Approved March 9, 1987
Date

MINUTES OF THE SENATE COMMITTEE ON JUDICIARY.

The meeting was called to order by Senator Jeanne Hoferer at
Chairperson

12:00 Noon a.m./~~p.m.~~ on March 6, 1987 in room 519-S of the Capitol.

~~All~~ members ~~were~~ present ~~except~~: Senator Hoferer, Gaines and Parrish

Committee staff present:

Mike Heim, Legislative Research Department
Gordon Self, Office of Revisor of Statutes

Conferees appearing before the committee:

Bill Gilfillan, Kansans For Life
Richard J. Peckham, Attorney at Law
Reverend Mike Haley, Family Life Services
Joe Warren, Arkansas City Family Life Services
Kathleen A. Duskin, Individual
Karen Roderick, Women Exploited by Abortion
Mary Barberg, Women Exploited by Abortion
Dr. Nancy Toth, Family Physician
Marjorie Van Buren on behalf of Judge C. Fred Lorentz
Dr. George Tiller, Family Physician
Linda R. Johnson, League of Women Voters of Kansas
Mary Dorn, Registered Nurse
Dr. Susan Voorhees, Kansas Psychological Association
Carol Ramirez, Topeka Shawnee County Health Department
Carla Mahaney, American Civil Liberties Union
Dr. Glenn O. Bair, Internist

Senate Bill 225 - Consent to abortions performed on minors; defining crimes relating to abortion.

Bill Gilfillan, Kansans for Life, appeared in support of the bill. He stated the Kansans for Life drafted the bill. He testified if parental consent is required for virtually everything else in a teenagers life, so too it should also be required for an abortion. A copy of his testimony is attached (See Attachment I).

Richard J. Peckham, Attorney at Law, appeared in support of the bill. He testified parental responsibility and concern for the safety of children requires their participation in such an important medical decision as abortion with its physical and psychological risks. A copy of his handout is attached (See Attachment II).

Reverend Mike Haley, Family Life Services, appeared in support of the bill. He testified when unwed mothers have come to us for medical help, it is standard procedure for the clinic to have the parent's written consent in order to give prenatal medical treatment. However, we could take her to another clinic and they would perform an abortion without parental consent. This inconsistency would be eliminated by this bill. A copy of his testimony is attached (See Attachment III).

Joe Warren, Arkansas City Family Life Services, appeared in support of the bill. He stated, I believe the issues today are parental rights. They teach their students from the very first stages to be under the authority of their parents. We tell them you will be

Senate Bill 225 continued

accountable to your parents. This could help teenage pregnancy. School problems are quickly dealt with when the parents are brought in. He urged the committee to consider and support the bill.

Kathleen Duskin appeared in support of the bill. She testified, should there be a parental consent bill? The question should really be phrased, do you think it acceptable that a child make a decision whether or not to have a surgical procedure that may or may not cause temporary, permanent or life threatening problems? She stated teenagers are children in transition, not adults. A copy of her testimony is attached (See Attachment IV).

Karen Roderick, Women Exploited by Abortion, explained the organization is nationwide, and international, and it is for women who have had abortions. They are a support group dealing with women who have had problems after having an abortion. She testified the problem is not the abortion, the problem is the pregnancy. Out of fear, the girls will say they chose abortion to telling their parents. The organization can offer them hope, shelter, medical assistance and followup care or assistance to not abort their baby. She said I think children have abortions out of fear. Parents who support abortion would seek other ways if they knew what a child goes through who has an abortion.

Mary Garberg, Women Exploited by Abortion, appeared in support of the bill. She testified when a teenager tells her parents she is pregnant this tells the parents the child has been sexually active. There are agencies available to help teenagers. In Kansas City they have a high school for girls who are pregnant. She stated teens need to hear of alternatives to an abortion.

Dr. Nancy Toth, Family Physician, appeared in support of the bill. She testified if the parents are informed and involved in the decisionmaking process, an opportunity is created for the family to pull together and work through the crisis. This promotes the health of the teenager and may improve the relationship between daughter and parents. A copy of her testimony is attached (See Attachment V).

The testimony of the proponents of the bill were concluded.

Marjorie Van Buren appeared on behalf of Judge C. Fred Lorentz, from Fredonia, Kansas. She read his testimony to the committee. Judge Lorentz stated this bill would set a precedent for allowing courts to impose their moral values upon families. Would any of you think it appropriate for a minor to be allowed to petition the court to have themselves declared of sufficient maturity to decide whether they should smoke, drink, go to church on Sunday, have sex, go to X-rated movies, or any other matter which would normally be subject to family moral values? Aside from the courts deciding morality, I also have a concern about judge shopping and about over emphasis being placed on judicial candidates' positions on moral issues rather than on solid judicial credentials. A copy of the testimony is attached (See Attachment VI).

Dr. George Tiller, Family Physician, testified in opposition to the bill. He stated, in addressing this particular situation, the problem is, without question, not Dr. Tiller, not sexual inter-

Senate Bill 225 continued

course, and not abortion. The question is trust, love, understanding and confidence in the child-parent relationship. A copy of his testimony and copies of two letters from his patients are attached (See Attachment VII).

Linda R. Johnson, League of Women Voters of Kansas, appeared in opposition to the bill. She testified the league believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices. A copy of her testimony is attached (See Attachment VIII).

Mary Dorn, Registered Nurse, appeared in opposition to the bill. She testified she is opposed to parental consent because it will not decrease the number of high school age pregnancies. She said she thinks it is essential for the kid to deal with, make plans, find solutions to decisions he or she has made. We can guide but decisions must be made by only that individual, not Mom or Dad. She said her greatest concern is the one I most fear. If abortion is the kid's determination, and parental consent is against their wishes, kids this age are capable of seeking clandestine solutions which is totally unacceptable with me, and I'm sure with any parent. A copy of her testimony is attached (See Attachment IX).

Dr. Susan Voorhees, Kansas Psychological Association, appeared in opposition to the bill. She testified as a psychologist who works primarily with adolescents and children, I have found the basic assumptions of this bill to be seriously flawed, and to pose a very serious threat to the health and well being of adolescents. I wish that there were no unintended adolescent pregnancies, and I wish that if the teenager is so unfortunate as to become pregnant that she would have the kind of family life that would allow her to discuss with her family and other trusted adults the pros and cons of her unintended pregnancy. However, because of the special nature of adolescence and the adolescent's need for privacy and autonomy which is an appropriate step in their development, and because there are troubled, abusive and neglectful parents, not all adolescents are as fortunate as I wish. A copy of her testimony is attached, (See Attachment X).

Carol Ramirez, Topeka Shawnee County Health Department, appeared in opposition to the bill. She is a social worker and has come in contact with adolescent women. She is opposed to the bill because it will not accomplish what it is trying to accomplish. There is the denial and fear of talking to her parents. She said it would be difficult for the teenager to approach the court. The wishes of the teenager should be honored. She is the one who knows the family better than I do.

Carla Mahaney, American Civil Liberties Union, appeared in opposition to the bill. She testified we should provide funding for drastically increased levels of health services and counseling relating to all reproductive health options, including abortion, contraception, and prenatal care. We should work to broadly institute policies of sex and health education in communities and schools. And we should work to pass laws creating programs which provide education and counseling to parents on how to communicate with their children. A copy of her testimony is attached (See Attachment XI).

MINUTES OF THE SENATE COMMITTEE ON JUDICIARY,

room 519-S, Statehouse, at 12:00 Noon a.m./p.m. on March 6, 1987.

Senate Bill 225 continued

Dr. Glenn O. Bair, Internist, appeared in opposition to the bill. He testified as adults dealing with this terrible personal problem of unwanted pregnancy in minors, we know the solution is not in more legalistic strictures and not in making desperate women feel more guilty to drive them underground. A copy of his testimony is attached (See Attachment XII).

The meeting adjourned.

A copy of testimony from Bob Runnels, Kansas Catholic Conference is attached (See Attachment XIII).

A copy of testimony of Robert W. Conroy, MD, Menninger Memorial Hospital, is attached (See Attachment XIV).

A copy of testimony of Kim Power, Kansans For Life, is attached (See Attachment XV).

A copy of testimony of V. L. Holsteen, Kansas Association of Evangelicals, is attached (See Attachment XVI).

A copy of testimony of Theresa Shively, National Abortion Rights Action League, is attached (See Attachment XVII).

A copy of testimony from M. Cavell, KFL, is attached (See Attachment XVIII).

A copy of testimony from Darlene Greer Stearns, Religious Coalition For Abortion Rights in Kansas, is attached (See Attachments XIX).

A copy of the guest list is attached (See Attachment XX).

GUEST LIST

COMMITTEE: SENATE JUDICIARY COMMITTEE DATE: 3-6-87 noon

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Susan Voorhees, PsyD	1310 Boswell Ave	Kansas Psych. Assoc - Leg. Committee
Carol Ramms, MHC	1007 Boswell	Topeka-Shawnee Co. Health Dept.
Theresa Shaw	Topeka	Kansas NARAL
Belva Ott	Wichita	Planned Parenthood of Kansas, Inc.
Darlene Pearce	Topeka 1348 Buchanan	RCAL in Kansas
Betty Armstrong	4401 W. 109, O.P. Ks.	Comprehensive Health
Mary Doni	Overland Park Ks	Retired R.N.
Ron Smith	Topeka	KS Bar Assoc
Anne Moriarty	"	KTLA
Terry Stevens	Topeka	P.D.
Kim Bowers	Olathe	K.T.L.
Frank Ybarra	Topeka	Sen. Water
Marianna Ybarra	Topeka, Ks	
Kathy Peiskar	Olathe, KS	KFL
Grace Cooper	Lawrence	Sen. Hensley
Sheryl Joy	Topeka	Nat'l Fed for Decency Kansans for Life
Linda Stephens	Topeka	Topeka Chapter Nat'l Fed for Decency
Dean O'Bair M.D.		Self
Helen DeWitt	Hays	Right to Life of KS Inc.
Pat Goodson	St Marys	Right To Life of KS Inc
Kathie Wells	Topeka	Right to Life of KS Inc
[illegible]	[illegible]	Kansas Citizen
Sharon Yeats	Topeka	

attach. XX
Sen. Jud.
3-6-87

GUEST LIST

COMMITTEE: SENATE JUDICIARY COMMITTEE DATE: 3-6-87 noon

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Mrs W.A. McElroy	3101 MacVicar 108-A	NONE
V. L. Holsteen	2840 Bennett Dr.	Kans Ass'n of Evangel
Linda R. Johnson	11615 W. 94th Place Overland Park KS 66214	League of Women Voters of Kansas
Mary Ellen Conlee	Topeka	Ks League of Women Voters
Bob Funnell	Leawood	Ks. Cath. Conf.
JOHN H. HOLMGREN	Topeka	Catholic Health Assn
Elaine Fithian	Topeka	none
Patricia A. Mitchell	Topeka	NONE
Donna Daugherty	Topeka	Christian
Jim Daugherty	Topeka	Citizen Baptist Shawnee Mtgs
Gail J. Hamilton	Lawrence	KS N.O.W.
Marjorie Van Buren	Topeka	—
Don Doms	Leawood KS	—
DAVID K. ANDALEN	TOPEKA KS	—
JOHN R. TOTH	" "	State-Employed
Nancy L. Toth	Topeka, Ks.	M.D.
Carol Cavell	Topeka.	Mother Junior
M. CAVELL	TOPEKA	
Adele Hughey	414 W. 10th, Ofts	Comprehensive Health
Hugh R. Williams	5101 E. Kellogg Wichita,	Women's Health Care Associates Family Medical Care
Rebecca L. Tiller	16066 Citation Wichita KS.	None.
Carla L. Mahan	106 E. 31st Ter. KCMO 64111	ACLU
Walter Klein Hallman	2034 SW OAKLEY	Citizen
Deb Frazier	1416 Burnett	—

A - XX

GUEST LIST

COMMITTEE: SENATE JUDICIARY COMMITTEE DATE: 3-6-87

noon

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
RICHARD PECKHAM	400 N. WOODLAWN WICHITA, KANSAS	ATTORNEY
Mike Haley	RR1 Box 7 Arkansas City	Family Life Services
Joe P. Warren	Rt. 1 Geuda Springs, Ks	Hillcrest Bible Baptist Academy
Bill Griffith	Topeka	KFL

A-XX

3-6-87
Jwan

Kansans for Life

3601 S.W. 29th Street, Suite 241, Topeka, KS 66614
(913) 272-9242

Testimony to the Senate Judiciary Committee concerning SB 225
The Parental Consent Bill

I am Bill Gilfillan, vice-president of Kansans for Life. Kansans for Life drafted the bill and it's authors, Mr. Mike Cavell and Mr. Kent Vincent are in attendance today. Thank you for your kindness in scheduling todays hearing. We also thank the Kansas Senate which passed the bill last session. This year three members of this committee have joined fifteen others in co-sponsoring the Kansas Parental Consent bill.

The Parental Consent bill simply requires a physician to first obtain written parental consent from just one parent before an abortion may be performed on a child under age 18. Currently some 20 states have such parental statutes involving either parental consent or parental notification. The following states have a parental notification statute: Arizona, Idaho, Illinois, Maryland, Minnesota, Montana, Nevada, Ohio, Utah, West Virginia. These states have a parental consent statute: Indiana, Kentucky, Louisiana, Massachusetts, Mississippi, Missouri, North Dakota, Pennsylvania, Rhode Island, South Carolina.
Most of these bills are in effect. The states which have a judicial by-pass or judicial consent mechanism most always survive judicial review, particularly when consent is only required of one parent. The bill before you has both of these features.

For the last year or so legislators have become familiar with the logic behind parental consent for abortion. Children under age 18 routinely hand their parents consent forms before they can play sports, go out of town for a school event, have a tooth extracted etc. In fact high school students must have written parental permission before they can leave school at lunch to go to MacDonalds, if the school is a "closed campus". Here in the Topeka Shawnee Heights ~~are~~ a high school senior must carry a card issued by the administration identifying this students parents have given written permission for him or her to smoke on campus. If parental consent is required for virtually everthing else in a teenagers life, so too it should also be required for an abortion. Just this week this committed favorably forward a bill which required minors to have written parental consent and for minors under 16, judicial consent as well before the minor can legally marry in the state of Kansas. In such life shaping decisions, the state, in its wisdom ,

Attach. I
Sen. Jud.
3-6-87

Kansans for Life

3601 S.W. 29th Street, Suite 241, Topeka, KS 66614
(913) 272-9242

continues to recognize the essential role of parents in assisting their children. Similarly, the federal government still follows the precedent of requiring teenagers under age 18 to have written parental consent before they can join the armed forces. Certainly, the decision to abort your child is a life shaping decision in which potential grandparents want to have input.

Even the American Civil Liberties Union, no friend to parental involvement laws, reluctantly acknowledges in its 1987 Reproductive Freedom Project report three times in its first four pages, that, " the majority of minors voluntarily tell at least one parent of the pregnancy". Later, " In reality, most minors already talk to their parents", and " Most teenagers voluntarily tell one or both parents about a pregnancy or proposed abortion".

For those few minors who just cannot tell their parents, the bill does have the required judicial mechanism so she can go to any district court judge in total anonymity, in a speedy fashion so if she does receive judicial consent she may obtain the abortion quickly. This is no Herculean obstacle course. In both the states of Massachusetts and Minnesota, virtually every girl who approached the court received the judicial consent. In fact Planned Parenthood of both states has a 99% rate of success in helping such girls obtain the consent. Further, there is no court cost for the girl.

As a minister here in Topeka who works with the Shawnee County Probate Court in counselling minors where minors are required to have some 6 hours of pre-marital counselling before a marriage license can be issued, should not we require that these same teens more thoroughly understand the consequences of such a life shaping decision and likewise receive at least the written consent of one of their parents?

I conclude my testimony by stating that Kansans for Life want to cooperate as much as possible with the legislature in this difficult matter. We are not alone in support for this legislation. The Kansas Catholic Conference, the Kansas Association of Evangelicals, the Southern Baptists for Life, the Bishop of the Missouri Lutheran Church, and we have the moral support of many crisis pregnancy centers, and others. This past January some 35,000 paid to have their names included in our three largest counties to show their concern that this Parental Consent Legislation become Kansas Law. We therefore respectfully ask this body to favorably report SB 225 to the entire Senate for approval.

Bill Griffith

Paulett

RICHARD J. PECKHAM

ATTORNEY AT LAW

400 North Woodlawn
Wichita, Kansas 67208
(316) 682-8806

March 3, 1987

News Media PRESS RELEASE

Re: Senate Bill 225
Parental Consent

One March 6, 1987, the Judiciary Committee of the Kansas Senate, chaired by Senator Robert Frey, will hold hearings on S.B. 225, known as the "parental consent bill."

The bill, if enacted into law, would require abortionists to secure the consent of the parent of an unemancipated minor child under the age of 18 before performing surgery on the child.

Current Kansas law allows that a child may be sent to surgery without a parent ever being notified.

Parental responsibility and concern for the safety of children requires their participation in such an important medical decision as abortion with its physical and psychological risks.

The Judiciary Committee hearing will be held in Room 519, South Wing of the Capitol. I will be testifying, among others, as to a specific example of a minor who reluctantly had an abortion without her family participating, and the terrible emotional damage which resulted. (See attached copy of my letter to Governor Mike Hayden.)

I serve as Vice-President of Family Life Services, Inc. in Wichita, a non-profit organization which operates the Pregnancy Crisis Center, and have counseled numerous pregnant women who have placed their babies for adoption.

Richard J. Peckham

Richard J. Peckham

Encl. Letter to Govenor Hayden

attach. II
Senate Judiciary
3-6-87

RICHARD J. PECKHAM

ATTORNEY AT LAW

400 North Woodlawn
Wichita, Kansas 67208
(316) 682-8806

February 24, 1987

The Honorable Mike Hayden
Governor of Kansas

[Open Letter]

Re: Parental Consent Bill

Dear Mike and Pattie,

I recently met with a sixteen year old girl who came to my office after Dr. George Tiller performed an abortion on her at his Women's Clinic in Wichita. She had been sexually used by a twenty-five year old high school teacher who then pressured her against her wishes to have the abortion.

The girl's mother, who had no knowledge of the sexual activity with the high school teacher, but suspecting pregnancy, scheduled her daughter for a pregnancy test. The mother then asked the clinic for results, but was told the information was confidential, could not be shared with the parent.

The girl told her mother the test was negative for pregnancy; however, the test was actually positive and the minor lied to her mother. The high school teacher then told the girl that she must have an abortion, that he was moving away and would not help her with the baby. Without her mother's knowledge, he promptly scheduled the abortion with Dr. Tiller, paid the fees, and made the girl lie down in the back of his car for the trip to and from the abortion clinic.

What follows is a letter the mother found under her daugher's bed while cleaning the house, demonstrating the terrible emotional damage done to this sophmore high school student.

> "I want my baby back. I want it back inside of me. I want to hear it cry when I have it. I want it to put its arms around me and hug me and kiss me and love me. How could I have ever done that to my baby? My first baby?....
>
> "I hate Bob and want to remember how I felt when he was bringing me home from the abortion. It was so scary. I felt as if nobody cared. It still feels that way. I hate Bob. I want him to pay for what he made me to do MY BABY.

A-II

"I love you baby. Even if I never got to see you. I know you were the most beautiful thing in this world and I love you and I always will. I wish I could have known what you looked like. I wish I could have known what color of hair you had and what your face looked like. I just can't believe I killed you. I wish I would have kept you. It would have spared me so much pain. It helps me to write it on paper because I can't tell people how I feel. I can't. I wish I had you so I could talk to you.

"I would give you everything you ever wanted. I would give anything to hold you in my arms just one time. I want to look in your eyes on your first birthday, but you will never have a birthday, because I hurt you. I'm so sorry. If I could redo it, I would have you. I'll never get to see your beautiful little face and your little hands and little feet. I'll never get to buy you anything that I wanted so much to do.

"Oh, if I had you. I could just think what we would do. You and me would have a fun relationship. You'd be my baby and I'd be your mommy. Why? Why me? I'm sorry."

This story demonstrates the urgent need for legislation to protect minors and their families from sexual abuse and from surgical procedures without the knowledge or consent of a parent. We must support our state legislators in their efforts to pass the Parental Consent Law.

Mike, you and Pattie have two daughters, and I have three of my own. As parents, we must not allow a gap in our state law regarding parental consent to continue to stab at the heart of family life. I am asking you and Pattie to aggressively support the legislation requiring Dr. George Tiller and the other abortionists to secure parental consent before commencing abortion procedures on our children below the age of eighteen.

Sincerely,

Dick

Richard J. Peckham

A-II

3-6-87 Mean

REV. MIKE HALEY
Founder
EUNICE MYERS, L.M.S.W.
Director

FAMILY LIF SERVICES

Testimony to the Senate Judiciary Committee regarding Senate Bill 225. It has been called the Parental Consent Bill.

It has been my experience to work with many different situations involving teenage pregnancy. In 1984 we opened a Pregnancy Crisis Center in Cowley County and began to offer services regarding an untimely pregnancy to those who were in a crisis situation. It has been during these last years that my wife and many volunteers have counseled hundreds of young ladies regarding their sexuality, and the alternatives that are available to them. We offer them counseling, medical referrals, clothes, food, and shelter in liscensed foster homes. We are a liscensed child placement agency in this state and we are ready to assist them in many ways.

I have observed that these girls handle an untimely pregnancy much better with the support of their parents. Many of the girls we have counseled have had previous pregnancies and have experienced an abortion. Those who have been through abortions without their parents' knowledge have most often said they regret not talking with their parents before they went through with the abortion. They have great emotional scars to overcome because they had no emotional support during this experience. Each one that I have counseled has said she wishes she had talked with her mother before she had an abortion. She just didn't understand all the consequences and long reaching effects this would have on her life.

Two girls were in my office on Tuesday of this week, one was 19 and the other was 16. Both of these girls have had an abortion. They said, "Please tell the Legislators to pass this Parental Consent Bill. I wish it had been a law two years ago. My life would be a lot different now if I had been forced to talk to my parents."

I believe that many parents have removed themselves from working with their teenagers. They need to be informed as to their child's sexual activity and they should be involved in the alternatives and decisions that must be made during this unplanned pregnancy. Parents need to be contacted when their under-aged daughter is seeking an abortion. They can help tremendously and can again be involved in their daughters' life. We have witnessed many parents who have given up and withdrawn from their teenagers. This bill will encourage parents to again become a part in their child's decision making.

115 E. Chestnut Ave. Arkansas City, Ks. 67005 (316) 442-1688

Attach. III
Sen. Jud.
3-6-87

REV. MIKE HALEY
Founder
EUNICE MYERS, L.M.S.W.
Director

FAMILY LIFE SERVICES

The home as the basis for civilized society has felt the pressures of new laws protecting the rights of the children. Parents are intimidated. They have felt the social pressures in this sexual revolution to let their children go at an early age to make their own decisions. I am the father of two daughters and two sons and three of them are teenagers. I can't imagine how I would feel if my daughter told me that she had been taken to a clinic by someone and that she had an abortion without my knowledge. She is not able to have her ears pierced without my consent. Each time I have taken my children to the emergency room or the hospital for medical treatment I must sign for them to be given medical attention.

When unwed mothers have come to us for medical help, it is standard procedure for the clinic to have the parent's written consent in order to give prenatal medical treatment. However, we could take her to another clinic and they would perform an abortion without parental consent. This inconsistency would be eliminated by this Senate Bill.

As a director of a Pregnancy Crisis Center and as a father of a teenage daughter, I urge you to support the passage of this bill. We need this kind of legislation to help us in rearing our children, and encouraging teenagers to again turn to their parents for support and guidance.

Thank you very much for the opportunity to testify today.

Mike Haley, Founder
Family Life Services
Arkansas City, Kansas

115 E. Chestnut Ave. Arkansas City, Ks. 67005 (316) 442-1688

A - III

Testimony of: Kathleen A. Duskin
Age: 33

Should there be a parental consent bill? The question should really be phrased, "Do you think it acceptable that a child make a decision whether or not to have a surgical procedure that may or may not cause temporary, permanent or life threatening problems?" I am a youth leader and the mother of two teenage daughters. If there is one thing I know, it is teenagers. They are CHILDREN in transition, not adults. Teens live in what we refer to as the Existential NOW!! The future is a murky mist somewhere out of sight and decisions are usually made based on the emotional upheaval of the moment. Teenagers have a sparsley dotted memory of experience - the knowledge and wisdom gained through the aging process as well as weathering any changes life throws their way - leaves them with a poor data bank from which to draw conclusions or possible solutions that are not shallow, selfish, and self destructive. This is why children have parents. We are physically, legally, and spiritually responsible for any child we bring into this world. I know each little personality quirk, every physical weak point of my daughters. How could even a pro-choice individual believe that a child should have the power to make a decision that involves their physical and emotional health? A school nurse cannot give my daughter an aspirin without a written note from her physician. Why do laws like this exist? Because someone knew that kids often forget or refuse to accept some facts about themselves, like being allergic to aspirin, or having a problem with bleeding too easily which aspirin only aggrevates - and who better to decide what is best for their child than a parent? If this medication or any other is given without a parents consent, legal action may result. Isn't it perplexing to think that this is on a rather small scale compared to a female child obtaining an abortion without her parents knowledge? Who could know better than a parent whether a child's mental or physical health could stand such a procedure even without complications. What parent would want their daughter to take such a chance? I am greatly irritated at all the recent articles in area newspapers depicting teenage pregnancy as a cancerous disease.

"It will ruin your life!"

"You Won't be able to get into your clothes!" (My, isn't this one deep?)

"How will you get your homework done with a crying baby?"

Attach. II
Senate Jud.
3-6-87

Come on now, "let's get real", as my daughters would say. It has been my experience that the really self centered individual resents the responsibilities a baby entails no matter how old they are. Everything that this type of advertising is saying to our Teens is "Think only of yourself, only of today - be SELFISH". Isn't that what got them into this predicament in the first place? Why aren't we teaching them morals, values, caring and patience? True, there will always be a few human beings who defy teaching but you can use that arguement in any situation. Example: There will always be a few who rape, so why not make it legal and give them a clean room to do it in? We must turn the general, overall tide toward teaching our children the difference between right and wrong. I would much rather my daughters grow up as caring, considerate, self-sacrificing, loyal individuals - caring more for the things in life that really matter than who wears what and who drives what, etc. It takes hard work, it takes time, but it is worth it. Part of this teaching is letting them face the consequences of their actions.

Oh, I can hear you now. What? Is she saying our daughters should SUFFER through pregnancy? Funny, but my doctor always told me that pregnancy was not a disease but a natural physical process. I KNOW from experience that many more girls suffer after abortions than any have ever suffered because of pregnancy. I personally know several who cannot have children now or have gone through severe emotional disturbances because of abortion. Of the girls that I have known who have given birth and gone on with their lives, not ONE has a physical problem and not ONE has any type of emotional disorder. Some chose to raise their child while others gave theirs up for adoption.

My oldest daughter is now the same age at which I became pregnant with her. Yes, I thought it would never happen to me and I remember desperately trying to think of a good reason to say no to sex but Mom and Dad were always so busy and I was alone with my peers too much of the time. I denied the fact of my pregnancy until it became too obvious - I literally vomited a full six months out of nine. Believe me, that was hard to hide. Let me see if I can bring back some of the emotional turmoil I went through and relay it to you in such a way that you will be able to understand how damaging the wrong decision would be for a girl. All the usual panicky thoughts raced thru my mind like "I'll miss my Senior Year" - "I'll miss the prom" - "I'll have to give up my scholarships", etc. etc.

A-12

But then I got down to brass tacks. Did this baby have any form yet? Did the heart beat, the feet kick, did it FEEL? My sister had just had her first baby and I found myself looking hard at my little nephew. Was David any less David inside my sister than out? If I terminated this pregnancy, what kind of person would be leaving a gap in my present life and future, not to mention the future of the unborn child. Unlike most teenage girls, I was able to be honest with myself - I knew that I had made the decision to engage in premarital sex and I didn't want an innocent child to suffer and die because of me. I felt that giving up the next five to six months of my life until the birth of this child would be a small sacrifice to make considering the 60 to 70 years of life it would have. On an imaginary scale I placed all the things that had mattered to me just yesterday: school, scholarship, care-free times; and on the other I placed a person yet unknown, of my own making. The scales tipped heavily under the weight of this unborn child when I realized I was comparing shallow, frivolous desires with a human life.

Homework was never a problem because first of all, I took night courses while I was pregnant. And second of all, a baby does not cry 24 hours a day like some people want us to think they do.

Second, I was back in my clothes within 6 months.

And last but certainly not least, a baby did NOT ruin my life. It did CHANGE it. The second my child was placed in my arms I grew up. I became a MOTHER. I have never regretted my decision. But then, I had not been brain washed into a pre-disposed attitude. Now a child will certainly CHANGE your life - especially if you choose to raise it and not give it up for adoption - which is an option that continually is ignored. By facing the consequences of my actions, I learned, I grew, I improved. Too many parents these days want everything to go smooth for little Johnny or Susie. They think facing consequences is punishment. No, it is a growing, maturing experience we must all go through to become the best that we can be - and I am not talking about wealth, either. It is all in the attitude we choose to take. Certainly all this bologna about RUINING your life is going to brain-wash many a girl into an act of selfishness that she will not be able to live with once she does mature and discover the truth. I thank God that he was with me sixteen years ago - especially one day a few years back when I picked up a full color spread in LIFE magazine depicting in minute detail the development of an unborn baby about 12 weeks gestation. What a horrifying shock this would have been for me if I had been one of those girls who secretly had her innermost being rid of a precious content thinking it was best for me then because I had been told that there was no real development and not to worry about it - go try out for cheerleading. I can tell you now, I would not be alive today.

Melissa is sixteen and we talk freely and openly about things such as these. About that gaping hole that would have been left in the future? Her main career goal is to become a pro-life Supreme Court Judge. Watch out!! She's a straight A student!

3-6-87
Noon

Presenter: Dr. Nancy L. Toth, Family Physician
Graduate of Kansas University Medical School
Family Practice Residency at Scott Air Force Base
Board Certified in Family Practice 1979

Purpose: To discuss the immaturity of minors in the decision making process

Informed consent is a concern of every practicing physician in the state of Kansas. This is true not only because of the malpractice climate, but also because it is important that the patient understand the procedure, its risks vs. benefits and alternative forms of treatment in order for the patient to help determine what is best for her. As the law stands now, it is assumed in this one area of abortion that a teenage minor can make an informed, mature decision that is in her best interest. Senate Bill No. 225 and I disagree with this presupposition.

In my experience as a physician, I have found it particularly difficult to communicate with the adolescent age group (12 to 18). In the medical setting this group is generally quiet, reserved, embarrassed, and self-conscious, offering only minimal information when questioned. Many times they are unable to cite their own past medical history with any accuracy, or even give much history as to why they are present in the office, usually depending on the parent to explain the problem. They are generally not aware of drug sensitivities, allergies or past immunization status, information that parents ordinarily possess. It is hard to assess how much of what has occurred in the office they understand. They tend to have difficulty in articulating what was just explained to them, let alone transmit this information

Attach. II
Senate Judiciary
3-6-87

later to a parent. This results in follow-up phone calls from parents wanting to know what transpired in the office. Of course, the older the patient is, the less of a problem this is. Nevertheless, this medical information is importat to the physician as he or she makes decisions regarding the adolescent patient's care.

Car accidents, suicide, and drug abuse are all very high among teens and young adults, partially due to their inability to think through the consequences of their actions. It is typical for this group to be interested in immediate relief from painful or frustrating situations and to exhibit much less concern for long term consequences. Little thought is given to the serious and sometimes permanent medical, emotional, and psychological complications of abortion [genital tract infection, bleeding, hemorrhage requiring transfusion, perforation of the uterus or bowel, embolism, varying degrees of infertility, ectopic pregnancy, future miscarriages, premature births, uterine rupture, suicide]. Many of these complications we have been aware of for several years. In addition, there is growing evidence to support the recent emergence of the post abortion syndrome. We are finding it very similar to the post traumatic distress disorder suffered by many Viet Nam War veterans, in which a traumatic event is not followed by a proper grief process. Some of the symptoms are depression, guilt, sleep disturbances, memory impairment, difficulty concentrating, hostility, decreased social involvement, recurrent recollections of the abortion or the unborn child, etc.

Ambivalence is another common characteristic of the adolescent age group. The teenager may vacillate between wanting total independence and wanting to be taken care of; they desire adult privileges yet

reject adult responsibilities; one moment there is love and respect for parents, the next resentment and hostility. This lack of assuredness enters into their decision-making process causing difficulty in coming to a final decision; then being assailed by self-doubt after it is made.

Consequently, with these characteristics of looking for the most expedient solution and being strongly ambivalent about any decision, it is readily apparent that the adolescent needs wise counsel and strong support from those who love them, their parents, in making such serious decisions. Yet, in this very important decision, they are encouraged to turn to strangers in an abortion clinic for help -- people who do not know or understand their personality or their personal history, people who have a vested interest in them having an abortion.

What about post-abortion complications? Will the adolescent who has secretly obtained an abortion receive medical care as expeditiously if the parents are uninformed? Or will the tendency be for her to delay receiving medical care and thus jeapordize her health? This concerns me as a physician. If the parents have no knowledge or have given no consent for this procedure that then results in some medical complication which necessitates treatment, who is then responsible for the medical bills incurred?

As a parent I am concerned that not requiring parental consent in this very important matter teaches adolescents that society deems it acceptable, and perhaps even preferable, to lie, be deceitful, and avoid facing the authorities in their lives. This same behavior in response to other societal authorities, such as the police, the IRS,

etc., could result in major punitive consequences.

No parental consent suggests that parents really do not have the best interests of their children at heart; that children have more wisdom and knowledge than their more mature parents. It implies a disrespect and disregard by the state for parental authority, responsibility, knowledge and understanding of his/her children. The relationship between many parents and teenagers may already be strained. Adding to this a teenager's decision to obtain an abortion without parental consent only increases the rift between them. On the other hand, if the parents are informed and involved in the decision-making process, an opportunity is created for the family to pull together and work through the crisis.

In summary, I see the Parental Consent Bill as serving several needed purposes. It takes the entire weight of the decision to abort, give up for adoption, or keep the baby off of the immature adolescent and shares it with the parents. This promotes the health of the teenager and may improve the relationship between daughter and parents. I believe that Senate Bill #225 is necessary and appropriate.

3-6-87

Senate Judiciary Committee
March 6, 1987

Statement of
District Judge C. Fred Lorentz
Fredonia, Kansas

Re: Senate Bill 225

Members of the Committee:

Thank you for allowing me to present my statement in this manner. I have asked Marjorie Van Buren to read my thoughts to you as I cannot be personally present.

