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**Storytelling for Fundraising: Assessing the Impact of Personal Stories on Donation Behavior**

Kate A. McCarthy

Honors Thesis

in Leadership Studies

University of Richmond

Richmond, VA

April 24, 2020

Advisor: Dr. Crystal Hoyt

## Abstract

### ***Storytelling for Fundraising: Assessing the Impact of Personal Stories on Donation Behavior***

Kate A. McCarthy

Committee members: *Dr. Crystal Hoyt, Dr. Marilee Coetsee, Dr. Melissa Ooten*

In fundraising, some nonprofits have sought to channel the power of personal stories by including them in appeal letters. Are stories an effective tool in soliciting donations? In this study, participants read one of three appeals from an unnamed abortion fund. Two conditions contained a personal story, either an “unapologetic” or a “uncontroversial” narrative, about a woman who underwent an abortion; one condition did not include a story. Participants were then asked questions regarding the appeal and the organization before being given a “bonus” dollar, and offered the option of donating a portion of that to an abortion fund. Results showed that the effect of the conditions on participants’ willingness to donate depended on their income level. Those with higher reported incomes were significantly more likely to donate, relative to those with lower incomes, after reading the “uncontroversial” message. Overall, we find a “one size fits all” approach to appeals might not be the most effective if the nonprofit’s donor base includes numerous demographics, as groups may react differently to the same information.

Signature Page for Leadership Studies Honors Thesis

**Storytelling for Fundraising:  
Assessing the Impact of Personal Stories on Donation Behavior**

Thesis presented

by

*Kate A. McCarthy*

This is to certify that the thesis prepared by *Kate McCarthy* has been approved by his/her committee as satisfactory completion of the thesis requirement to earn honors in leadership studies.

Approved as to style and content by:

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## **Storytelling for Fundraising: Assessing the Impact of Personal Stories on Donation Behavior**

Reproductive Justice (RJ) in the United States is one of the most fraught socio-political movements of our time, playing out not only on local and federal legislative and judicial stages but also in the everyday lives of most people. The term “reproductive justice” was coined in 1994 by a group of Black women who recognized and pushed back on the inadequacies in the existing United States reproductive rights movement, which was led by and for white women (SisterSong, n.d.). In response, they created Women of African Descent for Reproductive Justice, a group dedicated to uplifting the voices and needs of marginalized groups. Their movement centered a more expansive framework for contextualizing and understanding reproductive decision-making beyond simply the choice to have an abortion to also include access to comprehensive reproductive healthcare and dignified social conditions (SisterSong, n.d.).

The need for a comprehensive RJ movement emerged in response to long-lasting legacies of reproductive oppression that from their inception and to this day either target or disproportionately affect women, people of color, queer folks, low-income communities, and in particular those at the intersections of those identities. Reproductive oppression includes not only overt measures such as sterilization and abortion restrictions but also structural inequalities such as disparities between the treatment of white women versus women of color in the healthcare system (particularly surrounding pregnancy and childbirth), lack of access to quality, affirming, and culturally competent healthcare, and inadequate sex education curriculums. These methods of systematic oppression prevent marginalized groups from fully controlling their reproductive lives, and by extension their everyday lives.

Reproductive oppression in the United States has a long and widespread history. White colonizers used sexual assault and rape as central tools of subjugation and violence against Native women (Amnesty International, 2007). White slaveholders used rape and forced marriage to control and commodify Black bodies, especially Black women's bodies, for economic gain (Fried, et al., 2016). In the late 19th century, immigration laws such as the Page Act of 1875, which targeted unmarried 'Oriental' women, were methods of population control, passed to prevent 'unwanted' groups from migrating to and starting families in the United States (Gurr, 1972). Anti-miscegenation laws existed for centuries in the US, the first being enacted in Virginia in 1661 (Cruz & Berson, 2001). By the 1950s, similar laws were on the books in nearly half the states, and were not overturned until *Loving v. Virginia* (1967) (Cruz & Berson, 2001). The eugenics movement was a particularly virulent form of reproductive oppression which was based on the belief that "that the ills of society (disease, crime, poverty, and other social abnormalities) [could] be eradicated by discouraging, or preventing if necessary, the reproduction of socially deviant individuals" (Lombardo, 1996, p. 4). Several states passed eugenics laws in the early twentieth century, with Virginia's Eugenic Sterilization Act of 1924 proving to be the most consequential: the Supreme Court ruled in *Buck v. Bell* (1927) that it was legal for the state of Virginia to involuntarily sterilize those "found to be afflicted with a hereditary form of insanity or imbecility" (p. 1). The law then became "the model for the nation," with similar legislation passed in over thirty states (Wong, 2013). The Hyde Amendment of 1976, still in effect today, prohibits the use of federal funding to pay for abortions, preventing low-income women from using Medicaid to cover abortion services (Center for Reproductive Rights, 2010). Court cases, such as *Roe v. Roe* (1985) and *Bottoms v. Bottoms* (1993), have denied non-heterosexual parents

legal custody of their biological children based on their sexuality. Welfare reform in the late 1990s targeted the reproductive freedom of low-income women by permitting the introduction of “family cap policies.” Under these policies, if a family has additional children while on welfare, they are ineligible for additional aid (National Conference of State Legislatures, 2011). And as recently as 2017, a judge in Tennessee offered to reduce sentences by 30 days if inmates underwent a sterilization procedure (Hunter, 2017).

