and spatial landscapes that shape particular forms of embodiment. In Latin America, Indigenous and feminist activists often reference women’s bodies in connection to the land, theorizing *territorio cuerpo-tierra*, or the landscape of body and land. Feminist geographers Sweet and Ortiz Escalante (2017) succinctly define the *cuerpo territorio* worldview:

It is a political category of indigenous community feminism, a way to suggest and feel the body as territory alive and historical. It alludes to a cosmological interpretation and a politic that acknowledges how bodies have a relation and being in the network of all life. Concurrently, it pushes us to rethink how bodies have been constructed by multiple oppressions, the historical structure of patriarchy, colonialism, racism, and neoliberal capitalism, which have led to exploitation via different agreements and policies. (p. 595)

The *cuerpo territorio* epistemology demonstrates how bodies are embedded within, and constructed through, place. Thus, the embodied experiences of Mexican abortion advocates must also be situated within the particularities of both Mexico and the U.S.-Mexico borderlands to understand where and how social, political, economic, and historical processes unfold upon and through the bodies of advocates. In doing so, we can map “the complex relationships between bodies, identities, places, and power” (Nelson & Seager, 2005, p. 7).

Care, embodied

I situate the embodied experiences of abortion advocates within the broader literature on care. Care is a nebulous and diverse concept—referring to “everyday practices, engagements with biomedicine, biopolitics, affective states, forms of moral experience and obligation, structures of exploitation, and the relationships between these various things” (Buch, 2015, p. 279). At its essence, care is a relational practice that invokes questions of power (Fassin, 2011; Smith-Morris, 2018). Through acts of care, bodies are constituted as deserving or undeserving (Woodly et al., 2021). Indeed, care is often only directed towards bodies that fit within particular societal norms, while bodies that deviate from these norms may be deemed undeserving of care (Ahmed, 2010). For example, in terms of reproductive health care, White, cisgender, able-bodied women’s reproduction is portrayed as normative and positive in contrast to the reproduction of all other women, who are then offered a form of care—or violence—that restricts their bodily autonomy (Roberts, 1999).

Just as bodies are constructed through care, so too are the bodies of care workers. A robust body of literature has described the inter-corporeal aspects of care work, specifically care provided within medical settings. This type of bodily care work has been named as “body work” (Twigg et al., 2011), “intimate labor” (Boris & Parreñas, 2010), and “flesh work” (Cluley, 2019), all referring to the various ways in which bodies are invoked in the process of caring for others. More specifically, such care work entails bodily and/or emotional closeness through the physical handling, treating, and monitoring of bodies, including “manipulating genitalia, wiping noses, lifting torsos, and feeding mouths, but also listening, talking, holding, and just being there” (Boris & Parreñas, 2010, p. 2). The literature has explored intimate labor in various occupations, including among healthcare providers such as those who provide elder care and home care (see

e.g., Twigg, 2000), beauty service workers like nail technicians and waxers (Kang, 2010; Lidola, 2015), and sex workers (Sanders, 2004). Importantly, bodily care work is highly gendered and racialized; such work is most often performed by and expected of women, specifically women of color (Boris & Parreñas, 2010; Cohen & Wolkowitz, 2017). Viewing care work as bodily work thus underscores the physical and emotional labor involved in providing care, highlighting the tangible ways in which care workers engage with the bodies of those they care for as well as the embodied nature of caregiving.

A smaller body of literature has explored the ways in which the bodies of care workers are involved in abortion care. Abortion providers have long been seen as “dirty workers,” or those who engage in labor considered by others to be morally wrong, disgusting, or socially degrading (Hughes, 1951; Joffe, 1978; Harris et al.; 2011, Martin et al., 2017; Ward, 2021). This literature has focused almost exclusively on the abortion care work of doctors, nurses, and medical assistants working in abortion clinics given their proximity to the physical messiness—the “blood, tissue, urine, dirty linens” (Ward, 2021, p. 516)—involved in abortion care. Less scholarly attention, however, has been paid to the bodily care work of abortion activists, like *acompañantes*. Unlike the nurses and doctors centered in the extant literature, *acompañantes* facilitate self-managed medication abortion care outside of sterile clinics, exposing them to distinct abortion experiences and invoking a different sort of physical and emotional labor. Furthermore, *acompañantes* routinely engage in activism, particularly marches and protests, which demands additional physical and emotional labor. Taken together, *acompañantes* are a critical population through which to explore how abortion care work becomes embodied.

Growing scholarly research has attended to the type of care abortion advocates provide. In a study of abortion *acompañantes* in Mexico City, Krauss (2019) highlights their care work as an

“ephemeral” form of reproductive labor, as abortion accompaniment generates “a fleeting relation of care between women in situations of abortion and feminist activists” (p. 39). Indeed, abortion *acompañantes* provide careful attention to the mental and physical realities of abortion seekers, albeit only for a limited amount of time, making their care “ephemeral.” Other literature has theorized abortion accompaniment as a feminist ethic of care (McReynolds-Pérez et al., 2023). A feminist ethic of care can be understood as involving resistance to the injustices and oppressions perpetuated by the heteropatriarchy (Gilligan, 1982). Abortion accompaniment can thus be seen as a form of collective care that directly resists reproductive injustices by facilitating access to care beyond the state. Not only is abortion accompaniment a feminist care practice; I also argue that it is an embodied, politicized, and *insurgent* care practice, whereby abortion advocates engage their bodily selves to offer an alternative form of care to women and pregnant people seeking abortion and to resist state violence.

Methods

This paper triangulates three sources of data to understand advocates’ embodied experiences of care work: (1) 25 in-depth interviews with abortion advocates; (2) 10 body mapping interviews with a sub-sample of abortion advocates; and (3) three months of participant observation. Between July 2022 and March 2023, I traveled to Mexico City, Tijuana, Nogales, Hermosillo, and Monterrey to meet with various accompaniment collectives. While in the field, I conducted observations with abortion *acompañantes* as they prepared for and provided accompaniment support to people seeking abortion care. Additionally, I participated in accompaniment trainings led by advocates, attended large-scale protests regarding abortion rights and gender-based violence, and conducted in-depth interviews. Protests, in particular, were a critical site of participant observation to explore how the advocates invoked their bodies in

abortion activism. While in the field, I attended protests for International Day of Safe Abortion and International Women's Day. These protests have been used to draw attention to rising acts of violence against women, from feminicide to abortion restrictions, while highlighting rampant state impunity. These protest spaces provided insight into how abortion advocates make demands on the state as they "publicly enact their citizenship" (Shange, 2019, p. 164). Together, these multi-sited observations allowed me to investigate how abortion advocates engage their bodies in the praxis of abortion accompaniment.

Sample

A snowball sampling method was used to recruit participants from various feminist collectives within Mexico. Participants were interviewed from collectives in the following states: Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, Tamaulipas, Mexico City, Estado de México, and Guanajuato. On average, participants had worked as *acompañantes* for 5 years, and held between two years of experience to over 15 years. All advocates I interviewed were part of small, informal collectives that ranged from as few as two *acompañantes* to 15 *acompañantes*. Participants ranged in age from 24 to 55 years old. Notably, almost half of the participants (48%) identified as bisexual, 28 percent as heterosexual, and 24 percent as lesbian. Almost all participants identified as cisgender, with one participant identifying as nonbinary. Over half (52%) of the participants had experienced their own abortion, and more than a quarter (28%) of participants were mothers, having between one and four children.

All *acompañantes* I met supported women in self-managing their abortions outside of formal clinic spaces. This most frequently entailed providing remote support via WhatsApp while the person managed their abortion at home. Other times, if the pregnant person needed a safe space to complete their abortion, *acompañantes* would invite them into their office spaces or their own

homes. Pregnant people were also often supported with in-person accompaniment when terminating an advanced pregnancy (i.e., 17 weeks' gestation or later); however, not all advocates I met felt comfortable providing accompaniment at later durations of pregnancy.

Following the in-depth interviews, I purposively selected a sub-sample of 10 participants to participate in body mapping interviews to further explore topics of embodiment that arose during the in-depth interviews. I selected five participants living in states where abortion is criminalized—Chihuahua, Sonora, and Nuevo León—and five living in states where abortion is legalized—Baja California and Coahuila—in order to examine whether differing legal landscapes shaped their embodied experiences of abortion advocacy and care work.

Interview procedures

All interviews were conducted both in person and remotely via Zoom between July 2022 and March 2023. Prior to beginning each interview, participants provided informed consent for their participation and audio recording. In-depth interviews lasted on average 90 minutes, and ranged from 60 minutes to 120 minutes. A semi-structured interview guide of 22 questions was used to broadly explore topics related to participants' experiences of accompaniment work. Additionally, I included questions related to embodiment and their embodied experiences of abortion advocacy. Sample interview questions included: “How do you think about your body in relation to your work as an *acompañante*?”; “How does abortion accompaniment affect your physical well-being?”; and “How does abortion accompaniment affect your mental and emotional well-being?” Participants were compensated the equivalent of \$60 USD in Mexican pesos for their participation.

Body mapping interviews

Following the in-depth interviews, a sub-sample of body mapping interviews were conducted to more deeply understand advocates' embodied experiences of abortion accompaniment within the Mexican landscape. Body mapping is generally defined as a participatory art method, where the interviewee draws an outline of their body and the surrounding landscape as an embodied form of storytelling (Gastaldo et al., 2012). This method has been employed as a method in qualitative health research to explore how individuals make meaning of their bodies and experiences as situated within particular social and historical contexts (Brodyn et al., 2022; de Jager et al., 2016).

To begin the body mapping interviews, the advocates were asked to draw an outline of their body. Then, participants were prompted to explore questions about how their accompaniment impacted their bodies and were then asked to visually depict their responses using artwork, words, or phrases. The body mapping interviews included a semi-structured interview guide of 12 questions, and after each question, participants were prompted to visually depict their response. Sample interview questions and prompts included: "What parts of your body do you use to do abortion accompaniment work?"; "How does this work affect your physical body?"; "Where do you feel the effects of this in your body?"; and "How can you represent that on your body map?" At the end of the body mapping interview, participants were asked to tell the story of their body map and to provide a photograph of their completed drawing. All body mapping interviews were conducted remotely via Zoom and lasted approximately 60 minutes to 75 minutes. Prior to beginning each interview, participants provided informed consent for their participation in the interview and audio recording, and consented to having a photograph taken of their body map.

Participants were compensated the equivalent of \$60 USD. All procedures were approved by the University of Chicago's Institutional Review Board.

Data analysis

Interviews were transcribed verbatim in Spanish and analyzed in Spanish to retain participants' original meaning throughout the analysis process (Van Nes et al., 2010). All transcripts were analyzed with MAXQDA, a computer-assisted qualitative data analysis software (VERBI Software, 2021). Both in-depth interviews and body mapping interviews were analyzed using a flexible coding approach. Flexible coding is a rigorous and transparent method of qualitative data analysis that involves both inductive and deductive methods to identify key themes and theories from the data (Deterding & Waters, 2018). I began by developing a codebook that aligned with the interview guide to identify overarching themes and patterns in the data. I also identified emergent codes derived from the text to allow for inductive analysis. The coding scheme was refined on an ongoing basis during the analysis process. After selecting the overarching theme of "embodied experiences of abortion accompaniment" analytic codes were applied to identify sub-themes. Sample sub-themes included: "*poner el cuerpo*"; "physical tension"; "mental and emotional effects"; "visibility"; and "*acuerpar la lucha*"). Later, these sub-themes were then categorized into corresponding body parts to emphasize the embodied nature of the advocates' experiences, resulting in the final organization of themes: head, hands, womb, voice, and body as territory.

The body map images were coded using a constructivist grounded theory approach outlined by Skop (2016). First, I reviewed all body map images and developed codes based on similarities and differences between the images. Commonalities between visual elements, words, colors, shapes, and phrases were identified to categorize themes across body maps. Then, the images were

analyzed along with the corresponding body mapping interview transcript to gather a deeper understanding of what the images represented. I then compared these codes and themes to the overarching themes identified from the interview transcripts. In particular, I focused on elements of the body maps which aligned with the conceptual focus of this study.

Findings

All advocates spoke of the ways in which their accompaniment practice became embodied. Many advocates used words and phrases like “*acuerpar*” [embody (specifically embodying resistance)]; “*encarnar*” [embody]; and “*poner el cuerpo*” [to put the body on the line] to describe their accompaniment work. Indeed, as the narratives of the advocates reveal, abortion accompaniment is visceral, politicized bodily work. Below, I highlight the following themes to emphasize how the advocates embody the practice of abortion accompaniment: (1) Body as a tool; (2) The physical labor of accompaniment; (3) The emotional toll of accompaniment; (4) Body on the line; and (5) Body and/as territory.