I am not speaking for the Kansas District Judges' Association or the Kansas District Magistrate Judges Association. Although I believe my views are shared by the vast majority, if not all, of the Kansas judges, the associations have not had time to review and adopt a formal position yet. I would urge all of you to visit with the judges in your respective districts to confirm what I say.

Insofar as Senate Bill 225 deals with the question of requiring consent for abortion, that is something I am quite satisfied to leave in the hands of the Legislature. However, that portion of the bill allowing a minor to petition the court for waiver of consent (a) if neither parent is available or (b) upon refusal of parents to consent voluntarily or (c) if the minor chooses not to seek parental consent brings in a different context.

Attach. VI
Senate Judiciary
3-6-87

By the hearing, in which the minor is entitled to court-appointed counsel at the government's expense, the court must find whether the minor is mature and well-informed enough to make the abortion decision or whether the performance of the abortion is in the minor's best interest.

It is this "court involvement" that is my concern. There is ample provision in the law for court involvement, in cases of medical emergency or life-and-death situations, to provide the appropriate medical consents. The people who are the focus of Senate Bill 225, however, are not generally in life-or-death emergency situations. The effect of New Section 3(b), and New Section 4 is to substitute the court for a parent for the sole purpose of deciding a moral issue.

Generally speaking, it is the function of the courts to decide disputes by determining the facts and applying and interpreting the law. Although a dispute may arise in a consent issue, there is no law to be interpreted or applied. The procedure suggested in Senate Bill 225 inserts the State into family arguments and, quite frankly, senators, that is carrying the doctrine of "parens patria" too far.

This bill would set a precedent for allowing courts to impose their moral values upon families. Would any of you think it appropriate for a minor to be allowed to petition the court to have themselves declared of sufficient maturity to decide whether they should smoke, drink, go to church on Sunday, have sex, go to X-rated movies, or any other matter which would normally be subject to family moral values?

Aside from the courts deciding morality, I also have a concern about judge shopping and about overemphasis being placed on judicial candidates' positions on moral issues rather than on solid judicial credentials.

Judges are trained to set aside their prejudices and apply the law, even though they might personally disagree with it. If there is no law to be applied, then each judge will be free to impose his own moral view, and the result will be a total lack of uniformity across the State in the handling of these types of cases.

I again thank you for hearing my comments and strongly urge you to delete those portions of Senate Bill 225 which would involve the court system in the consent process.

# # #

EORGE R. TILLER, M.D., P.A.

WOMEN'S HEALTH CARE, P.A.

FAMILY PRACTICE
&
COMPREHENSIVE FAMILY PLANNING

5101 EAST KELLOGG
WICHITA, KANSAS 67218

GEORGE R. TILLER, M.D., DABFP
MEDICAL DIRECTOR

DAY OR NIGHT
(316) 684-5255

To: Senate Judiciary Committee

Re: Senate Bill 225

Thank you for the opportunity to address the Senate Judiciary committee this afternoon. Until yesterday afternoon, I was unaware that my practice of medicine and surgery was going to be a focus of attention in this committee hearing. Imagine my surprise, when a friend sent me a copy of Mr. Peckham's press release and a letter to Governor Hayden mentioning me my name and alledgedly describing a patient situation in our office.

Since I have been specifically mentioned allow me to introduce myself. I am George Tiller, a family practitioner in Wichita, Kansas. Between my deceased father and me, we have provided family medicine services for the people of Wichita and Kansas continously since 1940. I have been the chairman of the Family Practice department at Wesley Medical Center and I have been president of the Wesley Medical Center hospital staff. During my seventeen years of practice in Wichita, I have taught at the medical student level, the internship level, the residency level and at one time I was on the clinical teaching staff at the University of Kansas School of Medicine - Wichita State Branch. My wife and I are raising four children in the same Andover/Wichita school system that I grew up in. I have been a member of the Wichita community for over 45 years. In addition to sports medicine, geriatrics, adult medicine, and pediatrics, I perform abortions in the privacy of my office and have done so for the past 11 years.

Addressing this particular situation, the problem is, <u>without question</u>, not Dr. Tiller, not sexual intercourse, and not abortion. The question is trust, love, understanding and confidence in the child-parent relationship. Obviously, these did not seem to exist between Jodi and parents. Since only 2 to 3 percent of all of our patients are minors seeking abortion without parental consent, what was wrong with this particular child-parent relationship. Why did the child feel she had to lie to her mother. Why did she fear her so much that she was unable to ask her for support, guidance and comfort both before and after the abortion.

Attach VII
Sen. Jud.
3-6-87

She needed love and understanding, but got none.
We do know that sometimes adolescence pregnancy is a marker or indicator of intra-family mental, physical and sexual abuse. Some people go so far as to say that teenage pregnancy is indicative of alcoholism and chemical dependency in the child's family.

I do not know what the problem in Jodi's family was or is for that matter. I do know that Jodi is seventeen years old not 16 years old and that for some reason she could not trust her relationship with her parents. She knows her relationship with her parents.... and so do the other minors seeking abortion without parental consent know the status of their relationship with their parents. They know it far better than the State of Kansas could ever legislate. When the parent-child relationship is good, warm, trusting and loving the child almost always has parental consent for abortion services. Unfortunately, as this case so dramatically demonstrates, not all parents are good parents, and not all relationships are good relationships. We must allow women of whatever age to seek pregnancy termination without the consent or interference of their husband, family, boyfriend, or their parents.

In closing, I want you to know that as a Family Physician I am willing to go to almost any lengths to protect the privacy and the well-being of my patients. I am certain you would expect and demand the same treatment from your physicians.
Thank You.

Hazel R. Allen MD

A-VII

12-15-01

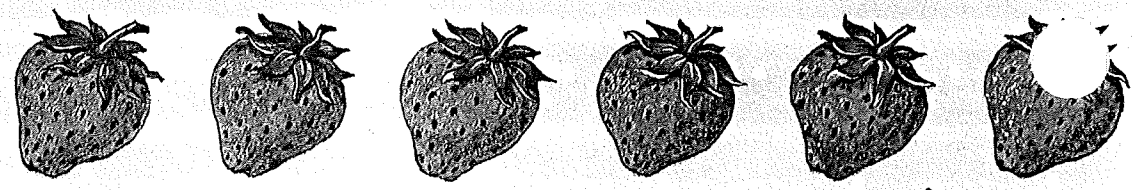
Dear Dr. Tiller and Staff,

Words can't describe the admiration we have for you and your staff. We count our many blessings that we were put in contact with you. The special care and concern that you had for Brenda and we made us appreciate you all so much. You and your clinic are run to perfection. From the time we arrived till our departure, we felt very much at home and knew that we all would be well taken care of in a gracious and professional manner. We give thanks to you and God that Brenda was given a new start in her life again. She is doing just fine and is getting involved again in all her activities.

Again we'd just like to say thank you for being so nice to Brenda and us. We appreciate it more than you'll ever know. You all are very special in our eyes and always will be. Thanks again for everything.

Sincerely,
John and Barbara

A-VII



2-24-87

Dear Dr. Siller + Staff,

I would like to thank you all for being so kind and understanding during my stay at your clinic. You have taught me that I should have been more careful with my actions.

I am happy to say that I am doing fine and I feel like a new person. If it wasn't for you, I don't think I could have made it. I have changed my way of living and I am happy with the change.

Maybe one day, we can all meet again. Under different circumstances of course. Take Care and may God Bless each and everyone of you.

Love you all,
Jackie

A-VII

3-6-87

LEAGUE OF WOMEN VOTERS OF KANSAS

Suite 112D, 3601 S.W. 29th, Topeka, KS 66614

Statement to the Senate Judiciary Committee in re SB 225
by Linda R. Johnson, President, League of Women Voters of Kansas
March 6, 1987

In January of 1983, after study and discussion in meetings across the United States, the League of Women Voters announced the following position: "The League of Women Voters believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices."

One of the questions we discussed in the course of our study was whether the state can or should require parental consent before a minor may obtain an abortion. Our members concluded that a minor's access to abortion should not be restricted in this way. Therefore, the League of Women Voters of Kansas urges you to oppose passage of Senate Bill 225.

One of the stated goals of this bill is fostering the family structure and preserving it as a viable social unit. That is an objective the League of Women Voters of Kansas can support wholeheartedly, but we do not believe that this piece of legislation will help to achieve that end. Restricting minors' access to abortions may serve to increase the numbers of unmarried, teenage mothers and of babies with no real family to belong to, a trend in our society which undermines the family structure and weakens it as a social unit.

We would agree for the most part that "parental consultation is usually desirable," as the bill states, but it is certainly not always desirable or even possible. Not all parents are wise and understanding, or even reasonable; some are neglectful or abusive. Even in the best of families, communication may break down over an emotional issue like teenage pregnancy. While it might be preferable for pregnant teenagers to consult their parents before obtaining an abortion, parental consent should not be a legal requirement.

The petition process whereby a minor may obtain court approval for an abortion without parental consent causes delays that add to the cost and difficulty of obtaining an abortion and may affect the safety of the procedure; it also places a heavy burden on the courts. A parental consent law in Minnesota was struck down by a federal court as being too burdensome to a minor; the United States Supreme Court let that decision stand, and it is currently reviewing an Illinois statute that requires parental consent.

attach. VIII
Sen. Jud.
3-6-87

The League is very concerned about the criminal penalties attached to this bill. Threatening physicians with a felony charge for performing what is in most cases a legal medical procedure would have the effect of curtailing women's rights to a safe and legal abortion.

We also question the use of the term "aggravated abortion" which appears in this bill. The word "aggravated" usually precedes the name of some crime, such as kidnapping or burglary. Since abortion is a legal medical procedure, the phrase "aggravated abortion" raises questions about the intent of SB 225.

In our opinion, it appears that the supporters of this bill do so more out of a desire to limit abortions than out of a concern for pregnant young women and their parents. We believe that the restrictions that would be imposed by Senate Bill 225 constitute an unnecessary and unwarranted intrusion by the state into matters of private choice and medical decision-making. The League of Women Voters of Kansas asks that you vote "no" on SB 225.

3-6-87

My name is Mary Dorn. I am a Registered Nurse. I have spent 35 years working with teenagers - in the 1950's at Booth Memorial Home for Unwed Mothers in Des Moines, then 3 years in Kansas City at Willow's Maternity Home and last month retired, after 21 years, as a school nurse to 2000 high school students in the Shawnee Mission School District.

It is my practical, 'been there' assessment that demanding parental consent before an abortion is <u>not</u> a good idea. Therefore, I am opposed to Senate Bill #225.

I worked very hard during all those years to convince girls (and boys) that it is probably best to involve parents (and many did)with these decisions, but with very few exceptions, when they refused, I honestly felt the student was probably wise in making that decision. They had lived with the parent(s), knew the family dynamics, and after hearing me out on all of the reasons I could fit into their situation, if they, after thinking it over, decided against telling a parent, I went out on many limbs to honor that decision.

The 3 times I can remember in 21 years when I rather forced the issue because at the time it was my judgment that parents really needed to be involved, it was the wrong thing to do - the girls were right. The first girl got kicked out of her home that same night. I had had practice approaching parents but the was this woman yelled, screamed, slammed doors, you would have thought I was the one who got the girl pregnant. The girl eventually kept the pregnancy, moved in with her boyfriend, has had 2 more babies, and the last I knew was a clerk at a hospital, still not married and the boyfriend was living with his <u>new</u> girlfriend and their baby. The second girl had planned on having an abortion but when we went to talk with her mother, her mother said "You bet you're going to have an abortion - tonight if possible!" This made the girl furious - she was <u>not</u> going to have her mother telling her what she would do with <u>her</u> pregnancy. She changed her mind and delivered the following spring at our Teenage Mothers Unit. Last October she walked into my office with 3½ babies, no food, no job, no house, no family support. I spent the next several days getting her plugged into Section 8 Housing, the Food Pantry, AFDC and the whole bit. The third time I blew it was just this past November when a very lovely girl from a prominent family was a bit ambivalent about her decision. When she remained that way over several days, I really felt she should involve her mother. She disappeared from school but since her mother was calling her in absent I knew that her mother knew something. By Christmas she was still not in school and I found her living in Missouri with a friend. She said (not in these words!) that all heck had broken loose - her mother had told her father who shouted at the girl that she was adopted anyway and he knew all along she'd probably turn out to be trash, and told her to get out. This girl was still totally devastated and I honestly did not have the heart to ask whether she was still pregnant. I had caused enough hurt.

I want to list my 3 main objections to parental consent. (1) It will not decrease the number of high school age pregnancies. There are too many complicated reasons why girls allow themselves to become pregnant in the first place. It will not serve as a deterrent. (2) At 15 to 18 is the age when learning to break away from parents - learning to make and live with decisions, practice managing their own affairs, entails and demands that the teenager back off from, stand apart from and separate themselves from parental direction and control. This is healthy. While getting into the realms of drugs, sex, illegal activities hopefully have been heavily influenced by parents before now, at this age I think it is <u>essential</u> for the kid to deal with, make plans, find solutions to decisions he or she has made. We can guide but decisions <u>must</u> be made by only that individual - not Mom or Dad. (3) My greatest concern is the one I most fear. Most kids are <u>not</u> out of control. They have done some harsh rational thinking about the situation they are in and if abortion is their determination, and parental consent is against their wishes, kids this age are capable of seeking clandestine solutions - <u>totally unacceptable</u> with me and I'm sure <u>with any parent</u>.

attch. IX
Sen. Jud.
3-6-87

KANSAS PSΨCHOLOGICAL ASSOCIATION

TESTIMONY CONCERNING SENATE BILL 225

Mr. Chairman, members of the committee, thank you for the opportunity to testify concerning SB225. I am Dr. Susan Voorhees, Psy.D. I am a clinical child psychologist at the Menninger Foundation, and am here to oppose this bill on behalf of the Kansas Psychological Association Legislative Committee.

I hope to provide the committee with information from the psychological research which contradicts the proposed legislation. The strong emotions aroused by the topic of abortion, especially as that choice is applied to minors, may cloud rational debate and appropriate use of scientifically based literature on abortion in adolescence. I have attached to my testimony several recently published articles which are pertinent to the policy decisions which are before you.

As a psychologist who works primarily with adolescents and children, I have found the basic assumptions of this bill to be seriously flawed, and to pose a very serious threat to the health and well being of adolescents. I would like to address the following issues:

1) The bill proposes to protect minors against their own apparent immaturity which would cause them to be unable to make fully formed choices which could take into consideration both the short and long term consequences of their decisions. Not only is this a false assumption which is not supported by the psychological research, but this is also an assumption which pertains only to minors' apparent lack of ability to decide about whether to have an abortion. According to the bill, adolescents do not lack the ability to decide to sustain a pregnancy, nor do they lack the ability to make choices about keeping or relinquishing a child, nor do they apparently lack the ability to decide upon the future of a child's life. This presents a serious double standard. Studies of health care decision making generally suggest that adolescents are able to conceptualize and reason about treatment alternatives in the same manner as adults. Studies have found that by age 14 most minors do not differ from adults in their ability to understand and reason about treatment alternatives, risks, or benefits. The research also shows that adolescents 14 or older do not differ from adults in the quality of the decisions which are actually made concerning health care and treatment. (Grisso and Vierling, 1978; Melton, 1981; Melton, 1984 pp. 463-466; Melton, Koocher and Saks. 1983, Weithorn, 1982, Weithorn and Campbell, 1982.) Because decision making by adolescents 14 years and older is not different than that of adults 18 years and older, the consideration of ensuring informed consent and the protection of privacy should not be different for adolescents than it is for women.

2) By Provision 3 of Section 3 of this bill, the requirement for consent of the parent can be waived if the court finds that the minor is mature and well informed enough to make the abortion decision on her own. However, the bill does not specify

Attach. X
Sen. Jud.
3-6-87

any criterion for the definition of, or meaning of, "maturity" much less the judgment of "maturity". In the bill, immaturity is equaled with adolescence and the assumption appears to be that all adolescents are, by nature of their adolescence, immature. It is hard to understand how a judge could rule that an adolescent is too immature to have an abortion which would therefore determine that they are mature enough to at least carry a fetus to term and potentially raise the child to maturity, perhaps alone and without parental support at a young age, or to make a decision to institute adoption procedures. There is an inherent and serious contradiction in this.

No research has been conducted to determine whether "maturity" can be reliably and validly assessed. There are no clear legal standards available, and it is likely that decisions will often be open to caprice based on the personal, moral, and religious beliefs of the court. There is no guarantee that the person making the judgment of maturity has any education or training to make such judgments, no less any guidance from the legislature as to what maturity means. Assessments of maturity are time consuming and involved. It is doubtful that well reasoned assessments can even be made within the time constraints outlined in the bill. It is also doubtful that judges will relish making these decisions in view of the lack of validity and possibility for significant error.

The research indicates that the judicial bypass proceedings are merely a rubber stamp, representing significant intrusion on a minor's privacy, taking up significant amounts of court time, but not necessarily promoting more reasoned decision making or screening out immature or vulnerable adolescents. More than 90% of pregnant minors who utilized judicial bypass in Massachusetts were found by the court to be mature (Mnookin, 1985; Pilner and Yates, 1986). Data from Massachusetts and Minnesota indicate almost all of the remaining requests for abortion were proved as being in the best interest of the child (Benshoof and Pine, 1986; Donovan, 1983; Mnookin, 1985; Pliner and Yates, 1986). In this research, the hearings were found to be cursory, lasting less than 15 minutes, and experts were rarely, if ever, called to testify to help in the assessment of maturity.

3) A stated intent of the bill is to foster family structure and protect rights of parents. It is unfortunate, but there is no way that we can legislate family unity and harmony. It is equally unfortunate that the protection of parental rights to control their children is made at the expense of the psychological needs and well being of adolescents. Therefore, I ask you whether we want to sacrifice adolescents and children in the name of family unity which cannot be mandated by law. The committee must remember that pregnancy occurs across a wide range of family styles; across socioeconomic status, ethnic, and religious groupings. Further, adolescent pregnancy occurs in intact families, single families, and stepfamilies. Additionally, adolescent pregnancy occurs in families in which there are supportive, understanding, and kindly parents on the one side and abusive, domineering and hostile families on the other.

Just as the families vary, particular adolescents vary. However, there are some stable developmental tasks which adolescents must work through to reach adulthood and psychological stability. Central to that task is the establishment of an identity separate from one's parents. Part of that identity is a sexual identity and the establishment of private, social and sexual relationships separate from the family. An unfortunate reality is that sometimes

A-8

an unexpected adolescent pregnancy is the result of the efforts of the adolescent to negotiate the normal developmental tasks. The effect of this bill, by requiring that the pregnant adolescent discuss her pregnancy with her parents or a judge when she is not freely chosing to do so, is to derail her attempts to establish psychological independence and autonomy. That severely compromises the adolescent's efforts to resolve her age-appropriate developmental tasks and could lead to serious psychological difficulties which could only be worked through later. In fact, having or not having the abortion may be of less importance in regard to psychological well being than the fact of this measure's interference with adolescents' and parents' ability to appropriately work on developmental tasks which need resolution. Psychological growth and the establishment of a healthy personality cannot be legislated.

According to the psychological literature, most adolescents who are pregnant will talk to their parents about the pregnancy. Based on the experience in other states, this bill, if inacted, will pertain to a tiny proportion of adolescents. Seventy-five percent of the adolescents in Massachusetts who had an abortion did so with their parents' blessing, even when judicial bypass was available to them. Of the 25% who chose not to inform their parents or to obtain parental permission, one-third had an abortion without going through judicial bypass by going to another state. (Cartoof and Klerman, 1986.)

What this bill does not take into consideration is that there are real circumstances under which it is not appropriate for an adolescent to seek consultation with their parents and to ask for permission for an abortion. These circumstances include, but are not limited to, situations of incest, situations in which the family is physically abusive of the adolescent, situations in which the adolescent is afraid of the parents' retaliation, situations in which there is severe lack of communication between adolescents and their parents, and situations in which there is severe dysfunction in the family. Because of these conditions, adolescents who chose not to tell their parents may have good reason.

4) The provision of judicial bypass procedures in the bill, while being instituted to provide an avenue for adolescents who are not able to gain permission from their parents has been shown to be ineffective. In fact, the judicial review procedure would be applicable to a very small proportion of adolescents, based on information provided by studies in other states. The population which would be most effected by this bill, given the findings that most adolescents will talk to their parents, are those pregnant teenagers who are unable or afraid to speak to their parents or who are unable to get parental permission, or who are economically deprived of the opportunity to travel to another state which allows abortion without parental consent. When Rhode Island implemented a judicial bypass law, the proportion of Massachusetts residents seeking an abortion when down immediately and abortion by minor residents in Massachusetts increased in other states neighboring Massachusetts (Cartoof and Klerman, 1986). Those unfortunate teenagers who are being unable to talk to their parents or leave the state to do what they think is right are left to suffer the consequences of this bill. These may, in fact, be the most vulnerable adolescents. Anecdotical data indicates detrimental effects of the bypass procedure including the following: Judges and lawyers have testified that the procedure creates an embarrassment and anxiety--"an ordeal" (Benshoof and Pine, 1986); the procedure invades the privacy about personal information

which is an issue of special concern to adolescents (Melton, 1983, Wolfe, 1978); the procedure results in anxiety, embarrassment, feelings of degradation, damage to self-esteem and sense of identity which are critical psychological tasks of adolescence; the procedure creates delay which may result because of the distance traveled by some adolescents to come to court, the time arranged in involving the petition and possible appeal, as well as the adolescent's delay in contacting a clinic and an attorney because of their anxiety about the proceedings.

The issue of delay is already a substantial problem in adolescent pregnancies, and increases the medical and psychological risks (Bracken and Kasl, 1975, Russo, 1986, Bracken, Hachamovitch, and Grossman, 1974; Cates, 1981; Osofsky, Osofsky, Rajan, and Spitz, 1975). The protection of confidentiality is the most important determinant of a minor's use of family planning services (Torres, 1978, Torres, Forrest, and Eisman, 1980; Zabin and Clark, 1983). The adolescent's concern about the maintenance of privacy, particularly when she must discuss her pregnancy with strangers in a court of law, may create sufficient delay to make abortion no longer a safe option. This becomes a particular issue when it is coupled with an adolescent's need to cover unexplained absences from home and/or school to go to court and meet with attorneys, should she decide that she wants to maintain her separateness from her family. This is exacerbated by an adolescent who may already feel guilty and ashamed about her pregnancy and be seriously worried about the consequences.

I wish that there were no unintended adolescent pregnancies and I wish that if the teenager is so unfortunate as to become pregnant that she would have the kind of family life that would allow her to discuss with her family and other trusted adults the pros and cons of her unintended pregnancy. However, because of the special nature of adolescence and the adolescent's need for privacy and autonomy which is an appropriate step in their development, and because there are troubled, abusive, and neglectful parents, not all adolescents are as fortunate as I wish. This bill adds to their misfortune by requiring a procedure which is unlikely to be helpful in that situation. Rather, it is likely to not bring the family closer together, it is likely to be experienced by the adolescent as an assualt on her privacy, and as a humiliation. It may lead to unnecessary delays in receiving timely medical care, may jeopardize her psychological health in ways much more serious and long ranging than an abortion. Based on my understanding of adolescents, my work with adolescents, and my reading of the professional literature in this very serious area, I believe that the negative effects of enactment of this bill are strong and persuasive, and I urge you to defeat this measure.

A-X

Adolescent Abortion

Psychological Perspectives on Public Policy

Gary B. Melton — *University of Nebraska–Lincoln*
Nancy Felipe Russo — *Arizona State University*

ABSTRACT: The Supreme Court has relied on psychological assumptions in adolescent abortion cases, but it has failed to consider relevant empirical research. The work of the Interdivisional Committee on Adolescent Abortion to fill in this gap provides a model for organized psychology's integration, dissemination, and application of psychological knowledge to promote the public interest. Such efforts should be replicated by state associations.

A decade ago the Supreme Court first considered the question of whether minors have a constitutional right to privacy in abortion decisions (*Planned Parenthood of Central Missouri v. Danforth,* 1976). In a 5 to 4 decision, the Court unequivocally found such a right to exist. Reiterating its opinion in *In re Gault* (1967), the Court made clear that fundamental rights are not adults' alone: "Constitutional rights do not mature and come into being magically only when one attains the state-defined age of majority. Minors, as well as adults, are protected by the Constitution and possess constitutional rights" (*Planned Parenthood of Central Missouri v. Danforth,* 1976, p. 74).

In the opinion for the Court, Justice Blackmun also emphasized that interests of pregnant minors and their parents are unlikely to be congruent in decision making about abortion:

> It is difficult . . . to conclude that providing a parent with absolute power to overrule a determination, made by the physician and his minor patient, to terminate the patient's pregnancy will serve to strengthen the family unit. Neither is it likely that such veto power will enhance parental authority or control where the minor and the nonconsenting parent are so fundamentally in conflict and the very existence of the pregnancy already has fractured the family structure. Any independent interest the parent may have in the termination of the minor daughter's pregnancy is no more weighty than the right of privacy of the competent minor mature enough to have become pregnant. (p. 75)

Despite the apparently unequivocal rejection of a parental veto over a minor's decision to have an abortion, *Danforth* left the door open for a series of cases about the limits of pregnant minors' right to privacy.[1] The Court indicated that its decision did not imply that "every minor, regardless of age or maturity, may give effective consent for termination of her pregnancy" (p. 75). It also seemed to demand less justification for intrusions upon minors' privacy than is required for the state to regulate adult women's access to abortion. When constitutional rights are infringed, the state generally must show that it has *compelling* interests in doing so (see, e.g., *Roe v. Wade,* 1973), but the Court required merely *significant* state interests as a basis for regulation of minors' abortion decisions. Moreover, two of the justices in the majority (Stewart and Powell) emphasized in a separate opinion that they would approve of some forms of state-mandated parental involvement short of an *absolute* parental veto.

Thus, six members of the *Danforth* Court indicated that they believed that many pregnant adolescents are sufficiently incompetent and vulnerable to warrant special state intrusions upon privacy. Justice White, joined by Chief Justice Burger and Justice Rehnquist, indicated that they approved even of an absolute requirement of parental consent because states are entitled "to protect children from their own immature and improvident decisions" (p. 95).

Danforth foreshadowed the recurring emphasis in subsequent cases on *maturity,* although the Court has not yet defined the term as it is applied to abortion decision making (see, for reviews, Melton, 1983b; Melton & Pliner, 1986). In the Court's abortion decisions, it has been willing to approve state intrusions upon the privacy only of immature minors. At the same time, the Court has based its analyses on assumptions that the abortion decision has "potentially traumatic and permanent consequences" for minors (*H. L. v. Matheson,* 1981) and that pregnant

Correspondence concerning this article should be addressed to Gary B. Melton, Department of Psychology, University of Nebraska—Lincoln, 209 Burnett Hall, Lincoln, NE 68588-0308.

[1] On seven occasions, the Supreme Court has considered whether minors' right to privacy in abortion decisions may be limited in ways that would be unconstitutional if applied to adult women: *Bellotti v. Baird I* (1976); *Bellotti v. Baird II* (1979); *City of Akron v. Akron Center for Reproductive Health* (1983); *H. L. v. Matheson* (1981); *Planned Parenthood of Central Missouri v. Danforth* (1976); *Planned Parenthood of Kansas City, Missouri v. Ashcroft* (1983); *Thornburgh v. American College of Obstetricians and Gynecologists* (1986).

 0003-066X/87/$00.75
Vol. 42, No. 1, 69–72

A-X

minors are likely to make poorly reasoned decisions about abortion. The Court even has indicated that its concerns are specific to abortion rather than pregnancy-related decisions in general. Incredibly, the *Matheson* Court concluded that "[i]f the pregnant girl elects to carry her child to term, the *medical* decisions to be made entail few—perhaps none—of the potentially grave emotional and psychological consequences of the decision to abort" (pp. 412–413). The Court also has expressed doubt that abortion clinics will provide the counseling that adolescents need and that minors will make wise decisions in their choice of physician.

Given the overriding psychological concerns in the Court's analyses of law on adolescent abortion, two facts are curious. First, the Court has used selective vision in its perception of psychological effects of abortion. Contrary to empirical reality (Adler & Dolcini, 1986), the Court has assumed that adolescents are vulnerable to grave trauma in abortion decisions, just as it has perceived special vulnerability of adolescents in several other legal contexts (see Melton, 1984a, 1984b). At the same time, as Melton and Pliner (1986) noted, the Court has ignored the possibility of psychological harm as a result of intrusions upon privacy and of decisions to carry a pregnancy to term. Second, the Court has failed to consider psychological research relevant to its analysis. In one of the few instances in which any citation of psychological literature was made, the citation was completely irrelevant. In *H. L. v. Matheson* (1981), Chief Justice Burger cited a report of unsystematic psychoanalytic impressions of adolescents who carried their pregnancies to term (Babikian & Goldman, 1971) as foundation for the conclusion that the psychological effects of abortion on minors are "markedly more severe" than the effects on adults (p. 411, note 20).

The neglect of empirical evidence may have resulted from the majority's social construct of adolescents as vulnerable, dependent, and incompetent (Melton, 1984b). However, the Court need not assume all of the responsibility for its lack of attention to research relevant to its assumptions about the psychology of adolescent abortion. Until the most recent case on adolescent abortion (*Thornburgh v. American College of Obstetricians and Gynecologists*, 1986), no one had brought the relevant research to the Court's attention, despite a plethora of briefs for various professional organizations acting as amici curiae (friends of the court) and the parties themselves (Tremper, in press). Even the American Psychological Association's (APA) brief in *City of Akron v. Akron Center for Reproductive Health* (1983) failed to apprise the Court of studies of adolescent abortion, although the brief contained discussion of research on other issues.[2]

When the Court began to consider such issues in the mid-1970s, few studies had focused directly on adolescents' decision making about health matters. This gap in the literature reflected developmentalists' common inattention at the time to the behavior of children and youth outside the laboratory (Bronfenbrenner, 1974). Nonetheless, general developmental research and theory on decision making (see Lewis, this issue, pp. 84–88) could have informed the Court. Guidelines on minors' competence to consent based on general research and theory about cognitive and social development subsequently have been supported by research specifically focused on competence in legal decision making (compare Grisso & Vierling, 1978, and Melton, 1981; see also Melton, 1983a).

Moreover, a substantial body of research directly relevant to minors' exercise of self-determination has developed in recent years (Melton, Koocher, & Saks, 1983), and the amici and the parties themselves failed to present this evidence after it had become available. Although this neglect of social science evidence probably resulted in part simply from delay in diffusion of new knowledge (Hafemeister & Melton, in press), it probably also reflected the lawyers' perceptions of the strength of various forms of authority. In the discussion of maturity in the briefs (see Tremper, in press), assumptions typically were given without citation as if "everybody knows" that the asserted fact is true, or with citation to a legal opinion, as if precedent establishes the truth of an empirical proposition (see Melton, in press; Monahan & Walker, 1986; Perry & Melton, 1984). When scientific authority was cited, it typically was from a medical rather than a social–scientific journal, perhaps reflecting the fact that clinical approaches rather than probabilistic approaches have greater credibility in the legal system (Melton, Petrila, Poythress, & Slobogin, 1987; Poythress, 1983).

In an effort to remedy the gap in evidence brought before the Court and respond to the Court's and legislatures' concerns about psychological factors in adolescent abortion, APA's Division 37 (Child, Youth, and Family Services) established a committee with a primary charge to review, for both legal and psychological audiences, what is known and what needs to be learned about the Supreme Court's assumptions. The committee also was instructed to develop recommendations for psychologists involved in counseling or research about adolescent abortion. Thus, its charge was to disseminate both the law and the psychology of adolescent abortion and to integrate them. To ensure that the review was comprehensive and truly state of the art, other divisions with expertise on aspects of adolescent abortion were invited to cosponsor the committee and appoint members. The cosponsoring divisions included Divisions 34 (Population and Environmental Psychology), 35 (Psychology of Women), and 41 (American Psychology–Law Society).

The committee prepared a monograph-length report and background papers (Melton, 1986). An executive summary was submitted to the executive committees of the sponsoring divisions and endorsed by them. The

[2] Despite the lack of attention to the research on abortion in minors, APA did fully and successfully brief the Court in *Akron* on other issues posed in the case. APA's brief focused on reasons for the invalidity of the section of Akron's city ordinance that dictated the content of abortion counseling and required it to be conducted by the physician who would perform the procedure. The Court apparently relied heavily on APA's brief in the part of its opinion dealing with that section of the ordinance.

A-X

summary (Interdivisional Committee, this issue, pp. 73–78), served as the basis for a section of APA's brief in *Thornburgh* (1986). The brief is also included in the committee's report in this issue. It also was admitted into evidence by the American Civil Liberties Union in *Hodgson v. Minnesota* (1986), and it has been circulated with the assistance of APA Central Office staff to members of Congress and family planning groups. Division 37 also is disseminating the statement to other policy-making groups and the mass media.

Such an interdivisional effort is an excellent example of ways in which organized psychology can promote public welfare through the integration, dissemination, and application of psychological knowledge. The Supreme Court is especially inclined to rely on official statements of professional consensus in children's litigation (Hafemeister & Melton, in press). Such an imprimatur, combined with active dissemination efforts, also may increase media attention to existing knowledge and ultimately inform policymakers (see Weiss, in press).

Although the Supreme Court struck down most of the Pennsylvania statute at issue in *Thornburgh* (1986), the Court did not reach a decision on the merits of the challenge to the parental consent provision. The statute had been enjoined by the federal district court because the state supreme court had not established rules assuring confidentiality and prompt disposition. While the case was on appeal, the state supreme court issued such rules. Because the district court had not considered the rules, the Supreme Court remanded the issue for its consideration, over the objection of the four dissenters to the Court's ruling reaffirming women's right to privacy in abortion decisions.

Even if the Court had reached the merits, it probably would have upheld that part of the Pennsylvania law, because it was similar to judicial bypass provisions suggested in *Bellotti v. Baird II* (1979) and upheld in *Planned Parenthood of Kansas City, Missouri v. Ashcroft* (1983). Nonetheless, the presentation of the APA brief on the issues affecting minors was worthwhile. Because the brief brought information to the Court apparently not previously known to it, the brief may have planted the idea for consideration of such evidence in the future. Social science information in amicus briefs commonly provide as much long-term as immediate influence (Tremper, in press). The presentation of evidence relevant to empirical assumptions also may force the Court to clarify its values rather than rely on myths as the bases for child and family policy (Melton, 1983a, 1984a). Moreover, even if the Court chooses to ignore relevant social science information, psychologists have an ethical duty to disseminate the available knowledge in order to ensure that policymakers' choices are informed (Weithorn, in press).