These are key moments in the history of reproductive oppression in this country that demonstrate how many groups of people were and are subject to oppressive legislation or practices that limit their reproductive autonomy. Reproductive justice as a movement emerged to systematically address this diversity and breadth of oppression.

Within the broader landscape of reproductive justice, the issue of abortion access is one of the most contentious. Since the practice came to the attention of formal medical practitioners and legislators in the early to mid nineteenth century, there has been debate over its morality and legality (Reagan, 1996, p. 10). In his majority opinion in *Roe v. Wade* (1973), Justice Harry Blackmun gave a brief overview of abortion legislation in the United States. Before the mid-nineteenth century, an abortion performed before the “quickening,” or the first movements of the fetus, was not considered an “indictable offense” (*Roe v. Wade*, 1973, p. 9). In 1821, Connecticut was the first state to enact legislation banning abortion, and many states following in the subsequent decades (*Roe v. Wade*, 1973, p. 12). By the 1950s, “a large majority of the jurisdictions” had instated near blanket bans on abortion (*Roe v. Wade*, 1973, p. 12). In 1962, however, the American Law Institute (ALI) published the Model Penal Code, which set forth a recommended model for state lawmaking. Section 230.3 of the Code addressed “justifiable

abortion,” which allowed for the termination of pregnancies by a licensed physician under specific conditions, such as risk to the life of the mother or conception via rape or incest (ALI, 1984, p. 75). This recommended model from ALI led to the “liberalization of abortion statutes” in many states in the years leading up to *Roe v. Wade* (*Roe v. Wade*, 1973, p. 12).

*Griswold v. Connecticut* (1965) was the first major judicial ruling with implications for the legalization of abortion, giving married couples the right to privacy in making decisions about contraception. This set the precedent that the right to privacy could be used in protecting individuals making choices about healthcare, specifically reproductive healthcare.

*Roe v. Wade* (1973) was the seminal decision that legalized abortion in the United States. Weighing a person seeking an abortion’s right to privacy on one hand and the state’s interests in constraining that right on the other, the Court did not conclude that the individual’s right is absolute (*Roe*). But it specified that the state’s interests, limited in scope to “safeguarding health,” “maintaining medical standards,” and “protecting potential life,” must be “compelling” in order to justify any regulation infringing on the primary right to privacy (*Roe v. Wade*, 1973, p. 19-20). The Supreme Court did not find the defendant's case to be compelling enough to justify the limitations it imposed, and the statute in question was overturned (*Roe v. Wade*, 1973, p. 20). This decision set the precedent that states are limited in the extent to which they can regulate abortion procedures, particularly in the first trimester.

In the aftermath of *Roe*, a strong anti-abortion social and political movement emerged. Conservative lawmakers began introducing anti-abortion amendments to the Constitution, to “enshrine the right to life in the Constitution” (Human Life Action, n.d.). In preventing low-income women from using Medicaid to pay for abortion procedures, the 1976 Hyde



Amendment made abortion financially inaccessible to many. While several Supreme Court decisions have upheld the legality of abortion since *Roe v. Wade* (*Doe v. Bolton*, 1973; *Stenberg v. Carhart*, 2000; *Whole Woman's Health v. Hellerstedt*, 2016), a number of cases have strengthened states' ability to restrict abortion access (*Williams v. Zbaraz*, 1980; *Webster v. Reproductive Health Services*, 1989; *Planned Parenthood v. Casey*, 1992; *Gonzales v. Carhart*, 2007). These latter decisions have enabled state lawmakers to enact over a thousand pieces of anti-abortion legislation since 1973 (Nash, et al., *Policy Trends in the States: 2016*, 2017). Juxtaposed with the number of laws states have passed to expand access, this number is especially jarring: between 2001 and 2018, only 352 measures seeking to "improve reproductive health access" were passed at the state level, with abortion access being only one of the many topics under that umbrella (Nash, et al., *State Policy Trends 2018 (2018)*, 2019). 138 of those came in 2017 and 2018 (Nash, et al., 2018, 2019). On the other hand, between 2010 and 2018 alone, states had enacted 424 restrictions on abortion specifically (Nash, et al., 2018, 2019). Not only has the backlash in a post-Roe era been formidable, but it has gained momentum.

Anti-abortion opposition has not been limited to the legal system, often taking extremist forms. According to the National Abortion Federation (NAF), since 1976 there have been 61 cases of butyric acid attacks, 718 anthrax threat letters and 230 cases of arson or bombing against clinics as well as 12 murder or attempted murder cases (NAF, n.d.). Two of the most prominent recent cases are the 2009 assassination of abortion provider Dr. George Tiller and the 2015 shooting at a Planned Parenthood clinic in Colorado which resulted in three deaths and nine injuries (NAF, n.d.). Opponents of abortion have resorted to dangerous and violent actions to express their disapproval of abortion access and provision. In light of ongoing legislative and

occasionally violent attacks on abortion's legality and accessibility, and with the recent appointment of two conservative justices to the Supreme Court that have raised the possibility of overturning *Roe v. Wade*, the centrality of preserving abortion rights to the reproductive justice movement cannot be denied.