“Viví un proceso de aborto:” Body as a tool

The advocates’ bodies served as a “tool,” or “*herramienta*,” that facilitated their advocacy and care practice. Indeed, many advocates specifically referred to their bodies as “tools.” For example, Pamela explained: “My body is my first tool...a tool for my work...my body is a tool that allows other people to access information [about abortion].” More specifically, their bodies became visible sites through which they could share information and knowledge about abortion.

Many advocates drew on their personal abortion experiences to provide pregnant people with visceral knowledge and care. For many advocates, this knowledge was embodied in their wombs. Some advocates chose to directly represent their wombs on their body maps either by drawing an image in the shape of a uterus or marking that area of their bodies with an asterisk or

flames. For example, Mariela drew a green uterus in her body map—green being the color associated with the abortion rights movement in Latin America—and identified her commitment to abortion advocacy centered in her womb: “We are called to freedom and with that freedom comes our wombs” (see Figure 1).

Over half of the advocates had experienced their own abortions and more than a quarter were mothers who had experienced labor and childbirth. These intimate experiences with the blood, pain, and messiness of birth and abortion helped them care for people seeking abortions. María José shared how her body and her abortion experience helped her assuage the fears and stigmas some pregnant people held about abortion:

My own abortion has served as a tool to show the women, ‘look, nothing bad is going to happen to you.’...For me, my body shows them. I tell them, ‘I have had an abortion. Nothing will happen to you. You can still have children. I am healthy. My uterus is perfectly fine.’ It’s been a tool to teach women who have absolutely no knowledge of abortion, but are very scared...My body is a tool that shows women that you can have an abortion and nothing bad will happen.

As María José explained, through her own abortion experience, her body showed others that abortion is safe. Indeed, many of the advocates were the literal embodiment of someone who has had an abortion. As such, their bodies could convey to others the safety of self-managed abortion care.

Camila’s personal abortion experience motivated her to accompany other pregnant people seeking abortion. She explained:

Yo viví un proceso de aborto, yo sola. Lo hice mal, lo hice sola, lo hice desde la desinformación, con miedo. [I lived my own abortion process, by myself. I did it badly, I did it by myself, I did it from a place of disinformation and with fear]...It was really difficult, it was very painful. I don’t know if it was the pain or the fear, but it was extremely painful. I feel like I have a high pain tolerance and it was really painful for me. Horrible. It was six or seven years ago, and I can still remember how I felt, the pain I felt. I remember I went to the bathroom and saw that I started to bleed, saw the blood clots and everything, and I got nauseous...But once I learned that there are people who accompany others so that they don’t have the same experience I had, of course I decided to become an *acompañante*.

Camila's own embodied experience of abortion, one that was marked by fear and pain, reflected the reality of many pregnant people in Mexico who were unable to access safe and dignified abortion care. By turning to accompaniment, Camila used her own embodied knowledge to provide more compassionate and loving support for pregnant people. Cristina echoed this sentiment, sharing:

My own experience of abortion *me atravesó la cuerpo y la vida* [traversed my body and my life].¹ I am grateful to have had access to an abortion. I am grateful to have had the option to choose...It has been invaluable for me. And I find it extremely unjust that some people are able to access abortions and others aren't.

As Cristina and other advocates made clear, their own abortions "traversed" and "passed through the body," giving them an embodied knowledge that facilitated their support for other pregnant people seeking abortion care.

Other advocates spoke of how their childbirth experience informed the way in which they provided abortion accompaniment. Teresa explained:

I think being a mother has helped me, specifically with understanding the pain during labor. You can empathize more in that sense. Not in the sense of motherhood, but rather the physical sensations of pain, the blood, the discomfort during abortion...you can connect more. I've also had an abortion and I think that helps me connect. I can explain what's happening to them based on my own *vivencias* [experiences] of pain, of blood, of everything. Also, like I was saying, labor is very similar. Now that I've experienced both an abortion and childbirth, they feel similar. In that sense, especially since I've had three vaginal births, I can explain to them, 'this is what you're going to feel. You're going to feel this in your body, in your breasts, in your vagina, in your hips, in your pelvis.' I can help them get into certain positions or exercises to help them relieve the pain and help the body do its job.

¹ Here, Cristina uses the word "*la cuerpo*", instead of the original Spanish word "*el cuerpo*" to refer to her body. This practice of turning the masculine Spanish word (i.e., words ending in "-o") into a feminine word (i.e., words ending in "-a") serves as an intentional practice to re-gender the term as feminine and draw attention to the particular issues feminine bodies experience. This was a common practice among some advocates I met, though not all of them used this term. Across Latin America, transforming, re- and/or de-gendering the Spanish language is a growing practice, particularly among feminist and queer activists (Díaz Calderón, 2021; Martin, 2022).

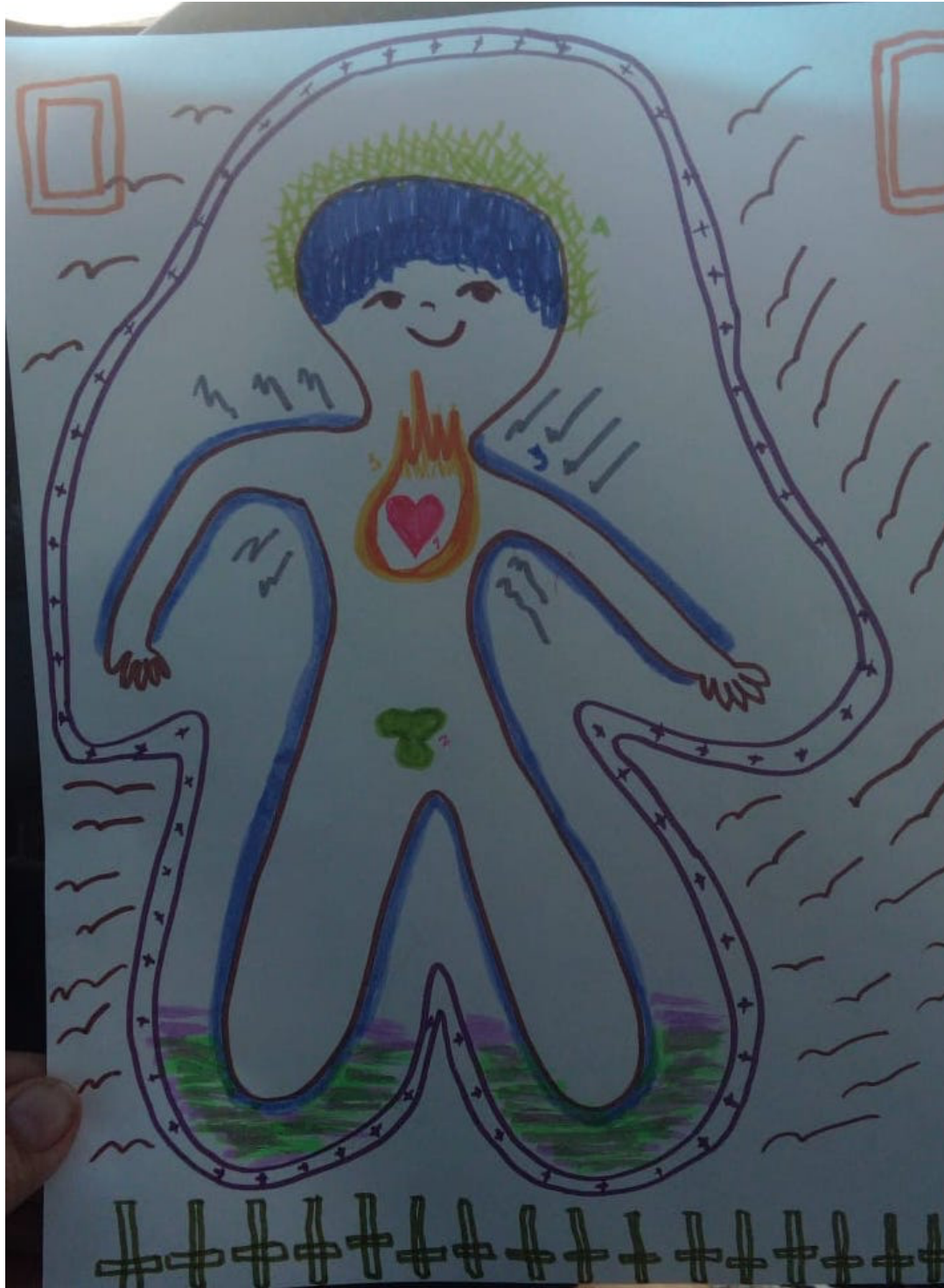


Figure 1. Mariela's body map. Photo taken by participant.

In drawing on their own embodied knowledge of their wombs, the advocates were able to provide a more informed and compassionate care for those experiencing abortion. Furthermore, this intimate knowledge served as a way to outwardly express the safety and dignity of self-managed abortion care as their bodies served as visible tool for others.

“Encarnamos todo que hacemos:” The physical labor of accompaniment

All advocates spoke of the ways they used their physical bodies in their accompaniment practice. As highlighted above, their bodies are the tools of their advocacy work and the core of their accompaniment practice. As Pamela succinctly explained: “we embody everything that we do [*encarnamos todo que hacemos*].” The advocates described two primary parts of their bodies that they engaged in their accompaniment practice: their heads and their hands.

Head

When asked what parts of their bodies they used for accompaniment, many advocates responded first with their “*cabeza*” or “head.” Bianca explained clearly: “*Creo que uso principalmente la cabeza para el trabajo de acompañamiento*. [I think I mainly use my head for accompaniment.]” For many, this meant the way in which they invoked their knowledge and expertise in facilitating accompaniment care. Indeed, some advocates felt their praxis of accompaniment was manifest in their caring knowledge. For example, Cristina shared how she engages her head in relation to her accompaniment: “Obviously, I need to think, to resolve a lot of things in my head. My head, my brain, they are really important for this work.” Similarly, Camila shared: “First, I use my head...you need to be aware of the information that you are sharing, how you are asking questions of the person you are accompanying, how you are receiving the information they are giving you.” These advocates highlighted the importance of knowledge and expertise in their accompaniment practice—specifically of using their head to think, to store and

share information. Mariela shared the importance of engaging her knowledge in her accompaniment practice:

My mind is so important, particularly having the necessary training and knowledge. Emotions are always going to be a part of this work, they are the base of the work...but if you are not prepared, if you don't have the knowledge and necessary training, *pues no*...For me, it's important to *poner todo mi conocimiento* [to put all of my knowledge] into this work, daily. Through trainings, I am always learning more and updating my knowledge, from a very conscious manner.

Here, Mariela described a distinct way to “*poner el cuerpo*” in abortion accompaniment by putting all of her knowledge (“*poner todo mi conocimiento*”) into her work. Centering their caring knowledge also destabilizes notions of who is seen as an “expert” or an “abortion provider.” Although none of the advocates I met identified as medical professionals, they were deeply knowledgeable and informed about their work, engaging their bodily knowledge to provide an alternative form of care to pregnant people.

Hands

Many advocates noted how their hands, or *las manos*, were a particularly important tool for their accompaniment work. Indeed, some advocates drew their hands as separate entities from their bodies, representing their importance in this care work. All advocates I met provided virtual accompaniment support via WhatsApp. Therefore, many advocates felt their accompaniment work was deeply connected to their hands, as they utilized their hands to physically type messages to provide information and support over the phone. Cristina shared: “Everything is done with *las manos*, to prepare things, to deliver medication, all that. Also to use social media, the computer, the phone. Everything is done with the hands.” Gisele echoed this sentiment, explaining: “Most of the abortions I accompany are via WhatsApp, so I think a lot about the task of writing, of how we express everything with our hands.”

Some advocates expressed how they held tension in their hands, given their constant use. Alicia explained how the stress she experienced from accompaniment was stored in her hands: “With difficult cases, I feel pressure in the center of my hand. Also, I don’t know why, but when I’m really tired, I also feel it in my hands. When I experience complicated moments or things that require *mucho de mi esfuerzo* [a lot of my strength], I always feel it in my hands.” Nadia shared this feeling of tension, explaining how her hands could physically sense the tension of the pregnant people she accompanied over the phone:

I don’t know...thinking about the sensations I feel when I accompany, sometimes I can feel tension through the phone. Like if the person is stressed, I can feel it in [my hands]. So, sometimes I stretch my hands to try to send them my relaxation through the phone. But even once the situation has passed, I can still feel the stress there [in my hands].

Nadia’s quote highlights how hands are both vital for performing the act of accompaniment, as well as storing and relieving tension. This idea of taking away others' stress and pain through the advocates’ hands was shared among other participants, particularly during in-person accompaniment.

Many other advocates noted how they used their hands to facilitate their in-person accompaniment work. Though less common than virtual accompaniment, every advocate I spoke with had supported at least one abortion in-person. They also engaged in other in-person activities, such as delivering medication. Pamela clearly articulated how she engaged her hands to facilitate her accompaniment:

When it’s virtual, which is like 99% of the time, I am always using my hands, my fingers to respond to messages. Also, when I deliver medications, I have to use my hands to give it to them. I use my arms, too. Generally, when I deliver medications, it’s something very organic, it always ends in a hug. Almost always. So I use my arms to *abrazarlas* [to hug them].