In that regard, psychologists should continue to explore psychosocial issues in abortion. As the Court noted in *Thornburgh* (1986), "Few decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy, than a woman's decision . . . whether to end her pregnancy" (p. 4625). Recognition of minors' privacy may have especially important long-term significance (Melton, 1983c). In view of the tremendous social importance of protecting pregnant minors' privacy and facilitating their decisions, questions related to adolescent abortion clearly demand the continuing attention of psychologists.[3]

Several directions are important for future psycholegal work on adolescent abortion. First, in view of the Supreme Court's clear approval of judicial bypass and parental notification procedures as facially valid constitutionally, challenges to these statutes are likely to hinge in the future on arguments that they are unconstitutional *as applied*. *Hodgson v. Minnesota* 1986 is the first such case. Challenges to statutes as applied almost inherently depend on empirical evidence about their actual implementation and effects (Melton, this issue, pp. 79–83).

Second, research is still sparse on abortion decision making per se (see Lewis, this issue, for a review). In that regard, as the Interdivisional Committee (this issue) argues, support for research on adolescent abortion and clear authority for minors to consent to it are needed. APA (Abeles, 1981, pp. 580–581) has been on record for some time about the need to remove political obstacles to such research on pregnancy-related decisions. Given the substantial personal and social significance of such decisions, adequate knowledge is critical for policy and practice.

Third, abortion needs to be seen in the context of the developmental tasks of adolescence, particularly in regard to autonomy and sexuality. In this issue (pp. 89–93), Marecek provides an excellent overview of the ways in which such issues apply to pregnancy counseling in adolescence. In the same vein, decisions about abortion perhaps should be viewed in the context of the general restrictions that society places in the way of exercise of informed autonomous and private decisions by adolescents (cf. Melton, 1983c).

Fourth, the assumption that adolescents are particularly vulnerable to psychological harm from abortion is not supported by the data (Adler & Dolcini, 1986). Further, the assumption is simplistic. There is a need for more sophisticated approaches to assessing the psychological effects of decision-making alternatives—abortion, carrying the pregnancy to term and keeping the child, and carrying the pregnancy to term and relinquishing the child for adoption. Given the findings suggesting that perceived coercion in pregnancy decisions may itself have harmful effects (Marecek, this issue), evaluation of decision-making alternatives should be pursued in the context of the degree of legal regulation and intrusiveness (see Melton, this issue, pp. 79–83).

Fifth, this initial effort by divisions to disseminate psychological knowledge relevant to adolescent abortion should be replicated by state associations. Although state

[3] After this article went to press, the Supreme Court agreed to hear *Hartigan v. Zbaraz* (pending), testing the constitutionality of a mandatory waiting period after parental notification in adolescent abortion cases. APA is submitting an amicus brief in *Zbaraz* to inform the Court in detail about relevant empirical research.

A-X

associations rarely have been involved in advocacy on social issues (Melton, 1985), the key activity in the area of adolescent abortion probably lies more in the state legislatures than the federal courts. State associations, perhaps relying on the specialized expertise of APA divisions, could be useful in bringing knowledge to state legislatures about policies most likely to protect pregnant adolescents' privacy and minimize the stress they experience in making pregnancy-related decisions.

Adolescent abortion is but one of the many issues affecting human welfare about which psychologists may inform state policymakers. Indeed, most policies affecting children, youth, and families are decided primarily in the state legislatures: child custody standards, the age of majority, child labor laws, child care regulation, standards for public education, standards and remedies for child abuse and neglect, juvenile justice standards and procedures, and so forth. Because of their limited staffs, state legislators often are especially interested in testimony and consultation by experts (Ziegler & Baer, 1969). Through shared expertise, APA divisions and state associations can contribute to thoughtful policy making based on a realistic understanding of psychosocial assumptions.

REFERENCES

Abeles, N. (1981). Proceedings of the American Psychological Association, Incorporated, for the year 1980. *American Psychologist, 36,* 552–586.

Adler, N. E., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 74–95). Lincoln: University of Nebraska Press.

Babikian, H. M., & Goldman, A. G. (1971). A study in teen-age pregnancy. *American Journal of Psychiatry, 128,* 755–760.

Bellotti v. Baird I, 428 U.S. 132 (1976).

Bellotti v. Baird II, 443 U.S. 622 (1979).

Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development, 45,* 1–5.

City of Akron v. Akron Center for Reproductive Health, 462 U.S. 416 (1983).

Grisso, T., & Vierling, L. (1978). Minors' consent to treatment: A developmental perspective. *Professional Psychology, 9,* 412–427.

H. L. v. Matheson, 450 U.S. 398 (1981).

Hafemeister, T., & Melton, G. B. (in press). The impact of social science research on the judiciary. In G. B. Melton (Ed.), *Reforming the law: Impact of child development research.* New York: Guilford.

Hartigan v Zbaraz, cert. granted, 55 U.S.L.W. 3247 (U.S. Oct. 14, 1986).

Hodgson v. Minnesota, Civil No. 3-81-538 (D.Minn. 1986).

In re Gault, 387 U.S. 1 (1967).

Interdivisional Committee on Adolescent Abortion. (1987). Adolescent abortion: Psychological and legal issues. *American Psychologist, 42,* 73–78.

Lewis, C. C. (1987). Minors' competence to consent to abortion. *American Psychologist, 42,* 84–88.

Marecek, J. (1987). Counseling adolescents with problem pregnancies. *American Psychologist, 42,* 89–93.

Melton, G. B. (1981). Children's participation in treatment planning: Psychological and legal issues. *Professional Psychology, 12,* 246–252.

Melton, G. B. (1983a). Children's competence to consent: A problem in law and social science. In G. B. Melton, G. P. Koocher, & M. J. Saks (Eds.), *Children's competence to consent* (pp. 1–18). New York: Plenum.

Melton, G. B. (1983b). Minors and privacy: Are legal and psychological concepts compatible? *Nebraska Law Review, 62,* 455–493.

Melton, G. B. (1983c). Toward "personhood" for adolescents: Autonomy and privacy as values in public policy. *American Psychologist, 38,* 99–103.

Melton, G. B. (1984a). Child witnesses and the first amendment: A psycholegal dilemma. *Journal of Social Issues, 40*(2), 291–305.

Melton, G. B. (1984b). Developmental psychology and the law: The state of the art. *Journal of Family Law, 22,* 445–482.

Melton, G. B. (1985). Organized psychology and legal policymaking: Involvement in the post-*Hinckley* debate. *Professional Psychology: Research and Practice, 16,* 810–822.

Melton, G. B. (Ed.). (1986). *Adolescent abortion: Psychological and legal issues.* Lincoln: University of Nebraska Press.

Melton, G. B. (1987). Legal regulation of adolescent abortion: Unintended effects. *American Psychologist, 42,* 79–83.

Melton, G. B. (in press). Judicial notice of "facts" about child development. In G. B. Melton (Ed.), *Reforming the law: Impact of child development research.* New York: Guilford.

Melton, G. B., Koocher, G. P., & Saks, M. J. (Eds.). (1983). *Children's competence to consent.* New York: Plenum.

Melton, G. B., Petrila, J., Poythress, N. G., Jr., & Slobogin, C. (1987). *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers.* New York: Guilford.

Melton, G. B., & Pliner, A. J. (1986). Adolescent abortion: A psycholegal analysis. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 1–39). Lincoln: University of Nebraska Press.

Monahan, J., & Walker, L. (1986). Social authority: Obtaining, evaluating, and establishing social science in law. *University of Pennsylvania Law Review, 134,* 477–517.

Perry, G. S., & Melton, G. B. (1984). Precedential value of judicial notice of social facts: *Parham* as an example. *Journal of Family Law, 22,* 633–676.

Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976).

Planned Parenthood of Kansas City, Missouri v. Ashcroft, 462 U.S. 476 (1983).

Poythress, N. G., Jr. (1983). Psychological issues in criminal proceedings: Judicial preference regarding expert testimony. *Criminal Justice and Behavior, 10,* 175–194.

Roe v. Wade, 410 U.S. 113 (1973).

Thornburgh v. American College of Obstetricians and Gynecologists, 106 S. Ct. 2169 (1986).

Tremper, C. R. (in press). The high road to the bench: Presenting research findings in appellate briefs. In G. B. Melton (Ed.), *Reforming the law: Impact of child development research.* New York: Guilford.

Weiss, C. (in press). The diffusion of social science research to policy makers: An overview. In G. B. Melton (Ed.), *Reforming the law: Impact of child development research.* New York: Guilford.

Weithorn, L. A. (in press). Professional responsibility in the dissemination of psychological research in legal contexts. In G. B. Melton (Ed.), *Reforming the law: Impact of child development research.* New York: Guilford.

Ziegler, H., & Baer, M. (1969). *Lobbying: Interaction and influence in American state legislatures.* Belmont, CA: Wadsworth.

A-X

Adolescent Abortion

Psychological and Legal Issues

Interdivisional Committee on Adolescent Abortion

ABSTRACT: Findings from empirical research differ greatly from the Supreme Court's assumptions about psychosocial factors in adolescent abortion. Psychological research does not support age-graded policies about abortion. Psychologists should be careful to preserve adolescent clients' privacy in counseling about pregnancy-related decisions. Government should encourage counseling services for pregnant adolescents and research on psychological aspects of their decisions.

Few issues in our society are as emotion laden as the question of the circumstances under which abortion should be legally available. The issue is especially charged in regard to adolescents, because it raises the profound dilemmas of the proper ordering of the interests of the adolescent, her family, and the state. The question is no less basic than whether adolescents are to be considered true persons entitled to respect for privacy in personal decisions.

Beyond the general public interest in issues related to adolescent abortion, psychologists have special interest in the problem for several reasons. First, although the Supreme Court has recognized the application of the right to privacy for minors in abortion decisions, the Court has also made clear that states may regulate minors' access to abortions in ways that would be unconstitutional if applied to adult women (see Melton & Pliner, 1986, for a review). It has based the latter conclusion on assumptions that minors are especially vulnerable to deleterious psychological effects of abortions and that pregnant minors are substantially less able than adult pregnant women to make a reasonable decision about whether to terminate a pregnancy. Psychologists can assist courts and legislatures in evaluating the validity of these and related assumptions so as to determine whether there is any compelling basis for age-based regulation of women's access to abortion. Similarly, psychologists can evaluate legal procedures to ensure that they enhance support for pregnant adolescents and that they do not themselves add undue stress or create other unintended negative effects.

Second, as clinicians or counselors in schools, mental health centers, and health care settings, psychologists are often involved in assisting adolescent clients or other health professionals in decisions about abortion. Few situations raise as many complex ethical and legal issues for psychologists (see Scott, 1986, for a review). Analogously, there are special ethical and legal problems for psychologists who seek to provide the scientific basis for practice through study of pregnant adolescents' decisions or the effects of their decisions.

Third, and most generally, as scientists and professionals committed to the promotion of human welfare (American Psychological Association [APA], 1981, Preamble), psychologists are dedicated to ensuring that adolescents and families faced with difficult decisions have access to services that will assist them in understanding the alternatives and dealing with their consequences. Psychologists are ethically bound to respect individual privacy and to protect the civil rights of their clients (APA, 1981, Principle 3c).

What Do We Know?

In both absolute and relative terms, abortion is common among adolescents (see Russo, 1986, for a review). About 40% of the 1.1 million pregnancies in females under age 20 annually are terminated by induced abortions. Nearly one third of all abortions are performed on females under age 20. Among younger adolescents (under age 15), almost half of the abortions occur among minority youth. Thus, beyond the moral and social issues involved in abortion generally, the sheer frequency of adolescent abortion, especially among disadvantaged groups, marks it as a social phenomenon worthy of careful policy analysis.

Quality of Decision Making

The Supreme Court has assumed that adolescents are less likely than adults to make sound decisions when they are faced with an unintended pregnancy. There are few studies directly focused on abortion decision making by adolescents. However, the available evidence on health care decision making generally suggests that adolescents are as able to conceptualize and reason about treatment alternatives as adults are (see, for reviews, Grisso & Vierling, 1978; Melton, 1981; Melton, 1984, pp. 463–466; Melton, Koocher, & Saks, 1983; Weithorn, 1982; see also Weithorn & Campbell, 1982). The developmental differences that occur in decisions about abortion appear to be related largely to differences in adolescents' and adults' social situations, not their psychological maturity. Thus, adolescents are more likely to perceive their decision as externally determined (Lewis, 1980), and parents frequently *are* involved in helping to make the decision (Clary, 1982; Rosen, 1980). Adolescents are also more likely to delay their decision (Bracken & Kasl, 1975; Russo, 1986), probably because of a variety of social factors: fear of familial consequences; lack of experience in

 0003-066X/87/$00.75
Vol. 42, No. 1, 73–78

A-X

contacting professionals; lack of money to pay professional fees; concern about confidentiality.

Several states have enacted statutory requirements for notification of parents before a minor obtains an abortion, and the Supreme Court has upheld the constitutionality of such requirements, at least when applied to immature, unemancipated minors. Parental notice requirements would serve a compelling state interest, however, only if they resulted in a more reasoned decision by the minor. Although the effects of the notice statutes have yet to be evaluated directly, there is reason to believe that they will frequently not have such a positive effect. First, studies of family planning clinics have shown that confidentiality is an important factor for adolescents considering whether to use their services (Torres, Forrest, & Eisman, 1980; Zabin & Clark, 1983). Lack of confidentiality may increase the tendency already observed among pregnant teenagers, particularly younger teenagers, to delay in seeking professional help. Second, there is considerable evidence that parent–daughter communication about sexuality often leaves much to be desired (Fox & Inazu, 1980; Furstenberg, 1971; Rothenberg, 1980). There is little reason to believe that the quality of communication would be greatly improved with a daughter's announcement that she believes that she may be pregnant, even when the law requires parental consultation. Third, although parental involvement if often desirable—perhaps more frequently than adolescents estimate (cf. Furstenberg, 1976)—it is also clear that there are circumstances in which parental consultation is likely to result in neither more reasoned decision making nor diminished risk of psychological harm. That is, when parents support their daughter's decision—whether to abort or to carry to term—and permit their daughter to make her own decision with their assistance, the probability of a positive outcome is increased (Adler & Dolcini, 1986). However, when these conditions are absent, parental involvement may exacerbate stress.

Psychological Effects

The Supreme Court has assumed that adolescents are especially vulnerable to serious psychological harm as a result of having an abortion and that these risks are substantially greater than the psychological risks that arise in the decisions required when a minor carries a fetus to full term. There is no research evidence to support these assumptions (see Adler & Dolcini, 1986, for a review). Although adolescents' reactions to abortions may be somewhat more negative on the average than adults', the magnitude of the age differences is small (see, e.g., Bracken, Hachamovitch, & Grossman, 1974). Moreover, when negative reactions occur, they are almost always mild and transitory. Indeed, the most common reaction to abortion among both minors and adults is one of relief (Olson, 1980; Osofsky, Osofsky, & Rajan, 1973). The slightly more negative average response of adolescents is probably related largely to their tendency to delay; the medical procedures involved in abortion late in gestation tend to be more stressful. If increased governmental regulation of adolescent abortion in fact results in even greater delay, legal procedures ostensibly designed to protect pregnant adolescents may in fact increase the probability of undue distress.

It is noteworthy that the medical morbidity and mortality rates arising from full-term adolescent pregnancy are much greater than those arising from adolescent abortion, especially in the first trimester (Cates, 1981). Although the data on psychological effects of adoption are limited, the available research indicates that the psychological risks entailed in adolescents' completion of their pregnancies—whether they keep their babies or relinquish them for adoption—are substantially greater than the psychological risks of adolescent abortion (Adler & Dolcini, 1986).

Social Effects

That abortion is typically a relatively benign alternative for pregnant adolescents is unsurprising when one considers the social consequences of becoming a teenage parent (see, for reviews, Marecek, 1986; Scott, 1984). Adolescent mothers frequently find their education interrupted, their occupational aspirations stunted, their income diminished, and their marriage (when it occurs) strained. There is often financial and emotional strain for the mother's family of origin, and adolescent fathers often also experience emotional strain and disruptions of education and occupation. Moreover, the children of adolescent mothers are at risk for developmental problems, and they may be more likely to have problems of psychosocial adjustment. In cross-national research, particularly deleterious developmental effects have been observed in children resulting from pregnancies in which an abortion was sought and denied (David & Matejcek, 1981). However, care must be taken in generalizing from these studies involving European populations to the American experience.

What Should Psychologists Do?

As the preceding review of the state of knowledge about adolescent abortion indicates, legal policy has often been grounded on assumptions that do not withstand empirical scrutiny or for which no empirical evidence exists. What-

---

This statement is a summary of the report of the Interdivisional Committee on Adolescent Abortion sponsored by Division 37 (Child, Youth, and Family Services) of the American Psychological Association, in collaboration with Divisions 34 (Population and Environment), 35 (Psychology of Women), and 41 (American Psychology–Law Society). The statement was endorsed by the executive committees of the sponsoring divisions in spring 1985, subject to the addition of references when published. The statement was also noted favorably by the APA Committee on Women in Psychology and the APA Committee for the Protection of Human Participants in Research.

Members of the committee included Nancy E. Adler, Henry P. David, Jeanne Marecek, Gary B. Melton (chair), Roberta A. Morris, Nancy Felipe Russo, Elizabeth S. Scott, Lois A. Weithorn, and Kathleen Wells.

The committee's full report is available in Melton (1986).

Correspondence concerning this article should be addressed to Gary B. Melton, Department of Psychology, University of Nebraska—Lincoln, 209 Burnett, Lincoln, NE 68588-0308.

A-X

ever the wisdom of existing law, however, psychologists must, of course, assist their adolescent clients within that legal context. This context is often ambiguous and complex, and the underlying moral issues are themselves difficult. Counseling adolescents about abortion decisions (or conducting related research) thus requires extraordinary attention to ethical concerns (see Scott, 1986, for a review).

Respect for personal autonomy and privacy demands support for freedom of choice in decisions of great personal significance, such as abortion. This general principle is consonant not only with psychologists' Ethical Principles (APA, 1981); it is also consistent with existing legal doctrine, which has been based on concern about the limits of adolescents' rational decision making. Within such an ethical and legal framework, psychologists who counsel adolescents about abortion decisions have the following two principal tasks: (a) to assist adolescents in weighing the alternatives (e.g., abortion; completing the pregnancy and relinquishing the baby for adoption; completing the pregnancy and keeping the baby), and (b) to provide emotional support for adolescents so that they can make sound personal decision under relatively unstressful conditions and that they will not suffer untoward psychological sequelae of the decision itself.

In order to assist adolescents in decision making, psychologists must, of course, be willing to explore the alternatives. Psychologists whose moral scruples prevent such open discussion should so inform their clients and provide referrals to other counselors, as needed. In order to be of assistance, psychologists must know the alternatives; accordingly, they should be able to explain the legal procedures in their jurisdiction for minors' obtaining abortions with or without parental consent and for placing a child for adoption.

In some jurisdictions, psychologists may be unable to guarantee confidentiality to minors who seek counseling about abortion. These constraints should be made clear to clients when they initiate counseling. When legal strictures are unclear (e.g., whether counseling by school psychologists is confidential; whether state-imposed parental notice requirements may be applied to mature minors and, if not, how "maturity" is to be assessed), legal advice should be sought (e.g., an attorney general's opinion). Psychologists should advocate laws that will safeguard their clients' privacy.

In jurisdictions in which judicial permission is required for an adolescent to receive an abortion without parental consent, psychologists may be asked to determine whether the client is "mature" and whether an abortion would be in her best interest. These are legal and moral determinations about which psychologists and other health professionals have no special expertise (cf. Bonnie & Slobogin, 1980; Morse, 1978). Thus, although psychologists may be able to provide information that will be helpful to the court in making its decision, they should resist offering ultimate-issue opinions (i.e., opinions about whether the legal standards for "maturity" and "best interest" have been met).

There are still sizable gaps in what is known about alternatives for policy on adolescent abortion. For example, there have been few evaluations of the effects of the various limitations that states have imposed on minors' access to abortion (but see Cartoof & Klerman, 1986; Donovan, 1983; Mnookin, 1985; Pliner & Yates, 1986). The literature on the psychology of pregnant adolescents' decisions is also still quite limited. Psychologists can and should conduct the research needed to answer these questions, because they are crucial both to policy formulation and the development of counseling techniques. However, it must be acknowledged that there are special ethical and practical problems in conducting such research. Can a minor who is able to consent to an abortion independently also consent to research about abortion? Federal regulations permit minors to consent to research independently and privately in such a circumstance, but state laws may provide no specific imprimatur for an exception to the usual rule that minors are per se incompetent to consent to research. In view both of the private nature of the decision involved and the societal interest in increasing knowledge about adolescent abortion, states clearly should permit minors to consent independently to research about abortion if they are able to demonstrate an understanding of the risks and benefits of the research. However, in view of the emotional loading of the topic and the usual legal presumption that adolescents are incompetent to consent, psychologists conducting research on adolescent abortion should pay special attention to the ethical issues in their research. In addition to the usual review by institutional review boards, researchers might consider establishment of an independent advisory group to safeguard the welfare of participants.

What Should Policymakers Do?

Although the policy chosen is likely to have significant psychological consequences, the questions of whether family privacy is superior to individual privacy and when abortion is to be permitted are issues of morality and law, and are not subject to empirical psychological study. However, insofar as the legal calculus is based on psychological assumptions, policymakers should stimulate and attend to relevant psychological research. In that regard, there is little evidence to support age-graded policies about abortion; research supports neither the contention that adolescents are especially unlikely to make reasoned decisions about abortion nor the assumption that adolescents are vulnerable to serious psychological harm as a result of abortion.

Consideration should be given to abolishing mature minor standards in determination of whether minors are able to obtain an abortion without parental notification or consent. It is hard to imagine a minor too immature to make the decision but mature enough to rear a child. In any case, no research has been conducted to determine whether "maturity" can be reliably and validly assessed. In the absence of clear legal standards, it is very probable that such assessments are often erroneous. In view of the

A-X

time consumed in performing such assessments and their questionable validity, it is unclear whether a mature minor standard can be effectively implemented even if it makes sense in the abstract.

Finally, government should encourage the development of counseling services for pregnant adolescents and their families. As the Supreme Court has recognized, these services should be provided by professionals with special training in counseling. Competent counseling is likely to enhance the quality of adolescents' decision making and to minimize emotional strain. Support for research is also essential if counselors are to be able to respond optimally to pregnant adolescents' needs for information and emotional support. The policy of the current Administration to provide few, if any grants, for abortion-related research and counseling services is apt ironically to hamper efforts to facilitate careful and relatively unstressful decisions by pregnant adolescents.

REFERENCES

Adler, N. E., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 74–95). Lincoln: University of Nebraska Press.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633–638.

Bonnie, R. J., & Slobogin, C. (1980). The role of mental health professionals in the criminal process: The case for informed speculation. *Virginia Law Review, 66,* 427–522.

Bracken, M., Hachamovitch, M., & Grossman, A. (1974). The decision to abort and psychological sequelae. *Journal of Nervous and Mental Disorders, 15,* 155–161.

Bracken, M., & Kasl, S. (1975). Delay in seeking induced abortion: A review and theoretical analysis. *American Journal of Obstetrics and Gynecology, 121,* 1008–1019.

Cartoof, V. G., & Klerman, L. V. (1986). Parental consent for abortion: Impact of the Massachusetts law. *American Journal of Public Health, 76,* 397–400.

Cates, W., Jr. (1981). Abortions for teenagers. In J. E. Hodgson (Ed.), *Abortion and sterilization: Medical and social aspects* (pp. 139–154). London: Academic Press.

Clary, F. (1982). Minor women obtaining abortions: A study of parental notification in a metropolitan area. *American Journal of Public Health, 72,* 283–285.

David, H. P., & Matejcek, Z. (1981). Children born to women denied abortion: An update. *Family Planning Perspectives, 13,* 32–34.

Donovan, P. (1983). Judging teenagers: How minors fare when they seek court-authorized abortions. *Family Planning Perspectives, 15,* 259–267.

Fox, G. L., & Inazu, J. K. (1980). Mother–daughter communication about sex. *Family Relations, 29,* 347–352.

Furstenberg, F. F., Jr. (1971). Birth control experience among pregnant adolescents: The process of unplanned parenthood. *Social Problems, 19,* 192–203.

Furstenberg, F. F., Jr. (1976). The social consequences of teenage parenthood. *Family Planning Perspectives, 8,* 148–164.

Grisso, T., & Vierling, L. (1978). Minors' consent to treatment: A developmental perspective. *Professional Psychology, 9,* 412–427.

Lewis, C. (1980). A comparison of minors' and adults' pregnancy decisions. *American Journal of Orthopsychiatry, 50,* 446–453.

Mareček, J. (1986). Consequences of adolescent childbearing and abortion. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 96–115). Lincoln: University of Nebraska Press.

Melton, G. B. (1981). Children's participation in treatment planning: Psychological and legal issues. *Professional Psychology, 12,* 647–654.

Melton, G. B. (1984). Developmental psychology and the law: The state of the art. *Journal of Family Law, 22,* 445–482.

Melton, G. B. (Ed.). (1986). *Adolescent abortion: Psychological and legal issues.* Lincoln: University of Nebraska Press.

Melton, G. B., Koocher, G. P., & Saks, M. J. (Eds.). (1983). *Children's competence to consent.* New York: Plenum.

Melton, G. B., & Pliner, A. J. (1986). Adolescent abortion: A psycholegal analysis. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 1–39). Lincoln: University of Nebraska Press.

Mnookin, R. H. (1985). *Bellotti v. Baird:* A hard case. In R. H. Mnookin (Ed.), *In the interest of children: Advocacy, law reform, and public policy* (pp. 149–264). New York: W. H. Freeman.

Morse, S. J. (1978). Crazy behavior, morals and science: An analysis of mental health law. *Southern California Law Review, 51,* 527–654.

Olson, L. (1980). Social and psychological correlates of pregnancy resolution among adolescent women: A review. *American Journal of Orthopsychiatry, 42,* 48–60.

Osofsky, J. D., Osofsky, H. J., & Rajan, R. (1973). Psychological effects of abortion: With emphasis upon immediate reactions and followup. In H. J. Osofsky & J. D. Osofsky (Eds.), *The abortion experience: Psychological and medical impact* (pp. 188–205). Hagerstown, MD: Harper & Row.

Pliner, A. J., & Yates, S. M. (1986, August). *The Massachusetts judicial consent hearing: A rubber-stamp proceeding?* Paper presented at the meeting of the American Psychological Association, Washington, DC.

Rosen, R. H. (1980). Adolescent pregnancy decision-making: Are parents important? *Adolescence, 15,* 43–54.

Rothenberg, P. B. (1980). Communication about sex and birth control between mothers and their adolescent children. *Population and Environment, 3,* 35–50.

Russo, N. F. (1986). Adolescent abortion: The epidemiological context. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 40–73). Lincoln: University of Nebraska Press.

Scott, E. S. (1984). Adolescents' reproductive rights: Abortion, contraception, and sterilization. In N. D. Reppucci, L. A. Weithorn, E. P. Mulvey, & J. Monahan (Eds.), *Children, mental health, and the law* (pp. 125–150). Beverly Hills, CA: Sage.

Scott, E. S. (1986). Legal and ethical issues in counseling pregnant adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 116–137). Lincoln: University of Nebraska Press.

Torres, A., Forrest, J. D., & Eisman, S. (1980). Telling parents: Clinic policies and adolescents' use of family planning and abortion services. *Family Planning Perspectives, 12,* 284–292.

Weithorn, L. A. (1982). Developmental factors and competence to make informed treatment decisions. In G. B. Melton (Ed.), *Legal reforms affecting child and youth services* (pp. 85–100). New York: Haworth.

Weithorn, L. A., & Campbell, S. B. (1982). The competency of children and adolescents to make informed treatment decisions. *Child Development, 53,* 1589–1599.

Zabin, L. S., & Clark, S. D., Jr. (1983). Institutional factors affecting teenagers' choice and reasons for delay in attending a family planning clinic. *Family Planning Perspectives, 15,* 25–29.

A-X

Appendix A

APA Brief in Thornburgh v. American College of Obstetricians and Gynecologists

The Requirement That Minors Fourteen Years Of Age And Over Seek Parental Or Judicial Consent For Abortions Does Not Satisfy The *Danforth* Significant State Interest Test.

[A great] burden on [minors' abortion] rights is posed by the implicit presumption in § 8206 [of the Pennsylvania Abortion Control Act] that, unless otherwise demonstrated, women under the age of eighteen are less capable than adults of making decisions regarding abortion in a reasoned manner. This presumption is not supported by the relevant empirical studies. To the contrary, there is a substantial and growing body of psychological literature which supports the view that by the age of fourteen, most minors do not differ from adults in their ability to understand and reason about treatment alternatives or to comprehend and consider risks and benefits regarding those alternatives. Nor do minors fourteen and older differ in the quality of decisions actually made. *See generally* Melton & Pliner, *Adolescent Abortion: A Psycholegal Analysis* in ADOLESCENT ABORTION: PSYCHOLOGICAL AND LEGAL ISSUES (G. Melton ed. in press); Lewis, *A Comparison of Minors' and Adults' Pregnancy Decisions*, 50 AM. J. ORTHOPSYCHIATRY 446 (1980).[20]

Indeed, the fact that a minor has chosen to abort may show the deliberation, foresight as to consequences, and sense of responsibility that mark mature decisionmaking:

> Minors who seek abortions express reasons similar to those of adults, and demonstrate a comparable appreciation of their dilemmas. Like adults, they are attempting to escape from a potentially shattering, life-long handicap. These minors recognize that childbirth is age-inappropriate. They often wish to continue in regular junior or senior high schools without stigma rather than attend schools for pregnant girls, and some may have longer range ambitions as well. If they are members of fatherless families supported by public assistance, an unwanted pregnancy to term and childbirth may dash their hopes of rising above their mothers' education and socio-economic status. They may be disillusioned by the inconstancy and unconcern of the biological father, often also a minor, or they may find their pregnancies repulsive as the result of incest or rape.

Dembitz, *The Supreme Court and a Minor's Abortion Decision*, 80 COLUM. L. REV. 1251, 1256 (1980) (footnote omitted).

Thus, in view of the Court's reliance on minors' presumed "lesser capability for making important decisions" as the primary justification for requiring women under the age of eighteen to secure parental consent or to initiate judicial proceedings by which they may demonstrate sufficient "maturity" to make an independent choice, these studies call for a re-evaluation of that presumption in order to ensure that the fundamental privacy rights recognized in *Roe v. Wade* are not being applied to minors in an impermissibly restrictive manner, unsupported by "any significant state interest . . . not present in the case of an adult." *Danforth*, 428 U.S. at 75.

As noted above, the "significant interest" recognized by this Court as sufficient justification of statutory parental/judicial consent procedures such as those at issue in *Thornburgh* is the State's interest in ensuring that a minor's decision to abort is the product of a mature and rational decisionmaking process. However, the studies cited above and at n.20, *supra*, show that there is no empirical basis for concluding that minors fourteen and older are less capable of making informed decisions than adults. Thus, the Commonwealth's interest in ensuring the informed consent of minors fourteen and older is no different from its interest in ensuring the informed decisionmaking of adults.

For example, in a recent study by two noted developmental psychologists, minors aged nine and fourteen and adults aged eighteen and twenty-one were presented with four hypothetical vignettes about individuals suffering from particular medical or psychological disorders, and were asked to choose among several treatment options. The subjects were presented with detailed information about the nature, purpose, risks, and benefits of the alternative treatments, and were asked to choose among them. The subjects were then asked a series of standardized questions about their decisions, and about the vignettes. In most instances, the responses showed no difference between the adults and the fourteen year olds in any of the scales of competency used in the study: inferential understanding (*i.e.*, appreciation), factual understanding, reasoning, reasonable outcome, and evidence of choice. *See* Weithorn & Campbell, *The Competency of Children and Adolescents to Make Informed Treatment Decisions*, 53 CHILD DEVELOPMENT 1589 (1982).[22]

These and similar findings by other researchers support the conclusion that there is no factual justification for treating fourteen year old women differently, in this respect, from eighteen year old women. And, "without [the] assumption [of a minor's inability to make reasoned and informed decisions,] there seems to be an inadequate constitutional justification for imposing upon her the burden of proving her entitlement to exercise a consti-

---

Note. This excerpt is reprinted verbatim from APA's brief in *Thornburgh v. American College of Obstetricians and Gynecologists* (pp. 25–29). Some of the footnotes have been omitted. The brief was prepared by Donald N. Bersoff, Laurel Pyle Malson, and Bruce J. Ennis of Ennis Friedman & Bersoff. It was submitted to the United States Supreme Court on August 21, 1985. A copy of the complete brief can be obtained from Clarence Augustus Martin, Office of Legal Affairs, APA, 1200 17th St., N.W., Washington, DC 20036.

[20] These findings tend to show that the years between 11 and 14 are the transition period during which children develop the capacity to weigh risks and benefits in decision making.

[22] By contrast, the nine-year-olds were found to perform significantly less well on the understanding and reasoning scales.

A-X

tutional right." Dembitz, *supra*, 80 Colum. L. Rev. at 1262 (footnote omitted).

The statutory consent procedures required by § 3206 impose a substantial burden on adolescent women seeking to exercise the constitutional right to choose abortion. Without regard to how simple, uncomplicated, and speedy the procedures may be, or how helpful and courteous the court personnel may be, the burden imposed on a pregnant minor by the requirement that she initiate and prosecute such proceedings, exposing the details of her pregnancy to numerous court personnel, nevertheless remains a substantial burden. Because that burden is not imposed on adult women—individuals whose informed decisionmaking capacity is not measurably different from that of fourteen year olds—who exercise their right to choose abortion, the imposition of such procedures on minors constitutes an impermissible burden on their constitutional right.

The imposition of such a burden is particularly inappropriate in light of the "unique nature and consequences of the [minor's] abortion decision," which this Court has recognized as a characteristic that distinguishes "the abortion decision . . . from other decisions that may be made during minority." *Bellotti II*, 443 U.S. at 642. In addition to the adverse and substantial consequences noted by the plurality in *Bellotti II*, there are a variety of other negative effects that result from requiring minors to submit to judicial proceedings to secure authorization for abortions. Those effects include self-imposed delays in initiating such proceedings because of embarrassment and the invasion of privacy inherent in petitioning a court; substantial increases in the psychological and medical risks of abortion which may result from such delays; anxiety, embarrassment, and feelings of degradation about discussing such intimate matters with a lawyer and a judge; and the damage to the minor's self-esteem and sense of individual personhood—the development of which are principal developmental tasks during adolescence—which necessarily results from the invasion of her privacy and the requirement that her abortion decision be reviewed and validated by a third party. *See generally* Melton & Pliner, *Adolescent Abortions: A Psycholegal Analysis*, *supra*.