As a pro-abortion movement emerged for the first time in the 1960s, one key tool that activists took up to mobilize support for legalizing abortion were the stories of people who had an abortion. In the pre-Roe era, talking about one's abortion experience "defied law and custom" (Redstockings, n.d.). The illegality of the procedure in most jurisdictions meant that anyone who openly admitted to having one opened themselves up to arrest. Cultural norms played a significant role in perpetuating the silence as well. In the words of Mary Steichen Calderone, the medical director of Planned Parenthood from 1953 to 1964, "the frightening hush-hush, the cold shoulders, the closed doors, the social ostracism and punitive attitude" which were directed towards abortion and abortion-seekers defined the mid-century opinion (Greenhouse & Siegel, 2012). In the decade leading up to *Roe v. Wade*, however, the social landscape shifted. The 1960s became the decade in which "women began to break their isolation and speak publicly about their abortions" (Fried, 1990, p. 93). This shift was crucial: it led to heightened awareness around the importance of abortion access entering the movement for women's liberation more broadly, which galvanized more people to get involved in the fight for legalization (Fried, 1990). The Association to Repeal Abortion Laws (ARAL), NARAL's predecessor, was formed in 1964, becoming a vocal advocate for abortion rights (NARAL, n.d.). In 1968, as "the most graphic way of showing ARAL's service," the Los Angeles Free Press ran an article containing stories of women who had used ARAL's services (Lee, 1968). The article encouraged more people to

share their story as well, as a way to “help others deal effectively with unknown situations” and “remove the mystery” around the procedure (Lee, 1968). In 1969, the group Redstockings hosted what is considered the first abortion speakout (Redstockings, n.d.). Held in response to a debate on abortion reform in the New York State legislature that excluded women, the speakout featured twelve women sharing their personal experiences with abortion (Dubriwny, 2005). It was a key moment in transforming the abortion rights movement from one that elevated the opinion of the physician and relied on the “tale of the illegal abortion” to one that centered the female experience and redefined abortion narratives (Dubriwny, 2005, p. 403). In the documentary *I Had an Abortion*, one of the women interviewed about her abortion experience recalled covering Redstockings’ speakout in 1969 as a journalist, years after her own procedure. She said, “when I heard women standing up and saying in public what their abortion experience had been, for the first time, that I realized how little I was alone” (Aldrich & Baumgardner, 2005). The organizers and activists in the early pro-abortion movement recognized the power of stories in propelling their aims forward.

It must also be acknowledged that stories matter on an individual basis, beyond their significance in a greater socio-political movement. Loretta Ross describes their importance while calling for more Black women to speak out about their abortion experiences: “a silent community cannot support sisters doing what they need and choose to do” (Fried, 1990, p. 139). More first-hand accounts in *I Had an Abortion* show how powerful they can be. One woman recounted being subpoenaed to share her experience as part of a trial against the doctor who had provided her abortion. She expressed how overwhelming the experience was; the only thing that comforted her was seeing the other women the doctor had treated who had been ordered to show

up as well. When the women realized why they were all there, she said, “we began to share stories. For the first time that day, I felt like a normal person. That I wasn’t just a criminal. And in fact, that there were other women who had gone through the same experience that I had gone through. It gave me a feeling of strength” (Aldrich & Baumgardner, 2005). Another woman shared how, as a leader within her on-campus pro-choice club, she still didn’t feel comfortable sharing her abortion experience until after she attended an abortion speakout. She said “the speakout was this amazing event and there were women telling all these stories about abortions before it was legal...it was definitely a really empowering experience. And it was sort of an emotional break for me, to feel like ‘okay, I’m finally bringing it out there’” (Aldrich & Baumgardner, 2005). Another woman talked about how she wished she had heard other women discussing their abortions, as that would have helped her immensely: “And I know now that there are adult women in my life that had abortions, but if any of them had been open about it, if I could have gone to talk to one person who would have experienced it, I think it woulda changed the, I had years of really hard guilt to get over” (Aldrich & Baumgardner, 2005). Alongside being a key tool for creating broader change, stories have also served to destigmatize the abortion experience for individuals - a less visible but no less important service.

One response to the anti-abortion movement and the litany of restrictions placed on abortion access has been the emergence of abortion funds. While abortion is legal per federal court ruling, legality does not ensure practical accessibility. Targeted Regulation of Abortion Providers (TRAP) laws are one route states take to limit accessibility, by requiring abortion providers to “go beyond what is necessary to ensure patients’ safety” (Guttmacher, 2020). By applying specifications to things such as room size, corridor width, or mileage from a hospital,

states force clinics that are unable to meet the standards to close (Guttmacher, 2020). A TRAP law passed in Texas in 2013, House Bill 2 (HB2), had devastating effects on abortion access in the state. HB2 mandated that physicians providing abortions must have “active admitting privileges” at a nearby hospital and that clinics must have “equivalent” health and safety standards to ambulatory surgical centers (p. 2; 12). The law was challenged in *Whole Woman's Health v. Hellerstedt* (2016), but in the two years between its passing and being ruled unconstitutional, over half the clinics in Texas were forced to close (Lopez, 2019). With people in rural areas in South or West Texas finding themselves hundreds of miles from the closest abortion provider, an investigator with the Texas Policy Evaluation Project summed up the impact: those people “had greater expenses in terms of child care, transportation, travel expenses and so forth... the people who were directly affected by the clinic closures suffered” (Lopez, 2019). TRAP laws close clinics, creating significant barriers that make accessing a legal abortion considerably more challenging.