Camila echoed this sentiment, explaining:

I like to deliver medication because they see that you are a real person...because sometimes I feel like my hands just type the words...my phone, literally, I will only begin to write out the [abortion] protocol and my phone will start to suggest the words for me. My phone writes the protocol itself, now. For me, I feel like it dehumanizes everything. Like my phone can write without me having to think, without having to engage any of myself...I don't like that people just see the words without knowing who they are speaking to. So, that's why I think it's important to humanize accompaniment...that's why I like to deliver the medication, so I can ask them how they are feeling, if they have any concerns.

For Camila, delivering medications in-person engaged her hands in a different way, helping her humanize a process that had become slightly disembodied.

Other advocates put their bodies directly into their accompaniment practice when supporting in-person abortions. Pamela explained: “My hands, my fingers. *Mucho, mucho, mucho* [very much]. I use my hands a lot during *un acompañamiento presencial* [an in-person accompaniment].” In her body map, Pamela drew her hands separate from her body, surrounded by flames (see Figure 2). For Pamela, her hands held both power and tension as she navigated her accompaniment practice. In-person accompaniment most frequently occurred during abortions at later pregnancy durations (often 17 weeks’ gestation or later). Such accompaniment processes required more physical labor, both from the pregnant person and the *acompañante*. María José shared how she engaged her hands, specifically through physical touch, when providing in-person accompaniment:

For example, in the case of *los avanzados* [abortion during advanced pregnancy gestation], you're talking about a woman who is laboring. You have to explain to her what's happening in her body, what she needs to do. I will often place my hands [on their back], hug them, when they are sitting on the toilet, and tell them, ‘this is what you're going to feel, it will pass.’ ‘Will it hurt?’ ‘Yes, it will hurt, but once it passes, once the product is out, you won't be in any more pain.’”

As María José and other advocates noted, hands were used to hug the person experiencing the abortion to relieve stress and pain. Mariela shared similar feelings when accompanying abortions

later in pregnancy. She shared the way she used her hands, and her full body, during an accompaniment:

When it's time for the expulsion, it's a really intense pain that doesn't go away with just an analgesic, because in that moment, they are crowning. So I try to be there with them as they are expelling, pushing my hands against the wall, doing exercises alongside them as if I was also going to expel. It's kind of funny...like there we are, the two of us pushing and pushing our hands against the wall.

Cristina shared a powerful story of an in-person accompaniment that highlights the importance of her hands in this way:

The last in-person accompaniment I had was right here in the office...Her [abortion] process was very intense. She was in a lot of pain for about two hours, and I didn't know what else I could do for her. My way of trying to contain her pain was to give her massages, to touch her. I put my hand on her shoulder, and well, I don't know...in that moment, that was all I had. There wasn't any medication I could give her. And it was also after midnight, so no pharmacy was open. So, the only thing I had was my own body, to help contain her pain, and to let her know that I was there for her. In my head, I thought that [by touching her], she could pass some of her pain onto me, so I could lessen the pain. That's literally what I was thinking, like, 'I'm touching you, and I want to help you. I want to feel your pain, so you can feel less.' I feel like I connected so deeply with her that weeks after that accompaniment, I had pain in my breasts...it was very interesting, the connections and how our bodies express themselves.

Cristina's narrative provides a powerful description of how the advocate's body is invoked during an in-person accompaniment, including the way in which she must engage her hands to "lessen the pain." As these advocates shared, their bodies, particularly their hands, become critical tools as they *poner el cuerpo* in the act of accompaniment. In other words, the advocates literally put their bodies into their work as they invoke their physicality to provide support and care for those experiencing abortion.

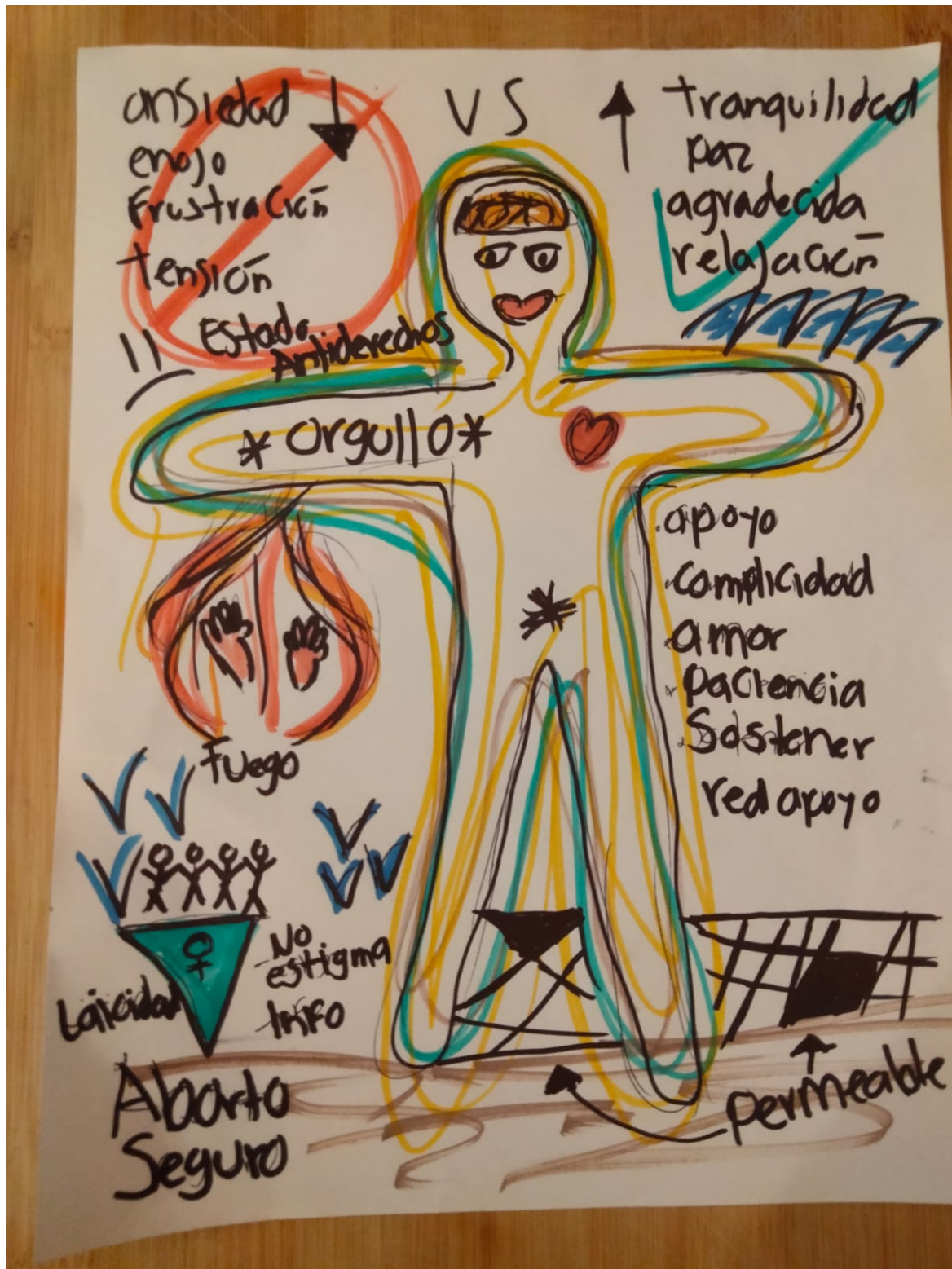


Figure 2. Pamela's body map. Photo taken by participant.

“A veces se te apachurra el corazón:” The emotional toll of accompaniment

As the advocates made clear, accompaniment required the full use of their bodies. This physical and visceral work of caring for others also took a toll on the advocates’ mental and emotional well-being. Indeed, they noted how accompaniment was also deeply emotional work, which sometimes led to emotional distress and burnout. Pamela explained: “The body talks. It says to us, ‘*Güey, ya bájale*. Your head is hurting too much. Relax.’ ...I don’t think I’ve taken good care of my body, because sometimes I get so overwhelmed with work and I don’t know when to say, ‘stop.’” Camila shared a similar sentiment:

Sometimes it’s hard for me to distinguish between physical tiredness and emotional tiredness; to realize that I’m exhausted. *El agotamiento emocional* [emotional exhaustion] is more difficult to endure. If you’re physically tired, you can lay down and rest for a day and feel better, but *el agotamiento emocional* is much harder to endure.

This emotional exhaustion was echoed by nearly all participants. All but one advocate I interviewed held additional jobs outside of their volunteer work as *acompañantes*. For many this meant providing accompaniment support outside of their work hours, sometimes into “*la madrugada*” [dawn]. Adriana shared:

Accompaniment is now just a way of life for me. It’s as if I have three jobs...For example, I work an office job from 8:00 am to 3:00 pm, and another job from 5:00 pm to 9:00 pm. Most women prefer to have their abortions en *la madrugada* because their children are asleep, their husbands aren’t working and can be with them, etc. So I need to be on the lookout for messages from them. I set alarms every 15 minutes during the night to see if they’ve messaged me, to see if they are bleeding, if they are ok, if they have any questions. Then, they might finish around 5:00 am, but I have to be at work at 8:00 am...sometimes I tell the other *acompañantes* [in my collective], ‘you know what, I need a break.’ But I’ve only taken one break in five years...I needed to take a break, to come back to myself, because like I’m telling you, it’s a lot of emotional stress, physical stress.

While many advocates shared Adriana’s feelings, other advocates were firmer with establishing boundaries around their accompaniment work in order to care for their emotional well-being.

Camila explained:

I think in the beginning, I felt like this work really affected my emotional health, because I struggled to have boundaries. I always felt too involved in the situations of the women [I accompanied], and I felt the need to help them. With time, I learned to separate myself more, to have boundaries, so now I don't lose sleep over it. For example, I tell the people I accompany that I don't accompany at night, because I had to learn to prioritize myself and my well-being, because at the end of the day, I also have things to do. If I don't take care of myself, no one will. So I had to learn to have boundaries.

As Camila noted, setting boundaries helped lessen the embodied impacts of the emotional toll of this work, allowing her to better care for herself.

For others, the emotional toll was compounded by the “heartbreak” they sometimes felt while accompanying individuals in difficult circumstances. All advocates I interviewed shared stories of violence and precarity experienced by the pregnant people they accompanied. Alicia shared:

It's difficult to be an *acompañante*, even though it's something I do with a lot of love. It's not easy to hear about the difficult contexts that people live in. It's not easy to know that so many people don't have access [to abortion], that we don't have access to our rights...Mentally, I've sometimes experienced weeks on end where I would cry, where I couldn't see straight, because some cases are just really hard...It's a common experience among [accompaniment] collectives, we don't take care of ourselves enough. There are many ways to get sick, not just physically, but also emotionally...We put ourselves last to care for others.

Alicia's descriptive narrative suggests the powerful way the emotional toll of accompaniment became embodied, causing her to cry for “weeks on end.” Cristina shared this sentiment, explaining how she took on the stories of those who she accompanied:

My body takes on these stories and experiences...I feel like my body takes on these memories that are not exactly mine. They are mine, in the sense that they are stories that have been told to me, and so they get stuck...I don't know how, but I feel like these memories get stuck in my head.

Cristina, and many other advocates, articulated a sort of vicarious trauma, as they took on the difficult circumstances and stories of the people they accompanied. Jocelyn clearly summarized these feelings after sharing with me a particularly difficult story of a woman she accompanied: “A

veces se te apachurra el corazón [Sometimes, it breaks your heart].” This was often depicted in the body maps through drawings of hearts surrounded by flames or exploding hearts (see Figure 3).

Other advocates noted how accompaniment generated other emotional tolls like fear and anxiety. Much of these emotions were due to the risks some participants faced as abortion activists. For example, Adriana explained that she had received many threats for supporting people seeking abortion care. When asked how she navigated these risks, she responded:

Vomitando y llorando [Vomiting and crying]. I’m someone who experiences a lot of anxiety. It’s kind of crazy that I do this work, but I continue to do it even though I am scared, I’m anxious, I have doubts. I know that I’m doing what I love, what is right. But sometimes I somatize too much...like sometimes, I vomit during the night, I vomit before I go to a big protest...I somatize all of my emotions.

Adriana’s visceral reaction to anxiety, somatized through vomiting and crying, highlights how the advocates’ commitment to accompaniment generated profound embodied effects. Cristina shared how she experienced feelings of burnout after facing security risks during a large protest. She explained:

I’ve experienced burnout a few times. After a protest in 2020, a lot of my *compañeras* were arrested, and the police told me that they had all my information. Those were a really hard few days, but back then, I think I had more capacity to endure it. But since it has happened again and again and again, it’s like wound after wound, a mental wound. Mental health is like the skin, it can also be wounded. So this year, I experienced burnout again and it was intense. It took me like two months to fully recover.