In view of these considerations, the Commonwealth has failed to make the showing required by *Danforth* of a "significant state interest" in subjecting the abortion decisions of minors fourteen years of age and older to judicial review when similar decisions by adult women are not subject to judicial review. Accordingly, APA submits that the parental/judicial statutory consent provisions of § 3206 impermissibly burden the rights of women fourteen years of age and older to seek abortions, and respectfully urges the Court to hold § 3206 unconstitutional on that basis.[24]

[24] Consistent with these views, APA urges that States be required to *presume* that minors 14 years of age and older are competent to make their own abortion decisions. However, as with the presumption of an *adult's* competence to provide informed consent to health-care procedures, in circumstances in which the attending professionals have doubts as to the validity or reliability of the patient's consent, judicial or other third-party determination of the issue would be appropriate. Thus, any minor fourteen or older who is seeking an abortion and about whom health care professionals have serious doubt as to her competency to make an informed abortion decision would be required to petition the court for a *de novo* competency determination. As with existing procedures under § 3206, the judge would be permitted to consider whether an abortion would be in the minor's best interest only if he has made a prior determination of the minor's incompetency to make that decision for herself. Such a structure would protect fully the mature minor's constitutional right to an unburdened abortion decision, would serve the State's interest in protecting immature minors from "improvement" decisions, and would serve the additional salutary purpose of freeing judicial resources from difficult and unnecessary inquiries.

A-X

Legal Regulation of Adolescent Abortion

Unintended Effects

Gary B. Melton *University of Nebraska—Lincoln*

ABSTRACT: Legislatures often have established special procedures for judicial or parental involvement in adolescents' abortion decisions. Such procedures are intended ostensibly to protect pregnant minors' psychological health and increase the competence of their decision making. However, judicial bypass and parental notification statutes promote neither goal. At best, such statutes are benign but costly and purposeless. At worst, they increase pregnant minors' delay in seeking medical attention and induce embarrassment, anxiety, and family conflict. Additional research is needed to provide a foundation for legal decision making about the constitutionality of the actual operation of statutes regulating adolescent abortion.

The Supreme Court has been ambivalent in its approach to adolescent abortion (see, for reviews, Melton, 1983; Melton & Pliner, 1986). On the one hand, the Court has recognized, although not without dissent, that minors have a constitutionally protected interest in privacy in abortion decisions. On the other hand, the Court has worried that deleterious effects would result if minors' right to privacy were given the same deference owed to the right to privacy in adulthood. Thus, the Court has required merely a *significant* state interest, not a *compelling* state interest, as for adults, in order to infringe on minors' privacy.

This lowered level of scrutiny is based on three broad assumptions about psychosocial aspects of adolescent abortion (*Bellotti v. Baird*, 1979). First, the Court has assumed minors to be vulnerable to severe, permanent psychological sequelae of abortion (see especially *H.L. v. Matheson*, 1981). Second, the Court had been skeptical of many adolescents' ability to make reasoned decisions about abortion, even in consultation with their physicians. In that regard, the Court has doubted minors' ability to provide an adequate medical history (but see McKinney, Chin, Reinhart, & Trierweiler, 1985), and it has been skeptical that abortion clinics will provide necessary counseling (see, e.g., *Bellotti v. Baird*, 1979, p. 641; *H.L. v. Matheson*, 1981, p. 410). Third, as a general matter, the Court has assumed parental consultation often to be "desirable and in the best interest of the minor" (*H.L. v. Matheson*, 1981, p. 409, quoting *Bellotti v. Baird*, 1979, p. 640). Parents, it is assumed, will act to protect immature minors from the grave harm that is purported to result from abortion in adolescence.

In short, although the Court has acknowledged minors' right to privacy, it has devoted much more attention to the state's interests in protecting minors from ill-advised decisions and in promoting family integrity. Thus, since the Court's first decision about adolescent abortion (*Planned Parenthood of Central Missouri v. Danforth*, 1976), the Court has considered the constitutionality of a variety of legislative innovations intended, at least ostensibly, to promote the welfare of pregnant minors considering abortion. Although the political basis of these statutes may have been to establish obstacles to abortion, their stated purposes are to ensure careful attention by minors to the various dimensions of the abortion decision and to promote parental involvement in the decision.

The Court's assumptions about the psychology of adolescent abortion are largely incorrect (Adler & Dolcini, 1986; Lewis, this issue, pp. 84–88; Melton & Pliner, 1986). However, even if the assumptions are assumed to be valid, questions remain about whether the state can construct effective procedures to protect adolescents and promote family integrity. To be constitutional, such procedures must be minimally intrusive and closely related to the state's purposes. Will such special legal procedures for minors' consent to abortion facilitate reasoned, emotionally benign decisions? Or will they set up obstacles that merely delay the minor's decision and aggravate whatever stress is associated with the abortion decision and the abortion itself? If the effects are positive for some minors, are the procedures constructed narrowly enough not to harm or intrude on the privacy of others?

These questions focus attention on the constitutionality of statutes covering abortion in minors as such statutes are implemented. Although the statutes may appear on their face to be sufficiently related to the state's interests to withstand constitutional scrutiny, special procedures for approval of abortion by minors will be unconstitutional if their operation is not consonant with the state's purposes. Such legal theory only recently has begun to be tested in the courts (*Hodgson v. Minnesota*, 1986). The prospect of further challenges to statutes *as applied* raises the need for empirical research to determine the effects of the various procedures that states have adopted in cases involving abortion in minors. Although the research is still sparse, existing data suggest that special legal procedures in adolescent abortion cases fail to meet the state's purposes and indeed may work contrary to the intended effects.

Judicial Bypass

The most common age-based requirement in state regulation of abortion is that minors seek the approval of a

 0003-066X/87/$00.75
Vol. 42, No. 1, 79–83

A-X

third party. The Supreme Court has held that states cannot permit an absolute parental veto of abortion (*Planned Parenthood of Central Missouri v. Danforth*, 1976). Also, provisions for judicial appeal of parental decisions are insufficient (*Bellotti v. Baird*, 1979). The state must provide access to an alternative decision maker without requiring that the minor first seek approval by her parents. Although the Court has not specified the nature of the decision maker, the relevant states have adopted procedures for "bypassing" parents and going to a judge. If the judge finds the minor to be mature, the minor's wishes must be followed. If not, the judge is to make a decision based on the minor's best interests (see *Bellotti v. Baird*, 1979; *Planned Parenthood of Kansas City, Missouri, v. Ashcroft*, 1983). Thirteen states now have statutes providing for judicial bypass of parents by minors seeking an abortion (Benshoof & Pine, 1986). Seven states require parental or judicial *consent*. In the other six states, the minor has an option of *notifying* her parents or going to court.

Available research indicates that judicial bypass proceedings are merely pro forma. Although they represent substantial intrusion on minors' privacy and take up significant amounts of court time, there is no evidence that they promote more reasoned decision making or screen out adolescents who may be particularly immature or vulnerable. More than 90% of pregnant minors in Massachusetts who choose to go court rather than seek parental consent are found mature (Mnookin, 1985; Pliner & Yates, 1986). Data in both Massachusetts and Minnesota (which provides for judicial bypass of parental notification) indicate that almost all of the remaining minors' requests for an abortion are approved as being in their best interest (Benshoof & Pine, 1986; Donovan, 1983; Mnookin, 1985; Pliner & Yates, 1986).

The cursory nature of the hearings also indicates that they are nothing more than a rubber stamp (Pliner & Yates, 1986). The hearings typically last less than 15 minutes, and hearings about proposed second-trimester abortions are not significantly longer than hearings about proposed first-trimester abortions. Despite the complex issues involved (maturity and best interests of the minor), experts are rarely if ever called to testify.

The judicial bypass statutes appear not even to stimulate parental consultation. Mnookin (1985) found that about three fourths of minors obtaining abortions in Massachusetts obtain parental consent without going to court, in contrast to one third to one half of minors who consulted parents before obtaining an abortion prior to enactment of the judicial bypass law. However, most of the difference is accounted for by minors who simply go across the state line to obtain an abortion. About one third of minor abortion patients living in Massachusetts obtain an abortion out of state (Cartoof & Klerman, 1986). When Rhode Island implemented a similar law, the proportion of Massachusetts residents seeking an abortion there went down immediately, and abortion by minor residents of Massachusetts increased in the other states neighboring Massachusetts.

Although the research is still scarce, anecdotal data indicate deleterious effects of the judicial bypass procedure. Judges and lawyers involved in the hearings have testified that the procedure creates embarrassment and anxiety—an "ordeal"—for pregnant minors (Benshoof & Pine, 1986). At a minimum, the procedure invades privacy about personal information, a matter of special concern to adolescents (Melton, 1983; Wolfe, 1978). In its amicus brief in *Thornburgh v. American College of Obstetricians and Gynecologists* (1986), the American Psychological Association (APA) expressed concern that judicial proceedings result in

> anxiety, embarrassment, and feelings of degradation about discussing such intimate matters with a lawyer and a judge; and the damage to the minor's self-esteem and sense of individual personhood—the development of which are principal developmental tasks during adolescence—which necessarily results from the invasion of her privacy and the requirement that her abortion decision be reviewed and validated by a third party. (Interdivisional Committee on Adolescent Abortion, this issue, p. 78)

The bypass procedure also creates delay. Even in Massachusetts, where hearings are relatively easily accessible, an average of 4.5 days (but sometimes more than two weeks) elapses between the time that the minor contacts an attorney and the hearings are held (Pliner & Yates, 1986). The delay is not reduced in cases of second-trimester abortions. In Minnesota, where judges in rural counties have often recused themselves from participation in the abortion hearings, minors sometimes have to travel a round-trip of more than 500 miles for the hearing (Donovan, 1983), thus necessitating loss of school time (and, therefore, risking a greater threat to confidentiality) and creating additional possible delay in making the arrangements.

Beyond the delay directly resulting from the bypass statutes, minors may delay contacting a health clinic and an attorney because of their anxiety about the proceeding. Delay in minors' seeking medical attention for pregnancy is already a substantial problem (Bracken & Kasl, 1975; Russo, 1986). Such delay increases the medical and psychological risks associated with abortion (Bracken, Hachamovitch, & Grossman, 1974; Cates, 1981; Osofsky, Osofsky, Rajan, & Spitz, 1975). Protection of confidentiality is the most important determinant of minors' use of family planning services (Torres, 1978; Torres, Forrest, & Eisman, 1980; Zabin & Clark, 1983). Concern about the maintenance of privacy may create sufficient delay to make abortion no longer a safe option. Although the effect of the judicial bypass provision on the birth rate of adolescents in Massachusetts has been negligible (Cartoof & Klerman, 1986), there is evidence for an increase in births to minors in Minnesota, where access to both the court and abortion services is more difficult (Benshoof & Pine, 1986).

Correspondence concerning this article should be addressed to Gary B. Melton, Department of Psychology, University of Nebraska—Lincoln, 209 Burnett Hall, Lincoln, NE 68588-0308.

A-X

Parental Notice

Some states have provided directly for parental involvement by requiring notice to one or both parents before a minor may obtain an abortion. In *H.L. v. Matheson* (1981), the Supreme Court upheld the constitutionality of Utah's parental notice statute, as applied to immature, unemancipated minors. In *Matheson*, the Court expressly avoided the question of whether such a requirement of parental notification could be applied constitutionally to mature minors seeking an abortion. The Court has yet to rule directly on the issue, but it has indicated in dicta that states may not require notification in cases involving mature minors (*City of Akron v. Akron Center for Reproductive Health*, 1983, p. 441, note 31).

A parental notice statute would not meet the state's interests if it did not promote more reasoned and less stressful decision making or if it failed actually to promote parental consultation. Direct evaluation of *Matheson*-style notice statutes is lacking. However, several findings in existing research cast doubt that the notice statutes are meeting their purpose.

First, minors who do not involve their parents when the law does not require them to do so tend to be older (usually 16 or 17) and relatively unconflicted about their decision (Clary, 1982; Donovan, 1983; Rosen, 1980). Thus, they are likely to be able to reach a reasoned decision on their own (Lewis, this issue, pp. 84–88; Melton, Koocher, & Saks, 1983), and a parental notice statute would be expected to interfere with rather than enhance the decision-making process.

Second, minors who do not choose to notify their parents may have good reasons for not doing so, even if most parents would be supportive (cf. Clary, 1982; Furstenberg, 1971). Although adolescents' most common reason for not informing their mothers is to avoid hurting their mothers' feelings, about 30% of Clary's (1982) sample said that they did not inform one or both parents because of a fear of negative results (i.e., retaliation, physical punishment). Adolescents' failure to inform their parents was highly related to a perception that the parents were strongly opposed to abortion. Statutes that require notification of both parents are especially problematic. For example, 29% of the adolescents in Clary's (1982) sample who had not informed their fathers had failed to do so because the father resided elsewhere. Similarly, in Minnesota's hearings to bypass parental notice, judges report that about one fourth of the cases involve minors who have notified only their custodial parent (Donovan, 1983). A parental notice requirement also is particularly troublesome when no exception is made for minors whose pregnancy results from incest or whose parents have a history of being abusive.

Third, even if parents would not be as negative as their daughters predict, the perception that they would be unsupportive or retaliatory may increase minors' delay in seeking medical attention in states with notice statutes. As noted in the discussion of judicial bypass statutes, such delay would put minors at greater risk.

Fourth, communication about sexual matters between parents and teenage daughters is typically rather closed and uncomfortable (Fox & Inazu, 1980; Rothenberg, 1980). There is no reason to believe that a new openness typically would result from legally compelled communication about the possibility of abortion. In many families, parental notice is unlikely to stimulate a full discussion of the alternatives available to a pregnant minor.

Counselors' Involvement

One procedure that no state has implemented would require involvement by a third party other than a judge or parents. For example, states might choose to make a mental health professional or other counselor the "neutral factfinder" who would decide whether a minor was mature enough to make her own decision about abortion (Mnookin, 1985; cf. *Parham v. J.R.*, 1979). Because no state has enacted such a statute, there has been no test of the constitutionality of transforming counselors into legal decision makers in abortion cases. Research on such a procedure also is lacking, although there are historical parallels with state statutes prior to *Roe v. Wade* (1973) that required a "therapeutic" justification for abortion and thus made physicians arbiters of the desirability of an abortion.

It is easy to hypothesize the negative side effects of turning counselors into de facto judges. Making counselors legal decision makers might interfere with counseling. Although talking with a counselor may be less inhibiting than going before a judge, the negative effects of mandatory injection of a third party into the decision would not be eliminated.

States might require counseling itself, rather than decision making by a counselor. Such a statute would be more closely aligned with the state's goals. However, a provision for mandatory counseling, especially one in which the form or the content of the counseling was specified, would be apt to be counterproductive: Such counseling might be overly intrusive or even totally unnecessary in some cases, but not intensive enough in others. The fact that it would be compulsory might also diminish its efficacy (Marecek, this issue, pp. 89–93). Counseling should match individual needs. The Supreme Court has not considered whether special requirements for counseling might be imposed on minors. However, as a general matter, the Court has adopted the argument offered in the amicus briefs by the APA in *City of Akron* (1983) and *Thornburgh* (1986) that neither the specific content of abortion counseling nor the professional identity of abortion counselors should be specified by law. The Court concluded that the "State's interest is in ensuring that the woman's consent is informed and unpressured; the critical factor is whether she obtains the necessary information and counseling from a qualified person, not the identity of the person from whom she obtains it" (*City of Akron v. Akron Center for Reproductive Health*, 1983, p. 448).

A-X

Mature Minor Standard

The Supreme Court and, therefore, state legislatures have tended to base the degree of privacy enjoyed by a pregnant minor on her "maturity." The wisdom of the mature minor rule is questionable (Interdivisional Committee, 1986; Lewis, this issue; Mnookin, 1985). It may establish roadblocks to abortion for the pregnant minors least able to care for a child, and it may open the door to arbitrary judicial decisions about whose privacy will be protected. Even if the mature minor rule is a wise policy, it is unclear whether it is a workable standard. The Court has yet to define "mature" for the purpose of abortion decisions (Melton & Pliner, 1986). Therefore, it is unsurprising that studies do not exist as to whether maturity can be reliably and validly assessed within a reasonable period of time and with minimal intrusion on privacy.

In the absence of a clear standard and of research on whether the concept of maturity can be fairly and easily applied, a particularly stark dilemma has arisen for health professionals in some states. For example, the Utah statute upheld in *H.L. v. Matheson* (1981) provides for criminal penalties for a physician who performs an abortion on a minor without parental notification. However, as already noted, the physician who notifies the parents of a *mature* minor is probably violating her constitutional right to privacy. Thus, gynecological teams who erroneously determine that a minor is mature and therefore do not notify her parents may be subjecting the physician to criminal penalties. On the other hand, teams who erroneously find the minor to be immature and therefore do notify her parents may be breaching the minor's constitutional rights and their own ethical duty (APA, 1981, Principle 3c; Scott, 1986). Given such a dilemma, what do health professionals do? The ambiguity might lead professionals to err in one direction or the other—finding license for ignoring the notice requirement by perfunctorily assessing all minor abortion patients as mature, or exercising overcaution and establishing an unnecessary obstacle to abortion. Research to determine the effects of abortion statutes on professional decision making would be useful.

Conclusions

Whatever legislators' actual intent, the available psychological research and theory suggest that special provisions for judicial review of adolescents' abortion decisions have served as obstacles to protection of privacy and to diminution of stress. At best, they are benign but costly and purposeless legal procedures. At worst, they increase pregnant minors' delay in seeking medical attention and induce embarrassment, anxiety, and family conflict.

The next generation of litigation about adolescent abortion is apt to focus on the actual implementation of state statutes. Psychologists could be helpful to courts and legislatures in examining the impact of abortion laws to determine whether they are working as intended. Particular gaps in the existing literature pertain to (a) adolescents' experience of various legally mandated procedures (e.g., judicial bypass hearings), (b) the effects of *Matheson*-style parental notice requirements, and (c) the effects of various legal requirements on the behavior of health professionals who treat or counsel pregnant minors. At the same time, researchers should assess innovations that might assist pregnant minors. A particular need is for research that would form a foundation for policymakers who wish to make effective counseling available (cf. Marecek, this issue).

REFERENCES

Adler, N. E., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 74–95). Lincoln: University of Nebraska Press.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633–638.

Bellotti v. Baird, 443 U.S. 622 (1979).

Benshoof, J., & Pine, R. (1986, March 24). [Memorandum from American Civil Liberties Union Reproductive Freedom Project on the trial of *Hodgson v. Minnesota*]. New York: American Civil Liberties Union.

Bracken, M., Hachamovitch, M., & Grossman, A. (1974). The decision to abort and psychological sequelae. *Journal of Nervous and Mental Disorders, 15,* 155–161.

Bracken, M., & Kasl, S. (1975). Delay in seeking induced abortion: A review and theoretical analysis. *American Journal of Obstetrics and Gynecology, 121,* 1008–1019.

Cartoof, V. G., & Klerman, L. V. (1986). Parental consent for abortion: Impact of the Massachusetts law. *American Journal of Public Health, 76,* 397–400.

Cates, W., Jr. (1981). Abortions for teenagers. In J. E. Hodgson (Ed.), *Abortion and sterilization: Medical and social aspects* (pp. 139–154). London: Academic Press.

City of Akron v. Akron Center for Reproductive Health, 462 U.S. 416 (1983).

Clary, F. (1982). Minor women obtaining abortions: A study of parental notification in a metropolitan area. *American Journal of Public Health, 72,* 283–285.

Donovan, P. (1983). Judging teenagers: How minors fare when they seek court-authorized abortions. *Family Planning Perspectives, 15,* 259–267.

Fox, G. L., & Inazu, J. K. (1980). Mother–daughter communication about sex. *Family Relations, 29,* 347–352.

Furstenberg, F. F., Jr. (1971). Birth control experience among pregnant adolescents: The process of unplanned parenthood. *Social Problems, 19,* 192–203.

H.L. v. Matheson, 450 U.S. 398 (1981).

Hodgson v. Minnesota, Civil No. 3-81-538 (D. Minn. 1986).

Interdivisional Committee on Adolescent Abortion. (1987). Adolescent abortion: Psychological and legal issues. *American Psychologist, 42,* 73–78.

Lewis, C. C. (1987). Minors' competence to consent to abortion. *American Psychologist, 42,* 84–88.

Marecek, J. (1987). Counseling adolescents with problem pregnancies. *American Psychologist, 42,* 89–93.

McKinney, J. P., Chin, R. J., Reinhart, M. A., & Trierweiler, G. (1985). Health values in early adolescence. *Journal of Clinical Child Psychology, 14,* 315–319.

Melton, G. B. (1983). Minors and privacy: Are legal and psychological concepts compatible? *Nebraska Law Review, 62,* 455–493.

Melton, G. B., Koocher, G. P., & Saks, M. J. (Eds.). (1983). *Children's competence to consent.* New York: Plenum.

Melton, G. B., & Pliner, A. J. (1986). Adolescent abortion: A psycholegal analysis. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 1–39). Lincoln: University of Nebraska Press.

Mnookin, R. H. (1985). *Bellotti v. Baird:* A hard case. In R. H. Mnookin (Ed.), *In the interest of children: Advocacy, law reform, and public policy* (pp. 149–264). New York: W. H. Freeman.

A-X

Osofsky, J. D., Osofsky, H. J., Rajan, R., & Spitz, D. (1975). Psychosocial aspects of abortion in the United States. *Mount Sinai Journal of Medicine, 42,* 456–467.

Parham v. J.R., 442 U.S. 584 (1979).

Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976).

Planned Parenthood of Kansas City, Missouri, v. Ashcroft, 462 U.S. 476 (1983).

Pliner, A. J., & Yates, S. M. (1986, August). *The Massachusetts judicial consent hearing: A rubberstamp proceeding?* Paper presented at the meeting of the American Psychological Association, Washington, DC.

Roe v. Wade, 410 U.S. 113 (1973).

Rosen, R. H. (1980). Adolescent pregnancy decision-making: Are parents important? *Adolescence, 15,* 43–54.

Rothenberg, P. B. (1980). Communication about sex and birth control between mothers and their adolescent children. *Population and Environment, 3,* 35–50.

Russo, N. F. (1986). Adolescent abortion: The epidemiological context. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 40–73). Lincoln: University of Nebraska Press.

Scott, E. S. (1986). Legal and ethical issues in counseling pregnant adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 116–137). Lincoln: University of Nebraska Press.

Thornburgh v. American College of Obstetricians and Gynecologists, 106 S Ct. 2169 (1986).

Torres, A. (1978). Does your mother know . . . ? *Family Planning Perspectives, 10,* 280–282.

Torres, A., Forrest, J. D., & Eisman, S. (1980). Telling parents: Clinic policies and adolescents' use of family planning and abortion services. *Family Planning Perspectives, 12,* 284–292.

Wolfe, M. (1978). Childhood and privacy. In I. Altman & J. F. Wohlwill (Eds.), *Human behavior and environment: Advances in theory and research* (Vol. 3, pp. 175–222). New York: Plenum.

Zabin, L. S., & Clark, S. D., Jr. (1983). Institutional factors affecting teenagers' choice and reasons for delay in attending a family planning clinic. *Family Planning Perspectives, 15,* 25–29.

A-X

Minors' Competence to Consent to Abortion

Catherine C. Lewis *University of California, San Francisco*

ABSTRACT: Psychological evidence regarding minors' competence to consent to abortion is reviewed. Topics covered include the source and nature of advice regarding the abortion decision, conformity to peer and parent advice, how the "developmental tasks" of adolescence influence pregnancy decision making, and reasoning skills. The small sample size and limited generalizability of existing research make it difficult to draw conclusions about minors' competence. Although several areas of potential difference between the decision-making skills of minors and legal adults are identified, the psychological research presently provides no basis to restrict minors' decision making on the ground of competence alone.

Melton and Pliner's (1986) review of the legal history of adolescents' access to abortion suggests two major ways in which psychological evidence on adolescents' decision making is relevant to legal issues in adolescent abortion. First, the Supreme Court has made clear that minors' access to abortion can be limited in ways that would be unconstitutional if applied to adults. Among the justifications for infringing on minors' privacy and liberty with regard to abortion, the Court has mentioned "the peculiar vulnerability of children: their inability to make critical decisions in an informed, mature manner; and the importance of the parental role in childrearing" (*Bellotti v. Baird II*, 1979, p. 634). Melton and Pliner (1986) argued that each of these rationales "invites psychological inquiry" (p. 9) but that the Supreme Court has generally avoided a systematic review of relevant research and has relied instead on its collective intuition regarding the abilities and needs of minors. Thus, the question must be asked of the psychological research: Are there findings related to minors' maturity, vulnerability, or role within the family that justify infringing on minors' privacy and liberty with respect to abortion decision making?

The second way in which psychological evidence may contribute to development of the law is in suggesting the qualities that may distinguish minors who are "mature" with respect to abortion decision making skills. The Supreme Court has held that a state may require parental consent for abortion if it concomitantly provides an alternative procedure of judicial authorization. If judicial approval is sought, the court is bound by the minor's wishes if she is found mature or by her best interests if she is found immature. (See the review by Melton & Pliner, 1986.) Melton and Pliner argued that the Supreme Court has not clearly indicated the meaning of "maturity" with respect to abortion decisions. For example, financial and residential independence from the parents, the ability to appreciate an abortion's nature and consequences, and "the emotional development, maturity, intellect, and understanding of the minor" have all been cited implicitly or explicitly as standards that may be used in determining whether a minor is "mature." Melton and Pliner summarized the legal history of adolescents' competence with respect to abortion decision making: "All that is known with certainty about 'maturity' at present is that it cannot be determined simply by establishing an age cutoff below which minors are presumed to be immature" (Melton & Pliner, 1986, p. 8). With respect to the determination of maturity, then, the role of psychological research may be to suggest particular abilities or qualities that characterize decision-making competence.

Psychological Research

Research and theory on adolescents' decision-making skills will be divided into several categories related to how adolescents obtain, evaluate, and conform to advice; the impact of the developmental tasks of adolescence on decision making; and the development of reasoning skills about the future, about risk, and about hypothetical events. Because 16-to-17-year-olds constitute the great majority of the minors seeking abortion (Russo, 1986), research on this age group is most germane to the current discussion.

Whom Do Adolescents Consult About Pregnancy Decisions?

Both theory and empirical work suggest that adolescence brings increased reliance on the peer group and decreased reliance on parents (Bowerman & Kinch, 1969; Erikson, 1963; Havighurst & Taba, 1949; Larsen, 1972a, 1972b). To what extent do adolescents actually rely on their peers when making the decision to continue or terminate pregnancy? To what extent do adolescents seek out advice from other individuals, including parents and professionals?

The preceding questions are important for two reasons. First, as noted, the Supreme Court has suggested that "the importance of the parental role in childrearing" is one potential justification for regulating minors' pregnancy decision making (*Bellotti v. Baird II*, 1979, p. 634). To evaluate this potential justification, we need to know whether minors involve parents in pregnancy decision making and whether minors most in need of parental guidance are most likely to do so. The second reason is that very little is known about the actual content of the pregnancy advice received by minors (see the following section), and therefore information on the sources of advice may provide clues about the nature of the advice received by minors. For example, it would be useful to

 0003-066X/87/$00.75
Vol. 42, No. 1, 84–88

A-X

know whether there are developmental changes in the probability of minors receiving advice from sources (e.g., peers, parents, or professionals) that are likely to differ in technical expertise, degree of involvement in the minor's daily life, or other factors.

Rosen's (1980) study of 432 pregnant women under age 18 in Michigan revealed that 57% of adolescents involved their parents in the decision about pregnancy disposition. Legal, low-cost outpatient abortion without a parental consent or notification requirement was available to the minors in Rosen's research. The tendency to involve parents in decision making was approximately equal among adolescents who chose abortion and those who chose to continue the pregnancy and keep the child (56% and 53%, respectively). The reported influence of mothers on pregnancy decision making was greater than that of girlfriends or of male partners for all minors, except for the subgroup of White adolescents who planned to keep their children.

Rosen's study also revealed that adolescents with low self-perceived competence and with high conflict regarding the decision were most likely to involve their parents in the pregnancy decision. Although we do not know whether adolescents' self-evaluations of competence would be similar to their competence as evaluated by judges or psychologists, Rosen's research suggests that the adolescents who are most at risk in their pregnancy decision making (i.e., least competent and most conflicted) are the most likely to seek out parental advice and consequently to obtain any potential benefits associated with it.

The survey of 1,170 minor unmarried abortion patients conducted by Torres, Forrest, and Eisman (1980) also found that the majority (55%) of these minors had discussed the abortion with parents. In most of these cases, parents learned of the abortion because minors voluntarily raised the issue (38%), or parents themselves suggested abortion (13%). In the remaining 4% of the cases, the clinic required parental notification, or a friend or relative told parents about the abortion. The younger the minor, the more likely she was to have discussed the abortion with parents: 75% of minors age 15 or younger, 54% of minors age 16, and 46% of minors age 17 had discussed the abortion with parents. Studies by Ashton (1979) and Clary (1982) also documented that younger minors, in comparison with older minors, and minors, in comparison with adults, were more likely to involve parents in the abortion decision.

What Type of Advice Do Minors Receive, and How Skillfully Do They Evaluate It?

No direct evidence exists regarding the diversity of viewpoints or the accuracy of advice minors receive regarding the abortion decision. Ashton's (1979) study of decision making among abortion patients offers some indirect evidence on this issue but because the study was conducted in Great Britain, the results should be evaluated with caution when extrapolating to the U.S. population. Younger patients more often reported that their advice givers raised the possibility of abortion (40% of patients under age 17 vs. 29% of patients age 17 to 19 reported that advice givers raised the possibility of abortion). However, younger patients were also more likely to perceive their key advice givers as being opposed to abortion and were more likely to report that the pregnancy decision could not be "discussed fully" with advice givers. For the latter two findings, age data are not presented in a way that permits us to compare legal minors with legal adults.

A study of the pregnancy decision-making plans of 16 minors and 26 adult women (Lewis, 1980) suggests that, at the time of the pregnancy test, minors are less likely than adults to plan a consultation with a health care professional (physician or counselor) regarding the pregnancy. Because consultation with a counselor or other health care professional is a prerequisite for obtaining an abortion in most facilities, adults and minors probably do not differ in the likelihood that they will actually obtain professional advice. However, plans for a professional consultation may represent an understanding of the value of comparatively detached, objective information. (Alternatively, adult women may be more likely to anticipate such consultations because of greater experience in the health care system.)

Laboratory research does provide some evidence of an increase over grades 7 to 12 in minors' ability to recognize the value of "objective" sources of information. A study of adolescents' responses to hypothetical decision-making dilemmas demonstrates a significant increase, over the junior high and high school years, in adolescents' ability to recognize the vested interests of advice givers and in adolescents' spontaneous recommendation to consult independent specialists regarding decisions related to cosmetic surgery, volunteering for medical experimentation, and other content (Lewis, 1981). For example, 35% of 7-to-8th graders, 48% of 10th graders, and 74% of 12th graders recognized the vested interests of advice givers; recommendations that an independent specialist be consulted were given by 21%, 46%, and 62% of those age groups, respectively.

We should be cautious, however, about applying laboratory findings to real-world decisions; the vested interests of advice givers may be much more obvious to pregnant adolescents than to adolescents making hypothetical decisions in the laboratory. Nevertheless, laboratory findings suggest that access to relatively objective sources of information and to information about the vested interests of advice givers may enhance the decision-making skills of younger minors.

Conformity to Peer and Parent Advice

Because the evidence regarding peer group and parent impact on pregnancy decision making is limited, it is

I would like to thank Gary Melton, Nancy Felipe Russo, and Lois Weithorn for their comments on an earlier version of the article, and Nancy Adler and Michael Wald for sharing their knowledge of the issues and research.

Correspondence concerning this article should be addressed to Catherine C. Lewis, 400 Parnassus Ave., Box 0314, A204, San Francisco, CA 94143.

A-X

useful to consider laboratory research on adolescents' conformity to peers and parents in other kinds of decisions. Do minors tend to follow peer group dictates in their decision making? Research suggests that they do not, particularly at the ages (16 to 17) at which most pregnancies in minors occur. Both laboratory research and reviews suggest that conformity to peers on tasks such as group perceptual judgments peaks at early adolescence (age 11 or 12) and declines thereafter (Costanzo & Shaw, 1966; Grisso & Vierling, 1978; Iscoe, Williams, & Harvey, 1963; Patel & Gordon, 1960).

Conformity to peers may be greatest for trivial decisions such as clothing choice (Brittain, 1963). It is also noteworthy that conformity to parents may undergo a transformation during the junior high school years. During this period, conformity becomes less automatic and more dependent on the quality of the parent–child relationship (Larsen, 1972a, 1972b). Across adolescence, youths become increasingly likely to "own" their decisions, especially about serious matters, and to consider information and opinions from diverse sources.

How Do the "Developmental Tasks" of Adolescence Influence Pregnancy Decision Making?

Psychologists have identified "developmental tasks" of adolescence, such as identity formation, sexual identity formation, and autonomy, and sometimes have suggested that these special developmental concerns may, at certain ages, be so compelling that adolescents fail to recognize the diversity of consequences of their decisions. For example, Douvan (1974) theorized that adolescents may be "seduced by autonomy needs" into making decisions based not on their objective consequences but on the sense of independence the decision confers. However, little research evidence supports the impact of developmental tasks on adolescents' decisions.

A clinical study by Hatcher (1976) of 13 women aged 15 to 25 posited developmental stages in young women's abortion decision making. Hatcher argued that early, middle, and late adolescents differ in the factors they consider in the pregnancy decision and in their awareness of responsibilities associated with parenthood. However, Hatcher classified the women on the basis of the fit between their responses and theoretically derived stages, not on the basis of chronological age. This leaves open the possibility that personality or response style, not chronological age, accounted wholly or partly for the "developmental" stages she proposed.

Weithorn and Campbell's (1982) study of 9-, 14-, 18-, and 21-year-olds' responses to hypothetical treatment decisions found that 14-year-olds generally scored as well as 18-year-olds and 21-year-olds on tests designed to measure understanding and rational choice of treatment alternatives. That is, developmental tasks of adolescence did not appear to distort 14-year-olds' understanding or choices related to hypothetical treatment alternatives. One limited exception to minors' general competence was a small number of 14-year-olds who expressed unwillingness to take an antiseizure medication that might produce facial disfiguration as a side effect. In general, however, a striking feature of the research by both Weithorn and Campbell (1982) and Lewis (1981) is the *absence* of an impact of developmental tasks (autonomy, sexual identity formation, etc.) on decision-making skills.