The National Network of Abortion Funds (NNAF), a network organization for member funds, describes their member organizations as working to “remove financial and logistical barriers to abortion access” (NNAF, *About*, n.d.). While abortion funds’ primary service is bridging the financial gap between what an abortion costs and how much someone is able to pay, they offer a wide range of services to address inaccessibility. Under “types of assistance,” various funds and clinics offer: Abortion Doula, Advising About Medical Process, Childcare, Contraception, Emergency Contraception, Escort to Judicial Bypass Hearings (for Minors), Gynecological Exams, Language Accessible Hotline, Language Interpretation, Lodging, Meals, Patient Escorts, Practical Support, Pregnancy Testing, Referrals, Spanish Speaking,

Transportation, Travel, and Ultrasounds (NNAF, *Need an Abortion?*, n.d.). This range of services, while not universally available from each fund, illustrate the various roadblocks that people seeking abortion care may run into and need help overcoming. Abortion funds, in providing material assistance addressing those roadblocks, play a crucial role in expanding and ensuring abortion access.

As noted above, personal stories have long been collected and shared by abortion advocates for numerous purposes. They are essential in creating community among people who have had them, destigmatizing and normalizing the experience. They have been shared in congressional hearings to inform lawmakers (NNAF, *Youth Testify Abortion Storyteller Testifies Before Congress*, 2019). They have been included in amicus briefs to bolster legal cases (*Whole Woman's Health v. Hellerstedt*, 2016). And they are shared in media outlets to shape public opinion, dispel myths, and educate (Cruz, 2018; Schoenberg, 2018; Berg, 2018; McMaster, 2018). Planned Parenthood (PP) shares patient stories on their website; explaining that “statistics tell only part of the story,” former PP President Cecile Richards goes on to say that “behind every number is a mother, a daughter, a family member” who needed care. (Planned Parenthood, n.d., p. 3). While statistics are important in communicating how widespread demand for reproductive healthcare is, PP argues that stories humanize the experience and the need for access in a way that statistics cannot.

Abortion funds have begun to use stories more as well. NNAF launched We Testify in 2016, an effort dedicated to “broadening the spectrum of abortion storytellers in the public sphere” (NNAF, *Celebrate 25 Years with Abortion Funds!*, 2018). In creating space for diverse voices to share their experiences with abortion, NNAF hopes to create a better understanding of

the abortion landscape, both in terms of who gets them and of what challenges they face in doing so (We Testify, n.d.). In 2019, NNAF partnered with several Texan abortion funds to launch We Testify Texas, concentrated on shifting the narrative and perceptions in that state (NNAF, *We Testify Texas*, 2019). Nine other NNAF member abortion funds include stories on their websites. Two share links to outside movements, such as Project Voice, The 1 in 3 Campaign, and #ShoutYourAbortion (Blue Ridge Abortion Fund, n.d.; Holler Health Justice, n.d.). Four encourage story-sharing as a way to end stigma, build community, and humanize the experience (Susan Wicklund Fund, n.d.; Feminist Women's Health Center, n.d.; Allegheny Reproductive Health Center, n.d.; Women's Emergency Network (WEN), n.d.). In other words, showing that their "clients are more than just statistics" (WEN, n.d.). And three link the stories to the funds themselves, by including how much money the fund contributed in particular cases (Women's Medical Fund, n.d.), expressing how grateful both the fund and the recipient are for every donation (Emergency Medical Assistance, Inc., n.d.), or asking those reading to join the mission by donating to the fund (Vermont Access to Reproductive Freedom, n.d.).

As monetary organizations, sufficient funding is evidently a huge factor in the ability of an abortion fund to carry out its mission. Effective fundraising strategies hinge on convincing donors not only of the importance of the mission and methods of the organization but also to open their wallets and give their own money in support. In other words, the organization must be persuasive in their messaging and donor outreach.

A primary method of persuasion is applying a particular frame to the issue at hand. Gross (2008) summarizes the main premise as "by highlighting certain aspects of an event or policy, [frames] guide audience members' thoughts about that event or issue in predictable ways, to

predictable conclusions” (p. 170). There is significant evidence that framing an issue in a particular way can shape opinions related to that issue (Druckman, 2001; Nelson, et al., 1997). Therefore, it follows that organizations soliciting donations could use framing in their fundraising messaging to cultivate individuals into donors.

Two common methods of framing are thematic and episodic framing. Thematic frames use tools such as statistics and commentary to convey the broad landscape of a particular issue (Gross, 2008). In an abortion context, this could include explaining how an abortion clinic closing affects the community it serves as a whole. Episodic frames, on the other hand, use individual examples or case studies to present the issue (Gross, 2008). An abortion fund, for example, could share the story of an individual who wanted or needed an abortion and how the abortion fund assisted them.

Gross (2008) found that episodic appeals centering on the story of an individual are more emotionally engaging than thematic appeals by increasing sympathy towards individuals, the subjects of the appeal. While she found that thematic appeals generated overall greater attitudinal shifts towards related policies, the sympathy engendered via an episodic appeal was still a significantly persuasive factor. In other words, while episodic appeals are not more persuasive than thematic appeals, the emotions they elicit have a very strong influence on shaping opinion.