These “mental wounds” and experiences of risk, fear, and burnout were often represented in the body maps through words like “*inseguridad* (unsafety)”; “*miedo* (fear)”; and “*ansiedad* (anxiety)”. Camila depicted this emotional toll with the words “*inseguridad*” and “*miedo*” written beneath both arms, and drew arrows pointing to her head to allude to the physical tension these emotions generate when they manifest in headaches (see Figure 3).



Figure 3. Camila's body map. Photo taken by participant.

Thus, as the advocates' made clear, the caring practice of accompaniment invoked both physical and emotional labor that often took a toll on their bodies and minds.

“Nos estamos enfrentando con el cuerpo:” Body on the line

In addition to their accompaniment work, all advocates engaged in other forms of abortion activism, including participating in protests and legal advocacy. This use of the activist's body has been theorized as *poner el cuerpo*, whereby activists engage their bodily selves, and put their bodies on the line, to make demands on the state (Sutton, 2010). Camila summarized how she engaged her body in her accompaniment practice:

How do I see my body in relation to my accompaniment practice? I feel like, how we often say during protests, it is about putting your body into the fight [*poner el cuerpo en la lucha*]. This is also what it means, to me, to accompany. I put my body [*pongo mi cuerpo*] into a fight that not everyone agrees with, so sometimes I receive hateful comments. But I'm happy. I feel like I'm doing what I'm supposed to do. Sometimes it's difficult, and it's a lot of work, but I'm putting my body out there.

Like Camila, Emilia, clearly articulated the core of accompaniment: “*estamos ahí poniendo el cuerpo para las otras*. [We are there putting our bodies on the line for others].” For these advocates, their bodies are a crucial tool that enables their practice of care.

Indeed, the advocates in this study made clear that they use their bodies to resist state violence. As mentioned, the advocates most clearly put their body into the fight when protesting for abortion rights. Many advocates felt this embodied resistance was made possible through their voice. During protests, advocates' voices often became the embodiment of their physical bodily presence. This was sometimes depicted in the body maps with arrows or lines flowing out of the mouth, or as Brenda represented it, with a megaphone in place of her mouth (see Figure 4).

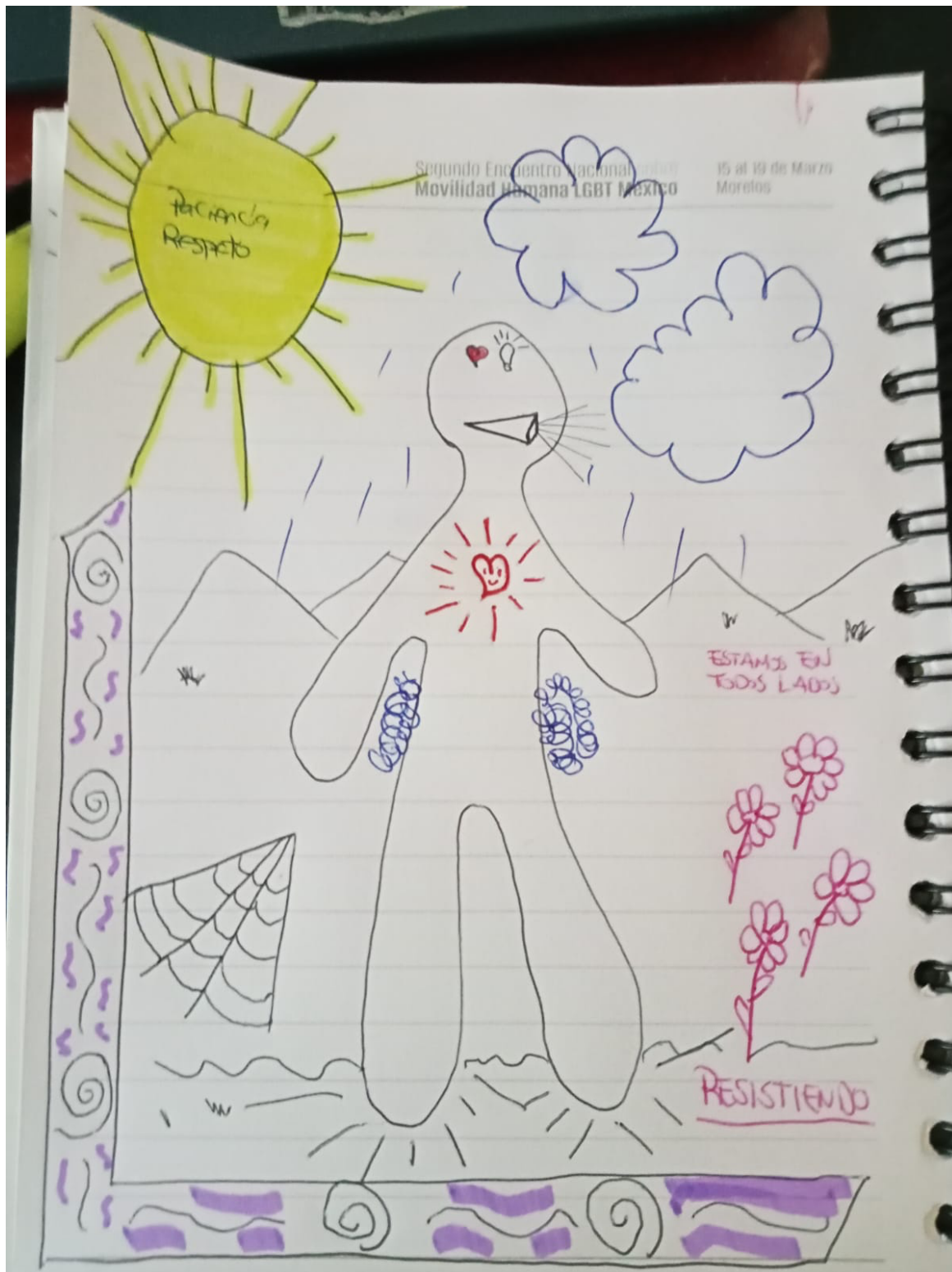


Figure 4. Brenda's body map. Photo taken by participant.

Physically using their voice to talk about their accompaniment was a key strategy for politicizing abortion and embodying reproductive justice. Alicia shared: “We openly say that we are *acompañantes*, that we deliver medication...doing so, I think, opens up more possibilities [for abortion access].”

Many advocates found their voice most clearly in the streets when they went to protest.

Itzel described how her collective slowly became more visible as she found her voice:

[Our collective] started from a place of secrecy. No one knew who was involved [in the collective]. With time, we became the ones who would take the issue of abortion to the streets. We would march with signs that read, ‘Stop criminalizing women who abort.’ Now, we are visible, we are known as those who support abortion. We’re known as the ones who make noise about abortion.

Using their voice to literally “make noise” about abortion functioned as a way to politicize abortion and increase abortion access. Irene echoed Itzel’s feelings, stating: “It’s important to accompany in a very public way, so that publicly they know you exist.” Cristina extended this understanding by saying how the advocates must “*ser libres*” or “be free” about their work: “we shouldn’t talk about abortion under the table, we should be very clear about what we do...By being open about who we are and what we do, *nos quita clandestinidad* [it takes away the secrecy]. We shouldn’t hide, rather, we should be very public and open about what we do.”

While the advocates engaged their bodies and voices to physically make demands on the state, their bodies were also made vulnerable. Itzel shared:

We see violence and we get angry...it’s exhausting. And that is exactly how the state wants us – tired. To be protesting and marching, to put ourselves at risk and to always be the focus of criticism, to be exposed to the media. I’ve never liked taking photos of myself [at marches]...many of us feel afraid. And there comes a point when you have to say, ‘I have to take a break, a breath.’ Because I was even having insomnia. My anxiety was so high...I was having so many issues from the stress and the fear.

As Itzel made clear, resisting the state also led to other bodily issues, such as exhaustion, insomnia, and anxiety. Similarly, Cristina shared one instance in which her body was physically scarred from the protests:

Nos estamos enfrentando con el cuerpo [We're putting our bodies on the line]. For example, during the last [International Women's Day] march, without even realizing it, I just felt as if I had been touched, but in reality, a piece of glass fell on my calf and left a deep wound. It's almost healed, but it was so deep that a tremendous scar will remain there.

For others, their bodies were put on the line during protests when they had to confront police actors. Noemi shared:

We've had a few altercations with the police. They've taken us to prison, but fortunately there weren't any charges. But of course that's made us feel even less safe with the state, now that we worry they might arrest us for a crime.

Like Noemi, many advocates shared fears and anxieties related to security and safety threats they felt when putting their bodies on the line during protests. Pamela explained:

We've had to think more about our security during the marches. Some *compas* decide to cover their faces, but I've decided, for me, that's it's best not to cover my face...For me, *poner mi cuerpo, poner mi rostro es importante* [putting my body and face out there is important]. It's important so that we can be seen, because not a lot of people dare to talk about this stuff [abortion]. But also, I like to show my face so they know it's me, in case something happens to me. If something happens, they know it's me. That they can see that it's my hair, my clothes...and that, personally, helps me feel safer...I think the last march really scared us all. There was so much police presence. And I'm sure the police *nos tienen identificadas* [have us identified]. I'm sure, because I've always been visible...and so I thought, '*no mames, y ¿si me agarran aquí?*' [Shit, what if they (the police) take me here?] What if they take me and no one knows?

Thus, as the advocates' narratives demonstrate, their bodies serve a crucial function in resisting state violence by advocating for abortion care. However, in practicing this embodied resistance, their bodies are also made vulnerable. In other words, what their bodies are made to endure is a function of the state violence they are actively resisting.

“Mi cuerpo es mi territorio:” Body and/as territory

Many advocates spoke of the ways in which their bodies, and therefore their work as abortion advocates, are shaped by the world around them. Many expressed this idea through the notion of *cuerpo territorio*, or body territory (Sweet & Ortiz Escalante, 2017). The advocates spoke of their bodies in relation to their communities, often highlighting the ways in which they are made precarious by their environment. As Brenda explained, “*Vivimos en un contexto muy violento*. [We live in a very violent environment.]” These quotes were echoed above, as advocates often had to navigate dangerous environments as they put their bodies on the line to support the right to safe abortion care. In describing themselves in relation to their environments, the advocates articulated an expansive understanding of *cuerpo territorio*, highlighting how their bodies are constructed in relation to place.

This idea of *cuerpo territorio* was most often discussed in relation to the U.S.-Mexico border. In the body maps, the advocates often depicted their bodies in relation to their border communities by drawing metal bars or the border wall (see Figure 5). Living along the border intimately shaped their work and their bodies. For example, Gisele explained: “People who live on the border and the women who live in the north have a way of life that is very particular.” Cristina echoed this sentiment as she explained that “the border is a part of your life...something that *atraviesa* (goes through) your body, something that sustains you, that marks you.” The advocates also described how the border shapes their identities. For example, Alicia noted how the border signifies “who is dignified and who is not dignified to be in that space [in the United States].” Pamela expanded on this idea by sharing how the border creates imaginaries of Mexicans as ‘the other’ and how she resists this narrative through her accompaniment work:

The border is really imposing. To know that you are ‘the other.’ But I also think it is porous, which means that it can be crossed, that there are exchanges, that we share things, and that

we rob things from both sides of the border...That's why we started our collective, to try to break down these borders, and to show people that we have been, are, and will be ready to break down these borders. If you walk along the border wall between Mexicali and Calexico, you can literally see holes, how people have literally broken through the border. Not only do we want to break down these physical barriers, but we also want to break them by creating new narratives, new ideas, new strategies to resist, exchange, and permeate. We don't always want to be seen as 'the other' that doesn't have the right to enter into that territory. We want to be able to enter without barriers. But we are doing that now, by sending medication, accompanying others from that side of the border.

As Pamela explained, the advocates' knowledge, and sometimes their physical bodies, are able to penetrate the border in order to sustain a form of cross-border care.

Aside from the border, the advocates often spoke of their bodies and their identities are shaped by the world around them. Cristina—who identifies as Indigenous—shared her perspective, emphasizing how bodies are shaped by social stigmas and discrimination:

There are many things I can say about my body, but it is definitely a medium to live and exist...it is the medium I have to do everything...but it also carries its own social stigmas. I know that every aspect of my body transmits something; not just my body, but everyone's bodies. How I look, how I behave, my genotype...it all comes with good and bad things. Like, I have experienced a lot of discrimination [because of my ethnicity]. I don't think we talk enough about this in our feminist movements yet, but I hope we can begin to talk more about it because it has really impacted me...and I'm sure it's impacted others too. Yeah, that's what I think about my body.

Here, Cristina provides a critical reflection, highlighting how bodies—specifically those of Indigenous and mestiza Mexican women—are entangled with and made (in)visible through broader structures of racism, classism, and colonialism. Furthermore, she emphasized the need for feminist movements to attend more comprehensively to such intersectional bodily experiences.