Adolescents' Reasoning Skills

Much psychological research and theory suggests that early adolescence brings a cognitive transformation from concrete thought to abstract thought (Flavell, 1963; Inhelder & Piaget, 1958; Piaget, 1972; see also review by Keating, 1980). Adolescence may bring the ability to think hypothetically, to test hypotheses systematically by controlling variables, to reflect on one's own thought processes, to consider the future, and to imagine circumstances that contradict personal experience. What evidence is there regarding the developmental course of these skills and their impact on pregnancy decision making?

Lewis's (1980) small-scale study of pregnancy decision making found that minors and adults were equally likely, in response to hypothetical questions about pregnancy, to consider the potential mother's ability to rear a child. However, when asked the reasons for their own decisions regarding pregnancy, minors were less likely than adults to mention their ability to rear a child, and they were more likely than adults to cite the impact of the decision on relationships with parents and family. Thus, one striking difference between minors and adults may be the influence of their social situation on pregnancy decision making. Even if minors and adults do not differ in their competence (latent ability) to imagine consequences of the pregnancy decision, they may differ in the social circumstances that permit them to apply their abilities to their own decisions.

Research on contraceptive use by adolescent females suggests that high school students (mean age 14) generate significantly fewer alternative solutions to problem-solving vignettes than do college students (mean age 18) (Rowe, 1984). (Because all but a few of the subjects in the college group were at least 18 years of age, they will be referred to as "adults.") The vignettes represented situations in which sexual activity might occur. Minors were actually more prodigious than adults in imagining possible *consequences* in response to the vignettes. The author attributed this to the greater negative consequences associated with sexual behavior for minors than for adults. Once again, this suggests the influence of social situations, rather than of age per se, on reasoning.

Laboratory studies suggest that, with age, adolescents increasingly consider the future consequences of decisions. A study of adolescents' responses to hypothetical decision-making dilemmas provides evidence of an increase, over grades 7 to 12, in adolescents' spontaneous consideration of the future consequences of such decisions as whether to have cosmetic surgery and whether to volunteer for a research experiment (Lewis, 1981). Verstraeten (1980) studied 15-to-17-year-olds' personal goals. Over ages 15 to 17, there was a significant increase in the length of the future into which goals extended, the degree of planning

A-X

to accomplish goals, and the number of concrete steps already taken toward achieving goals.

As noted earlier, the small study of pregnancy decision making by minors and adults conducted by Lewis (1980) did not reveal developmental differences in young women's consideration of the risks attendant to decision outcomes. Some laboratory research, however, has indicated that younger adolescents, in comparison with older adolescents, are less likely to consider fully the potentially risky consequences of decisions such as undergoing cosmetic surgery or volunteering for medical experimentation (Lewis, 1981). Other research has revealed no decrease over the high school years in reported risk taking by minors (Adlaf & Smart, 1983).

Laboratory research on minors' reasoning leaves unanswered a key practical question in minors' competence: Can younger adolescents' lesser consideration of risks and of the future be remedied simply by providing information in these areas? Information about the medical risks of abortion is provided systematically as part of the informed consent procedure. However, information about the social and economic risks of the pregnancy decision may not be provided systematically.

Conclusions

Several difficulties in drawing policy conclusions from existing research should be emphasized. First, although comparisons between legal minors and legal adults would provide the most probative data for policy decisions, very few studies compare minors with adults. A second problem is the limited amount of research on pregnancy decision making and the small scale and limited generalizability of existing studies. Because of this limitation, I have considered general evidence on adolescent development and have suggested implications for pregnancy decision making skills. However, the application of this general literature to pregnancy decision making is problematic. Pregnant adolescents are female and may differ in other ways as well from the population of adolescents represented in general psychological research.

Nevertheless, existing research suggests several conclusions regarding minors' pregnancy decision making. First, parents are a major source of influence on minors' pregnancy decisions. A majority of minors seeking abortions have discussed the abortion with their mothers (Ashton, 1979; Rosen, 1980). Younger minors and minors likely to be at risk in their pregnancy decision making (i.e., the least competent and most conflicted) are most likely to seek out parental advice (Ashton, 1979; Clary, 1982; Rosen, 1980).

Second, research offers little support for the notion that minors decisions about pregnancy disposition are highly influenced by peer opinion (Lewis, 1980; Rosen, 1980). Research on conformity in laboratory situations and on parent–child relations suggests that, by middle to late adolescence, minors neither automatically comply with nor dissent from peer and parent opinion.

Third, neither laboratory studies of adolescents' decision-making skills nor research on pregnancy decision making support the notion that developmental needs such as autonomy eclipse adolescents' consideration of the diverse consequences of their acts (Lewis, 1980, 1981; Weithorn & Campbell, 1982).

Finally, laboratory and field studies come to somewhat different conclusions regarding minors' decision-making skills. Laboratory research shows an increase over the course of adolescence in consideration of the future, risks, and vested interests of advice givers. However, the limited evidence available from studies of pregnancy and contraceptive decision making suggests that minors may equal adults in their *competence* to reason about decisions, and that differences between minors and adults in decision-making *performance* may be a result of the circumscribed role of adolescents in the family and society. As Dragastin's (1975) critique of studies of adolescent cognitive development concluded,

> the main difference in cognitive maturity in adolescents and adults may relate to levels of social participation: the picture one has for himself of what he is authorized to do and empowered to do and responsible for doing in particular situations. (p. 296)

Beyond Competence: Policy Issues in Abortion Decision Making

Pregnancy continuation is the alternative to abortion. Given the evidence that pregnancy continuation poses far greater psychological, physical, and economic risks to the adolescent than does abortion (see, for reviews, Adler & Dolcini, 1986; Marecek, 1986), it would be a curious choice to restrict adolescents' abortion rights on grounds of competence. Such restriction would force "incompetent" adolescents into situations where the stakes of misapprehending risks and future consequences of decisions are much greater.

A major thrust of developmental research is to document developmental differences. Findings of no differences across age groups may be less likely to be noticed by researchers, written up, and published. In light of this likely bias in published research, it is striking that existing psychological research reveals so few differences between younger and older minors and between minors and adults in decision making skills. Differences between these groups that do emerge are more likely to be found in laboratory than in field studies, raising questions about the applicability of laboratory research to actual decision makers. Where differences emerge, they may be the result of differences in knowledge that are easily remediated (for example, by providing information about decision risks) rather than of inherent limitations of reasoning.

Definitive statements about minors' competence must await large, representative samples of pregnancy decision making by minors and adults. At present, psychological research gives no basis for restrictions on minors' privacy in decision making on the ground of competence alone.

REFERENCES

Adlaf, E. M., & Smart, R. G. (1983). Risk-taking and drug-use behaviour: An examination. *Drug and Alcohol Dependence, 11*, 287–296.

A-X

Adler, N. E., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 74–95). Lincoln: University of Nebraska Press.

Ashton, J. R. (1979). Patterns of discussion and decision making amongst abortion patients. *Journal of Biosocial Science, 12,* 247–259.

Bellotti v. Baird II, 443 U.S. 634 (1979).

Bowerman, C. E., & Kinch, J. W. (1969). Changes in family and peer orientation of children between the 4th and 10th grades. In M. Gold & E. Douvan (Eds.), *Adolescent development* (pp. 137–141). Boston: Allyn & Bacon.

Brittain, C. V. (1963). Adolescent choices and parent-peer cross-pressures. *American Sociological Review, 28,* 385–391.

Clary, F. (1982). Minor women obtaining abortions: A study of parental notification in a metropolitan area. *American Journal of Public Health, 72,* 283–285.

Costanzo, P. R., & Shaw, M. E. (1966). Conformity as a function of age level. *Child Development, 37,* 967–975.

Douvan, E. (1974). Commitment and social contract in adolescence. *Psychiatry, 37,* 22–36.

Dragastin, S. E., (1975). Research themes and priorities. In S. E. Dragastin & G. M. Elder, Jr. (Eds.), *Adolescence in the life cycle* (pp. 291–301). Washington, DC: Hemisphere.

Erikson, E. (1963). *Childhood and society.* New York: Norton.

Flavell, J. (1963). *The developmental psychology of Jean Piaget.* New York: Van Nostrand.

Grisso, T., & Vierling, L. (1978). Minors' consent to treatment: A developmental perspective. *Professional Psychology, 9,* 413–427.

Hatcher, S. (1976). Understanding adolescent pregnancy and abortion. *Primary Care, 3,* 407–425.

Havighurst, R., & Taba, H. (1949). *Adolescent character and personality.* New York: Wiley.

Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking from childhood to adolescence.* New York: Basic Books.

Iscoe, I., Williams, M., & Harvey, J. (1963). Modification of children's judgements by a simulated group technique: A normative developmental study. *Child Development, 34,* 963–978.

Keating, D. (1980). Thinking processes in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 211–246). New York: Wiley.

Larsen, L. (1972a). The influence of parents and peers during adolescence: The situation hypothesis revisited. *Journal of Marriage and the Family, 34,* 67–74.

Larsen, L. (1972b). The relative influence of parent-adolescent affect in predicting the salience hierarchy among youth. *Pacific Sociological Review, 15,* 83–102.

Lewis, C. C. (1980). A comparison of minors' and adults' pregnancy decisions. *American Journal of Orthopsychiatry, 50,* 446–453.

Lewis, C. C. (1981). How adolescents approach decision: Changes over grades seven to twelve and policy implications. *Child Development, 52,* 538–544.

Marecek, J. (1986). Consequences of adolescent childbearing and abortion. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 96–115). Lincoln: University of Nebraska Press.

Melton, G. B., & Pliner, A. J. (1986). Adolescent abortion: A psycholegal analysis. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 1–39). Lincoln: University of Nebraska Press.

Patel, A., & Gordon, J. E. (1960). Some personal and situation determinants of yielding to influence. *Journal of Abnormal and Social Psychology, 61,* 411–418.

Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development, 15,* 1–12.

Rosen, R. H. (1980). Adolescent pregnancy decision-making: Are parents important? *Adolescence, 57,* 44–54.

Rowe, K. L. (1984, August). *Adolescent contraceptive use: The role of cognitive factors.* Paper presented at the meeting of the American Psychological Association, Toronto, Canada.

Russo, N. F. (1986). Adolescent abortion: The epidemiological context. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 40–73). Lincoln: University of Nebraska Press.

Torres, A., Forrest, J. D., & Eisman, S. (1980). Telling parents: Clinic policies and adolescents' use of family planning and abortion services. *Family Planning Perspectives, 12,* 284–292.

Verstraeten, D. (1980). Level of realism in adolescent future time perspective. *Human Development, 23,* 177–191.

Weithorn, L. A., & Campbell, S. B. (1982). The competency of children and adolescents to make informed treatment decisions. *Child Development, 53,* 1589–1598.

A-X

Counseling Adolescents With Problem Pregnancies

Jeanne Marecek *Swarthmore College*

ABSTRACT: According to current estimates, 40% of young women will get pregnant while they are teenagers. Most teenage pregnancies are unintended, and thus, they often precipitate a personal crisis. This article discusses the psychosocial context of such pregnancies, including emotional and cognitive development during adolescence, family and peer relations, and norms for gender-appropriate sexual expression. In counseling teenagers with problem pregnancies, the main goal is to help clients reach and implement an informed and fully integrated decision about the pregnancy. Ethical conflicts arise when counselors impose their religious or moral beliefs on their clients, or when the confidentiality and privacy of the counseling relationship is limited by an external authority. In addition, it may sometimes be difficult to reconcile clients' right to self-determination with the responsibility to promote their best interests.

The United States has one of the highest rates of teenage pregnancy in the world. In 1981, roughly 1.1 million teenagers got pregnant (Alan Guttmacher Institute, 1983). Rising rates of pregnancy among teenagers reflect increases in the number of teenagers who are sexually active. In 1981, 42% of the nation's teenagers had experienced sexual intercourse; in 1986, 80% of teenage males and 70% of females reported having had intercourse (Brody, 1986). Reporting data from 1982, Russo (1986) noted that 40% of 20-year-old women had had at least one pregnancy during their teens. Other studies suggest that most teenage pregnancies are not intended (Zelnik, Kantner, & Ford, 1981). This article discusses the psychosocial aspects of such problem pregnancies and describes the role of counseling in helping teenagers to resolve them.

Unintended pregnancies are not limited to teenagers from certain social classes or ethnic groups. Any young woman who is sexually active, fecund, and not using adequate birth control can become pregnant, and most teenagers take some risks, especially early in their sexual careers (Zelnik & Kantner, 1977). Indeed, one set of studies (Zabin, cited in Cordes, 1986) found that one out of two teenage mothers had become pregnant within six months of her first experience of intercourse. But, even though unprotected intercourse is the immediate cause of problem pregnancies, problem pregnancies among adolescents must be considered in a broader context. This context includes adolescents' cognitive and emotional development, their relationships with family and peers, and their understanding of sexuality and the gender-linked norms for sexual behavior.

The literature on adolescence documents what parents and teachers know from experience: The teenage years are a tumultuous period for many individuals. In our culture, separating from one's parents along with gaining independence and autonomy are central to the adolescent experience (Blos, 1979). Synthesizing an adult identity, which includes establishing a sexual identity, is also important. As physical maturation takes place, teenagers must acknowledge their sexuality and learn the cultural norms for gender-appropriate sexual behavior. Their capacity for intimacy expands to relationships outside the family and deepens to encompass a sexual dimension. In terms of cognitive development, teenagers develop better time perspective and with it, comes the ability to envision themselves in the future and to relate present actions to future goals (Braverman, 1985). These capacities provide the substrate for the adolescent's search for meaningful life goals.

Adolescents work through these developmental issues in various ways and with differing degrees of success. At least some of the issues, and possibly all of them, are bound up in the creation of a pregnancy. Unintended pregnancies may occur at times of family disruption or loss of important relationships (Nadelson, Notman, & Gillon, 1978). Thus, as Hatcher (1976) suggested, for some teenagers, getting pregnant may be an assertion of dependency, an expression of the need to be mothered. Alternatively, the pregnancy may serve as a means of asserting autonomy from, competing with, or rebelling against one's parents (Joffe, 1986). In some instances, disaffection from school and lack of occupational aspirations are the backdrop for a pregnancy: Having a baby may afford a socially accepted reason for dropping out and an alternate route to adult status. Or, taking the risk of unprotected intercourse may be romanticized as an affirmation of love and commitment to the relationship (cf. Gedan, 1974). Counselors must be sensitive to the emotional and relational context of a problem pregnancy and the meanings the teenager attributes to it.

Cultural myths about sexual behavior and prescriptions for male and female sexual roles also are part of the context of teenage pregnancy. Many teenagers believe that men have a greater innate need for sex than women; some believe that it is physically or psychologically dangerous not to satisfy men's needs (Chansky & Marecek, 1985; Zellman & Goodchilds, 1983). This belief gives boys a justification for pressing for sex; it makes young women feel responsible for meeting their partners' sexual demands whether or not they are prepared for them (Chansky & Marecek, 1985; Lewin, 1985).

Cultural prescriptions for women hold that they should not take the initiative in sexual situations, nor appear too experienced or too eager to have sex (Chansky

 0003-066X/87/$00.75
Vol. 42, No. 1, 89-93

A-X

& Marecek, 1985; Lewin, 1985). Insisting on birth control or being ready with a method violates these prescriptions. This may partly explain why young women say it is harder to use contraception in casual relationships than in committed ones (Chansky & Marecek, 1985). Despite the norm that the man should initiate sex, the burden of responsibility for a pregnancy is still on the woman. Thus, many boys know less about preventing pregnancy than girls, are less concerned about it, and do not play an active role in contracepting (Flaherty, Marecek, Olsen, & Wilcove, 1982; Zellman & Goodchilds, 1983).

A final set of cultural prescriptions concerns the kinds of sexual expression that teenagers consider acceptable. In some teenage subcultures, modes of sexual expression other than intercourse are regarded as perverse or "kinky"; stopping short of intercourse is sometimes construed as fear of heterosexuality and, thus, a sign of homosexuality (Flaherty et al., 1982). Consequently, teenagers in these subcultures have intercourse earlier in their lives and at an earlier and less intimate phase of a relationship. Both these circumstances may contribute to difficulty in using birth control.

Teenagers' families are another important part of the context of a problem pregnancy. For teenagers who are emotionally and economically dependent on their parents, coping with parental reactions—anticipated or real—is a major aspect of coping with a problem pregnancy. Most teenagers delay informing their parents of a pregnancy; they confide in their partners and friends before their parents (Rosen, 1980). Some teenagers keep the pregnancy a secret in order to spare their parents embarrassment or hurt; some fear their parents' anger or the possibility of physical punishment or expulsion from the household (Gedan, 1974). Fear that their parents will be notified hinders some teenagers from seeking professional help (Adler & Dolcini, 1986). Moreover, even though parental reactions are often less negative than anticipated, the anticipation itself is a major source of anxiety. Furthermore, some parents, when informed of their daughter's pregnancy, try to force a course of action on her. Such parental coercion, even though well-intentioned, can exacerbate normal adolescent struggles around autonomy and authority.

An unintended pregnancy can evoke a crisis with personal, interpersonal, moral, medical, and religious dimensions. For many teenagers, the pregnancy threatens to reveal what has been intensely private: their sexual activity. Some teenagers, especially young girls and girls from social backgrounds in which pregnancies and births to teenagers are rare, are genuinely shocked to discover they are pregnant because they believed that they were too young or physically immature to get pregnant or because they simply never considered the possibility (Zelnik, Kantner, & Ford, 1981). Acknowledging a pregnancy causes some teenagers to panic or become acutely depressed because they feel wholly unprepared or unable to raise a child.

Counseling Approaches

Most counseling for problem pregnancies is done in family-planning centers, in abortion clinics, and by individual physicians (Kahn-Edrington, 1981). School nurses and counselors, as well as pastoral counselors, may also work with pregnant teenagers. Indeed, any counselor who works with female clients should be prepared to deal with problem pregnancies.

The goals of pregnancy counseling are (a) to mobilize the teenager's coping skills; (b) to provide the information, referrals, and emotional support needed for the teenager to reach and implement an informed decision about the pregnancy; (c) to help the teenager make a final, fully integrated decision with the least amount of regret; and (d) insofar as possible, to aid the teenager in using the crisis as an opportunity for personal growth and self-reflection. An important aspect of the last goal is helping a teenage client to develop a greater sense of personal control over and responsibility for her sexual behavior.

Counseling teenagers with problem pregnancies is characterized by clear and compelling time constraints, with a focus on making and implementing a decision about the pregnancy. The decisionmaking process comprises four stages: (a) confirming and acknowledging the pregnancy, (b) exploring and weighing the alternatives, (c) deciding among the alternatives, and (d) making a commitment to the decision (cf. Bracken, Klerman, & Bracken, 1978). If the counseling takes place in a clinic setting, the counselor's responsibilities may also include accompanying abortion clients through the abortion procedure and counseling them immediately afterward (Joffe, 1978). One or more follow-up sessions after the abortion are also recommended.

A problem pregnancy is always an emergency. This is especially true when a teenager has delayed acknowledging the pregnancy and thus is late in seeking help. Whether the pregnancy is to be continued or terminated, a rapid decision must be reached. If the pregnancy is accepted, prenatal care must begin. If not, an abortion must be carried out as soon as possible. Late (second-trimester) abortions are to be avoided. They are not only more expensive and less readily available, but they are also more emotion laden and physically difficult. Risks of both medical and psychological complications are higher (Adler & Dolcini, 1986).

The need for rapid action runs counter to the necessity of a thorough and reflective consideration of the alternatives. If the pregnancy is accepted, the teenager may either keep the child or place it for adoption. She and the baby might remain in her family of origin, or she might establish an independent household either with her partner or on her own. She may marry or remain single. If it is early enough in the pregnancy, she may have an abortion. The counselor should be prepared to explain each of these options in detail, including the legal issues

Correspondence concerning this article should be addressed to Jeanne Marecek, Department of Psychology, Swarthmore College, Swarthmore, PA 19081.

A-X

and the kinds of help available from public and private agencies.

In addition to informing teenagers about their options, it is important to correct any misapprehensions they might have and to challenge erroneous beliefs. Much information related to sexuality is learned haphazardly and from unreliable sources, notably peers. Anxiety and guilt over sexuality may further lead to selective distortions, forgetting, and misinterpretations of information. For example, in our studies, teenagers frequently exaggerated the physical dangers of abortion; several worried that an abortion would result in infertility. Fatalism and moralistic reasoning were also common: Pregnancy was viewed as the price girls have to pay for having sex; ending the pregnancy by abortion was seen as evading a just punishment (Flaherty et al., 1982). Such misapprehensions need to be elicted during the counseling so that they can be refuted.

In order to come to the best resolution of a problem pregnancy, a teenager must accurately assess her own needs and personal resources, as well as the readiness and ability of others to support her in the long term. But projecting themselves into the future is difficult for teenagers, especially younger teens (Lewis, 1981). Thus, a teenager may be inclined toward a course of action solely on the basis of immediate considerations, as when fear of labor and delivery is the main reason for an abortion. Counselors must make special efforts to help teenagers to focus attention on long-term outcomes, to project themselves into the future, and to consider anticipated events in reaching decisions about a present course of action.

The third and fourth stages of counseling entail reaching a decision and making a commitment to it. Even when the alternatives have been rationally laid out and explored in detail, the decision may still be difficult. Sometimes, the dynamics involved in the creation of a problem pregnancy may interfere with the teenager's struggle to resolve it. For example, a client with strong dependency needs may vacillate in her decision in order to maneuver the counselor into making it for her. In other instances, a teenager may be paralyzed by a welter of conflicting pressures and demands from her parents, partner, and girlfriends. Still other teenagers experience outright coercion from others. Teenagers who are living at home and are economically dependent on their parents may feel that they have no choice but to conform to their parents' demands. Or a girl who seeks an abortion against her boyfriend's wishes may experience various forms of coercion at his hands, including threats of abandonment or physical violence. Sometimes the coercion can be extreme, as when a boyfriend reneges at the last minute on his promise of financial assistance in order to sabotage an abortion. In the face of pressures from others, it is crucial that the counselor assume the stance of an ally and staunchly support the teenager's right to arrive at her own decision.

It is important that a teenager fully accept the decision of how to resolve a problem pregnancy before action is taken. Giving the teenager responsibility for the decision may strengthen her sense of self-determination and autonomy. Moreover, if a teenager regards the decision to have an abortion as fully her own, the likelihood of regret and other negative psychological reactions is diminished (Adler & Dolcini, 1986; Senay, 1970). Some counselors have suggested further that teenagers who take responsibility for terminating a pregnancy will be better able to assume responsibility for their sexual behavior and contraception in the future (Gedan, 1974).

A problem that sometimes arises is that a teenage client's choices go against what her counselor sees as her best interests. For example, a counselor may doubt whether a 15-year-old's plans to move into an apartment on her own with her baby are feasible. Or a teenager may count on financial support or childcare from the baby's father, whereas the counselor views his continued interest as highly doubtful. Or the counselor may value a high school diploma, whereas the teenager regards it as dispensable. In some cases, the counselor's efforts to explore difficulties with the client's choice and to suggest other alternatives may be experienced by the client as pressure to do things the counselor's way. Indeed, Joffe (1986) reported that counselors themselves often feel torn between upholding the principle of clients' rights to make their own decisions and confronting clients who seem to be making "wrong" decisions.

Disparities between the points of view of a client and her counselor are especially likely to arise when the two come from different social classes or ethnic backgrounds. Attitudes toward abortion, adoption, forced marriage, and early parenthood differ substantially by race, ethnicity, and social class (Braverman, 1985; Stack, 1974; Zelnik, Kantner, & Ford, 1981). Moreover, acceptance of an out-of-wedlock pregnancy and the extent of family and community supports available for young mothers and their children differ from one subculture to another (cf. Marecek, 1986). Without an intimate knowledge of and respect for the values and practices of social groups other than their own, counselors may err in judging the wisdom of their clients' choices.

Counseling teenagers with problem pregnancies includes helping them to implement their decisions. Counselors should be ready to provide referrals to medical facilities, social welfare agencies, and special school programs; they should be equipped with accurate information about fees, procedures, and policies. If an abortion is sought, a clinic with a special program for teenage patients is preferred. In any case, the counselor should be sure that the clinic personnel treat teenagers without condescension or disapproval and that adequate emotional support is given during the procedure.

Follow-up counseling after an abortion is essential. Serious psychological sequelae of abortion are infrequent, but they can occur, especially if the decision to have the abortion was made under duress, if it was disapproved by important others, or if the teenager did not receive adequate social support (Adler & Dolcini, 1986).

Follow-up counseling also affords the opportunity to turn attention to the future, including the steps the

A-X

teenager needs to take to avoid another unintended pregnancy. Discussion should encompass not only information on contraception but also an exploration of attitudes and beliefs that might have led the teenager to have sex when it was not in her best interests. Her right to refuse a partner under such circumstances should be emphasized, and ways of doing so can also be discussed. If the client is in a committed relationship, the possibility of inviting her partner to a session might be raised. In such a joint session, the couple could examine the impact of the pregnancy on their relationship, as well as the question of how responsibility for birth control can be shared in the future.

Ethical Issues in Counseling Teenagers With Problem Pregnancies

Teenage sexuality, abortion, and parenthood are emotionally charged subjects that raise special ethical problems for counselors (Scott, 1986). Some counselors are wholly opposed to abortion, whereas others are equally opposed to "children having children." Individuals with such absolutist views or with moral convictions that proscribe certain choices should not undertake to counsel clients with problem pregnancies. The imposition of counselors' personal beliefs on clients is inconsistent with clients' rights to self-determination. Putting forth such beliefs as scientific fact is a form of misrepresentation that violates psychologists duty to preserve their clients' autonomy (American Psychological Association [APA], 1981, Principle 4g; see also Preamble and Principles 1f, 3, 3c, and 6).

Confidentiality is often important to teenagers seeking help for problem pregnancies, and thus the boundaries of confidentiality should be discussed at the outset of counseling. Some counselors feel that they cannot in good conscience help teenagers make secret arrangements for abortions because such arrangements contravene parents' legitimate authority over their children (Kennedy, Fitzgibbons, & Corley, 1984). Counselors in religious-affiliated schools may be required to notify administrators about a student's pregnancy; they may also be forbidden to bring up the topic of abortion. Also, some states and municipalities are attempting to enact statutes requiring parental notification or consent before a minor can have an abortion. Moreover, many states have laws requiring that cases of suspected incest be reported to child welfare authorities. Thus, in many circumstances, counselors cannot guarantee their clients complete privacy. It is a counselor's responsibility to inform clients of the limits on confidentiality and, if necessary, to make a referral to another counselor not subject to those limits.

Another issue regarding confidentiality is whether to involve a teenager's parents in counseling. Including parents provides an opportunity to address family problems reflected in the creation of the pregnancy and to work through the issues raised by the revelation of the daughter's sexuality (e.g., American Academy of Pediatrics, 1979; Nadelson, 1974). This may be particularly helpful for families of young teenagers. Moreover, teenagers may have unrealistic expectations about their parents, as when a teenager who wants to carry the pregnancy to term assumes her mother will raise the child. Involving parents in counseling can serve to clarify such expectations. But there are also situations in which parental involvement may be detrimental. Some parents may be so psychologically fragile that they cannot move beyond condemnation to acceptance of the situation and a helpful stance. Parents' ability to respond helpfully may also be compromised if incest is involved. In such cases, helping the teenager manage the pregnancy without parental involvement may be in her best interests.

When a teenage client is in an ongoing relationship with the male involved in the creation of a pregnancy, the question arises of whether and how to include him in counseling. Service providers have been sharply criticized for ignoring the needs of the partners of pregnant teenagers. But the question of whether these individuals can benefit from counseling is separate from the question of whether they should be included in the decision making about the pregnancy. The principle of self-determination in matters concerning one's body requires that the decision of how to resolve the pregnancy remain with the pregnant teenager herself. Nonetheless, as indicated previously, there are other issues that she and her partner might usefully address together.

Attempts to mandate by law that certain information be provided to all women contemplating abortion also raise ethical concerns for counselors. In many cases, this information is decidedly slanted against abortion. Legislation that attempts to mandate the contents of counseling intrudes on counselors' professional responsibility to tailor their approach to each client's needs (see Melton, this issue, pp. 79–83). Moreover, if the purpose of the material is to compel women not to choose abortion, its use operates against meaningful informed choice and violates the right to privacy. The Supreme Court adopted APA's position on the illegitimacy of states' attempts to dictate the content of counseling in *City of Akron v. Akron Center for Reproductive Health* (1983) and *Thornburgh v. American College of Obstetricians and Gynecologists* (1986).

The Importance of Prevention

Even with adequate counseling, resolving an unintended pregnancy is often a difficult and painful process for all parties involved. Prevention is the best solution to the problem of unintended pregnancy. Preventive efforts must go well beyond simply providing teenagers with birth control. Such efforts must address issues involved in the rapid rise in teenagers' sexual activity and help teenagers delay sexual involvements until they are ready to express their feelings in responsible and self-enhancing ways. Cultural myths about gender and sexuality must be challenged. Teenagers of both sexes need to be helped to balance their responsibility to themselves and their responsibility to their partners. For minority teenagers from low-income backgrounds, social changes that provide more meaningful educational experiences and more inviting

A-X

work opportunities could be an impetus to defer parenthood.

REFERENCES

Adler, N. E., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 74–95). Lincoln: University of Nebraska Press.

Alan Guttmacher Institute. (1983). School sex education policy and practice. *Issues in Brief, 3*, 1–6.

American Academy of Pediatrics. (1979). Pregnancy and abortion counseling. *Pediatrics, 63*, 920–921.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36*, 633–638.

Blos, P. (1979). *The adolescent passage*. New York: International Universities Press.

Bracken, M., Klerman, L., & Bracken, M. (1978). Coping with pregnancy resolution among never-married women. *American Journal of Orthopsychiatry, 48*, 320–333.

Braverman, L. (1985). The phenomenon of teenage marriage. *Seminars in Adolescent Medicine, 1*, 189–194.

Brody, J. (1986, April 30). Personal health. *The New York Times*, p. C12.

Chansky, T. E., & Marecek, J. (1985, March). *College students' attitudes toward sexuality and contraceptive preferences*. Paper presented at the meeting of the Eastern Psychological Association, Boston, MA.

City of Akron v. Akron Center for Reproductive Health, 462 U.S. 416 (1983).

Cordes, C. (1986, April). Drug use and pregnancy link sought. *APA Monitor*, pp. 28–29.

Flaherty, E. W., Marecek, J., Olsen, K., & Wilcove, G. (1982). *Psychological factors associated with fertility regulation among adolescents* (Report to the National Institute of Child Health and Human Development.) Philadelphia: Philadelphia Health Management Corporation.

Gedan, S. (1974). Abortion counseling with adolescents. *American Journal of Nursing, 74*, 1856–1858.

Hatcher, S. (1976). Understanding adolescent pregnancy and abortion. *Primary Care, 3*, 407–425.

Joffe, C. (1978). What abortion counselors want from their clients. *Social Problems*, Oct., 112–121.

Joffe, C. (1986). *The regulation of sexuality: Experiences of family planning workers*. Philadelphia: Temple University Press.

Kahn-Edrington, M. (1981). Abortion counseling. In E. Howell & M. Bayes (Eds.), *Women and mental health* (pp. 395–399). New York: Basic Books.

Kennedy, B. C., Fitzgibbons, M. C., & Corley, P. J. (1984). Counselor values and the pregnant adolescent client. *Counseling and Values, 29*(1), 70–73.

Lewin, M. (1985). Unwanted intercourse: The difficulty of saying no. *Psychology of Women Quarterly, 2*, 184–192.

Lewis, C. C. (1981). How adolescents approach decisions: Changes over grades seven to twelve and policy implications. *Child Development, 52*, 538–544.

Marecek, J. (1986). Consequences of adolescent childbearing and abortion. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 96–115). Lincoln: University of Nebraska Press.

Melton, G. B. (1987). Legal regulation of adolescent abortion: Unintended effects. *American Psychologist, 42*, 79–83.

Nadelson, C. C. (1974). Abortion counseling: Focus on adolescent pregnancy. *Pediatrics, 54*, 765–769.

Nadelson, C. C., Notman, M. T., & Gillon, J. (1978). Adolescent sexuality and pregnancy. In M. T. Notman & C. C. Nadelson (Eds.), *The woman patient* (Vol. 1, pp. 123–130). New York: Plenum Press.

Rosen, R. H. (1980). Adolescent pregnancy decision-making: Are parents important? *Adolescence, 15*, 43–54.

Russo, N. F. (1986). Adolescent abortion: The epidemiological context. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 40–73). Lincoln: University of Nebraska Press.

Scott, E. S. (1986). Legal and ethical issues in counseling pregnant adolescents. In G. B. Melton (Ed.), *Adolescent abortion: Psychological and legal issues* (pp. 116–137). Lincoln: University of Nebraska Press.

Senay, E. C. (1970). Therapeutic abortion: Clinical aspects. *Archives of General Psychiatry, 23*, 408–415.

Stack, C. (1974). *All our kin: Strategies for survival in a Black community*. New York: Harper & Row.

Thornburgh v. American College of Obstetricians and Gynecologists, 106 S. Ct. 2169 (1986).

Zellman, G. L., & Goodchilds, J. D. (1983). Becoming sexual in adolescence. In E. R. Allgeier & N. B. McCormick, (Eds.), *Changing boundaries: Gender roles and sexual behavior* (pp. 49–63). Palo Alto, CA: Mayfield.

Zelnik, M., & Kantner, J. F. (1977). Sexual and contraceptive experience of young unmarried women in the United States, 1976 and 1971. *Family Planning Perspectives, 9*, 55–73.

Zelnik, M., Kantner, J. F., & Ford, K. (1981). *Sex and pregnancy in adolescence*. Beverly Hills, CA: Sage.

A-X

Testimony

Kansas Senate Bill No. 225

Senate Judiciary Committee

March 6, 1987

Good afternoon. My name is Carla Mahany. I am the Assistant Director of the American Civil Liberties Union of Kansas. The ACLU of Kansas is a private organization devoted to the defense and promotion of the Bill of Rights. The organization consists of 1,100 members and is headquartered in Kansas City, with chapters in Lawrence, Emporia and Manhattan.

I appear today in opposition to Kansas Senate Bill No. 225. The sponsors of this bill include statements of intent which sound well-meaning: protecting minors, fostering the family structure, etc. However, the purpose of my testimony before you today is to illustrate that the real effect of such legislation on minors is quite different, and in fact only serves to attack the constitutionally protected right of teenage women to obtain abortions.

A year ago ACLU's Reproductive Freedom Project successfully challenged in court the constitutionality of a parental notification statute -- in Minnesota -- which had been in effect for five years. This challenge provided the first comprehensive factual record of the actual effects and operation of a mandatory parental involvement law, and I offer evidence from this case and from a comprehensive ACLU study of this issue to show the potential harm of the bill you now are considering.