With personal stories already becoming a more prevalent tool in humanizing the mission and impact of abortion funds in a broader sense, as fundraising organizations, the question now arises as to how useful, if at all, they can be in carrying out the all-important duty of persuading individuals to donate. If the story of a fund client framed as an episodic appeal elicits a strong emotional response, how much of an impact could that response have in convincing an



individual to then donate to the fund itself? This study seeks to answer that question, by comparing the efficacy of an donation ask with the personal story of someone who has had an abortion to a donation ask that does not.

This study uses three conditions to test this question. The first condition includes a standard donation ask with no personal story. The second and third conditions both include a personal story, describing the abortion experience of a woman named Amanda. The first story takes an “unapologetic” approach, while the second follows an uncontroversial narrative of abortions, tapping into the idea that permissibility is tied to circumstances. While this more conservative narrative is no longer espoused by many abortion rights advocates, we are including this condition to assess its comparative strength and persuasiveness to an individual less immersed in the movement. After the respondents read the story in their condition and the survey questions are completed, respondents are offered a bonus. They can choose to either donate it to an abortion fund or keep it, in whole or in part. In this way, the study will test not just the self-reported impact of the stories but their actual effectiveness in garnering donations. Based on the hypothesis that using a story in an appeal letter will have a greater emotional impact on the reader than an appeal without a story, we predict that participants who read the second and third conditions will have higher donation rates than those in the first condition.

However, it is important to recognize that individuals donating to charity are not a monolith. There is a body of literature studying the “individual-level determinants of charitable giving” (See Rajan, et al., 2008, p. 416). These determinants include “sociodemographic characteristics,” such as gender, income, and age, which have been shown to correlate with differentials in charitable behavior (Rajan, et al., 2008, p. 416–417). Therefore, the

characteristics of the individual reading the appeal are important when it comes to understanding their behavior. In other words, the effectiveness of a story may not only hinge on the content alone, but also on the audience. In order to account for and assess this relationship, we collect several important moderators, such as the political ideology and income of our participants.

As this paper is being written and edited, we are in the midst of a global pandemic. COVID-19 has completely altered most people's day-to-day lives, as well as the functions, priorities, and capacity of the healthcare system. Nevertheless, anti-abortion advocates have used the situation as an opportunity to implement temporary bans on access to the procedure in five states (Abrams, 2020). Furthermore, even in states where the procedure has not been banned, the ripple effects of stay-at-home orders, furloughs and layoffs, or reductions in public transport can make it even more difficult for women to access clinics or afford the cost of the procedure. Women seeking abortions have become even more vulnerable, making access to the procedure all the more imperative and the need for abortion fund services even higher.

## **Methods**

### ***Participants***

303 participants took the survey through CloudResearch. Using this platform generates a more representative sample of participants than other methods, such as sourcing responses on college campus. In order to ensure quality data, after reading their randomly-assigned condition participants were asked to briefly describe the condition's main idea. Analyses both with and without filtering participants whose answers were unrelated or demonstrated lack of attention to the condition revealed similar findings, thus we report results including all participants. Participant demographics leaned male (58% vs. 41% female) with a mean age of 55.

## ***Procedure***

This survey consisted of three conditions. The first condition, “Impersonal,” did not include a personal story in the donation appeal, instead summarizing the challenges, both political and financial, facing folks seeking an abortion.

Right now, the average cost of an abortion in the Northwest is an astounding \$650 due at the time of service. This unexpected cost is not manageable for most people, much less those who are already struggling to make ends meet. We need to change that.

The second and third conditions contained the complete text of the first condition after the personal story. The stories featured in the second and third conditions describe a woman named Amanda’s decision to get an abortion. In the second condition, the personal story has an “Unapologetic” narrative of abortion in the appeal: Amanda describes her decision to get an abortion as an “easy” one to make.

My name is Amanda. When I was a 19-year old college student, I found out I was pregnant. I was in an unhealthy relationship at the time and I knew immediately that I had no desire to have a baby.

In the third condition, the personal story has a “Uncontroversial” narrative of abortion in the appeal: Amanda decides to end a wanted yet terminal pregnancy.

My name is Amanda. When my son was two, my husband and I were ready to expand our family. I became pregnant after our first try. But at our 16 week ultrasound, the doctor came in and said, “I have serious concerns about this pregnancy.”

After reading a randomly assigned message, participants were asked a total of sixteen questions about what they thought of the story which they had read, the nonprofit that the appeal was for, and the nonprofit’s cause. Following these questions, participants were informed that they would be receiving an additional bonus of one dollar. They were then offered the opportunity to donate all, some, or none of the bonus to an abortion fund, thus directly assessing the impact of

conditions on willingness to donate beyond self-reported measures. Lastly, participants answered a series of demographic questions, including gender identity, race/ethnicity, and age. We also included political ideology and income in this section.

## **Measures**

### ***Donation***

The primary measure for the effectiveness of the conditions on donation behavior was the bonus we offered to participants. Upon completion of the assessment questions, participants were offered a bonus of one dollar. They were told they could keep the dollar in full, or donate some or all to the Collective Power Fund, a national abortion fund run by the National Network of Abortion Funds (NNAF) for redistribution to local clinics and funds with the highest levels of need. Participants were provided with brief additional background information for this fund and NNAF's fundraising goals. The options were:

- (a) Donate none, keep all
- (b) Donate \$0.25, keep \$0.75
- (c) Donate \$0.50, keep \$0.50
- (d) Donate \$0.75, keep \$.25
- (e) Donate all, keep none

They were then told that if they selected to keep any of the bonus, they would receive it within a week. After the participant chose an option, they proceeded to the demographic questions.