Additionally, many used the idea of “body as territory” to understand their embodied experiences of practicing abortion advocacy in Mexico. Sara articulated this idea that was shared by many advocates: “*El cuerpo de la mujer todavía sigue siendo como territorio*. [A woman's body is still a territory.]” Indeed, the advocates' spoke to the ways in which women's bodies are subject to control, regulation, and violence, as their bodily autonomy is restricted by the state. As

the quotes above demonstrate, the advocates directly engaged their body as a form of resistance to this oppression by putting their bodies on the line. Pamela expanded upon this sentiment, viewing her body as both a tool for activism and as an autonomous territory, capable of resisting external impositions and defending personal boundaries. She shared:

I utilize my body in so many ways. To talk about abortion, to accompany, to go to protests to politicize the issue. I can use my body, which is my territory, it is mine and belongs only to me, it is autonomous, and has the potential to decide what to do and what not to do, who to have a relationship with and who not to, who to give information to and who not to...I also think this body serves as a sort of arm of defense, like a territory of defense. Like a space that is very much mine...It is a tool to facilitate certain experiences, to stop others, to care for others and care for myself.

Mariela further emphasized the role of the body in resistance, framing it as the frontline of opposition to state control and violence:

My body is the base of my conviction...For me, my body is my resistance because it is the final border that I am constructing. *La última frontera* [the final border]. *Mi cuerpo es mi territorio* [My body is my territory], where I can send a message to the State, where I can scream at the State. That's how I use my body and my uterus, to scream at them and tell them that I am not an incubator, that I will not birth any more children and that those who come after me know that their uterus is also their territory and that we will fight for them. The body, my body, is the resistance. It is my territory and my fight. It is not only my right, but it is also about screaming at the State to let them know that here, in my body, I decide, and that their conquest of me has finished.

Mariela's quote powerfully highlights the ways in which bodies are co-constituted with their environments, and more specifically, how these bodies are shaped by the state. More so, by engaging her body as her territory, she suggests a way to use her body to resist state violence. For Mariela and the other advocates, the body represents not just individual autonomy but also a collective struggle for reproductive rights and bodily sovereignty. Taken together, the advocates demonstrate how bodies are intimately woven into the landscape, shaping the ways in which bodies are shaped by and resist the state.



Figure 5. Nadia's body map. Photo taken by participant.

Discussion

The findings of this study highlight how bodies are intimately tied to abortion, activism, and care. More specifically, the findings demonstrate how abortion advocates engage their bodies to resist state violence and offer an alternative form of care for those seeking abortion. Furthermore, the findings also suggest that the advocates must also endure challenging, and sometimes painful, physical and emotional experiences as part of this resistance. By engaging their bodies in this way, the advocates are able to facilitate a deeper, more embodied and intimate form of care. Taken together, I reveal how the advocates utilize their own bodies as sites of power and resistance to facilitate a form of *insurgent body work* to reclaim autonomy and reproductive justice.

I draw on the concept of “insurgent bodies” or “*cuerpos insurgentes*,” established by Kattya Hernández Basante in 2019, to situate the embodied care work of abortion advocates in Mexico. Insurgent bodies, according to Hernández Basante (2019), refers to the ways in which bodies may become territories of “re-existence” that resist histories of subjugation and dispossession following colonization. Insurgent bodies engage their marginalized bodies as sites of resistance and subversion against oppressive power structures. Through their embodied resistance, insurgent bodies challenge dominant narratives and norms, asserting alternative modes of existence and autonomy (Hernández Basante, 2019). Following Hernández Basante’s work, only one published scholarly work has engaged the theory of insurgent bodies (see Broderick, 2023). Here, I expand the concept of insurgent bodies to theorize the embodied care work of abortion advocates as a form of *insurgent body work*.

Drawing on the findings presented above, I contend that the advocates engage their bodies to practice a politicized form of body work that aims to resist state violence. In other words, the advocates put their bodies into their accompaniment practice and on the line through their activism

to provide *insurgent body work* to those marginalized by the state. Insurgent body work can be understood as a form of care—in this case, abortion care—that is both embodied and political. Insurgent body work in this setting not only cares for the bodies of those needing and experiencing abortions; it also provides this care in direct resistance to state violence. This notion of insurgent body work deepens the extant literature on the embodied care work of abortion advocates. Existing literature on *poner el cuerpo* (Sutton, 2010, 2021) has demonstrated the how abortion activists reclaim their bodies from state control through activist efforts such as protests and marches. My notion of insurgent body work extends this idea by demonstrating how Mexican abortion advocates put their bodies on the line to provide a form of embodied abortion care, beyond mere activism, that exists in opposition to state violence.

The advocates' insurgent bodies are most clearly activated when they use their bodies as a “tool” or “*herramienta*” to facilitate accompaniment. In doing so, the advocates engage their full bodies to inform a praxis of care that specifically cares for those who have been alienated by the state. They invoke all parts of their minds and bodies, and their embodied knowledge, to generate a form of care that exists outside of state purview. As the advocates in this study shared, they used their heads to share embodied knowledge, their hearts to hold emotional pain and suffering, their hands to release tension, their wombs to carry intimate understandings of abortion, and their voices to politicize abortion and inspire insurgent action among others.

Much knowledge is rooted in their own bodies. This insurgent, embodied knowledge was most explicitly felt in their wombs, following their own experiences of abortion and childbirth. By navigating their own abortions, the advocates engaged in their own insurgent act of self-managing abortion in a legally-restrictive setting—defying the laws imposed by the state to seek bodily autonomy and freedom. Indeed, by both having experienced abortion and by facilitating others'

access to abortion, the advocates' bodies become further marginalized and stigmatized. In this sense, the advocates' may be seen as engaging in "dirty work" (Martin et al., 2017; Ward, 2021). In choosing abortion, the advocates themselves experience the stigma of the sexual and sexualized body that other pregnant people felt (Amuchástegui, 2013; Kimport & Littlejohn, 2021). Advocates recounted their abortions experienced in isolation or full of pain, as a consequence of the stigma and marginalization they felt; yet this often served as motivation for the advocates to support others through accompaniment. Furthermore, their bodies conveyed a message to those seeking accompaniment that self-managed abortion is safe and will not cause lasting harm. As such, the advocates' bodies resisted the shame and stigma surrounding abortion in Mexico. The advocates thus engaged their own bodies as sites of resistance to reclaim autonomous abortion by supporting other pregnant people through insurgent body work.

The insurgent body work of abortion advocates in Mexico centers an intersectional, insurgent body by attending to the broader landscape around them. Indeed, the advocates situate their bodies within the *cuerpo territorio* worldview, suggesting how bodies are co-constituted with the environment around them. The advocates see their bodies as entangled with structural forces of sexism, racism, capitalism, and colonialism, among others. More specifically, the advocates engage in abortion activism not through an abstract body, but rather a material body that bears the marks of such histories of violence and dispossession. Their bodies, intertwined with histories of sexism, racism, and colonialism, become territories where autonomy is asserted and reclaimed. As mentioned above, the advocates' insurgent body work directly engages with and resists state violence by providing a radical and embodied form of abortion care. By situating their bodies within the broader environment, these advocates redefine the very landscape of reproductive justice, centering an intersectional, insurgent body in their fight for autonomy and liberation.

Through their praxis of insurgent body work, the advocates transcend mere activism; they become the embodiment of resistance.

Limitations

This paper must be understood within the context of its limitations. As with all qualitative research, the findings presented here are not intended to be generalizable, but rather offer in-depth, rich information about the embodied experiences of abortion advocates. This study consists of a small sample of 25 abortion advocates from Mexico; other abortion advocates, particularly in different geographic spaces, may have distinct bodily experiences that inform their own accompaniment and activism practices. Thus, future research would benefit from greater attention to the embodied experiences of abortion care work.

Conclusion

In this paper, I highlight how Mexican abortion advocates embody care. Specifically, I demonstrate how the advocates' bodies are intimately entangled with abortion care, accompaniment, and the broader environment. I argue that the advocates utilize their bodies as sites of power and resistance to provide a form of insurgent body work for individuals' seeking abortion. In doing so, the advocates offer an alternate form of care—one that is feminist, embodied, and intimately knowledgeable—to other bodies who have been alienated and violated by the state.

Conclusion

This dissertation has charted the landscape of abortion care in Mexico by centering the insurgent action of *acompañantes*. In three papers, I examine how the accompaniment model of abortion care in Mexico resists state violence, how shifting reproductive politics in the United States have had cascading effects across the border, and how abortion *acompañantes* engage their bodily selves to inform an alternative form of care. These papers move from macro to micro scales of contestation and resistance, outlining how the landscape of abortion care in Mexico is (re)made through abortion accompaniment, how both knowledge and technologies of abortion move transnationally, and how abortion care is lived in the body.

The notion of *insurgency* is woven throughout the three papers, highlighting the resistant action of abortion *acompañantes* against the state. To some, the word “insurgency” may hold a negative connotation; however, here I engage the term to signify the resistance and revolutionary acts by marginalized communities that counter state violence by centering social, and reproductive, justice. In the first paper, I outline the framework of insurgent reproductive citizenship to suggest how abortion accompaniment reconstructs forms of citizenship for pregnant people left at the margins of the state. The second paper uplifts the insurgent knowledges of *acompañantes* as they reshape our understanding of abortion care after the overturning of *Roe v. Wade* in the United States. Finally, in the third paper, I explore how advocates’ insurgent bodies are engaged to inform a praxis of insurgent body work that specifically cares for those who have been alienated by the state. In weaving these three concepts together, this dissertation demonstrates how the advocates’ insurgent bodies inform a bodily knowledge that shapes an insurgent model of abortion care, which in turn, reshapes notions of and access to reproductive citizenship. Through their insurgent action,

the advocates' remake the extant landscape of abortion care into an insurgent landscape—one that is autonomous, loving, and dignified.

Drawing on this notion of insurgency, this dissertation offers key theoretical contributions. In the first paper, I theorize insurgent reproductive citizenship to highlight how women's citizenship rights are contested and resisted through the radical care of abortion advocates. Insurgent reproductive citizenship as practiced by the abortion advocates in Mexico exists both beyond and within the state, as they simultaneously pursue self-constructed autonomy, as well as formal state recognition. This framework of insurgent reproductive citizenship centers questions of power, state violence, and resistance as I demonstrate how abortion accompaniment makes legible new forms of reproductive citizenship in the face of ongoing acts of state violence.

In the second paper, I offer the framework of decolonial reproductive geopolitics to understand the cascading policy effects that moved north to south following the overturning of *Roe v. Wade*, as well as the less visible forms of resistance, reimagined care, and solidarity that moved from south to north. By conceptualizing these cross-border abortion care dynamics as decolonial reproductive geopolitics, we can see how issues of reproduction, particularly abortion, are shaped by social, political, historical, and geographical forces. More specifically, a decolonial lens centers the insurgent knowledge and expertise of Mexican abortion advocates to offer an alternative vision of reproductive justice post-*Roe*.

Finally, in the third paper, I reveal how the advocates engage their bodies as sites of power and resistance to facilitate a form of insurgent body work to reclaim autonomy and reproductive justice. In this setting, insurgent body work can be understood as a form of abortion care that is both embodied and political. Insurgent body work not only cares for the bodies of those seeking and experiencing abortions; it also provides this care in direct resistance to state violence. The

framework of insurgent body work offers a critical lens through which to view the embodied care of abortion advocates in Mexico, highlighting not just their feminist care work, but revealing how their embodied care resists gendered state violence.

This dissertation also attends to broader epistemological turns by centering the knowledge and expertise of *acompañantes*. In Paper 1, I draw on the language of my participants to reframe the reproductive governance enacted by the Mexican state as *state violence*. By theorizing the inadequate abortion care offered by the state as *state violence* rather than “uncare,” this dissertation rejects the ongoing normalization of such gendered violence. Furthermore, by recognizing the denial of abortion care as a form of state violence, we may see how such rights are more broadly connected to other acts of gender-based violence. This understanding may provide important insight into the current attacks against reproductive autonomy in the United States; as Fixmer-Oraiz and Murillo (2023) explain, this rhetorical reframe places “our battles for reproductive freedom in a hemispheric context” (p. 280). This recognition of the broader hemispheric context relates to the second epistemological intervention brought forth in Papers 2 and 3. There, I suggest the importance of valuing knowledge production that moves from south to north. I highlight how the advocates’ bodily knowledge informs a praxis of care that destabilizes our notions of expertise. In doing so, these papers ask us to think seriously about who is considered an ‘expert,’ whose knowledge is valued, and how knowledge transgresses borders. By amplifying the knowledge of *acompañantes*, rooted in the framework of reproductive justice, this dissertation seeks to move towards epistemic justice. Indeed, Loretta Ross (2017, p. 287) explains that the framework of reproductive justice has “offered a fresh worldview of our epistemological power to articulate our conscious resistance to all forms of reproductive repression.” Thus, by attending to counter

narratives and epistemologies, this dissertation provides a ‘fresh worldview’ of abortion care in the post-*Roe* world.