The evidence at the Minnesota trial showed that enactment of involuntary parental consent legislation created more teenage mothers with stunted and dependent lives, added a new generation of unwanted children with their attendant problems, increased the number of more dangerous second trimester abortions for minors, and reduced the number of individual doctors willing to do abortions on minors. The law compromised sound medical care by creating a process that forced counselors to focus on reducing the terror and anxiety of going to court rather than on the genuine medical and emotional needs of their teenage patients.

Attach. XI
Sen. Jud.
3-6-87

The statewide statistics on teen pregnancy in Minnesota indicate that the effect of the parental notification statute may have been to slow down the decline in the birthrates among minors. Eighty percent of teenage mothers there who are 17 years old or younger never finish high school. With small children to care for, little education, fewer skills and no husband, many teenage mothers nationwide are forced to become dependent on welfare to support themselves and their families.

Court bypass procedures routinely delay the performance of minors' abortions for more than a week, and frequently for up to three weeks, resulting in later abortions which are more complicated and costly.

There are differences between the Minnesota law and Kansas Senate Bill No. 225, but Minnesota's experience with mandatory parental involvement is not unique. The very same devastating effects have been documented in Massachusetts and other states in which similar laws have been implemented over enough time to enable study.

The effects of these laws highlight their real purpose: to discourage abortion, not to help teens or families. Parental notification or consent laws are unconstitutional in effect because they sacrifice the privacy rights of minors and achieve no positive or lawful goal. Although they purport to encourage communication in the family, these laws are doomed to failure because love and communication between family members cannot be created by statutes which force confidential matters to be divulged. The resulting tragedy is that the real needs of teenagers are never addressed.

What laws and policies would really help teens? We should provide funding for drastically increased levels of health services and counseling relating to all reproductive health options, including abortion, contraception, and prenatal care. We should work to broadly institute policies of sex and health education in communities and schools. And we should work to pass laws creating programs which provide education and counseling to parents on how to communicate with their children.

On behalf of the American Civil Liberties Union of Kansas, I urge you to oppose passage of SB 225.

A-XI

GLENN O. BAIR, M.D.

Born in Minneola, Kansas, August 27, 1931.

Marital Status: Married.

Children: Alicia, Thomas, Andrea, Gwendolyn, Gregory, Debbie, Brad, and Sherry.

Education: Wichita High School North, 1948.

Harvard College AB cum laude, 1953.

Harvard Medical School MD, 1957.

Internal Medicine Residency, Kansas University Medical Center, 1957-1959.

National Foundation Fellow, University College Hospital, London, England, 1959-1960.

Internal Medicine, Mexico City, Mexico, 1960-1966.

Internist, AT & SF Memorial Hospital, Topeka, Kansas, 1966-1977.

Internist, St. Francis Hospital and Medical Center, Topeka, Kansas, 1977-1987.

Publications: Bair, G. O., Tu, W. H. and Schloerb, Paul R.: Effect of Induced and Hypothyroidism Upon Acute Uremic Syndrome in Nephrectomized Dogs. Metabolism, 10-261, 1961.

Bair, G. O. and Poser, Charles M.: Dystrophia Myotonica. World Neurology, 2:546, 1961.

WHEN IT'S YOUR KID! THE CRISIS OF DRUGS, 1978, pp 99, publisher Lowell Press.

Neuropleptic Malignant Syndrome Association with Thioridazine Hydrochloride in a Manic Depressive Patient, co-authored with Stuart W. Twemlow, M.D., published in the October 1983 Journal of the Kansas Medical Society, pages 523-525 and 533, Vol. LXXXIV, Number X.

Identifying and Coping with a Drug-Using Adolescent: Some Guidelines for Pediatricians and Parents, co-authored with Richard H. Schwartz, M.D., and Peter R. Cohen, M.D., published in the November, 1985 Pediatrics in Review, Pages 133-139, Vol. 7, Number 5.

Presentation: PMS and Learning Disability, Dalton Society, June, 1985.

attach. XII
Sen. Jud.
3-6-87

3-6-87

Mr. Chairman:

In my review of Senate Bill No. 225 I was struck from the beginning by the inappropriateness of the "finding of fact". Item B, indicates the legislature finds in three areas "facts" that relate to making determinations between immature and mature persons. I find this to be an impossibility in my professional life and I think it is generally an impossibility even for others in the psychological sciences. I believe it is probably impossible for this legislature to make determinations of patient's maturity. To relate that to abortions doesn't make much sense.

My reason for speaking against this bill at this time is that I am convinced that as a member of the medical profession that I should be involved in patient care and that you as members of the Legislature should likewise be in patient welfare.

The terrible prospect is that Acquired Immune Deficiency is going to become a fairly common disease. The Communicable Disease Center in Atlanta, Georgia continues to warn us through the media and public information systems that the deaths from AIDS within 2 to 3 years will be as frequent as deaths from automobile accidents. When I open my morning Capitol-Journal now, I note as you all do, every day there is one or perhaps many deaths from automobile accidents. If in fact the frequency of AIDS is going to be similar, then this disease will affect us all disastrously.

Enactment of stricter parental or court notification for a minor to have an abortion will lead to minors heading to underground sources for illegal abortions. Once it becomes more difficult than the decision between the physician and patient, then the unsterile and untrained practice of underground abortion will surface again.

The abortion mill implies exactly what it says. It is a running operation with a number of pregnant females involved. If you think the scare of unsterile coat hangers is just a fantasy, then imagine the historical 2 to 5% death rate from hemmorrhage or severe infections as now a 100% death rate from equipment contaminated with the AIDS virus.

To the list of people as high risk for AIDS of Haitians, homosexuals, intraveneous drug users, hemophiliacs, and recipients of contaminated blood, will also be added those who have participated in illegal abortions.

We also are finding now that this is a heterosexual transmittable disease. Those who have been injected with AIDS through illegal abortions and not discovering it will transmit the disease in their sexually active years to the heterosexual population in the amount equivalent to their own sexual activity.

The contaminated instrumentation I mention above will lead to the death on 100% basis of the patient receiving the illegal abortion but will be passed on at a 100% death rate from the sexual activity of the minor who has acquired illegal abortion and received a contamination of the AIDS virus. I can see no justification at this point in time in trying to legally promote the possibility of increased AIDS infection.

As adults dealing with this terrible personal problem of unwanted pregnancy in minors, we know the solution is not in more legalistic strictures and not in making desperate women feel more guilty to drive them underground. They already have plenty weighing on them. The real solution is to see that modern contraceptives could take away the fear of pregnancy, make marriage more beautiful, and children mean even more and as such to avoid the terrible problem, the plague of AIDS.

I appreciate your listening to the point of view. Thank you.

3-6-87

TESTIMONY - S.B. 225

SENATE JUDICIARY COMMITTEE
Friday, March 6, 1987 - 12:00 noon

KANSAS CATHOLIC CONFERENCE
BY: Robert Runnels, Jr., Executive Director

Mr. Chairman, members of the Senate Judiciary Committee, my name is Bob Runnels, I am Executive Director of the Kansas Catholic Conference and speak under the authority of the Roman Catholic Bishops of Kansas.

It is a pleasure for me to be with you today and give testimony in support of S.B. 225.

Communication within a family is a privileged relationship. And one of the highest priorities is education in sexuality.

Parents and home comprise the first and most important matrix for forming attitudes and imparting information.

Others also play roles in the process by which children and young people come to understand sexuality and their value of it. Among influences for good or ill are peers, schools, and media.

The principle of parental involvement must be paramount in a child's life. A child with a pregnancy problem needs the strong support of parents during perhaps the most frightening challenge a child would have to face in her young life.

It is inconsistent with reality not to have parental support during this trying pregnancy period.

Finally, can we deal out the parents who have given so much of their lives to raise a child ... but rather have this troubled child turn to strangers for advise and consent who

Attach. XIII
Sen. Jud.
3-6-87

quite often are involved in financial gain from the abortion trade?

Speaking for the Kansas Catholic Conference I urge you to favorably recommend for passage Senate Bill 225.

****

3-6-87
Senate

The Menninger Foundation

March 4, 1987

To Whom It May Concern:

I am Robert W. Conroy, MD., Associate Director of the C. F. Menninger Memorial Hospital. However,. I am speaking on behalf of myself, and this is not an official statement of the Menninger Foundation.

I have tried in my professional career as a physician and psychiatrist to strengthen the family in any way I can. I have also been a champion for appropriate parental guidance which I feel is most supportive to our young people. I am very concerned that young women under the age of 18, without parental or guardian consent, can have an abortion. This, in effect, separates the young woman from appropriate support and guidance that could be offered from the parents or guardian. Young people also, because of their immaturity may feel under tremendous pressure to make a decision which could have an impact on them for life. In addition, a young person making such a difficult and unilateral decision may for years have to live with a very unsettling secret which could be detrimental to their peace and tranquility. Although it is certainly difficult for a young woman to talk with her mother and father about a pregnancy, I feel in the long run it will be beneficial for both to have it out in the open. It is apparent that the law supports such a stand in every other area except abortion.

I, therefore, support the bill that would indicate that no person should perform an abortion on an unemancipated minor unless she has the written consent of both parents and legal guardian. I think this law supports our family system and helps parents to be in an appropriate position of offering guidance, support, and help to their young person. A vote against this bill, I feel would be a vote against the family.

Sincerely,

Robert W. Conroy MD

Robert W. Conroy, MD
Associate Director
C. F. Menninger Memorial Hospital

jb

Box 829
Topeka, KS 66601 0829
913 273 7500

Attach. XIV
Sen. Jud.
3-5-87

To begin with I'd like to say our teenagers in the state of Kansas need this Parental Consent Bill.

I have counseled crisis pregnancies in the past. Teenage pregnancies are always crisis pregnancies with the exception of a married teen. In counseling crisis pregnancies it is always important to go beyond the surface fears and emotions that tend to cloud our decisions. The decision to obtain an abortion is not one that should be taken lightly or made with emotional fervor. For teenage girls the decision to obtain an abortion is not made out of consideration for their future or consideration of their baby, but one that is made out of fear of confrontation.

It is normal for most parents to be upset when they discover their children are participating in activities they do not approve of. Most teenagers realize this and it is the initial confrontation they fear most. It is not "My parents will beat me" or "I will be kicked out of the house" that teenagers express most. "It will upset my mother and father, Mom will cry and Dad won't like it, I will disappoint them" which is foremost in their minds. When asked, most teenagers will admit their parents have their best interest at heart. They know Mom and Dad will be there for them. Generally, the girls I have counseled expressed their parents as being cooperative with their daughters feelings.

There is another important aspect to teenage abortion that must be considered as a priority in parental consent. That is the ability of an underage minor, children under 18, to discern a situation realistically and with clarity. We as adults see situations clearly opposed to how it may appear to teenagers.

One young lady inparticular is a good case in point of the lack of ability a teenager has to grasp the reality of any given situation. She came to me pregnant and confused. After confirming the existence of her pregnancy we discussed the situation which led her to this condition. The young lady had been using birth control. Her method of prevention was the use of birth control pills. When I inquired of the consistency of her use of this method she responded by stating "Well, I took the pill Friday morning because I knew I would be seeing my boyfriend Friday night." She continued to explain her sporadic use of this method. Although she was given instruction on the proper use of birth control pills, she applied her OWN logic. She conveyed to me that she only took the pill on the morning she knew she had a date. I believe her reasoning for using birth control in this manner was her conviction that if she took it everyday, it would be seen as promiscuous. The young girl in question was a high school student during this time.

Attch. XV
Sen. Jud.
3-6-87

This lack of reasoning in any teenager is not new or unusual. It is very typical and why we are all here today. To understand the emotional, psychological and physical complications, one must look beyond the immediate to the LONG TERM results of abortion.

As parents, it is definately our responsibility, but most of all our PRIVILAGE to guide our children throughout their long journey to adulthood. It is important that they receive the love, comfort and support of their own home.

I would like to quote something to you:

"The Heavens are TELLING of the Glory of God; and their expanse DECLARING the work of His hands. Day to day pours forth SPEECH, and night to night reveals Knowledge.

There is no SPEECH, nor are there WORDS; THEIR VOICE IS NOT HEARD."

Our unborn child's voice is no longer heard in our land. And now the voices of our teenage girls cry out alone, with none to hear. Let's open our ears to our children's cry. Let's hear our teenage girl's, that they no longer cry alone.

Please pass Senate Bill No. 225, Parental Consent, as written.

Kim Powers
Kansans for Life

A - XV

3-6-87

To: Senate Judiciary Committee

From: Kansas Association of Evangelicals

Subject SB 225 Parental Consent

I am V.L. Holsteen, LSCSW, presently in the private practice of Clinical Social Work; having retired from the Veterans Administration Medical care program after 30 years of Service. Most recently I was the Chief, Social Work Service at the Topeka V.A. Medical Center. I represent the Kansas Association of Evangelicals, and also speak out of my own professional experience.

I have observed during my professional career as a Social Worker a consistent eroding of family values and distancing of family members. One force in the erosion has been the intrusion of laws that lessen family members confidence and trust in each other. Too often these laws adultify children long before they are emotionally prepared for adult responsibility, and they eliminate parental rights without eliminating parental responsibility. As John W. Whitehead says in his book p. 27 "Parents Rights", "Clearly, parents (and other adults), children and the state are on a collision course if present trends continue."

The Kansas Association of Evangelicals endorses a 1970 Resolution of the National A. E. supporting all efforts to increase the unity of the family, and avoid all efforts and forces to pit youth against age in the nation's consistent preoccupation with human rights to the exclusion of human duties.

The KAE is concerned about the wisdom of providing the right for a woman under 18 to obtain an abortion without the knowledge or consent of parents or guardian. Their immaturity is obvious, and their need for emotional support in making a decision that will impact the rest of their life is also obvious. To ask (or force) them to make such a decision without parental (or guardian) knowledge and consent is much too heavy an emotional burden.

My experience in working with families forces me, as a Social Worker, to support this bill, and the KAE firmly holds that no abortion should be performed on an unemancipated minor without the written consent of the parents or guardian(s).

This bill supports the nation's need to maintain and /or increase the unity of the family. We urge you to vote for this bill.

V.L. Holsteen LSCSW
Representing the Kansas Assn' of Evangelicals

Att. XVI
Sen. Jud.
3-6-87

Kansas NARAL

March 6, 1987

TO: Senate Judiciary Committee

FROM: Theresa Shively, Executive Director

RE: Opposition of Senate Bill 225

Kansas NARAL, an affiliate of the National Abortion Rights Action League, believes that all women, no matter what their age, should have access to safe and legal abortions. We therefore oppose SB 225 which attempts to prohibit or obstruct young women from terminating their pregnancies.

Among women under the age of 20, there are a reported 1.1 million pregnancies each year. In some of those cases, the minor will decide to have an abortion. Kansas NARAL supports encouraging the pregnant minor to discuss her decision with her parents, school counselors or religious leaders. And, in fact, a majority of minors will discuss this matter with their parents. Unfortunately, there will be times when the minor feels that she cannot confide in her parents.

Efforts in other state legislatures requiring a minor to obtain the consent of her parents before getting an abortion have been passed under the guise of "enhancing family communications". In fact, these laws have only succeeded in creating obstacles and in making the abortion decision more painful - both emotionally and physically.

Forcing a minor against her will to involve her parents in the abortion decision is ill-advised. The government can never hope to create a parent-daughter relationship by the mere wave of a legislative wand. Instead of enhancing family relations, such government intrusion often intensifies what might be an already tense family situation. In cases where there is an irreconcilable difference of opinion between the minor and her parents, these laws can actually contribute to the break-up of the family.

There can be many unfortunate results if the state mandates informed consent of the parents. The minor might deny the pregnancy altogether hoping that it will simply "go away". She might delay the decision, and make a clandestine trip to another state which does not require consent, or run away from home.

Affiliate
National
Abortion Rights
Action League

Kansas
NARAL

1195 SW Buchanan
Room 201
Topeka, KS 66604
913-235-3405

Attach. XVII
Sen. Jud.
3-6-87

The U.S. Supreme Court has acknowledged that there are times when a minor cannot confide in her parents, and has required that the state give the minor the option of appearing before a judge to receive the necessary consent. Rather than guarantee "parents' rights", this legislation creates a "substitute parent" - the judge. Parents cannot block a minor from having an abortion unless the judge determines that the minor is not mature and an abortion is not in her best interest. No legislation can legally guarantee a parent's right to preside over his/her minor's personal decision.

Kansas NARAL feels that the so-called "judicial by-pass" is not an acceptable or workable alternative:

1. Appearing before a court is both intimidating and burdensome. The intimidation factor can force the minor to put off her decision into the second trimester of pregnancy.

2. Getting an expedient hearing with a judge can be difficult or impossible, given the heavy caseloads of the courts. A further obstacle is that some judges actually refuse to hear these cases, forcing the minor to travel several hundred miles at great expense.

3. Insensitive court personnel and inadequate safeguards for confidentiality generate fear and make the court experience a traumatic one.

4. Although the judge decides whether the minor is mature enough to have an abortion, nowhere is addressed the question of her maturity to become a mother.

Virtually all abortion petitions which have come before the courts have been granted. While laws make it harder for a minor to obtain an abortion and seriously threatens her emotional and physical well-being, forcing a minor before a judge or her parents neither fosters communication within the family nor serves any constructive purpose.

We ask you to oppose SB 225 for these reasons.

Thank you for allowing me to appear here today, I will be happy to stand for questions.

MAY I, JUDGE?

In the five years that Massachusetts has had a parental-consent law, thousands of minors have been given permission to get an abortion. But that consent hasn't come from their parents.

BY OTILE MCMANUS

Until the pregnancy test confirmed what she already knew, the 17-year-old high school senior had never even heard of Chapter 112, Section 12S, of the General Laws of Massachusetts. She had no idea that under this law she couldn't get the abortion she wanted without the consent of both her parents unless she was willing to go to court, tell her story to a judge, and hope the judge would authorize the abortion. When the clinic counselor presented her with the alternatives — facing her parents or facing a judge — there was no question what she would do.

It was bad enough to be pregnant, but it would be worse to tell her parents she wanted an abortion. She didn't feel particulary close to either of them. She had barely spoken to her father — a man she describes as an "Italian loudmouth" — since the family moved from South Boston to the South Shore three years ago. She says her mother

Continued →

BOSTON, MA
GLOBE
D. 520,081—S. 792,786
BOSTON-LOWELL METROPOLITAN AREA

JUN 15 1986

HB

Att. XVII
Sen. Jud.
3-6-87

coffee. I [illegible] and a t
fine by me," explains the teen-ager, who agreed to be interviewed anonymously for this article. "I didn't want to tell them about my problem because I didn't want the hassle of having to deal with them."

This young woman's pretty face is wreathed with e[illegible]tly cut and styled hair, and her makeup is impeccable, but she is less worldly than she appears at first. As she sits one spring day in a downtown Boston coffee shop discussing her experience, it is not hard to imagine how difficult life would be for her if she had been forced to carry her pregnancy to term. She says now she knew she didn't want to marry her boyfriend or raise a child on welfare. After seeing made-for-television movies about the emotional complications of adoption, she says she couldn't have lived with herself knowing she had given up a baby to a complete stranger. Before raising a family, she says, she wants more education, a steady job, and, possibly, her own business.

She remembers how nervous she was going into the judge's chamber at Suffolk Superior Court. She remembers that the judge asked her some questions about abortion, her pregnancy, and her parents. She remembers that the hearing lasted about five minutes. But mostly she remembers how good she felt when the judge said she could have the abortion and how much better she felt the next day once the procedure was completed.

"It was such a relief. Just to be 17 years old and have a baby would be terrible," she says, the words tumbling out. "If a girl is pregnant, whether she's 16, 17, or 14, she has to remember that it's not just a [illegible], not just some cute little thing like a doll you can play with when you feel like it. It's someone who is going to be with you for the rest of your life, a responsibility forever. I can't even take care of myself — so how am I supposed to take care of somebody else?"

AFTER THE SUPREME COURT LEGALIZED abortion in 1973, Massachusetts became the first state to pass a parental-consent law. Enacted over Governor Francis Sargent's veto at the end of the 1974 legislative session, the statute was not finally implemented until April 23, 1981, after years of litigation, lobbying by antiabortion activists, and political turmoil over abortion. The original law, which was challenged by birth-control advocate William Baird and defended by Attorney General Francis X. Bellotti, bounced up and down through the state and federal courts, made its way twice to the Supreme Court, and was completely redrafted before it had any practical consequences for minors in Massachusetts.

The law has been in effect for five years now. Its value continues to be debated, against a backdrop of concern over teen-age pregnancy, controversial proposals to provide family planning services in the public schools, and a hotly contested abortion referendum that will appear on the state ballot in November. Although some of the parental-consent law's original proponents say now that the measure was intended to increase communication between pregnant teen-agers and their parents, others acknowledge that the statute was designed to restrict adolescent access to abortion.

[illegible] Massachusetts Citizens for Life, a [illegible]
tion calling itself Massachusetts Citizens for Life, a cadre of antiabortion legislators began meeting informally to consider what steps could be taken to limit the impact of the high court's 1973 decision. Within a year, Representatives William Delahunt, W. Paul White, Brian Donnelly, Raymond L. Flynn, Michael Joseph Connelly, and Mary Fantasia, among others, sponsored omnibus legislation, including the parental-consent provision, "to provide protection for the life of the unborn child." As Frances X. Hogan, current president of Massachusetts Citizens for Life and a partner of the Federal Street law firm of Lyne, Woodworth & Evarts, explained recently, "Obviously our first goal is to stop abortion, but we are also terribly, terribly concerned about the young women."

In fact, the law has not prevented one Massachusetts minor from getting an abortion. During the past five years, more than 3,000 adolescents under the age of 18 have petitioned Superior Court judges throughout the state for authorization to terminate unwanted pregnancies. In only 11 cases have the minors been turned down. Ten of those denials were overturned on appeal within 72 hours. In the 11th case, the girl decided to go out of state for her abortion.

According to Virginia Cartoof, a social welfare consultant who examined the parental-consent requirement for her doctoral thesis at Brandeis University, the state law's primary impact has been to heighten the trauma of unwanted pregnancy for young women living in Massachusetts. In

Continued on page 44

the April issue of the *Journal of the American Association of Public Health*, Cartoof reported that Massachusetts minors are getting pregnant, having abortions, and bearing children at the same rate they were before the law went into effect. The law, she says, is a "sham."

Not so, contends Representative White, who challenges Cartoof's findings. "I think without it, you would have unrestricted access to abortion on demand for minors," says White, a Democrat from Dorchester. "There really ought to be something, some kind of a process or a waiting period or opportunity for reflection. Without the statute, there would be nothing."

Massachusetts' original parental-consent law was struck down by the US Supreme Court in 1979. In an 8-to-1 decision, the high court — which three years earlier had remanded the case known as *Baird v. Bellotti* to the state court for further scrutiny — found the Massachusetts parental-consent requirement unconstitutional. The high court said the law, which did not provide minors with the option of seeking judicial authorization for abortion until *after* their parents refused consent, gave parents virtually absolute authority to prevent their daughters from getting abortions. The court also suggested that a law that gave minors the simultaneous options of obtaining parental consent *or* seeking court authorization would be constitutionally permissible. In 1980 the state Legislature revised the 1974 law to conform to the high court's guidelines

continued →

and provided that when a minor could not obtain the consent of both parents because of death or divorce, the consent of a single parent or guardian was sufficient.

Today Massachusetts is one of 13 states that have working parental-consent or parental-notification statutes on the books, and the legal and political arguments that have swirled around the parental-consent requirement here during the past 12 years have often obscured some of the more practical and philosophical contradictions of such laws. The judge who would refuse a teen-ager's petition must essentially determine that a young woman who is not old enough or mature enough to have an abortion without her parents' consent is old enough and mature enough to become a parent herself. Because pregnancy and childbearing are medically more dangerous for minors than are early abortions, the judge who denies court authorization may be exposing the minor to greater health risks by forcing her to carry the pregnancy to term.

"If there were ever anything that you would want to test the maturity of someone about, it would be whether they are mature enough to be a mother, not whether they are mature enough to have an abortion," says Nicki Nichols Gamble, executive director at the Planned Parenthood League of Massachusetts. "The message of this law is that a young woman can decide to get pregnant and become a parent without consulting anyone, but that she cannot decide to avoid taking on the responsibility of mothering and parenthood while she's a child herself — without having lawyers and judges involved."

Under the Massachusetts statute, the identities of the estimated 600 to 900 girls under the age of 18 who go to court every year seeking abortions are strictly and conscientiously protected. No one need ever know who they are. In court they are called Mary Moe, a standard pseudonym that masks their diversity. Most are 16 or 17 years old, but some have come to court as young as 11. They live in cities and towns, in wealthy suburbs and working-class neighborhoods throughout the state. Some can discuss their unwanted pregnancy with one parent, usually their mothers, but some don't want to discuss abortion with either parent because they don't want to complicate already complicated lives. Some don't want their parents to know they have been sexually active. Some are afraid their parents will abuse them, throw them out of the house, make trouble for their boyfriends, or force them to have a baby they don't want.

What these Mary Moes have in common is an unwillingness to discuss an unwanted pregnancy with the individuals who are supposed to love them most. They would rather share their unhappy secret with the Superior Court judges, many of whom are as uncomfortable hearing the young women's stories as the young women are telling them. The Mary Moes would rather face these strangers, most of whom are men, than deal with the anger, disapproval, or indifference of their own parents.

The irony is that Mary Moes, who already have poor relationships with their families, are forced to undergo the additional burden of a court appearance at a time of crisis in their lives. Minors who have understanding families are spared this. The result is that those who go to court are, in effect, being punished because they don't have a particularly good relationship with their clinic counselors, court clerks and judges who deal with these youngsters regularly make every effort to ease the difficulties inherent in the court appearance, many of these girls find that getting involved with the judicial process is a daunting proposition.

Jamie Ann Sabino heads a group of 200 lawyers established five years ago by the Women's Bar Association of Massachusetts and the National Lawyers Guild to provide minors with legal counsel at the 12S hearings, as they are known. She says that for many youngsters, the court appearance is actually more overwhelming than the abortion itself.

"The system that is supposed to be serving their interests just isn't. For many girls, it is absolutely petrifying. Many judges just can't or won't put themselves in the place of these scared teen-agers. Even the good judges don't always realize how intimidating the process can be," Sabino, a Cambridge attorney, explains. "One of the biggest problems with this law is getting teen-agers to know about it. There are rumors that go around that if you go to court, your parents will be told." Young people, she says, get it confused with the "squeal law," the Reagan administration proposal to require family planning clinics to notify parents when administering contraceptives to minors. "Some of these kids are so naive. One lawyer told me a minor called her up and said she wanted an abortion and she wanted to to go to court, but she was worried what the jury would think. I mean, she thought going to court is like *Perry Mason* on television."

continued →

assuring [illegible] their choice for the court appearance. Once a minor makes contact with a family planning service or an abortion provider, she is referred to Planned Parenthood, which serves as a clearinghouse for minors seeking court authorization. Volunteer counselors there discuss the young woman's situation, usually by telephone; they ask her what she wants to do about the pregnancy and why she doesn't want to involve her parents in her decision. Once it is clear that the youngster does not want to carry the pregnancy to term, counselors give the minor the name of a lawyer from the referral panel. The minor then contacts the lawyer, who conducts another extensive telephone interview. Because it is often difficult to arrange a preliminary meeting, the minor and the lawyer usually get together at the courthouse in question an hour or so before the scheduled hearing to go over the kinds of questions that will be asked.

The private 12S hearings usually take place in the judge's chamber with only the minor, her lawyer, the judge, and a stenographer present. Some judges allow boyfriends, clinic counselors, or social workers to be present; some do not. Some judges don't wear their robes, but some must, because the hearings occur during a trial recess. Although there are 61 judges who sit on the Superior Court, fewer than half of these hear cases on a regular basis. Twelve judges have recused themselves, or declined to preside over such hearings, on moral grounds. Two judges refuse to preside over cases if the minor is in the second trimester of pregnancy. Several judges rarely get cases because of scheduling conflicts.

[illegible] and "bad" judges and on how individual hearings are handled. Members of the panel, who handle cases on a rotating basis, "judge shop" when they can, assiduously avoiding judges who are inclined to give the minors or their lawyers a rough time. One judge, for example, is known for dealing with these cases so sensitively and efficiently that he ends up with approximately one-third of all the cases each year. But geography, timing, and the court's own schedule often force the lawyers to appear before less sympathetic members of the bench.

Michael Donovan, chief magistrate of Suffolk Superior Court, helped establish the procedure for 12S hearings in the Boston court that has been copied in other circuits. When a minor's lawyer calls Donovan's office to make an appointment for a hearing, the staff tries to determine the most convenient time for the minor, who may have to arrange transportation, skip school or miss work, and present her parents with a satisfactory explanation of her whereabouts. Then the staff determines what judges are available, in an order that begins with judges assigned to less pressing business on the civil side. Sometimes, Donovan says, when no one else is available, a judge hearing an important criminal case may be asked to preside over a 12S hearing.

By law, a judge is required to grant a minor's petition for an abortion if the judge determines that the minor is mature and capable of giving informed consent to the abortion procedure. If the judge concludes that the minor is immature, he or she must then determine if the abortion is in the minor's "best interest." In conducting a 12S hearing, judges are supposed to follow a set of advisory guidelines written by Massachusetts Supreme Court Justice Paul Liacos that provide a framework for making the two-tiered evaluation of "maturity" and "best interest." To determine maturity, a judge may ask about the minor's work and school experience, whether the abortion decision is a per- [illegible] tion, and whether she discussed the decision with others. He or she may also ask if the minor understands the abortion procedure and the medical risks involved.

To determine best interest, the judge is required to use the "substituted judgment" test, which means the judge must determine what choice the minor would make if she were fully mature, bearing in mind the choice she has expressed and the extent of her maturity. The Liacos guidelines say that judges should avoid promoting a particular set of moral or religious values and shouldn't delve into the minor's views on abortion or those of her parents, or whether "the minor believes she is in some way taking or destroying life."

In 98 percent of the hearings, judges find the minors mature enough to give their own informed consent for the abortion. After all, a minor who manages to call a clinic, get a lawyer, and show up in court has demonstrated some degree of determination, responsibility, and courage.

Even though some judges try to administer the parental-consent law fairly and conscientiously, the Liacos standards have not prevented other judges from overstepping the boundaries, according to Sabino and other members of the lawyers' panel. Horror stories are common, and lawyers are sometimes reluctant to challenge judges because they do not want to jeopardize the minor's chances for getting a petition approved. For example, one judge who has adopted children presses minors about that alternative to abortion even when it is clearly not an option the minor would chose. Another judge routinely reduces the minors to tears, as if the catharsis will do the young women some good. Still another judge sternly lectures the young women for failing to accept the consequences of their actions. And another often asks the minor to leave the room, dragging out her agony, while he considers his decision.

Continued → A-XVII

accompanied her to court, should be prosecuted for statutory rape. Another castigated a boyfriend's mother, who had accompanied the minor to court, for her son's inability to keep his pants on." Another initially denied the petition of a Cambodian immigrant until the lawyer returned to court with a translator. There are judges who display ignorance about adolescent sexuality and the abortion procedure itself, which is particularly galling to members of the lawyers' panel, because the panel sponsored a symposium on those subjects and only one judge came. A judge interviewed for this article didn't know that before the parental-consent law went into effect five years ago, Massachusetts minors routinely obtained abortions without the consent of either parent. He thought the law had allowed minors to get legal abortions in Massachusetts for the first time.

"Even the judges who always authorize abortions sometimes seem to have a need to make the process more difficult than it has to be. I don't know if it's subconscious or what," explains Peter Fellman, one of the few men on the lawyers' panel.

Judges, for the most part, view their role in administering the parental-consent law as something they have to do and something they do willingly. Yet many are less than sanguine about the quasi-judicial nature of the job and the constraints under which they must operate. In off-the-record interviews, several judges described their function in 12S hearings as essentially that of "rubber stamp." They said they basically have no choice but to authorize abortions. Although they expressed concern for the well-being of the minors who appear before them, they also worry about irate parents, who have been known to telephone the court and press for information. And the judges worry about their own culpability, should serious complications follow from an abortion they have authorized.

the [illegible] of his peers recuse themselves from cases on moral grounds, because "judges are supposed to separate their personal beliefs and feelings from decisions they make every day." Another judge angrily suggested that the parental-consent law is just another political hot potato that has been fobbed off on the judiciary. "We are being asked to resolve more and more of society's business that has absolutely no place in court," he said. "The attitude is, 'We don't want to touch the problem of teen-age pregnancy or abortion, so why don't we just let the judge decide.' "

Former Superior Court Judge Rudolph Pierce, who presided over 12S hearings before leaving the bench for private practice, says he thinks it's extremely difficult for judges who are accustomed to presiding over adversarial proceedings to step into a situation in which a social worker or minister might be more useful.

"The law is clearly weighted toward granting the minor the authorization for the abortion," Pierce says. "There may be nothing wrong with that. It may, in fact, serve the young women who go to court, but it causes tremendous problems for the judiciary. Judges deal with evidence and standards of proof. What standard of proof do you have when a girl tells you she's so many weeks' pregnant? You just have to take her word for it." Pierce continues, "I also think the law creates some very odd familial situations. In one case I heard, the girl's mother actually came to court with her. The woman was a Catholic, and she felt she couldn't give her consent for the abortion even though she thought it was a good idea. So she stood out in the hallway while I made the decision."

Pierce says the cases that were most difficult for him were those in which the minor said she couldn't discuss her planned abortion with her parents because she didn't want to disappoint them. This rationale may be troubling for judges — because not involving the parents in the decision seems more a matter of [illegible] anything else. But there are more cases in which the minor would be in real danger if she told her parents about her pregnancy and her wish for an abortion. In some cases, the minor's father is responsible for the pregnancy.

According to Judge Thomas Morse, chief of the Superior Court, the 12S hearings constitute only a tiny fraction of the trial court's annual business. He estimates that since his colleagues are theoretically responsible for hearing about 79,000 civil cases a year, the addition of 600 to 900 parental-consent hearings does not really constitute a burden for an already burdened court. He also says it is difficult to calculate how much these hearings cost the taxpayers every year, but he thinks the cost is negligible. In fact, the state pays lawyers who represent Mary Moes $25 an hour for out-of-court time and $35 an hour for in-court time.

But there is one cost of the parental-consent law that Morse says should not be overlooked: the cost to minors. Trial court judges have had very little professional experience with adolescents, he says, and the judges are not very well equipped to deal with the kind of thorny family issues that more often come before the Probate Court. And even though he and his colleagues do the best they can, Morse suspects many of the 54 men and seven women on the Superior Court are uncomfortable with the sex-related nature of the hearings. "The process is cumbersome," Morse says. "But I guess my main complaint about the system is that it doesn't seem to be working well for the benefit of the people who are coming in seeking the remedy."