Following the study, we summed the amounts that participants elected to keep or donate. A donation of the amount study participants donated in total was made to the Collective Power Fund. All participants were then reimbursed \$1.00 through CloudResearch.

### ***Assessment Questions***

We collected responses to a series of sixteen statements, which were grouped into three categories, each assessing a different impact of the donation appeal. Each of these multi-item scales were found to be highly reliable, as shown in Table 1.

**Appeal Cogency.** The first was “Appeal cogency,” which assessed the extent to which participants thought that the appeal was engaging, convincing, and informative. Example statements in this category include “I was interested in what this donation appeal had to say” and “This appeal helped me understand how my donation would help the nonprofit.” The participants responded to the statements by choosing one of the seven options, ranging from “Strongly Disagree” to “Strongly Agree.”

**Nonprofit Efficacy.** The second category was “Nonprofit efficacy,” assessing to what extent participants thought the nonprofit itself would “Make an impact,” “Make a difference,” “Contribute to a change,” or “Do good.” The participants responded to the statements by choosing one of the seven options, ranging from “Strongly Disagree” to “Strongly Agree.”

**Conversion.** The third category was “Conversion,” which assessed the extent to which participants reported their willingness to “Support,” “Donate money to,” or “Give to” the cause after reading the appeal. The participants responded to the statements by choosing one of the seven options, ranging from “Extremely unlikely” to “Extremely likely.”

### ***Moderating variables***

The two moderating variables we assessed were political ideology and income. Political ideology was assessed by averaging the responses to three questions, “Political identity on economic issues (e.g. taxes, government programs, trade),” “Political identity on social issues (e.g., abortion, gun rights, LGBTQ rights)” were rated on a seven point scale from

“Strongly liberal” to “Strongly conservative,” and “Political party affiliation” was rated on a seven point scale from “Strongly Democratic” to “Strongly Republican.” For income, participants selected their yearly household income from a twelve point scale that ranged from “< \$20,000” to “> \$150,000.”

## Results

Table 1 presents the scale means, standard deviations, and intercorrelations for the variables. Across the board, self-reported indications of appeal cogency, nonprofit efficacy, and conversion were significantly positively correlated to willingness to donate. The more convincing participants found the appeal to be, the more effective they found the nonprofit, and their indication of future support, the greater their likelihood to donate. Unsurprisingly, these self-reported indications were affected by political ideology. Those reporting conservative ideologies were more likely to think negatively of the appeal, nonprofit, and the thought of future support. Interestingly though, ideology was not found to be significantly correlated with actual donation behavior.

**Table 1**

*Means, standard deviations, and correlations between scales. Cronbach’s alpha listed on the diagonal.*

Variables	M	SD	1	2	3	4	5	6
1. Donate	.29	.32	-	-	-	-	-	-
2. Conversion	4.64	1.85	.45***	.94	-	-	-	-
3. Appeal cogency	5.15	1.26	.32***	.79***	.95	-	-	-
4. Nonprofit efficacy	5.29	1.30	.28***	.73***	.76***	.92	-	-
5. Income	5.21	2.77	.06	.07	.08	.04	-	-

6. Political ideology	3.78	1.69	.07	-.15**	-.14*	-.26***	.12*	.88
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\*\*\* <.001, \*\*< .01, \*<.05

First, to test the prediction that the appeal condition will impact donation as well as the three self-report measures, we conducted a one-way (condition) multivariate analysis of variance on the outcome variables. The overall MANOVA revealed there was no significant multivariate main effect for message (Wilks'  $\lambda = .04$ ,  $F(8, 594) = .602$ ,  $p = .778$ ,  $\eta^2 = .01$ ). Similarly, there were no significant univariate main effects ( $ps > .45$ ). Thus, condition did not have a significant effect on donation or any of the self-report outcome variables.

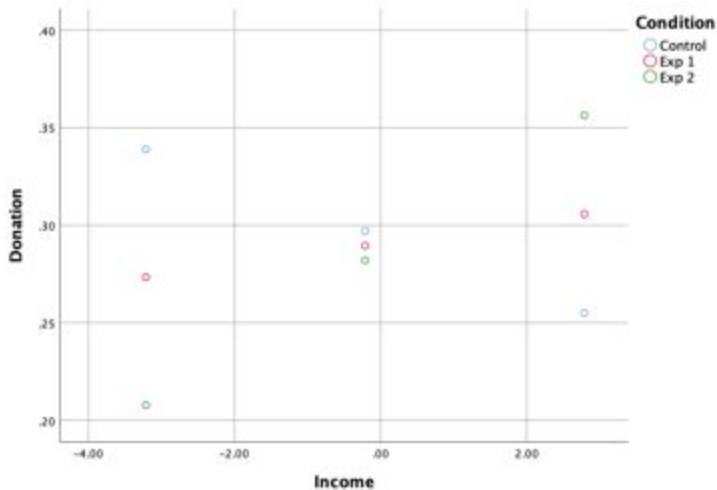
Next, we examined whether the effect of experimental condition on donations was moderated by political ideology or income. We tested these research questions, that political ideology or income might moderate the relationship between condition and donation using Hayes' (2017) PROCESS macro Model 1. This macro uses an ordinary least squares or logistic regression-based path analytical framework to analyze statistical models involving moderation, mediation, and their combination, termed conditional process modeling. Specifically, this analysis employed an ordinary least squares regression in which participants' political ideology (or income) and experimental condition were entered into the equation along with the two-way interaction term to predict donation. Analyses revealed no main effects and no significant interaction with political ideology as the moderator. However, results revealed a significant interaction between condition and income on donation ( $B = .02$ ,  $t = 2.45$ ,  $p = .015$ ). This interaction is visually depicted in Figure 1 which plots the simple slope of income at the three different conditions.