Implications for Social Work Research, Policy, and Practice

Research Implications

In addition to its theoretical and epistemological implications, this dissertation has many important implications for social work research. Although the field of social work in the United States has paid much attention to the Grand Challenge to “close the health gap” (Walters et al., 2016), social work research has failed to adequately address historical and contemporary reproductive injustices and their impact on health equity (Gomez et al., 2020). There has been a growing emphasis on reproductive justice scholarship in social work (see e.g., Beck et al., 2024; Beddoe, 2022; Gomez et al., 2020; Liddell, 2018; Smith, 2017; Younes et al., 2021). Though important, limited social work research has explored abortion care supported by feminist activists, and even less has centered the landscape of abortion care outside of the United States (Beddoe, 2022; Beddoe, Hayes, & Steele, 2020). Furthermore, the relative dearth of empirical data exploring the embodied and geopolitical dynamics of abortion care is a large shortcoming of abortion scholarship more broadly. Such scholarly avoidances—including the erasure of the bodies and land in narratives of abortion care—mirror the systemic exclusion and violence toward such bodies and places by the state. By carefully attending to these absences, this study aims to highlight abortion care as “a multi-scalar process of contestation and resistance” (Calkin, 2019, p. 28) that implicates a variety of historical, geopolitical, legal, and social factors through centering the embodied realities of abortion advocates.

This dissertation also aligns with the social work effort focused on “smart decarceration.” This Grand Challenge aims to address the crisis of mass incarceration specifically targeting

marginalized communities in the United States (Epperson & Pettus-Davis, 2017). While the criminalization of pregnancy has always existed, it was exacerbated following the overturning of *Roe v. Wade* (Dellinger & Pell, 2023). This hyper-surveillance has largely targeted marginalized communities, as well as abortion activists and care providers, leaving even more people vulnerable to criminalization (Dellinger & Pell, 2023). As this dissertation suggests, the degradation of reproductive health rights through criminalization and inadequate care profoundly impacts people's access to full citizenship. Therefore, there exists a critical need to focus decriminalization efforts on issues of reproductive health care. Understanding this growing phenomenon is essential for promoting smart decarceration.

Policy Implications

This study also attends to the rapidly shifting legislative changes regarding abortion care, providing important implications for research on policy implementation. By centering the narratives of abortion advocates who are navigating the contradictory terrain of both increasing criminalization and legalization of abortion across borders, I highlight how policies and legislative changes are perceived, lived, and resisted on the ground. In doing so, this study informs our understanding of the ways in which policies move beyond borders to generate broader geopolitical impacts. Indeed, immediately following the *Dobbs* decision, we were most acutely attuned to the impacts that pregnant people in the United States would now face in accessing abortion care. While important, this dissertation asks us to consider who else might be impacted by these changing laws and policies, and what ramifications that has for reproductive justice globally.

Beyond the geopolitical implications, this dissertation offers critical implications for advancing policy that expands abortion care to incorporate the full range of safe and effective methods, including self-management with medication. By paying attention to the ways in which

abortion advocates redefine care in legally-restrictive settings, we might develop a broader understanding of abortion service provision. Demand for self-managed abortion with medication is becoming increasingly common in the wake of *Roe*. For example, online searches for abortion medications increased by 162% in the immediate aftermath of the *Dobbs* decision (Verma & Grossman, 2023). Thus, by emphasizing the possibility of self-managed abortion care as described by abortion *acompañantes* in Mexico, this study suggests we advocate for increased information and access to abortion medication. In doing so, we may transform the legal and policy landscape to allow people to end their pregnancies with safety and dignity.

Practice Implications

Finally, this study has important implications for social work practice. In particular, I draw on the concept of accompaniment to highlight how social workers may build relationships grounded in love and dignity (Villarreal Sosa, Diaz, & Hernandez, 2018). This dissertation highlights the accompaniment work of abortion advocates in Mexico, showing how they engage a praxis of bodily care to support reproductive justice for the most marginalized communities. This notion of accompaniment is also critical to social work practice (Wilkinson & D'Angelo, 2019). For example, Finn (2021, p. 181) highlights accompaniment as a key element of social work practice grounded in principles of social justice. She notes:

Accompaniment means to go with, to support and enhance the process...The process entails ongoing critical dialogue regarding difference, power, and positionality among participants. It keeps us mindful of the challenges of collaboration and the need for conscious work in building alliances.

Indeed, social work scholars have identified the principles of accompaniment that align with social work values, including building mutual trust and respect, awareness of power and privilege in relationships, and maintaining a commitment to solidarity (Finn, 2021; Whitmore & Wilson, 1997). Accompaniment has already been applied to some social work practice settings, including

support for survivors of domestic violence (Weisz, 1999), as well as for immigrant communities (Villarreal Sosa, Diaz, & Hernandez, 2018). The findings of this dissertation suggest how the model of accompaniment may be applied to social work practice to better support people in navigating barriers to achieve equitable reproductive health care. This is particularly relevant to social workers who practice in healthcare settings, where marginalized pregnant people are often hyper-surveilled and criminalized (McCabe, 2021; Roberts, Zaugg, & Martinez, 2022). Through the practice of accompaniment, social workers may position themselves to resist the criminalization of pregnant people and promote reproductive justice.

Towards Decolonization

Taken together, this dissertation offers critical insights into the movement towards decolonizing social work. A growing number of social work scholars have called on the field of social work to address its complicated (and not too distant) past—particularly its imbrication in the United States’ long history of white supremacy and settler colonialism (BlackDeer, 2023; Gray et al., 2013; Wahab, Bhyuan, & Park, 2018). Indeed, despite the resistance efforts of radical social workers of color, traditional social work practice has often colluded with oppressive state practices that have continuously harmed marginalized communities (Park & Kemp, 2006). This history is particularly relevant to reproductive rights, as social workers have been historically complicit in perpetuating reproductive oppressions, including by participating in eugenics movements, coercive contraception and sterilization, and pregnancy criminalization (Alzate, 2009; Gomez et al., 2021).

To address these harms, social workers have called for the decolonization of social work. A decolonized social work praxis challenges hegemonic knowledge and forms of practice by decentering Western frameworks and uplifting the expertise of Indigenous communities (Gray et

al., 2013). Additionally, this praxis asks social workers to acknowledge their complicity in colonizing projects (Gray et al., 2013). Furthermore, by centering non-Western epistemologies, a decolonized social work praxis provides a critical hope for the future. Indeed, critical feminist social work scholars Wahab, Bhyuan, and Park (2018) suggest that “decolonial thinking requires us to untangle the logic of modernity (in our case from social work) from our vision of another future” (p. 283). This dissertation builds on this call for decolonization by envisioning a new future of reproductive justice post-*Roe*.

Importantly, this dissertation works towards a decolonized epistemology by centering Indigenous and non-Western knowledges and expertise. In centering the radical knowledge and care of abortion advocates in Mexico, this dissertation seeks to destabilize Western notions of expertise in reproductive health care. The knowledge of the Mexican abortion advocates offers a roadmap for navigating and resisting the new landscape of abortion care in the wake of *Roe v. Wade*.

This dissertation further builds on efforts to decolonize social work by centering the importance of mutual aid and community care. Community resistance movements, such as the feminist abortion accompaniment collectives in Mexico, have long existed within the field of social work as a response to oppressive systems of power. Indeed, mutual aid societies in the United States have historically organized to provide essential services—from healthcare and childcare to financial support and voting rights—to communities of color who were often excluded from such citizenship rights by the state (Aranda, 2001; Bell, 2014). Many of these mutual aid organizations also supported the central tenants of reproductive justice by dismantling structural oppressions and uplifting the wellbeing of families of color (Gomez et al., 2021). Building on these histories of social work resistance, this dissertation highlights the critical importance of mutual aid

and community care in the post-*Roe* environment. Specifically, the advocates in this study suggest a model of abortion care rooted in mutual aid that exists entirely beyond the state, helping marginalized women and pregnant people access necessary care denied to them.

Finally, this dissertation centers abolition within its commitment to advancing a decolonized social work praxis. As the advocates in this study demonstrate, decriminalizing abortion care is necessary for women and people with the capacity for pregnancy to access bodily sovereignty and human rights. Ultimately, this dissertation pushes forward a decolonial social work framework to advance reproductive justice in the United States, Mexico, and beyond.

Future directions, Uncertain futures

Access to reproductive rights in the United States and beyond remains uncertain, as abortion care faces continuous attacks in both state and federal courts.¹ Such uncertainty makes this research more pertinent and important than ever. As I write this conclusion, Arizona's state Supreme Court has allowed an 1864 law to go into effect as it ruled to completely ban abortion unless the pregnant person's life is at risk. This new ban fundamentally alters an already dire landscape of abortion access in the southern United States, leaving thousands more pregnant people—particularly those who are undocumented, low-income, and live in rural areas—without access to legal abortion care (Simmons-Duffin & Fung, 2024). Across the border in Sonora, Mexico, abortion still remains criminalized despite the country's Supreme Court rulings, further limiting access to legal abortion. Yet, as this dissertation has shown, there exist alternative avenues for people to access needed care, particularly through the knowledge and support of *acompañantes*.

¹ Before the end of the current term in June 2024, the United States' Supreme Court will hear two more cases that may impact the future of abortion care in the United States. The first, *FDA v. Alliance for Hippocratic Medicine*, will decide whether to restrict access to the abortion pill, mifepristone, first approved by the Food and Drug Administration in 2000. The second, *Moyle v. U.S.*, will determine whether hospital emergency rooms must provide emergency abortion care. Additionally, abortion rights will be on the ballots in numerous state elections come November 2024.

This uncertain and volatile legal landscape of abortion also makes this line of research, in some ways, more difficult to pursue. For instance, there exists a need to capture the experiences of marginalized pregnant people—particularly undocumented people—who are left in “abortion exile” following these new and changing state bans (Fuentes, 2023). Yet, finding ways to conduct such research while prioritizing the safety and dignity of participants remains a challenge. Indeed, there now exist even more risks to marginalized participants in the post-*Roe* era, including increased threat of criminalization, as typical safeguards for data privacy and confidentiality may not suffice (Goodday et al., 2022; Lerma et al., 2024; Schott et al., 2023). This new era thus asks researchers to exercise a “morality of caution” (Goodday et al., 2022)—or perhaps a methodology rooted in accompaniment—in order to uphold participants’ safety while pursuing research of paramount importance.

Appendix A: Interview Protocol for Abortion Advocates – English

Preamble

Thank you for agreeing to participate in this interview with me. Before we get started, there are a few important things for us to go over together. I want to remind you about why we're doing this interview and give you some important information about your participation in it.

Purpose of the Project

This interview is part of a research project. The purpose of the project is to gather information from abortion advocates and individuals seeking abortion care to better understand the barriers and supports for abortion along the U.S.-Mexico border. I'd like to ask you some questions about your experiences working as an abortion advocate, the broader landscape of abortion services in your community, and your understanding of reproductive justice. We want to learn from you and understand your experiences as an abortion advocate. We believe that your perspective is critically important to understanding and improving access to vital reproductive healthcare in the United States and Mexico.

Reminder of Participation & Confidentiality

Thank you again for agreeing to participate in this interview. I want to take just a moment to remind you of a few important things:

- First, participating in this interview is completely voluntary. Feel free to ask me questions throughout the interview and you do not have to answer any question that you do not feel comfortable answering. You may also stop the interview at any time.
- Second, everything said during this interview will be completely confidential. No one will know what we discussed today. Further, as we explained during the consent process, the only time I would break that confidentiality would be if I had reason to believe someone is harming you or that someone else is being harmed or in danger of being harmed.
- To be sure that I can pay complete attention to what you're saying, I would like to record this conversation. This interview should take about 90 minutes.

Do you have any questions or concerns before we begin?

[Begin recording the interview now]

Section 1: Participant characteristics

1. I'd like to begin by asking you to tell me a little bit about yourself.
 - How do you spend your days?
 - Where do you live and with whom?
 - Do you have children?
 - What do you like to do?

2. What motivated you to start working as an *acompañante*?
 - How did you get involved with this work?
 - How long have you been working as an advocate?
 - What kind of training have you received?
 - What kinds of things did you learn during the training? What did you not learn during the training that you wish you had learned?
 - How long have you worked with the accompaniment network?
3. What have you learned about abortion accompaniment over the years?
4. How has your work as an advocate evolved over the years?

Section 2: Experience of abortion accompaniment/advocacy

5. Who typically seeks services from your collective?
 - Where do these people typically come from?
 - How do these pregnant people find out about your services? (e.g., social media, word of mouth, etc.)
6. Can you tell me about a typical day providing accompaniment?
 - How often do you work as an advocate?
 - Are the majority of cases managed in person or virtually?
 - What does your intake process look like?
 - How many requests do you receive in an average week/month?
 - How many people do you support (out of the number of requests) in an average week/month?
7. Where/how do you access abortion medications? (e.g., from pharmacies, local doctors, or other networks like Aid Access?)