That the law isn't working as intended is also a cause of some concern to antiabortion advocates such as Marianne Rea-Luthin, who has been active in Massachusetts Citizens for Life since she was a teenager growing up in Brighton.

Continued →

scho[illegible] Luthin, who later worke[illegible] Ray Flynn's legislative aide while he was a city councilor and now serves as a mayoral-appointed trustee at the Boston Public Library, pick[illegible]d Hastings-Crittendon [illegible]se after the 150 year-old social service agency and home for unwed mothers announced plans to provide abortions as well as its regular services. Her husband, Henry Luthin, currently an assistant corporation counsel for the city of Boston, helped draft the revised parental-consent law that is now in effect in Massachusetts.

Rea-Luthin, the mother of two, says she believes the parental-consent law has been "circumvented" by its opponents. Parents, she says, have effectively been "cut out" by the referral system to help pregnant teen-agers get to court and to the clinics and hospitals approved by Planned Parenthood.

"They get you an attorney, show you the ropes, get you in and out fairly quickly," Rea-Luthin says. "Whether we like it or not, the law is a teacher. W[illegible]n the Supreme Court legali[illegible] abortions, people said, 'Well, if it's legal, it's right, and I can do it.' There is that authority of the law. Some people don't like it that kids in particular are struck by the fact that if something is legal then it must be okay."

The idea of parental consent sounds so right, so all-American. In a perfect world, in perfect families, daughters would decide not to deal with such a crisis alone. Their parents would naturally be the people they would turn to first for advice, for comfort, and for a solution. In fact, studies show that in 45 percent of all cases, minors do tell their parents that they want an abortion. But the world isn't perfect, and neither are families. And pregnancy, particularly unwanted pregnancy, is a highly c[illegible]d and emotionally messy bu[illegible]ess.

[illegible] teen-agers, some other adolescent medical situations are also highly charged and emotionally messy. In this state, minors have been exempted by law from obtaining parental consent for the treatment of venereal disease and drug abuse. And minors do not need the consent of either parent to obtain medical care for a pregnancy that will be carried to term.

Still, opponents of abortion point out that teen-agers need parental consent to get their ears pierced or take a class trip to the Museum of Science, so why shouldn't they be required to have parental consent for an abortion? "There isn't a state in the union that says a minor can sign contracts unless they are 18 — unless they're married or living on their own," Paul White, the Dorchester representative, says. "It doesn't make sense to allow teen-agers to take this far more serious step on their own."

But the consequences of having your ears pierced, taking a class trip, or signing a contract are not as serious as those of motherhood at age 15, according to John Henn, a partner at Foley, Hoag and Eliot. Henn is the lawyer who represented the American Civil Liberties Union the second time the original Massachusetts law was heard by the US Supreme Court. An abortion, he points out, is not a "deferrable" decision. A teen-ager has only a few months when she can avoid becoming the mother of an unwanted child. And many teen-agers delay making a decision because of denial of their pregnancy or fear of the court procedure.

"How in good conscience can anyone suggest that a minor shouldn't ultimately have the right to make that decision for herself?" Henn asks. "The real political problem and social problem, or whatever it is, is that parents would like to know about the decision. I don't think most parents want to make the decision for their daughter in the sense of forcing them to have a baby. They just hate to have it happen in secret. But how can the state get involved in making that sort of family communication work?"

As Virginia Cartoof observes, minors routinely obtained safe abortions in Massachusetts for seven years before the consent law went into effect. Now minors often go to neighboring states for abortions rather than endure the judicial hearing. Although Rhode Island is currently the only other New England state with a parental-consent law — in Rhode Island's case, requiring the consent of one parent — similar legislation has been proposed and defeated in New Hampshire and Maine. Traveling out of state, Cartoof says, only increases the medical risk and danger of complications from the procedure.

Both the American College of Obstetrics and Gynecology and the American Academy of Pediatrics, among other health organizations, have opposed parental-consent and parental-notification laws because they stand to jeopardize the relationship between the physician and the patient. In fact, the American College of Obstetrics and Gynecology is a party to the Pennsylvania abortion case now before the Supreme Court. The state law in question includes a parental-consent provision, but the case will be decided on procedural grounds.

The fundamental legal question posed by parental-consent and notification laws is whether minors have the same rights to abortion under *Roe v. Wade* as adults do. In its 1979 ruling on the Massachusetts law, the Supreme Court said that it is possible to treat minors differently from adults because minors are more vulnerable than adults, because they are less capable of making mature decisions, and because of the importance of the parental role in child-rearing. In late April, a federal district court judge struck down a parental-notification law in Ohio, but Henn and other lawyers are awaiting a ruling in a more important Minnesota

Continued → A-XVII

pa[illegible] notification requirement, the American Civil Liberties Union is essentially challenging the Supreme Court's rationale for distinguishing between the reproductive rights of minors and those of adults. During a seven-week trial this spring, the ACLU lawyers contended that the Minnesota law does not enhance the quality of the minor's decision making or improve the relationship between minors and their parents. Expert witnesses testified that there is basically no difference between the reasoning abilities of minors and adults seeking to terminate unwanted pregnancies. If the Minnesota parental-notification law is overturned, the ACLU may press forward with a challenge to the specifics of the Massachusetts law. Although the current statute was drafted to conform with the Supreme Court's 1979 guidelines, it has yet to be tested in court.

While the legal, political, and philosophical skirmishing continues, the Massachusetts Women's Bar Association is contemplating possible amendments to the state parental-consent law, including lowering the age requirement, limiting consent to one parent, and expanding the number of judges who preside [illegible]12S hearings to include those on the Probate Court bench. It is unlikely that any of these amendments will surface until after the November abortion referendum. It is also unlikely that they will meet with much success on Beacon Hill, where legislators on both sides would rather avoid renewed controversy on the subject. As Representative Paul White explains, "I don't think abortion is ever smart politics one way or the other."

According to Vilma DiBiase, director of clinical counseling at the Crittendon-Hastings House, the Massachusetts parental-consent law may not be smart policy, either. She suggests that a law granting parents or judges the authority to decide whether a minor can have an abortion rather than allowing her to decide that question for herself may work against minors' long-term interests. "I think the law actually robs kids of the opportunity to take responsibility for their actions and face up to the very real consequences of having sex," she says. "With parents and judges involved in the decision, it's easier for young women to just totally abdicate responsibility for the unwanted pregnancy. After the abortion, I think that may make it easier for them to be careless about contraception, and I think they [illegible] even be more likely to get pregnant again."

According to the state Department of Public Health, 2,328 teen-agers in Massachusetts had abortions in 1984, and 2,370 had babies. On a particularly bad day, Jamie Ann Sabino, who leads the lawyers' referral panel, just wishes that all the time, money, and energy that have been spent on the parental-consent question in the past 12 years had been devoted to preventing teen-age pregnancy. Both sides, she believes, could have better served Massachusetts minors by simply hanging signs in high school bathrooms across the state with this warning: "You can get pregnant if you 'do it' just once."

If anything, the young woman who was interviewed for this article blames her parents, who never talked to her about sex, for the fact that she needed an abortion in the first place. She says no one ever bothered to tell her that the "pull-out method" doesn't work, and she doesn't understand why adults are reluctant to let schools provide more comprehensive sex education than they do now. As for Chapter 112, Section 12S, of the General Laws of Massachusetts, she says no law can stop teen-agers from getting pregnant, no law can stop teen-agers from getting abortions, and no law can make teen-agers tell their mothers or their fathers anything they don't want to tell them. •

3-6-87
noon

Prepared by KFL
M. Cavell

SB 225

Constitutional overview:

1. The State of Kansas can legislate abortion and even prohibit it under certain circumstances:

   --the trimester tests. Roe v. Wade 93 SCt 705

   --there is no absolute right to an abortion on demand. Roe v. Wade

2. The State of Kansas has particular legislative ability concerning abortions on minor children:

   -- because minors lack experience, perspective and judgment to avoid choices that could be detrimental to them. Bellotti v. Baird 99 SCt 3055

   --States may therefor validly limit a minor's right to choose for herself in making an abortion decision. Bellotti

3. Section 1(b), SB 225:

   --These are precisiely the basis for state regulation of a minor's abortion decision that the Supreme Court has already recognised as valid state interests. Bellotti; Planned Parenthood v. Danforth 428 US 52

4. Parents have first rights to exercise care, custody and control of minors; this includes the abortion decision:

   --SB 225 merely preserves that first right. Bellotti and Danforth.

5. Section 3, SB 225:

   --This is the same parental consent requirement already recognised as constitutional and tested in a number of Supreme Court cases. Bellotti; Danforth; Planned Parenthood v. Ashcroft, 103 SCt 2517 and H.L. v. Mathison 450 US 398

6. Section 4, SB 225:

   --If a child chooses not to obtain parental consent or a parent

Attach. XVIII
Sen. Jud
3/6/87

refuses that consent, a judicial alternative must be provided. Section 4 is, in substance, already approved and tested by a number of Supreme Court cases. Ashcroft.

--The District Court can waive the parental consent requirement if (a) it finds the minor is mature enough to decide on her own or, if not (b) it finds that nevertheless, the abortion would be in her best interest. Ashcroft.

7. The Emergency Override

--Section 5, SB 225.

8. Parents have a fundamental constitutional right to direct the rearing of their children. Bellotti; Thornburgh v. ACO, 106 SCt 2169, 2191.

--SB 225 fairly balances this parental right with the Supreme Court's pronouncements on abortion.

9. Narrow Focus of SB 225:

--Potential for aborting the pregnancy of minors.

--Drafted with due regard to Supreme Court Decisions.

--Each provision has been reviewed with regard to Constitutional Law..

RCAR in KANSAS

Religious Coalition for Abortion Rights in Kansas

POLICY COUNCIL 1986-1987

Rabbi Lawrence Karol 4200 Munson Topeka, Ks. 66604	Chair Union of American Hebrew Congregations 913-272-6040
Rev. Ann Richards 1275 Boswell Topeka, Ks. 66604	Secretary Committee on Women's Concerns Synod of Mid-America 913-357-0339
Lee Ketzel 315 Park Hill Terrace Lawrence, Ks. 66046	Treasurer Unitarian Universalist Prarie Star District 913-843-4834
Ann Marshall-Levine 3107 West 21st. Topeka, Ks. 66604	National Federation of Temple Sisterhoods 913-296-5301
Sarah Chappell Trulove 808 Alabama Lawrence, Ks. 66044	United Church of Christ Kansas-Oklahoma District 913-841-0925
Rev. Lesslie Anbari 6131 S.W. 21st. Terrace Topeka, Ks. 66604	Presbytery of Northern Kansas 913-273-4886
Beth Sheffel 323 S.W. Greenwood Topeka, Ks. 66606	Topeka Young Women's Christian Association 913-354-1818
Betty Nelson 4100 Munson Topeka, Ks. 66604	Kansas East Conference United Methodist Church 913-272-2573
Edith Hinrichs 3014 Tumbleweed Manhattan, Ks. 66502	Unitarian Universalist Service Committee 913-539-5463
Richard Benson 1219 Cornwall Topeka, Ks. 66611	At-large member 913-266-5887
Kansas City-Metro RCAR Rev. Susan Vogel 5123 Truman Road Kansas City, Mo. 64127	816-483-9600
Kansas West RCAR Tessie Pringle Route #1 Box 22 Tribune, Ks. 67879	316-376-4408

1248 Buchanan • Topeka, KS. 66604

RCAR in KANSAS
Religious Coalition for Abortion Rights in Kansas

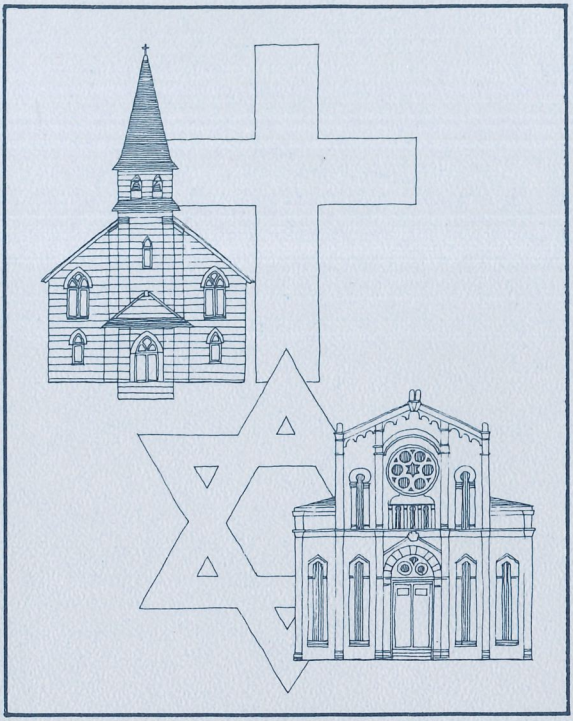
Senate Judiciary Committee 6 March 1987
Mr. Chairman and Members of the Committee:

I am Darlene Stearns, State Co-ordinator for Religious Coalition For Abortion Rights in Kansas. I appear in opposition to SB 225.
Our opposition to this bill is based on the statements of our member denominations who believe abortion is ultimately a religious issue.I will refrain from quoting any of these statements since I have provided you with copies of those statements and more material from RCAR than you may wish to receive.
I do emphasize though that none of these statements base their support of individual choice on the age of the woman.
We all know that laws establishing 'legal' age differ from situation to situation and from state to state. Laws governing driving, voting, school attendance, alcohol consumption, marriage, and criminal prosecution vary widely. Neither the state nor families, however, can determine the onset of puberty. As the onset of puberty varies from individual to individual, subsequent sexual activity varies from individual to individual and an unplanned pregnancy can be the result of such differing causes as rape, incest or ignorance of birth control. All young women are not the same.
How can the state mandate rules every pregnant woman must follow in making a decision as individual and private as abortion?
We support individual choice and oppose any legislation that would make abortion inaccessible to any group of women.

Darlene Greer Stearns
Darlene Greer Stearns

attach. XIX
Sen. Jud.
3-6-87

1248 Buchanan • Topeka, KS. 66604



ABORTION:

Why religious organizations in the United States want to keep it legal.

A-XIX

RCAR

The Religious Coalition for Abortion Rights is comprised of 30 national religious organizations—Jewish, Protestant, Catholic and others. We hold in high respect the value of potential human life; we do not take the question of abortion lightly.

Because each denomination and faith group represented among us approaches the issue of abortion from the unique perspective of its own theology, members hold widely varying viewpoints as to when abortion is morally justified. It is exactly this plurality of beliefs which leads us to the conviction that the abortion decision must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from government interference.

RCAR members are concerned about the number of teenage pregnancies and the rise in the number of abortions. We believe it is important for the religious community to provide leadership and guidance on the moral and ethical aspects of this sensitive issue. We urge the provision of counselling services and support systems for women facing problem pregnancies in order to assist them in exploring all alternatives. We promote the establishment of educational programs designed to support the development of responsible human sexuality.

RCAR's purpose is:

- to educate the American public about the diversity of views on abortion in the religious community, and about the threats to religious liberty that are posed by anti-abortion legislation;
- to encourage and facilitate support for safeguarding the legal option of abortion for women facing problem pregnancies;
- to oppose a constitutional amendment that would make abortion illegal, and any legislation that would make services inaccessible to any group of women.

The Coalition operates on both the national and state levels. Individuals may support Coalition activities by distributing educational resources, by participating in our nationwide legislative alert network (Dispatch), by subscribing to our quarterly newsletter (*Options*), and by working with our state affiliates. For further information, please contact the Coalition office.

WHY ARE RELIGIOUS ORGANIZATIONS CONCERNED ABOUT ABORTION?

For many reasons.

Many religious denominations have a strong tradition of advocating personal decision-making in matters of family and sexuality. The position of the American Baptist Churches thus states,

> . . . We recognize that Christian persons of sensitive and informed conscience find themselves on differing sides of the abortion issue. In our Baptist tradition the integrity of each person's conscience must be respected; therefore, we believe that abortion must be a matter of responsible, personal decision.

Another concern of the religious community is the balance to be created between their deep reverence for the sanctity of human life and their commitment to freedom of conscience and to the affirmation of women as moral decision-makers. The United Methodist Church states:

> . . . Our belief in the sanctity of human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of life and well-being of the mother for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures . . . (Social Principles, Section II G, 1984).

And religious organizations are concerned about abortion because ultimately abortion is a religious issue.

WHAT MAKES ABORTION A RELIGIOUS ISSUE?

The question of when "personhood" begins.

Most people who oppose abortion under any circumstance, even to save the life of the pregnant woman or child, are motivated by the belief that separate, equal human life—and ensoulment—begin at the moment of conception. A fetus is thus a "person" and abortion is "murder." This is a theological belief not a biological fact. It has been disputed by theologians for centuries.

To this day, the Roman Catholic Church does not have a position on when a fetus becomes a person. The Church first adopted the belief of Aristotle, St. Augustine and St. Thomas Aquinas that ensoulment occurs several weeks after conception. Pope Innocent III, who ruled at the turn of the 13th century, made that belief part of Church doctrine, allowing abortion until fetal animation (approximately four months after conception). It was not until 1869 that the Church prohibited abortion at any time and for any reason—even to save the life of the mother. Yet, the Declaration on Procured Abortion issued by the Vatican Congregation on the Faith in 1974 states "it is not up to biological sciences to make a definitive judgement on questions which are properly philosophical and moral, such as the moment when a human person is constituted." It further notes that at present there is no "unanimous tradition" on "the moment when the soul is infused."

Judaism, in contrast, has firmly and consistently held that the moment of ensoulment is at birth. The United Synagogue of America and the Rabbinical Assembly, which represent Conservative Judaism, have stated that abortions,

> though serious in the early stages of conception, *are not to be equated with murder,* hardly more than is the decision not to become pregnant.

Ensoulment theologies vary widely among the Protestant denominations. In addition, some members of the religious community address the issue of abortion in differing terms.

The Lutheran Church in America contrasts the fetus with the person:

Since the fetus is the organic beginning of human life, the termination of its development is always a serious matter. Nevertheless, *a qualitative distinction must be made between its claims and the rights of a responsible person made in God's image who is in living relationships with God and other beings.* This understanding of responsible personhood is congruent with the historical Lutheran teaching and practice whereby only living persons are baptized.

The Young Women's Christian Association is concerned about the self-determination of the individual woman:

> [W]e affirm that a highly ethical stance is one that has concern for the quality of life of the living as well as for the potential for life . . . . Our decision does not mean that we advocate abortion as the most desirable solution to the problem, but rather that a woman should have the right to make the decision.

WOULD A RELIGIOUS ADVISOR EVER SUPPORT A DECISION TO ABORT?

Yes.

In 1967 a small group of ministers and rabbis established the Clergy Consultation Service on Abortion to counsel and help women who were faced with the crisis of a dangerous or unwanted pregnancy. Within a year the organization was national and included over 1,200 clergy, all of whom knowingly risked legal retribution (many were, in fact, arrested). The organization's statement of purpose declared:

> Believing as clergymen that there are higher laws and moral obligations transcending legal codes, we agree that it is our pastoral responsibility and religious duty to give aid and assistance to all women with problem pregnancies.

The determination of *when* abortion is morally justified varies widely among denominations.

The statement of The Episcopal Church permits the termination of pregnancy

> . . . when the physical or mental health of mother is threatened seriously, or where there is substantial reason to believe that the

child would be born badly deformed in mind or body, or where the pregnancy has resulted from rape or incest . . .

The Presbyterian Church (U.S.A.) has long "affirmed women's ability to make responsible decisions, whether the choice be to abort or to carry the pregnancy to term." And the Union of American Hebrew Congregations, which represents Reform Judaism, states simply, "We express our confidence in the ability of the woman to exercise her ethical and religious judgment in making her decision."

If abortion is a religious issue . . .
And religious theologies differ . . .
And each denomination counsels its members according to its own theology . . .

WOULDN'T A LAW PROHIBITING ABORTION VIOLATE RELIGIOUS LIBERTY?

Exactly.

A law which *mandated* abortion would violate the religious liberty of those people who believe that abortion is never an acceptable alternative.

And a law which *prohibited* abortion would violate the religious liberty of those people who believe that abortion may be a moral alternative to an unwanted or dangerous pregnancy.

If "personhood" were defined by law as beginning at the moment of conception, one particular theology—and only one—would be legal. The millions of Americans who do not share that theology would be denied the right to make decisions about abortion according to the teachings of their own religion. They would be compelled instead to live, and seek medical care, according to the doctrine of the "legal" religion.

The Christian Church (Disciples of Christ) summarizes the issue this way:

> [We] respect the differences in religious beliefs concerning abortion and oppose, in accord with the principle of religious liberty, any attempt to legislate a specific religious opinion or belief concerning abortion upon all Americans.

The issue of abortion is a crucial test of religious liberty—one of the cornerstones of our democracy.

RCAR MEMBERSHIP

American Ethical Union

National Service Conference
American Ethical Union

American Humanist Association

American Jewish Congress

B'nai B'rith Women

Catholics for a Free Choice

Womaen's Caucus
Church of the Brethren

Division of Homeland Ministries
Christian Church (Disciples
of Christ)

Episcopal Urban Caucus

Episcopal Women's Caucus

Federation of Reconstructionist
Congregations and Havurot

National Council of Jewish Women

National Federation
of Temple Sisterhoods

North American Federation
of Temple Youth

Pioneer Women/NA'AMAT

Committee on Women's Concerns
Presbyterian Church (U.S.A.)

Council on Women and the Church
Presbyterian Church (U.S.A.)

General Assembly Mission Board
Presbyterian Church (U.S.A.)

The Program Agency
Presbyterian Church (U.S.A.)

Union of American
Hebrew Congregations

Unitarian Universalist
Association

Unitarian Universalist
Women's Federation

Board for Homeland Ministries
United Church of Christ

Coordinating Center for Women
United Church of Christ

Office for Church in Society
United Church of Christ

Board of Church and Society
United Methodist Church

Women's Division
Board of Global Ministries
United Methodist Church

United Synagogue of America

Women's League for
Conservative Judaism

YWCA National Board

Religious Coalition for Abortion Rights
Educational Fund, Inc.
100 Maryland Avenue, N.E.
Washington, D.C. 20002
(202) 543-7032

Revised 3/86

For some children the bedtime story is just the beginning of a nightmare.

Once upon a time'' is how most bedtime stories begin.

They lead children through a fairy tale world which ends ''happily ever after.'' Unfortunately, grim reality prevents thousands of children from sharing this world of make believe.

INCEST

Despite a recent increase in awareness, child sexual abuse, and especially incest, is still ''the silent crime''—its effects remain misunderstood and often unknown.

ALMOST 100,000 CHILDREN WERE REPORTED VICTIMS OF CHILD SEXUAL ABUSE AND INCEST IN 1982. The National Center on Child Abuse and Neglect (NCCAN) of the Department of Health and Human Services estimates that in 1982, 65,000 cases of child sexual abuse were officially reported to child protection service agencies throughout the nation. These cases involved as many as 98,000 children.[1]

INCEST IS A GROSSLY UNDERREPORTED CRIME. The victims themselves often do not report the crime ''because of ignorance, fear of reprisals by the perpetrator, (and) fear that their parents will blame them.''[2] In the case of incestuous relationships, other family members may be aware of the abuse, but do not bring it to the attention of the authorities ''for fear of social censure, public scrutiny, and removal of the family breadwinner.''[2] For these reasons, the reported cases of child sexual abuse and incest represent only ''the tip of an unfathomable iceberg.''

ANYWHERE FROM 9% TO 52% OF WOMEN AND 3% TO 9% OF MEN WERE SEXUALLY VICTIMIZED AS CHILDREN. Although studies differ in the percentages they obtain, they all reveal that child sexual abuse is a major and prevalent social problem.

THE MAJORITY OF VICTIMS ARE ABUSED BY FAMILY MEMBERS AND FRIENDS, NOT STRANGERS. A study conducted by David Finkelhor of the Family Violence Research Program of the University of New Hampshire found that ''75% of the experiences reported were with older persons known to the child. Forty-four percent were with family members, including uncles, grandfathers, brothers-in-law, fathers and brothers. Twenty-two percent were within the nuclear family, and 6 percent were with fathers and stepfathers.''[3]

Since the perpetrator is usually a nonstranger, he can often have frequent access to the child. This means that the abuse can occur repeatedly and over a long period of time.

CHILDREN FROM LOWER INCOME FAMILIES ARE MORE OFTEN VICTIMS OF SEXUAL ABUSE. In Finkelhor's study, girls from families with incomes of less than $10,000 were two thirds more likely to be victimized than the average girl.

PREGNANCY CAN AND DOES OCCUR FROM INCEST AND OTHER FORMS OF CHILD SEXUAL ABUSE. An act of unprotected intercourse results in pregnancy about 4% of the time. But incestuous relationships involve repeated abuse and often repeated acts of intercourse. This frequency of abuse makes pregnancy much more likely. In a study of 237 female victims of sexual abuse, 12% became pregnant.[4] 19% of the child victims in a 1963 sample became pregnant.[5]

Religious Coalition for Abortion Rights

Educational Fund, Inc.
100 Maryland Avenue, N.E. Washington, D.C. 20002
(202) 543-7032

RAPE

THE NUMBER OF RAPES REPORTED IN THE UNITED STATES IN 1982 REACHED 77,763. According to the FBI, approximately 65 out of every 100,000 women in the country were reported rape victims in 1982.[6]

THESE STATISTICS DO NOT EVEN BEGIN TO REFLECT HOW PREVALENT RAPE IS. Whether through fear of reprisals, shame or isolation, many rape victims do not report the crime to the authorities. Victims may also dread the possibility that their trauma might be compounded by the unwanted intrusion and sensationalism of a rape trial.

According to Dr. Menachem Amir's study, between 50% and 95% of rapes go unreported.[7] A study of rape in San Francisco found that only one in 23 rapes in that city were reported to the police.[8] It has been estimated that rape is so common that one in three women is likely to be raped during her lifetime.

AN ESTIMATED 32.2% OF RAPE VICTIMS ARE UNDER 20 YEARS OF AGE.[9] Victims under 20 are also less likely to report the crime to the police.[10]

POOR WOMEN ARE MUCH MORE LIKELY TO BE VICTIMS OF RAPE THAN MORE AFFLUENT WOMEN. A 26-city survey conducted by the Department of Justice estimates that women with a family income of less than $10,000 are 11 times more likely to be raped than women with a family income of $25,000 or more.[11]

MANY RAPE VICTIMS FACE UNWANTED PREGNANCIES. An act of unprotected intercourse results in pregnancy about 4% of the time. Rape is not an exception to this rule.

Pregnancy is less likely when the victim is administered a post-coital contraceptive. But the same feelings of fear, shame and isolation which prevent a woman or girl from reporting rape to the police may prevent her from seeking proper medical care. This greatly increases the risk of pregnancy. The claim that psychological trauma somehow prevents pregnancy is unfounded.

NOTES

1. ''Profile of Child Sexual Abuse,'' NCCAN.
2. ''Everything You Always Wanted to Know About Child Abuse and Neglect,'' NCCAN, p.9.
3. David Finkelhor, ''Risk Factors in the Sexual Victimization of Children'', in *Child Abuse and Neglect*, Vol. 4, p.266.
4. Vincent DeFrancis, *Protecting the Child Victim of Sex Crimes Committed by Adults*, Final Report, (Denver: The American Humane Association, Children's Division, 1969), p.164.
5. T.C.N. Gibbens and J. Prince, *Child Victims of Sex Offenses*, (London: The Institute for the Study and Treatment of Delinquency, October 1963), p.16.
6. Uniform Crime Reports, Federal Bureau of Investigation.
7. Menachem Amir, *Patterns in Forcible Rape* (Chicago: University of Chicago Press, 1971).
8. Diana E. H. Russell, Ph.D., *Rape, Child Sexual Abuse, Sexual Harassment in the Workplace: An Analysis of the Prevalence, Causes, and Recommended Solutions*, March 1982, p.16. (Report provided by the National Center for the Prevention and Control of Rape, U.S. Department of Health and Human Services.)
9. M. Joan McDermott, *Rape Victimization in 26 Cities*, (U.S. Department of Justice, Law Enforcement Assistance Administration, National Criminal Justice Information and Statistics Service, 1979), p.5.
10. *Rape Victimization in 26 Cities*, p.46.
11. *Rape Victimization in 26 Cities*, p.10.

A-XIX

The Journal, Montgomery County, Md., September 13, 1984 Reprinted with permission by **RCAR** Educational Fund, Inc.

"There wasn't any hope at all."— The story of a sexually abused teen

By M.J. Burke

"Oh, I hated him so much, I was just afraid and ashamed to tell my mother."

Fear and shame. For more than a dozen years they formed the fabric of two young girls' lives as they were repeatedly raped and sexually abused by their stepfather.

Mary, who agreed to talk to The Journal on the condition that her real name not be used, finally summoned the courage this June to tell the Alexandria police about her stepfather's "physical, mental and verbal" abuse of their Del Ray, Va., family.

Her stepfather, a 54-year-old printer who married her mother in 1972, pleaded guilty on Aug. 30 to two counts of raping Mary and her sister. The offenses he was convicted for took place in 1972 and 1974.

For their 12 years of horror, he has been sentenced to 12 months in jail. With good behavior in jail, Mary's stepfather could be out on parole in eight months. He will be on probation for five years.

Timid and just over 5 feet tall, Mary, 27, spoke quietly through intermittent tears about her ordeal. A nervous, hedging laugh punctuated her narrative.

"It went on until recently. He (the stepfather) just had me so well trained that I didn't put up a fight." Smoking nervously, Mary told how her sister, even younger than herself, was forced to share Mary's nightmare.

"Eventually, he started in on my sister. He started caressing her as soon as she came of age. She was 12 when he started on her." She is now 24.

"A couple of times, he had us in bed together, and he would go from one to the other. There was nothing I could do. She was in the same mess that I was in . . . But whenever we'd say no or tell him it was wrong or we didn't want to do it, he would hit us. He would beat us."

When she was young, Mary said she strove to be as unappealing as possible. As other 14-year-olds primped, "I made myself as plain as possible and started gaining weight."

"I started not wearing makeup. I stopped wearing clothes that revealed too much.

"That didn't stop him either."

Her stepfather preyed on the girls when their mother wasn't around. He threatened them with beatings if they revealed their secret.

"My mother worked from 6 in the morning until 2 in the afternoon. During the school year, it would happen on the weekends. In the summer, it would be a lot more frequent."

Finally, the inevitable happened.

"When I first found out I was pregnant (at age 16), I told him I didn't want to have his baby, and he beat me. He said, 'You're going to have this baby.' So I had the baby." Mary's daughter is now 10.

"My sister had two abortions. She almost had a third, but it turned out to be a false alarm.

"At first, my mother didn't know it was going on. When I got pregnant in 1974, I had never been on a date. I didn't know any guys. It had to be him . . . I've never been on a date in my life. We were never allowed to have any friends . . . We had to be home from work by a certain time. We had to be in bed by a certain time."

In a small house, however, the girls' suffering could not continue forever—especially after Mary got pregnant—without their mother's learning about what had taken place. Her husband, a heavy drinker who is now undergoing alcoholism counseling, cowed his wife as well.

"(He) was also abusive to her. She confronted him with it (the pregnancy), and he admitted it to her. She asked why he would want to have sex with a young girl. She asked if he would have sex with his own daughters. He told her that if he had to, he would.

"Then he told her if she tried to do anything about it, he would kill her . . . You would not believe some of the things he would think of to say to her. Her health is not the best. She has emphysema, she's timid—like me—and she's also scared to death of him. He had her trained like he had us trained."

Since her stepfather's arrest, Mary has attended regular family counseling sessions with her mother and sister, with whom she and her daughter still live.

"But we still haven't gotten to the point where we can discuss it yet," she said. "That's a family failing, I think. We never talk about anything. We always keep things secret, in the closet.

"He forced my (older) brothers out of the house when they were 15 and 16, and they were really living on the streets. I was afraid that would happen to me. I had a home, as such, I had a bed to sleep in. I could eat. I survived, and my brothers survived, but I don't know which was worse."

As for Mary herself, "I would take these last couple months of harassment (in her stepfather's prosecution) over the last 14 years any day of the week. It's not perfect, but it's a hell of a lot better."

Under a plea agreement struck between her stepfather's defense attorney and city prosecutors, Judge Donald Haddock sentenced him to 12 months in the city jail and five years' probation. Under Virginia law, he could have been sentenced to up to 40 years in prison for the convictions.

He must also complete a rehabilitation program for his "chronic, late-stage alcoholism", as a medical witness at his hearing defined it. When released from jail, he must stay away from his family or face a five-year prison term.

Her stepfather's sentence, Mary's vindication, leaves her feeling dissatisfied.

"We didn't want him sent to jail for (only) eight months. We wanted him sent away so he couldn't bother us anymore. I'm positive he's going to come back.

"The articles (on the court hearing) I saw were portraying him as a poor, sick broken old man. Like he was a victim . . . He belongs in prison, in an asylum, or dead."

To others caught in a similar trap, especially children, Mary offered this advice:

"I would say that no matter how scared you are of the person, you need to tell a counselor at school, or go to the police. If your mother is as afraid of the person as you are, she won't be able to help you, but there's somebody out there who can.

"Go to anybody. I wish I had done it a lot sooner. It seemed sometimes there wasn't any hope at all."

RCAR
Educational Fund, Inc.
100 Maryland Ave., N.E.
Washington, D.C. 20002 (202)543-7032

RCAR is comprised of 31 national religious organizations—Protestant, Jewish, and others. We hold in high respect the value of potential human life; we do not take the question of abortion lightly.

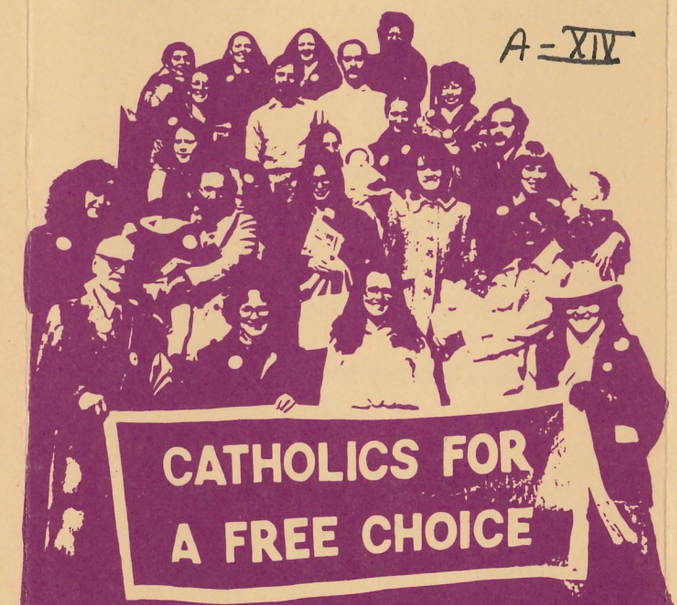
Because each denomination and faith group represented among us approaches the issue of abortion from the unique perspective of its own theology, members hold widely varying viewpoints as to when abortion is morally justified. It is exactly this plurality of beliefs which leads us to the conviction that the abortion decision must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from government interference.