Tests of simple slopes across conditions reveal a significant effect of income (comparing those one standard deviation below and one standard deviation above the mean) in “Uncontroversial” condition ( $B = .02, p = .013$ ), with higher income participants donating significantly more than lower income participants in that condition. In the Impersonal condition, the effect was non-significantly ( $p = .190$ ) in the other direction, with lower income participants giving more. Tests of simple slopes across income (1 SD above and below the mean) reveal that low income people gave marginally more in the Impersonal condition relative to the Uncontroversial condition ( $B = -.07, p = .059$ ). Though high incomes participants gave more in the Uncontroversial condition compared to the Impersonal condition, this was not significant ( $p = .100$ ). This moderation effect between participant income and condition on donation holds even when controlling for participant ideology.

Finally, there were no interaction effects of condition and either political ideology or participant income on any of the self-report measures.

**Figure 1.**

*Effect of income on donation behavior by condition*



## Discussion



Our results reveal that those with higher reported incomes were significantly more likely to donate, relative to those with lower incomes, after reading the “Uncontroversial” condition of the donation appeal. Furthermore, those with lower incomes were *less* likely to donate after reading this condition relative to the Impersonal condition. These findings suggest that when it comes to designing donation appeals, the efficacy of an appeal may depend on its audience. In other words, a “one size fits all” approach to appeals might not be the most effective if the nonprofit’s donor base includes numerous demographics, as groups may react differently to the same information.

This result may be related to the perceived relatability of the Uncontroversial condition to those with higher incomes. The story in the Uncontroversial condition is illustrative of the “safe, legal, and rare” (SLR) perspective on abortion access used by pro-choice moderates: that abortions can be permissible and even understandable, but usually under the rarest and most uncontroversial of circumstances, such as a terminal pregnancy. The SLR narrative was introduced by Bill Clinton during his 1992 presidential candidacy, as a way to appease both the pro-choice camp and those with ‘queasier’ sentiments towards the procedure (North, *How the abortion debate moved away from “safe, legal, and rare,”* 2019). It taps into the idea, as advocated by former Planned Parenthood president Dr. Leana Wen, that if prevention strategies such as contraception and comprehensive sex education were widely accessible, the demand for abortions would decrease (North, *Abortion in America, explained in 10 facts (10 facts)*, 2019). And it's true that there is a correlation between the two: as contraceptive usage around the country has increased, abortion rates have decreased (North, *10 facts*, 2019). Furthermore, higher socioeconomic statuses (measured through income and education) are correlated with greater

likelihood of contraception use (Bentley, et al., 2009; Ruiz-Muñoz, et al., 2011) and increased incomes are correlated to lower rates of both pregnancy and abortion (Jones, et al., 2002). While contraception is not completely infallible, these trends increase the likelihood that when wealthier women do become pregnant, the pregnancy is planned and therefore wanted. Thus, a circumstance in which a wanted pregnancy ends in abortion is more likely to align with the Uncontroversial narrative than the Unapologetic narrative. In the context of recently implemented abortion restrictions in some states having the effect of barring women in this circumstance from receiving an abortion, this narrative may be particularly salient (de Crespigny & Savulescu, 2008).

While high-income participants were more likely to be moved to donate by the Uncontroversial condition, the same was not true for lower-income participants. In fact, lower-income participants were more likely to find the Impersonal condition convincing than the two story-based conditions. This aligns with the significant body of research which shows differences in donation behavior between those with high and low incomes (See Bennett, 2011, p. 871 for relevant literature). In particular, Bennett (2011) found that low-income people were motivated to donate based on a “sense of solidarity” with other low-income people (p. 885). The Impersonal condition centers the unexpected and significant financial burden of the procedure. As neither of the stories reference Amanda’s socioeconomic status, the presence of the narratives may have reduced the salience of the financial need, therefore decreasing the opportunity for participants to form a sense of financial solidarity with the appeal’s subject.

For nonprofits familiar with the demographics of both their donor and client bases, these findings could be especially useful in crafting individualized messages. For those that are not,

knowing that messages resonate differently among different groups may provide an impetus to better collect and understand that data. Most importantly, however, this information could be especially relevant for all nonprofits when it comes to cultivating new donors. Individuals already contributing financially to an organization have already found an appeal to be cogent, been convinced of the efficacy of the organization, and been converted into donors. Nonprofits developing individualized strategies aimed at different demographics may be more successful in converting a wide range of prospects into donors scale beyond those aligned ideologically with their mission. This is especially relevant to abortion funds, whose ability to fundraise successfully is crucial in ensuring practical accessibility to abortion procedures in communities across the country. A broader donor base means a larger number of donations which in turn means more people are able to afford an abortion.