Section 3: Landscape of abortion care

8. What do people in your community generally think about abortion?
 - How do you navigate community beliefs when providing care?
9. How do women and pregnant people in your community generally access abortion care?
 - How many accompaniment collectives are there in this area?
10. How does your accompaniment work differ from abortion services provided by the health sector?
11. Mexico has gained infamy as a site of violence against women. How does this context shape your work as an abortion advocate?
 - How does this context affect your life as a Mexican woman?
 - What role does the State play in perpetuating this violence?
12. Have you ever worried about your safety while working as an advocate?
 - How do you navigate the criminal/legal risk involved in your work?
 - What sort of security protocols do you / your collective have?
13. How does the border shape your work as an abortion advocate?

- How does the context of medical tourism along the border shape your work as an abortion advocate?

Section 4: Reactions to changes to abortion legislation

14. How have the changes to abortion legislation in Mexico affected your work as an advocate?
15. What do you think about the changes to abortion legislation in the U.S.?
 - How have these changes affected your work as an advocate?
16. Have you seen or heard of people from the United States seeking abortion care in Mexico?
 - If yes, can you tell me more about that?
 - Where are people coming from?
 - What does the accompaniment process look like? Do you support them virtually or in person?
 - How do these cases differ from those who you accompany from Mexico and Latin America?
17. How has your model of accompaniment changed in light of these legislative shifts?

Section 5: Feelings about abortion accompaniment work

18. Have there been any particular clients' stories that have stayed with you?
19. How do you think about your body in relation to this work?
 - Particularly, in relation to the risks you face?
 - How does it affect your physical health?
 - How does it affect your mental health?
 - How do these feelings/affects change when doing virtual accompaniment versus in person accompaniment?
20. How do you care for yourself while doing accompaniment work?

Section 6: Reproductive justice

21. What does accompaniment mean to you?
22. What does reproductive justice mean to you?

Section 7: Conclusion

- We are coming to the end of the interview. Is there anything I did not ask you that I should know about abortion accompaniment work?
- Is there anything else you'd like to share?

Thank you so much for taking the time to talk with me!

Appendix B: Interview Protocol for Abortion Advocates – Spanish

Preámbulo

Gracias por participar en esta entrevista. Antes de comenzar, hay algunas cosas importantes que mencionar. Te quiero recordar las razones por las que se está haciendo esta entrevista y proveerte de información relevante sobre tu participación.

Objetivo del Proyecto

Esta entrevista es parte de un proyecto de investigación. El objetivo del proyecto de investigación es recopilar información sobre acompañantes y gente en busca de métodos de interrupción legal del embarazo para entender mejor la situación actual en temas de aborto a lo largo de la frontera entre México y los Estados Unidos. Me gustaría preguntarte sobre tu experiencia trabajando como acompañante, tu percepción del ecosistema actual en temas de aborto en tu comunidad, así como tu entendimiento en temas de justicia reproductiva. La intención es aprender de ti y tu experiencia como acompañante aborto. Creemos que tu perspectiva es de vital importancia para entender y mejorar la provisión de servicios de salud reproductiva en México y los Estados Unidos.

Recordatorio de Participación y Confidencialidad

De nuevo, muchas gracias por tu participación en esta entrevista. Antes de comenzar, te quiero recordar un par de cosas importantes:

- Primero, la participación en esta entrevista es completamente voluntaria. Siéntete libre de hacer preguntas durante la entrevista. Así mismo, puedes no contestar alguna de mis preguntas si no te sientes cómoda compartiendo tu experiencia. De así decidirlo, puedes solicitar la finalización de la entrevista en cualquier momento.
- Segundo, toda la información compartida durante la entrevista es 100% confidencial. La información compartida durante la entrevista no será compartida con nadie. Como fue mencionado durante el proceso de consentimiento, la única vez que rompería la confidencialidad sería si tuviera razones para creer que alguien le está haciendo daño o que alguien más está siendo dañado o está en peligro de ser dañado.
- Para asegurarme que todo lo compartido en esta entrevista sea tomado en cuenta, la entrevista será grabada. La entrevista durará 90 minutos.

¿Tienes alguna pregunta antes de comenzar con la entrevista? **[Empezar la grabación]**

Sección 1: Características de la participante

1. Para comenzar, ¿puedes contarme un poco sobre ti?
 - a. Cuéntame cómo es un día normal para ti?
 - b. ¿En dónde vives? ¿Con quienes vives?
 - c. ¿Tienes hijos?

- d. ¿Qué te gusta hacer en tu tiempo libre?
- 2. ¿Qué te motivó a trabajar como acompañante?
 - a. ¿Cuánto tiempo llevas siendo acompañante?
 - b. ¿Qué tipo de capacitación has recibido?
 - i. ¿Qué tipo de cosas aprendiste durante la capacitación? ¿Qué no aprendiste durante la capacitación que desearías haber aprendido?
 - c. ¿Cuánto tiempo llevas trabajando con la red de acompañamiento?
- 3. ¿Qué has aprendido sobre el acompañamiento durante esos años?
- 4. ¿Como ha evolucionado tu trabajo en estos años?

Sección 2: Experiencias de acompañamiento

- 5. Típicamente, ¿quién/qué tipos de personas buscan los servicios de tu colectiva?
 - a. ¿De dónde viven estas personas?
 - b. ¿Cómo se enteran estas personas de tus servicios? (por ejemplo, redes sociales, boca a boca, etc.)
- 6. Cuéntame un poco sobre qué haces durante un día típico de trabajar como acompañante.
 - a. ¿La mayoría de los casos que atiendes son de manera virtual o presencial?
 - b. ¿Con qué frecuencia trabajas como acompañante?
 - c. ¿Tienes algún protocolo o cuestionario de primer contacto?
 - d. ¿Cuántas solicitudes de personas recibes en una semana/mes en promedio?
 - e. ¿Cuántas personas apoyas/acompañas en una semana/mes en promedio (del número de solicitudes)?
- 7. ¿De dónde consiguen ustedes los medicamentos? (ej., farmacias, doctores locales, o redes internacionales como Aid Access?)

Sección 3: Ecosistema/contexto de servicios de aborto

- 8. ¿Qué piensa la gente de su comunidad en general sobre el aborto?
 - a. ¿Cómo navegas los pensamientos de la comunidad cuando trabajas como acompañante?
- 9. ¿Cual es la forma más común para acceder servicios de aborto en tu comunidad?
 - a. ¿Cuántas colectivas de acompañamiento hay en esta comunidad/ciudad?
- 10. ¿En qué se diferencia tu trabajo de acompañamiento del sector salud?
- 11. México es conocido como sitio de violencia hacia las mujeres. ¿Cómo influye este contexto en tu trabajo de acompañante?
 - a. ¿Cómo afecta a tu vida como mujer mexicana?
 - b. ¿Cómo ves el papel del estado en perpetuar esta violencia?
- 12. ¿Había alguna vez en que estabas preocupada por tu seguridad cuando estabas trabajando como acompañante?
 - a. ¿Cómo navegas el riesgo legal de tu trabajo?

- b. ¿Qué tipo de protocolos de seguridad tienes?
- 13. ¿Cómo influye el contexto de la frontera en tu trabajo como acompañante?
 - a. ¿Cómo influye el contexto del turismo médico de la frontera en su trabajo como acompañante?

Sección 4: Reacciones a los cambios legislativos de aborto

- 14. ¿Cómo han afectado tu trabajo los cambios legislativos que están pasando en México?
- 15. Desde tu perspectiva, ¿Qué piensas de los cambios legislativos que han pasado en los Estados Unidos?
 - a. ¿Cómo han afectado tu trabajo los cambios legislativos?
- 16. ¿Te han tocado casos de los Estados Unidos buscando servicios de aborto en México?
 - a. De ser así, ¿puedes contarme más al respecto?
 - i. ¿De dónde vienen estas personas?
 - ii. ¿Qué dicen estas personas cuando contactan a ustedes?
 - iii. ¿En qué se diferencia los casos de Estados Unidos de los casos de México?
 - iv. ¿Cómo es el proceso de acompañamiento con personas de los EEUU?
¿Los acompañas en persona o de forma virtual?
 - v. ¿Ustedes también hacen entregas de medicamentos?
 - 1. De ser así, ¿puedes contarme como es su proceso de entregarlos?
 - b. ¿Qué piensas de todos los casos llegando de EEUU?
- 17. ¿Cómo ha cambiado el modelo de acompañamiento tras los cambios legislativos?

Sección 5: Sentimientos acerca de acompañamiento del aborto

- 18. ¿Hay algunas historias de clientes que te hayan impactada/marcada?
- 19. ¿Cómo piensas en tu cuerpo con relación a trabajo como acompañante?
 - a. Especialmente en relación a los riesgos que enfrentas?
 - b. ¿Cómo afecta a tu salud física?
 - c. ¿Cómo afecta a tu salud mental / emocional?
 - d. ¿Cómo cambian estos sentimientos/experiencias al hacer acompañamiento virtual versus acompañamiento presencial?
- 20. ¿Cómo te cuidas a ti misma mientras haces el trabajo de acompañamiento?

Sección 6: La Justicia Reproductiva

- 21. Para ti, ¿qué significa acompañar?
- 22. Para ti, ¿qué significa la justicia reproductiva?

Sección 7: Conclusión

Estamos llegando al final de la entrevista. ¿Hay algo más que te gustaría compartir?
Muchísimas gracias por tomarte el tiempo para hablar conmigo! Déjame apagar la grabación.

Appendix C: Body Mapping Interview Protocol – English

Thank you for agreeing to participate in this interview with me. Before we get started, there are a few important things for us to go over together. In this interview, we will be focusing on themes of your body and self-care. We're going to use a method called "body mapping." I will explain the process and show you some examples before we get started. First, you will draw a very basic outline of your body (you literally can think of the Gingerbread man). From there, I will ask you questions—for example, "what does accompaniment mean to you?". While you answer the question, you will also draw what for you, in this example, represents accompaniment. You can use symbols, words, phrases—anything that represents your thoughts, feelings, and experiences. This obviously does not need to be a work of art; rather, this is just another way to tell your story. After the interview is over, I will also ask for your permission to take a photo of your body map.

Do you have any questions or concerns about this process?

Before we begin, I want to take a moment to remind you of a few important things:

- First, participating in this interview is completely voluntary. Feel free to ask me questions throughout the interview and you do not have to answer any question that you do not feel comfortable answering. You may also stop the interview at any time.
- Second, everything said during this interview will be completely confidential. No one will know what we discussed today. Further, as we explained during the consent process, the only time I would break that confidentiality would be if I had reason to believe someone is harming you or that someone else is being harmed or in danger of being harmed.
- To be sure that I can pay complete attention to what you're saying, I would like to record this conversation. Is that alright?

Do you have any questions before we begin?

First, I'd like for you to draw an outline of your body. I'm going to ask you some questions and then I'd like for you to think about how you might visually represent your thoughts in and/or around your body.

[Begin recording the interview now]

Interview Questions

1. What does accompaniment mean to you?
 - a. How can you represent that on the map?
2. In our last interview, you told me about what motivated you to work as an abortion advocate. Thinking back on that, how would you represent this on the map?
 - a. If moments can be visually represented, where would they be located in and/or around your body?
3. What parts of your body do you use to accompany people seeking abortion care?
 - a. How can you represent that on the map?
4. What do you feel in your body when you accompany someone seeking abortion care?
 - a. How can you represent that on the map?
5. Thinking about your work as an abortion advocate, how does this work affect your physical body?
 - a. Where do you feel the effects of this in your body?
 - b. How can you represent that on the map?
6. How does this work affect your mental and emotional well-being?
 - a. Where do you feel the effects of this in your body?
 - b. How can you represent that on the map?
7. When did you become aware of your body in relation to your work as an advocate?
 - a. What thoughts and feelings come up about this?
 - b. How can you represent that on the map?
8. Do any other feelings associated with accompaniment come up for you?
 - a. Where are they located in or around your body?
 - b. How can you represent that on the map?

Now I'd like to talk about the relationship between yourself, your environment, and your work as an advocate.

9. How does the context of violence in Mexico shape your work as an advocate?
 - a. How does this violence affect you as a woman in Mexico?
 - b. How do you navigate this risk?
 - c. How and where do you feel the effects of that in or around your body?
 - d. How can you represent that on the map?
10. How does the border shape your relationship with your work as an advocate?
 - a. How and where do you feel the effects of that in your body?

We're coming to the end of the interview, just a few more questions.

11. Now thinking about all that we've talked about today, How do you take care of yourself?
 - a. Who cares for you?
 - b. How can you represent that on the map?