Catholics for a Free Choice
2008 17th Street, N.W.
Washington, D.C. 20009

Did you know that most Catholics believe in reproductive freedom?

And abortion rights?

We are no longer silent . . .



Catholics for a Free Choice is a nationwide organization of women and men who believe in reproductive choice. Some CFFC members are active in their parish or campus churches. Others are alienated from their church over issues of sexuality, equal rights, or women's ordination. Priests and nuns belong to CFFC. People who are not Catholic, who believe the American Catholic hierarchy has trespassed on the separation of church and state, become Sponsor Members to support CFFC's work.

CFFC is the voice of the 77% of American Catholics who believe in abortion rights.*

We Provide

- A national network of Community Contacts: CFFC members who are local spokespersons to articulate the Catholic pro-choice view.
- A bi-monthly newspaper, "Conscience", with news and articles on Catholicism and reproductive rights.
- Educational materials on sexuality, birth control, and abortion from a Catholic pro-choice viewpoint.
- Analyses of the history of the Catholic Church on human reproduction; the tradition of Catholic dissent; and the anti-choice political activities of church leaders.
- Research on the actual practices and attitudes of Catholics on abortion and contraception.

We Advocate

- Reproductive freedom.
- Separation of church and state.
- Access to medically safe abortion for all women, whatever their economic resources.
- Minimization of the need for abortion through expanded programs on contraception, sex education, and child care.
- The right of Catholics to dissent from church teachings on sexuality and childbearing.
- The right of Americans to privacy and self-determination in making their family decisions.

*Gallup Poll, 1980.

CFFC is a member of the Religious Coalition for Abortion Rights

What is Freedom of Cho

reedom of choice refers to the basic liberty of in-ividuals to determine when and if they will have ildren, and how many. We believe that women ould not be victims of random fertility. We be-eve that sex education, safe and effective con-aception, and the abortion option must be avail-ble to protect women and their families from the edical, psychological, and economic damage of roblem pregnancies.

Does the Catholic Church Support Freedom of Choice?

atholic teaching dictates that every act of sexual tercourse must be "open to the transmission of fe." The Catholic Church opposes every reliable ethod of birth control, although more than 75% Catholic women defy this ban. Voluntary sterili-tion is refused not only to Catholics but to all atients in Catholic hospitals. Abortion is strictly rohibited even in situations where the health and curity of Catholic women and their families is reatened. Victims of rape and incest, women ith health problems, women carrying deformed tuses—all are denied abortions by Catholic hurch teaching.

ow the Catholic Church seeks to deny abor-ons to all citizens by imposing as law the sec-rian notion that a fully human person is resent, with rights equal to those of the other, from the moment of fertilization.

s There Catholic Unanimity n Abortion?

here are many inconsistencies in church teaching abortion, and its application by clergy and laity emselves.

Before 1869, the Catholic Church held that the early fetus did not have a soul, and therefore was not fully human. Consequently, it could be permissible to abort in early pregnancy. St. Augustine, St. Jerome and St. Thomas Aquinas, as well as such modern theologians as Hans Küng and Joseph Donceel, S.J., hold this minority opinion of delayed ensoulment.

- pope ever subjected the abortion or contraception ban to the rigorous test of infallibility. Though the church preaches aggressively against birth control and abortion, there is no infallible dogma to substantiate its position.
- Church practices contradict the opinion that fully human life begins at fertilization. The church does not baptize the fetus in the womb, even if there is a danger of miscarriage. It does not bury stillborn or miscarried fetuses, or provide them with the last rites of the church. Only in the case of abortion does the church currently presume a soul in the fetus and concern itself with its destiny.
- While Canon Law calls for the excommunication of those who have or perform abortions, many priests privately counsel women to follow their consciences on this matter.
- Many Catholics who are personally opposed to abortion would not deny the option of abortion to another.
- These Catholics are disturbed by the excursions of the Catholic hierarchy into anti-abortion politics, which constitute a threat to the separation of church and state. This separation protects church and state alike from undue control of one by the other to the detriment of individual liberties.
- Catholic women have abortions; Catholic doctors perform abortions; Catholic communicants work as counselors in abortion and family planning clinics; Catholics are actively engaged in the pro-choice movement.

Does the Catholic Church Support Freedom of Conscience?

According to the Vatican II, "Declaration on Religious Liberty":

"The Christian faithful have the civil right of freedom from interference in leading their lives according to their conscience."

Who is Catholic and Pro-Choice?

- The woman who is opposed to abortion for herself but who witnessed the death of her closest friend from the effects of an illegal abortion.
- The priest who believes the Catholic hierarchy is trapped in an outdated authoritarianism which denies full equality to women and regards sex as evil.
- The woman who says her decision to have an abortion was aided by her Catholic education which taught her self-respect and reliance on her own conscience.
- The Ph.D. in religion who studied the history of the church and concluded that the church never formulated an infallible, or consistent, teaching against abortion.
- The Catholic member of Congress who believes that the law in a pluralistic society should not be written to enforce the teachings of one church against the moral principles of other churches and individuals.

Catholics no longer have the luxury of holding their pro-choice views in private. To be silent on reproductive rights is a concession to those who would re-write the law to make abortion a crime.

The Catholic Church has not persuaded its own members to give up birth control and abortion.

Will it succeed in making these options criminal for all citizens?

Your help is urgently needed.

Catholics for a Free Choice

Yes! I support reproductive freedom and I want to join Catholics for a Free Choice. Enclosed is:

☐ $15 Membership (baptized Catholic) Fee *or* ☐ $15 Sponsorship (non-Catholic) Fee

☐ **I can do more than that.** I enclose an additional contribution of:

☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ $_____

☐ Master Card ☐ Visa

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Interbank No. ☐☐☐☐ Expiration Date ☐☐

Name _____

Address _____

City _____ State _____ Zip _____ Signature _____

Contributions are tax-deductible. Your subscription to *CFFC Conscience* is paid for by $4 of your annual dues. Please make payable to *Catholics for a Free Choice, 2008 17th Street, N.W., Washington, D.C. 20009.*

We Affirm

American Baptist Churches, U.S.A.

General Board, 1981

Abortion presents us with a dilemma. It places in tension several of our historic commitments:

- Our commitment to the sanctity of human life.
- Our commitment to freedom of conscience and self-determination.
- Our commitment to the First Amendment guarantee of the free exercise of religion.

. . . Public law, enacted by human reason and enforced by state power, can never fully express the moral sensitivity of Christian love. We are therefore grateful for the Constitutional protection of religious freedom which guarantees our right to make personal moral decisions based on religious principles. The First Amendment affords each citizen freedom from the religious scruples of others and freedom to follow the religious dictates of conscience.

. . . We recognize that a humn embryo is the physical beginning of life which through a God-given process of development becomes a person. Choosing to terminate this developmental process is a crucial decision to be made only when all other possible alternatives will lead to greater destruction of human life and spirit.

. . . We recognize that Christian persons of sensitive and informed conscience find themselves on differing sides of the abortion issue. In our Baptist tradition the integrity of each person's conscience must be respected; therefore, we believe that abortion must be a matter of responsible, personal decision.

*American Ethical Union

Annual Assembly, 1973 (reaffirmed 1979)

The American Ethical Union wishes to express its disapproval of efforts to amend or circumvent the United States Constitution in such manner as would nullify or impede the decision of the United States Supreme Court regarding abortion.

We further believe that denial of Federal or State funds for abortion where they are provided for other medical services discriminates against poor women and abridges their freedom to act according to their conscience. The American Ethical Union supports the expansion of governmental family planning services as a means of reducing the need for abortion. (1979)

*American Ethical Union, National Service Conference

1976 (reaffirmed 1979)

We believe in the right of each individual to exercise his or her conscience; every woman has a civil and human right to determine whether or not to continue her pregnancy. We support the decision of the United States Supreme Court of January 22, 1973 regarding abortion.

We believe that no religious belief should be legislated into the legal structure of our country; the state must be neutral in all matters related to religious concepts. (1976)

American Friends Service Committee

1970

On religious, moral, and humanitarian grounds, therefore,we arrived at the view that it is far better to end an unwanted pregnancy than to encourage the evils resulting from forced pregnancy and childbirth. At the center of our position is a profound respect and reverence for human life, not only that of the potential human being who should never have been conceived, but that of the parent and the other children in the human community.

Believing that abortion should be subject to the same regulations and safeguards as those governing other medical and surgical procedures, we urge the repeal of all laws limiting either the circumstances under which a woman may have an abortion or the physician's freedom to use his or her best professional judgement in performing it.

*American Humanist Association

Annual Conference, 1977

We affirm the moral right of women to become pregnant by choice and to become mothers by choice. We affirm the moral right of women to freely choose a termination of unwanted pregnancies. We oppose actions by individuals, organizations and governmental bodies that attempt to restrict and limit the woman's moral right and obligation of responsible parenthood.

A-XII

*American Jewish Congress

Biennial Convention, 1982

The American Jewish Congress has long recognized that reproductive freedom is a fundamental right, grounded in the most basic notions of personal privacy, individual integrity and religious liberty. Jewish religious traditions hold that a woman must be left to her own conscience and God to decide for herself what is morally correct. The fundamental right to privacy applies to contraception to avoid unintended pregnancy as well as to freedom of choice on abortion to prevent an unwanted birth.

In a climate of intensified efforts by the present Administration and by certain members of Congress to inject the government into these most personal decisions, we restate our opposition to any vehicle that would threaten a woman's access to abortion. We also reiterate our support for public funding of abortions so that the economically disadvantaged can exercise their right of choice along with the more affluent.

. . . The American Jewish Congress, therefore,

- Affirms its support for continuation of the national commitment to federally subsidized national family planning services;
- While encouraging parental involvement concerning family planning services for minors, opposes any efforts that would require parental notification or consent;
- Reaffirms its unwavering support for the Supreme Court decisions, including *Roe v. Wade* and *Doe v. Bolton*, which recognize that the Constitution guarantees women freedom of choice with respect to abortion;
- Reaffirms its opposition to all efforts—whether through Constitutional amendment, simple legislative fiat, or attacks on the jurisdiction of the courts—that would restrict or burden a woman's right to choose to terminate a pregnancy or that would compromise a physician's choice of treatment in the care of a pregnant woman for medical or surgical conditions which have no relationship to the pregnancy but which could adversely affect the fetus;
- Rejects all efforts to undermine the role of the judiciary and violate the principle of separation of powers with respect to reproductive freedom; and
- Rejects any efforts that would deny individual religious liberty to either clergy or lay people who, by virtue of their sincerely-held religious beliefs, may differ in interpreting when to attribute "personhood" to prenatal life.

*B'nai B'rith Women

Biennial Convention, 1976 (reaffirmed 1978)

Although we recognize there is a great diversity of opinion on the issue of abortion, we also underscore the fact that every woman should have the legal choice with respect to abortion consistent with sound medical practice and in accordance with her conscience.

We wholeheartedly support the concepts of individual freedom of conscience and choice in the matter of abortion. Any Constitutional amendment prohibiting abortion would deny to the population at large their basic rights to follow their own teachings and attitudes on this subject which would threaten First Amendment rights. Additionally, legislation designed to ban federal funding for health facilities for abortions is discriminatory, since it would affect disadvantaged women, who have no access to expensive private institutions.

*Catholics For A Free Choice

1975

We affirm the religious liberty of Catholic women and men and those of other religions to make decisions regarding their own fertility free from church or governmental intervention in accordance with their own individual conscience.

Central Conference of American Rabbis

Annual Convention, 1975

We believe that in any decision whether or not to terminate a pregnancy, the individual family or woman must weigh the tradition as they struggle to formulate their own religious and moral criteria to reach their own personal decision. . . . We believe that the proper focus for formulating these religious and moral criteria and for making this decision must be the individual family or woman and not the state or other external agency.

. . . As we would not impose the historic position of Jewish teaching upon individuals nor legislate it as normative for society at large, so we would not wish the position of any other group imposed upon the Jewish community or the general population.

. . . We affirm the legal right of a family or a woman to determine on the basis of its or her own religious moral values whether or not to terminate a particular pregnancy. We oppose all Constitutional amendments that would abridge or circumscribe this right.

Central Conference of American Rabbis

Annual Convention, 1984

WHEREAS the so-called Hyde Amendment restricts the use of Medicaid funds for abortion; and other amendments have had a similar effect in other federal programs, so that a woman dependent on government health care cannot obtain a medically necessary abortion even if she is the victim of rape or incest or if her health is seriously jeopardized by continuation of the pregnancy; and

WHEREAS these restrictions have created greater health risks for poor women who have conscientiously chosen abortion but must delay the procedure while seeking private funds to pay for it;

THEREFORE BE IT RESOLVED that:

- The Central Conference of American Rabbis calls upon the Congress to defeat the Hyde Amendment this year, and
- The Central Conference of American Rabbis supports the

Fazio-Green legislation which would eliminate such restrictions in the authorization for all federal governmental programs.

*Christian Church (Disciples of Christ)

General Assembly, 1975

WHEREAS, the Christian Church (Disciples of Christ) has proclaimed that in Christ, God affirms freedom and responsibility for individuals, and

WHEREAS, legislation is being introduced into the U.S. Congress which would embody in law one particular opinion concerning the morality of abortion . . .

THEREFORE BE IT RESOLVED, that the General Assembly of the Christian Church (Disciples of Christ) . . .

- Affirm the principle of individual liberty, freedom of individual conscience, and sacredness of life for all persons.
- Respect differences in religious beliefs concerning abortion and oppose, in accord with the principle of religious liberty, any attempt to legislate a specific religious opinion or belief concerning abortion upon all Americans.
- Provide through ministry of the local congregation, pastoral concern, and nurture of persons faced with the responsibility and trauma surrounding undesired pregnancy.

Episcopal Church (The)

General Convention, 1982

RESOLVED:

- The beginning of new human life, because it is a gift of the power of God's love for his people, and thereby sacred, should not and must not be undertaken unadvisedly or lightly but in full accordance of the understanding for which this power to conceive and give birth is bestowed by God.
- Such understanding includes the responsibility for Christians to limit the size of their families and to practice responsible birth control. Such means for moral limitations do not include abortion for convenience.
- The position of this Church, stated as the 62nd General Convention of the Church in Seattle in 1967, which declared support for the "termination of pregnancy" particularly in those cases where "the physical or mental health of the mother is threatened seriously, or where there is substantial reason to believe that the child would be born badly deformed in mind or body, or where the pregnancy has resulted from rape or incest" is reaffirmed. Termination of pregnancy for these reasons is permissible.
- In those cases where it is firmly and deeply believed by the person or persons concerned that pregnancy should be terminated for causes other than the above, members of this Church are urged to seek the advice and counsel of a Priest of this Church, and, where appropriate, penance.
- Whenever members of this Church are consulted with regard to proposed termination of pregnancy, they are to explore, with the person or persons seeking advice and counsel, other preferable courses of action.
- The Episcopal Church expresses its unequivocal opposition to any legislation on the part of the national or state governments which would abridge or deny the right of individuals to reach informed decisions in this matter and to act upon them.

*Episcopal Women's Caucus

Annual Meeting, 1978

We are deeply disturbed over the increasingly bitter and divisive battle being waged in legislative bodies to force continuance of unwanted pregnancies and to limit an American woman's right to abortion.

We believe that all should be free to exercise their own consciences on this matter and that where widely differing views are held by substantial sections of the American religious community, the particular belief of one religious body should not be forced on those who believe otherwise.

To prohibit or severely limit the use of public funds to pay for abortions abridges and denies the right to an abortion and discriminates especially against low income, young and minority women.

*Federation of Reconstructionist Congregations and Havurot

1981

Although the Jewish tradition regards children as a blessing, a gift of life itself, the tradition permits the abortion of an unborn child in order to safeguard the life and physical and mental health of the mother. The rabbis did not take a consistent stand on the question of whether a fetus resembles "a person." They did not think it possible to arrive at a final theoretical answer to the question of abortion, for that would mean nothing less than to be able to define convincingly what it means to be human.

We recognize that abortion is a tragic choice. Any prospective parent must make an agonizing decision between competing claims—the fetus, health, the need to support oneself and one's family, the need for time for a marriage to stabilize, responsibility for other children and the like. Some of us consider abortion to be immoral except under the most extraordinary circumstances. Yet we all empathize with the anguish of those who must make the decision to abort or not to abort.

Lutheran Church in America

Biennial Convention, 1970 (reaffirmed 1978)

In the consideration of induced abortion the key issue is the status of the unborn fetus. Since the fetus is the organic beginning of human life, the termination of its development is always a serious matter. Nevertheless, a qualitative distinction must be made between its claims and the rights of a responsible person made in God's image who is in living relationships with God and other human beings. This understanding of responsible personhood is congruent with the historical Lutheran teaching and practice whereby only living persons are baptized.

A XIX

On the basis of the evangelical ethic, a woman or couple may decide responsibly to seek an abortion. Earnest consideration should be given to the life and total health of the mother, her responsibilities to others in her family, the stage of development of the fetus, the economic and psychological stability of the home, the laws of the land, and the consequences for society as a whole.

Persons considering abortion are encouraged to consult with their physicians and spiritual counselors. This church upholds its pastors and other responsible counselors, and persons who conscientiously make decisions about abortion.

(T)he social statement opposes abortion on demand, since many factors must be considered in the decision. . . (T)he statement opposes the use of abortion as an alternative form of contraception. (1978)

*National Council of Jewish Women

National Convention, 1969 (reaffirmed 1979, 1982)

The members of NCJW reaffirm the strong commitment "to work to protect every woman's individual right to choose abortion and to eliminate any obstacles that would limit her reproductive freedom."

We believe that those who would legislate to deny freedom of choice compound the problems confronting women who are already condemned by poverty. It is therefore essential that federal and state funding be made available to women in need who choose abortion, just as such funding is available for other medical procedures.

We decry the fact that poor and young women must bear the major brunt of anti-abortion rights measures, and call upon all public officials to support and protect the right of every American woman to choose or reject the act of childbearing. (1979)

*National Federation of Temple Sisterhoods

Biennial Assembly, 1975

NFTS affirms our strong support for the right of a woman to obtain a legal abortion, under conditions now outlined in the 1973 decision of the United States Supreme Court. The Court's position established that during the first two trimesters, the private and personal decision of whether or not to continue to term an unwanted pregnancy should remain a matter of choice for the woman; she alone can exercise her ethical and religious judgement in this decision. Only by vigorously supporting this individual right to choose can we also ensure that every woman may act according to the religious and ethical tenets to which she adheres.

*North American Federation of Temple Youth

1981

BE IT RESOLVED

- That NFTY continue to strongly support the right of a woman to choose to obtain a safe, legal abortion, and
- That NFTY oppose any Constitutional amendment that could lead to the restriction of that right.

*Pioneer Women/NA'AMAT

Biennial Convention, 1983

Reproductive choice must be recognized as a matter of individual conscience outside the realm of government intrusion. We oppose attempts—whether by Constitutional amendment, legislation, judicial review or government regulation—to restrict women's access to safe and legal abortion, to bar financial assistance to women seeking abortion or to violate the confidentiality of family planning services.

We welcome decisions of the Supreme Court and other branches of the federal judiciary upholding women's rights: particularly opinions barring restrictions on women's right to abortion, and rulings against sex discrimination in employer-sponsored retirement plans and upholding the privacy of federally-funded family planning centers.

We must remain alert to defeat efforts in Congress to undermine the jurisdiction of federal courts on Constitutional matters relating to moral and social questions.

*Presbyterian Church, U.S.A.

General Assembly, 1983 (reaffirmed 1985)

Any decision for an abortion should be made as early as possible, generally within the first trimester of pregnancy, for reasons of the woman's health and safety. Abortions later in pregnancy are an option particularly in the case of women of menopausal age who do not discover they are pregnant until the second trimester, women who discover through fetal diagnosis that they are carrying a fetus with a grave genetic disorder, or women who did not seek or have access to medical care during the first trimester. At the point of fetal viability the responsibilities set before us in regard to the fetus begin to shift. Prior to viability, human responsibility is stewardship of life-in-development under the guidance of the Holy Spirit. Once the fetus is viable, its potential for physically autonomous human life means that the principle of inviolability can be applied.

. . . It is a tragic sign of the church's sinfulness that our propensity to judge rather than stand with persons making such decisions too often means that persons in need must bear the additional burden of isolation. It would be far better if the person concerned could experience the strength that comes from shared sensitivity and caring. The church is called to be the loving and supportive community within whose life persons can best make decisions in conformity with God's purposes revealed in Jesus Christ.

. . . The church's position on public policy concerning abortion should reflect respect for other religious traditions and advocacy for full exercise of religious liberty. The Presbyterian Church exists within a very pluralistic environment. Its own members hold a variety of views. It is exactly this pluralism of beliefs which lead us to the conviction that the decision regarding abortion must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from governmental interference.

Consequently, we have a responsibility to work to maintain a public policy of elective abortion, regulated by the health code, not the criminal code. The legal right to have an abortion is a necessary prerequisite to the exercise of conscience in abortion decisions. Legally speaking, abortion should be a woman's right because, theologically speaking, making a decision about abortion is, above all, her responsibility.

As Presbyterians and U.S. citizens we have a responsibility to guarantee every woman the freedom of reproductive choice. We affirm the intent of existing law in the United States regarding abortion; protecting the pregnant woman. Medical intervention should be made available to all who desire and qualify for it, not just to those who can afford preferential treatment.

. . . Thus the 195th General Assembly (1983):

- Urges Presbyterian congregations and their individual members to:
  - Provide a supportive community in which such decisions can be made in a setting of care and concern.
  - Respect the difficult of making such decisions.
  - Affirm women's ability to make responsible decisions, whether the choice be to abort or to carry the pregnancy to term.
  - Protect the privacy of individuals involved in contraception and abortion decisions.
- Affirms the church's commitment to minimize the incidence of abortion and encourages sexuality education and the use of contraception to avoid unintentional pregnancies, while recognizing that contraceptives are not absolutely effective . . .
- Recognizes that negative social attitudes toward women cast doubt on women's ability to make moral decisions and urges ministers and congregations to work to counter these underlying social attitudes and affirm the dignity of women.
- Recognizes that children may be born who are either unwanted or seriously handicapped and affirms the church's ongoing responsibility to provide supportive services to families in these situations and to help find appropriate institutional care and adoptive services where needed.
- Affirms the 1973 *Roe v. Wade* decision of the Supreme Court which decriminalized abortion during the first two trimesters of pregnancy. . . .
- Urges the Presbyterian Church . . . to model the just and compassionate community by:
  - Opposing adoption of all measures which would serve to restrict full and equal access to contraception and abortion services to all women, regardless of race, age, and economic standing.
  - Working actively to restore public funding by federal, state, and local governments for the availability of a full range of reproductive health services for the medically indigent. . .
  - Providing continuing support for women who, having made an abortion decision, may have doubts as to the wisdom of their choice, or having delivered a child are not able to cope with the separation of adoption or the responsibilities of child care.

. . . The 197th General Assembly (1985):

- Reaffirms the position taken by the 195th General Assembly (1983);
- We affirm that abortion should not be used as a method of birth control;
- We affirm our support for the Religious Coalition for Abortion Rights as the most effective means for making our concern about keeping the availability of abortion services safe and legal;
- We are in agreement (with) the protest against violence at abortion clinics and harassment of persons staffing clinics and persons seeking abortions.

Reorganized Church of Jesus Christ of Latter Day Saints

1974 (reaffirmed 1980)

We affirm that parenthood is partnership with God in the creative processes of the universe.

We affirm the necessity of parents to make responsible decisions regarding the conception and nurture of their children.

We affirm a profound regard for the personhood of the woman in her emotional, mental, and physical health; we also affirm a profound regard and concern for the potential of the unborn fetus.

We affirm the inadequacy of simplistic answers that regard all abortions as murder, or, on the other hand, regard abortion only as a medical procedure without moral significance.

We affirm the right of the woman to make her own decision regarding the continuation or termination of problem pregnancies. Preferably, this decision should be made in cooperation with her companion and in consultation with a physician, qualified minister, or professional counselor . . .

We affirm the need for skilled counselors being accessible to the membership of the church to assist persons in their struggle with issues centering in human sexuality, responsible parenthood, and wholeness of family life.

*Union of American Hebrew Congregations

Biennial Convention, 1975 (reaffirmed 1981)

The UAHC reaffirms its strong support for the right of a woman to obtain a legal abortion on the Constitutional grounds enunciated by the Supreme Court in its 1973 decision. . . This rule is a sound and enlightened position on this sensitive and difficult issue, and we express our confidence in the ability of the woman to exercise her ethical and religious judgment in making her decision.

The Supreme Court held that the question of when life begins is a matter of religious belief and not medical or legal fact. While recognizing the right of religious groups whose beliefs differ from ours to follow the dictates of their faith in this matter, we vigorously oppose the attempts to legislate particular beliefs of those groups into the law which governs us all. This is a clear violation of the First Amendment. Furthermore, it may undermine the development of interfaith activities. Mutual

A-XIX

respect and tolerance must remain the foundation of inter-religious relations.

We oppose those riders and amendments to other bills aimed at halting Medicaid, legal counseling and family services in abortion-related activities. These restrictions severely discriminate against and penalize the poor who rely on governmental assistance to obtain the proper medical care to which they are legally entitled, including abortion.

We are opposed to attempts to restrict the right to abortion through Constitutional amendments. To establish in the Constitution the view of certain religious groups on the beginning of life has legal implications far beyond the question of abortion. Such amendments would undermine Constitutional liberties which protect all Americans.

*Unitarian Universalist Association

General Assembly, 1978

WHEREAS, religious freedom under the Bill of Rights is a cherished American right; and

WHEREAS, right to choice on contraception and abortion are important aspects to the right of privacy, respect for human life and freedom of conscience of women and their families; and

WHEREAS, there is increasing religious and political pressure in the United States to deny the foregoing right;

BE IT RESOLVED:

- That the 1978 General Assembly of the Unitarian Universalist Association once again affirms the 1973 decision of the Supreme Court of the United States on abortion and urges the Association and the member societies and individual members of member societies to continue and to intensify efforts to insure that every woman, whatever her financial means shall have the right to choose to terminate a pregnancy legally and with all possible safeguards; and
- That the 1978 General Assembly of the Unitarian Universalist Association urges the Unitarian Universalist Association, districts, and individual Unitarian Universalist societies to continue and, where possible, increase their efforts to maintain right of choice on abortion . . . ; and
- That the 1978 General Assembly of the Unitarian Universalist Association strongly opposes any denial or restriction of federal funds, or any Constitutional amendment, or the calling of a national Constitutional Convention to propose a Constitutional amendment that would prohibit or restrict access to legal abortion.

*Unitarian Universalist Women's Federation

Biennial Convention, 1975 (reaffirmed 1979, 1981)

The Unitarian Universalist Women's Federation reaffirm(s) the right of any woman of any age or marital or economic status to have an abortion at her own request upon consultation with her physician and urges all Unitarian Universalists in the United States and all Unitarian Universalist societies in the United States to resist through their elected representatives the efforts now under way by some members of the Congress of the United States to curtail their right by means of a Constitutional amendment or other means.

*United Church of Christ

General Synod, 1981

The question of when life (personhood) begins is basic to the abortion debate. It is primarily a theological question, on which denominations or religious groups must be permitted to establish and follow their own teachings.

Every woman must have the freedom of choice to follow her personal religious and moral convictions concerning the completion or termination of her pregnancy. The church as a caring community should provide counseling services and support for those women with both wanted and unwanted pregnancies to assist them in exploring all alternatives.

Freedom of Choice legislation must be passed at both the federal and state levels to provide the funds necessary to insure that all women, including the poor, have access to family planning assistance and safe, legal abortions performed by licensed physicians.

*United Methodist Church

General Conference, 1976, 1984

The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when, and even whether, new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of life and well-being of the mother for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures. We call all Christians to a searching and prayerful inquiry into the sorts of conditions that may warrant abortion. Governmental laws and regulations do not provide all the guidance required by the informed Christian conscience. Therefore a decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, pastoral, and other appropriate counsel. — *Social Principles, 1984*

When an unacceptable pregnancy occurs, a family, and most of all the pregnant woman, is confronted with the need to make a difficult decision. We believe that continuance of a pregnancy which endangers the life or health of the mother, or poses other serious problems concerning the life, health, or mental capability of the child to be, is not a moral necessity. In such a case, we believe the path of mature Christian judgement may indicate the advisability of abortion. We support the legal right to abortion as established by the 1973 Supreme Court decisions. We encourage women in counsel with husbands, doctors, and pastors to make their own responsible decisions concerning the personal or moral questions surrounding the issue of abortion. — *Resolution on Responsible Parenthood, 1976*

United Methodist Church, National Youth Ministry Organization

Biennial Convocation, 1983

One of the greatest and most divisive social issues battles of our time is being waged in the halls of government and in special interest elections campaigns.

Freedom of choice in problem pregnancies must be based on the moral judgment of the involved individuals.

Where there is no consistent medical, ethical, or theological consensus, the U.S. Constitution should not be used to force one theological view on all citizens who may believe otherwise.

Human Life Amendments to the U.S. Constitution or U.S. statutes which state that full human personhood begins at conception and that (an) embryo newly formed must be protected as a human person deny the religious freedom of those with differing views.

The U.S. Supreme Court decision of *Roe v. Wade* in 1973 guarantees a woman the right to make a personal decision regarding termination of a pregnancy. Any amendment to deconstitutionalize the issue of abortion and invalidate the 1973 decision could set a precedent for endangering all our civil liberties . . .

As the National Youth Ministry Convocation:

- We affirm our Social Principles statement on abortion. (See above.)
- We affirm safeguarding the U.S. Supreme Court decision that allows legal, medically safe abortions for women.
- We recognize each woman's individual freedom of choice but we deplore abortion as a means of birth control.
- We affirm the necessity for responsible decision-making in human sexuality and parenting.

*United Synagogue of America

Biennial Convention, 1975

"In all cases 'the mother's life takes precedence over that of the foetus' up to the minute of birth. This is to us an unequivocal principle. A threat to her basic health is moreover equated with a threat to her life. To go a step further, a classical responsum places danger to one's psychological health, when well established, on an equal footing with a threat to one's physical health." — 1967

(A)bortions, "though serious even in the early stages of conception, are not to be equated with murder, hardly more than is the decision not to become pregnant."

The United Synagogue affirms once again its position that "abortions involve very serious psychological, religious, and moral problems, but the welfare of the mother must always be our primary concern" and urges its congregations to oppose any legislative attempts to weaken the force of the Supreme Court's (1973) decisions through Constitutional amendments or through the deprivation of Medicaid, family services and other current welfare services in cases relating to abortion.

Women of the Episcopal Church

Triennial Meeting, 1973

WHEREAS the Church stands for the exercise of freedom of conscience by all and is required to fight for the right of everyone to exercise that conscience,

THEREFORE, BE IT RESOLVED that the decision of the U.S. Supreme Court allowing women to exercise their conscience in the matter of abortion be endorsed by the Church.

*Women's League for Conservative Judaism

Biennial Convention, 1974

National Women's League believes that freedom of choice as to birth control and abortion is inherent in the civil rights of women.

We believe that all laws infringing on these rights should be repealed, and we urge our Sisterhoods to work for the implementation of this goal.

*Young Women's Christian Association of the U.S.A.

National Convention, 1973 (reaffirmed 1979, 1982)

In line with our Christian Purpose we, in the YWCA, affirm that a highly ethical stance is one that has concern for the quality of life of the living as well as for the potential of life. We believe that a woman also has a fundamental, Constitutional right to determine, along with her personal physician, the number and spacing of her children. Our decision does not mean that we advocate abortion as the most desirable solution to the problem, but rather that a woman should have the right to make the decision.

We Affirm *represents excerpts from statements about abortion rights as expressed by national religious organizations.*

**Denotes faith groups/religious organizations that have one or more agencies holding membership in the Religious Coalition for Abortion Rights.*

A-XIX

Members of the Religious Coalition For Abortion Rights

American Ethical Union

National Service Conference
American Ethical Union

American Humanist Association

American Jewish Congress

B'nai B'rith Women

Catholics for a Free Choice

Womaen's Caucus
Church of the Brethren

Division of Homeland Ministries
Christian Church (Disciples of Christ)

Episcopal Urban Caucus

Episcopal Women's Caucus

Federation of Reconstructionist
Congregations and Havurot

National Council of Jewish Women

National Federation of Temple Sisterhoods

North American Federation of Temple Youth

Pioneer Women/NA'AMAT

Committee on Women's Concerns
Presbyterian Church (U.S.A.)

General Assembly Mission Board
Presbyterian Church (U.S.A.)

The Program Agency
Presbyterian Church (U.S.A.)

Union of American Hebrew Congregations

Unitarian Universalist Association

Unitarian Universalist Women's Federation

Board for Homeland Ministries
United Church of Christ

Coordinating Center for Women
United Church of Christ

Office for Church in Society
United Church of Christ

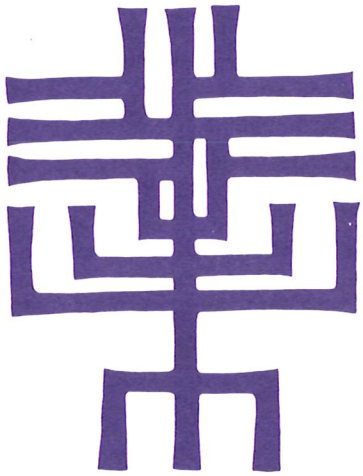
Board of Church and Society
United Methodist Church

Women's Division
Board of Global Ministries
United Methodist Church

United Synagogue of America

Women's League for Conservative Judaism

YWCA National Board



The logo of the Religious Coalition for Abortion Rights combines the symbols of two great religions. The Christian cross is made up of many branches rather than two strokes to represent the many sects of Christianity. Its lower branch is part of a menorah, symbol of the Old Testament, representing both the Jewish faith and the roots of Christianity. Resting on the base of three vertical bars (ancient symbol of an active intellect), the cross and menorah are intertwined to demonstrate the unity of purpose of the Coalition.

RELIGIOUS COALITION FOR ABORTION RIGHTS EDUCATIONAL FUND
100 Maryland Avenue, NE
Washington, DC 20002
202/543-7032

1/86