For reproductive justice, the results of this study can apply beyond fundraising. Our results for that donation rates in the third condition were moderated by income, even when controlling for ideology. In other words, the uncontroversial message of the appeal resonated with people of higher incomes across the ideological spectrum. This indicates that individualized messaging strategies might be useful in building broad-based support for specific aims of the reproductive justice movement, which on the surface is often perceived to be a very polarizing topic. For example, wealthier folks for whom safe, legal, and rare narratives resonate might in fact be convinced to support RJ aims such as greater access to contraception in order to reduce accidental pregnancies. Multifaceted movements like reproductive justice have at their disposal a range of messaging options which deployed strategically could work to bring larger portions of the general public into the tent.

Further research is necessary to more strongly establish which types of appeals work effectively with different income levels. While the SLR narrative appeared to resonate with higher-income individuals, the Unapologetic and Impersonal conditions did not have a similarly significant effect on individuals of other income levels. Are there other stories which would resonate more with different socioeconomic statuses? It is also important to consider that the question of support and the question of donations are related yet different questions. What impact does greater access to disposable income have on willingness to donate, regardless for support for mission? Could the right story in a donation appeal be powerful enough to overcome an income-related disparity? On a non-donation related track, how does income shape perceptions of women who get abortions? Does socioeconomic status shape perspectives on which circumstances make for sympathetic stories?

This study sought to use personal stories to influence donation behavior. While the conditions used did not correlate directly with donation outcomes, important differences among participants as moderators of donation behavior did emerge. Income was found to be a significant factor in which conditions increased participant likelihood of donating. This finding suggests that individualized messaging strategies to different demographic groups, especially by income, could be more effective than a “one size fits all” approach to fundraising for nonprofits, especially for polarizing topics such as abortion access or reproductive justice.

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## Appendix

### *Impersonal Condition*

Every day, people around the country make the decision to end a pregnancy. In many states, on top of the stress people seeking abortions feel, they are faced with many obstacles that make the experience even harder or are outright denied the ability to make this decision for themselves. Those perpetuating abortion stigma claim that people seeking to end a pregnancy are not worthy of acceptance, compassion, or understanding. But they are worthy.

At this abortion fund, we believe all people deserve the freedom to decide what to do with their own bodies, and that no one should have to carry a pregnancy to term against their will. Everyone should have the option to make the best choice for themselves. But unfortunately for many families, this decision all too often comes down to finances and ability to access health care.

Right now, the average cost of an abortion in the Northwest is an astounding \$650 due at the time of service. This unexpected cost is not manageable for most people, much less those who are already struggling to make ends meet. We need to change that. Making a meaningful gift to our abortion fund today is one of the most vital ways you can help people get access to the care they need. Donate now.

### *Unapologetic Condition*

My name is Amanda. When I was a 19-year old college student, I found out I was pregnant. I was in an unhealthy relationship at the time and I knew immediately that I had no desire to have a baby. Though it was an easy decision for me, there were many mentally and physically demanding aspects of the process. Looking back, those weeks were a difficult and

stressful time in my life. But when I arrived at my appointment, I was overwhelmed by the kind support I received from clinic escorts, the clinic staff, and my provider, all of whom made me feel comfortable and safe. I felt so grateful to have that team of people by my side, people who validated the stress I was feeling and affirmed my right to make the right decision for me.

In other states, on top of the stress I was feeling, I would have faced many more obstacles that would have made the experience even harder or I would be outright denied the ability to make this decision for myself. Those perpetuating abortion stigma tell us that we're not worthy of acceptance, compassion, or understanding. But we are worthy, and sharing my own story is one way I'm fighting to make sure that's loud and clear.

At this abortion fund, we believe all people deserve the freedom to decide what to do with their own bodies, and that no one should have to carry a pregnancy to term against their will. Everyone should have the option to make the best choice for themselves, like Amanda did. But unfortunately for many families, this decision all too often comes down to finances and ability to access health care.

Right now, the average cost of an abortion in the Northwest is an astounding \$650 due at the time of service. This unexpected cost is not manageable for most people, much less those who are already struggling to make ends meet. We need to change that. Making a meaningful gift to our abortion fund today is one of the most vital ways you can help people get access to the care they need. Donate now.

### *Uncontroversial condition*

My name is Amanda. When my son was two, my husband and I were ready to expand our family. I became pregnant after our first try. But at our 16 week ultrasound, the doctor came

in and said, “I have serious concerns about this pregnancy.” Neither of my son’s kidneys had formed correctly. He could not form amniotic fluid and therefore would not develop lungs. I waited for the doctor to tell us the solution. There was no solution. Our options were to end the pregnancy then, wait and see if the pregnancy ended itself, or wait to see if the pregnancy went to term. If the pregnancy went full term, our son would not live and if he somehow did, it would be a short life lived in pain. I could not do that to my son. That day my husband and I decided to end the pregnancy.

In other states, on top of the stress I was feeling, I would be faced with many more obstacles that would make the experience even harder or I would be outright denied the ability to make this decision for myself. Those perpetuating abortion stigma tell us that we’re not worthy of acceptance, compassion, or understanding. But we are worthy, and sharing my own story is one way I’m fighting to make sure that’s loud and clear.

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Right now, the average cost of an abortion in the Northwest is an astounding \$650 due at the time of service. This usually unexpected cost is not manageable for most people, much less those who are already struggling to make ends meet. We need to change that. Making a meaningful gift to our abortion fund today is one of the most vital ways you can help people get access to the care they need. Donate now.