Now, I'll give you a few minutes to fill in your body map, adding anything else that might represent your experience of working as an abortion advocate.

12. Now, looking at what you have created, can you tell me the story of your body map?

Thank you for sharing that! Those are all the questions I have for today. Is there anything else you would like to share?

Thank you so much for taking the time to talk with me!

Appendix D: Body Mapping Interview Protocol – Spanish

Hoy, vamos a enfocarnos más en temas del cuerpo, el autocuidado y la idea del cuerpo territorio. Vamos a intentar usar un método que se llama “body mapping” en inglés. Te explico un poco el proceso y también tengo unos ejemplos que te puedo mostrar. Entonces, primero vas a dibujar una silueta o un contorno de tu cuerpo (muy básico y sencillo – literal puedes pensar en el hombre de jengibre). De ahí, te voy a preguntar algunas cosas, por ejemplo “para ti, que significa acompañar” y puedes contestar la pregunta y luego vas a ir dibujando lo que para ti representa, en este ejemplo, acompañar. Puedes usar símbolos, palabras, colores, etcétera. Obviamente, este no tiene que ser una obra de arte; sino, es una forma de representar tu historia de manera visual. Aquí tengo un ejemplo. Cuando terminemos la entrevista, te voy a preguntar si puedes mandarme una foto del dibujo.

Antes de comenzar, tienes alguna pregunta o duda sobre esta entrevista?

Bueno, unas cosas importantes sobre la entrevista, igual a la otra entrevista:

- Primero, es completamente voluntaria. Puedes no contestar alguna de mis preguntas si no te sientes cómoda compartiendo tu experiencia. Y también, podemos terminar la entrevista en cualquier momento.
- Segundo, es 100% confidencial. Si no tendrías algún inconveniente, voy a grabar la entrevista, pero no voy a usar tu nombre ni nada que puede identificarte.

¿Tienes alguna pregunta antes de comenzar con la entrevista?

Preguntas para la entrevista

Para empezar, me gustaría que dibujaras un contorno o imagen de tu cuerpo. Te voy a hacer unas preguntas y me gustaría que dibujaras tus pensamientos en o afuera de la imagen de tu cuerpo. También puedes escribir palabras o dibujar símbolos—lo que quieras para representar tus experiencias.

Perfecto. Déjame empezar la grabación. Lista?

[Empezar la grabación]

1. Para ti, ¿qué significa acompañar?
 - a. ¿cómo puedes representar esto en el dibujo?
2. En nuestra última entrevista, me contaste que te motivó trabajar como acompañante.
 - a. Pensando en eso, ¿cómo puedes representar esta motivación en tu dibujo?
 - b. ¿Dónde estarían ubicados esos momentos en o alrededor de tu cuerpo?
3. ¿Qué parte de tu cuerpo usas para acompañar?

- a. ¿cómo puedes representar esto en el dibujo?
- 4. ¿Qué sientes en tu cuerpo cuando acompañas?
 - a. ¿cómo puedes representar esto en el dibujo?
- 5. Pensando en el acto de acompañar, ¿cómo afecta a tu salud física?
 - a. ¿Con qué frecuencia tienes ese dolor?
 - b. ¿cómo puedes representar esto en el dibujo?
- 6. Pensando en el acto de acompañar, ¿cómo afecta a tu salud mental y emocional?
 - a. ¿cómo puedes representar esto en el dibujo?
- 7. ¿Cuándo te diste cuenta que tu cuerpo es parte de ser acompañante?
 - a. ¿Qué pensamientos y/o sentimientos tienes al respecto?
- 8. ¿Hay otros sentimientos relacionados a tu trabajo como acompañante?
 - a. ¿Dónde los sientes en tu cuerpo?
 - b. ¿cómo puedes representar esto en el dibujo?

Ahora, me gustaría hablar un poco sobre la relación entre tú, tu ecosistema y tu trabajo como acompañante.

- 9. ¿Cómo influye el contexto de violencia en tu trabajo como acompañante?
 - a. ¿Cómo afecta a tu vida como mujer mexicana?
 - b. ¿Como navegas este miedo, riesgo?
 - c. ¿cómo puedes representar esto en el dibujo?
- 10. ¿Cómo influye el contexto de la frontera en tu trabajo como acompañante?
 - a. ¿cómo puedes representar esto en el dibujo?
- 11. ¿Cómo te cuidas a ti misma mientras haces el trabajo de acompañamiento?
 - a. ¿Quién o quiénes te cuidan?
 - b. ¿cómo puedes representar esto en el dibujo?

Ahora, te voy a dar unos minutos para completar tu dibujo y agregar cualquier otra cosa que pueda representar tu experiencia como acompañante.

- 12. En cuanto termines, ¿Puedes contarme la historia de tu dibujo?

Estamos llegando al final de la entrevista. ¿Hay algo más que te gustaría compartir?

¡Muchísimas gracias por tomarte el tiempo para hablar conmigo! Déjame apagar la grabación.

Appendix E: Additional Body Maps

Figure A.1. Alicia's body map. Photo taken by participant.



Figure A.2. Cristina's body map. Photo taken by participant.

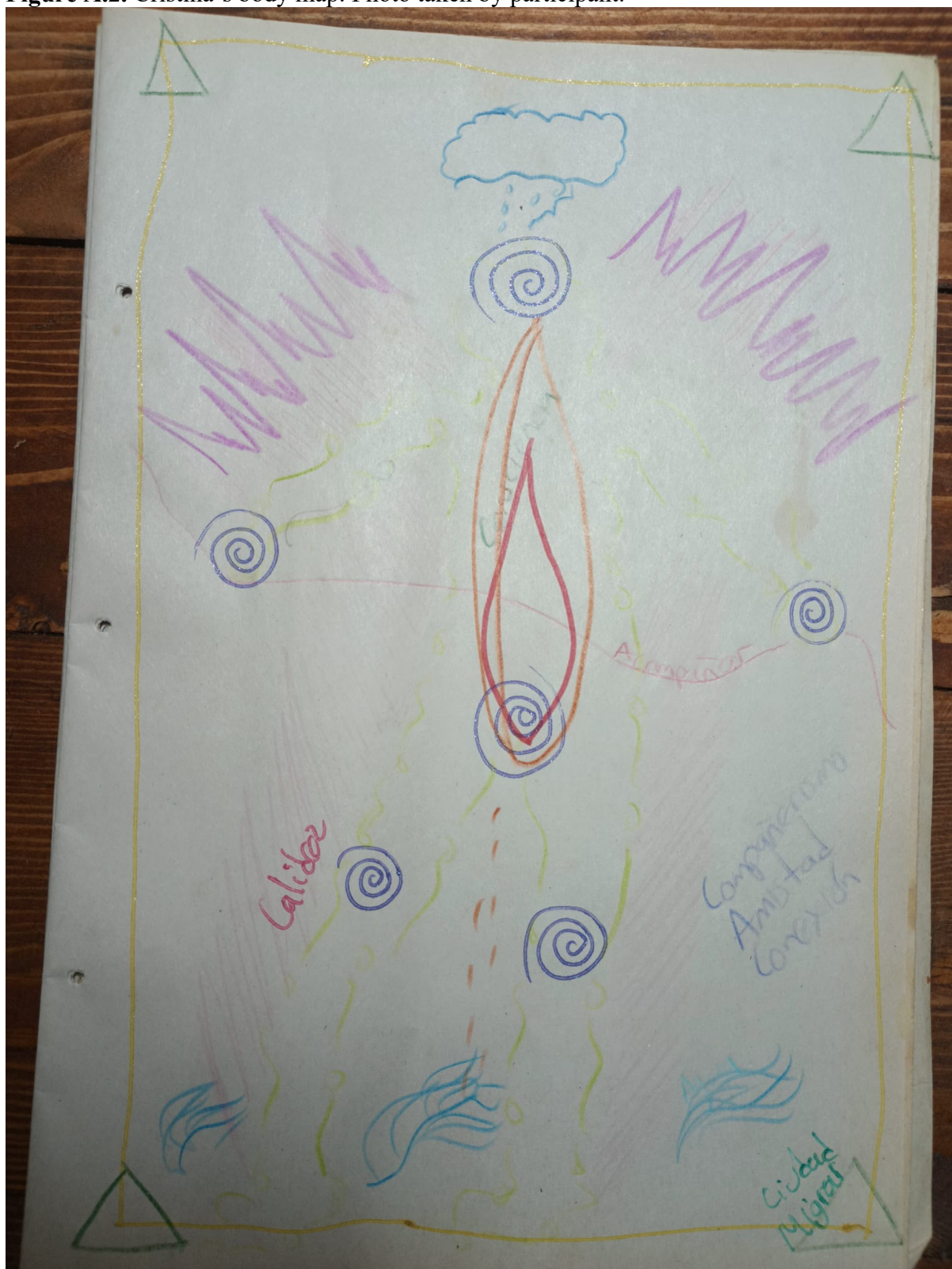


Figure A.3. Gisele's body map. Photo taken by participant.



Figure A.4. Itzel's body map. Photo taken by participant.

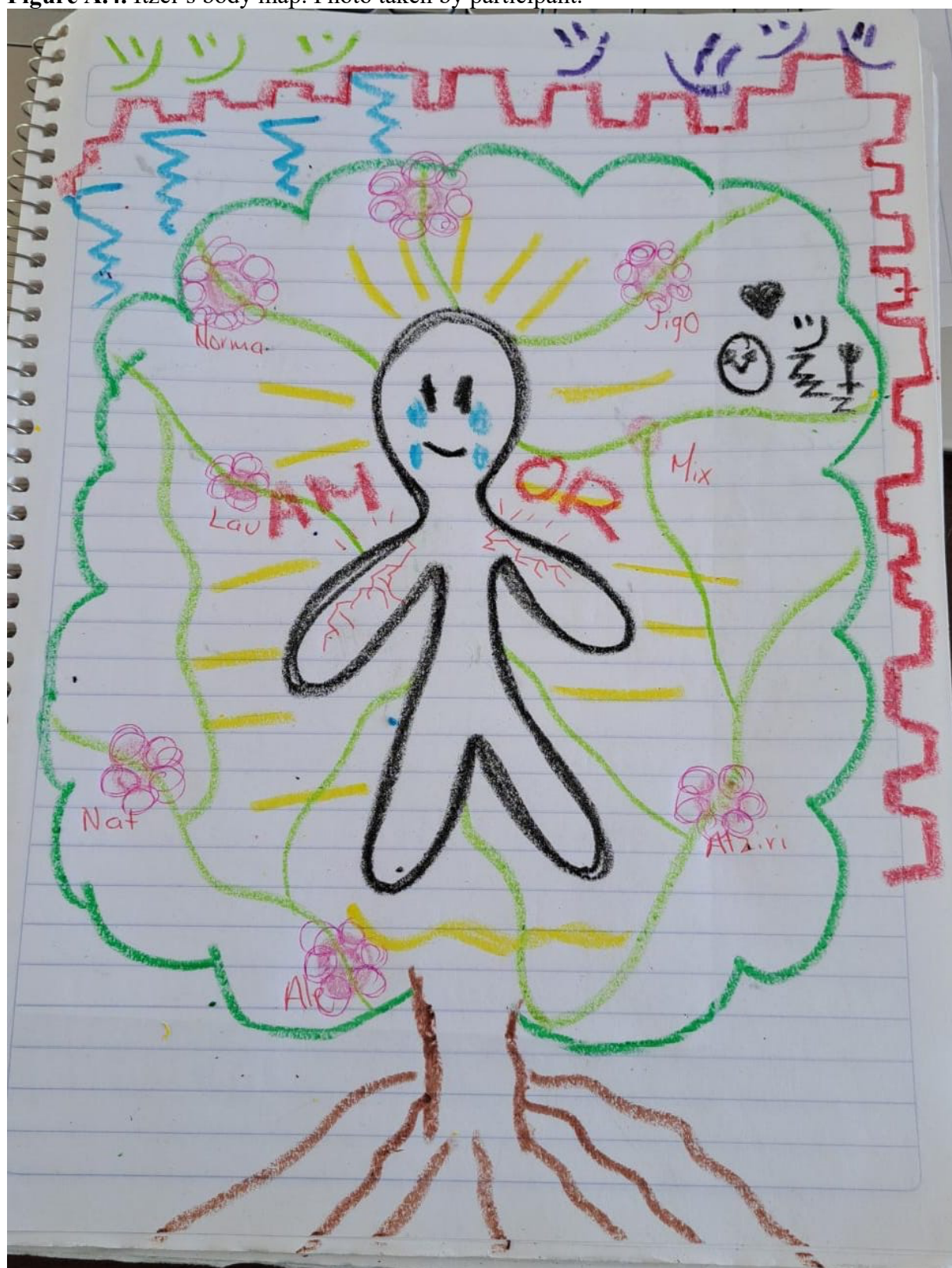


Figure A.5. Andrea's body map. Photo taken by participant.



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