

Approved 3-19-90
Date

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs

The meeting was called to order by Senator Edward F. Reilly, Jr. at
Chairperson

11:10 a.m./p.m. on March 15, 1990 in room 313-S of the Capitol.

All members were present ~~except~~

Committee staff present:

Mary Torrence, Revisor of Statutes Office
Deanna Willard, Committee Secretary

Conferees appearing before the committee:

Rev. George Gardner, Wichita	Anne Kimmel, AAUW
Joseph Hughey, Ph.D., UMKC	Deborah Edelman-Dolan, Manhattan
Marian Shapiro, Hays	Jennifer Crawford, Students for Choice
Brenda	Gordon Risk, ACLU
Amy	Bonnie Funk, Junction City
Charlotte Elder, RN	Steve Nearenberg, KU Pro-Choice Coal.
Jack Straton, Ph.D., Manhattan	Barbara Reinert, League of Women Voters
Darlene Stearns, RCAR	Peggy Jarman, Women's Health Care

Hearing for opponents on: House Sub. for SB 129 - Requiring notification of certain persons prior to abortion

Rev. George Gardner, Wichita, gave testimony asking the committee to drop the parental notification idea and to work to initiate family education in the schools. (Attachment 1)

Dr. Joseph Hughey, gave testimony stating that this type of legislation may harm adolescents and their families. His handout included an article, "When Urban Adolescents Choose Abortion," and related court cases, as well as testimony from Bill Bell of Indiana. (Attachment 2)

Marian Shapiro, Hays Planned Parenthood, discussed her experiences as a pregnancy counselor. (Attachment 3)

Brenda, a 17-year old, spoke about cases of teen pregnancies in her high school. (Attachment 4)

Amy, an 18-year old, shared concerns about how parental notification would affect girls in small towns. (Attachment 5)

Charlotte Elder, RN, said teen pregnancy is a personal crisis, and parenting during a crisis is a personal affair. Government interference would interrupt parenting capabilities. (Attachment 6)

Dr. Jack Straton, Manhattan, stated that Substitute SB 129 constitutes violence against women. (Attachment 7)

Darlene Stearns, RCAR, stated that her organization firmly opposes restrictions on women's reproductive choices. (Attachment 8)

Anne Kimmel, American Association of University Women, asked the committee to oppose H. Sub for SB 129. (Attachment 9)

Deborah Edelman-Dolan, Manhattan, urged the committee to vote against the bill. (Attachment 10)

Jennifer Crawford, Manhattan, said parental notification increases the difficulty of decision making for teenagers. (Attachment 11)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs,
room 313-S, Statehouse, at 11:10 a.m./~~p.m.~~ on March 15, 1990

Gordon Risk, ACLU, spoke in opposition to the bill. (Attachment 12)

Bonnie Funk, Junction City, said parental notification is punitive. (Attachment 13)

Steven Nearenberg, KU Pro-Choice Coalition, asked the committee to heed words of warning not to thwart the constitution. (Attachment 14)

Barbara Reinert, League of Women Voters, said it is inappropriate for the state to intervene during an unintended pregnancy. (Attachment 15)

Written testimony was submitted by Belva Ott, Planned Parenthood, asking the committee to vote against SB 129 and all governmental interference laws. (Attachment 16)

Peggy Jarman, Women's Health Care Services P.A., said parental notification laws increase health risks to minors. (Attachment 17)

Written testimony was submitted by Beth Powers, Kansas Choice Alliance, stating they fear the consequences for teenagers forced to notify parents of pregnancy. (Attachment 18)

Written testimony was distributed from Margaret Hays, Marilyn Greathouse, Donna Umbarger, American Association of University Women, stating that they oppose laws that threaten reproductive rights. (Attachments 19, 20, and 21)

Written testimony was submitted from Martha Gabehart, asking the committee to kill Substitute SB 129. (Attachment 22)

Written testimony was distributed from Jodie Van Meter, Kansas NOW, stating that parental notification in regard to minors who seek abortions should not be mandated by the Legislature. (Attachment 23)

The meeting was adjourned at 12:10 p.m.

College Hill United Methodist



March 15, 1990

Senator Ed Riley, Chairman
Senate Federal & State
Affairs Committee
State Capitol
Topeka, Kansas 66612

Dear Senator Riley:

Senator Riley and members of the Federal and State Affairs Committee, my name is George T. Gardner and I am senior minister of College Hill United Methodist Church in Wichita. I want to commend you for struggling to develop a parental notification bill that deals with abortion services for young women under the age of sixteen (16). This is not an easy issue and I share with you my desire to do everything possible to affirm the rights of parental control. Certainly, those of us who represent institutions of religious expression are deeply concerned about doing whatever is necessary to support and strengthen the family. But I have been a minister of the United Methodist Church in this State for thirty years and there is one thing I know from experience. We cannot legislate family communication. Just as I cannot guarantee communication between a man and a woman whose marriage ceremony I perform, or just as I cannot guarantee that parents will love a child they bring to me for baptism, so this parental notification bill will not guarantee communication, much less understanding, between young people and their parents as they discuss the wrenching issue of an unplanned pregnancy.

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Att. 1

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I illustrate this by telling you the story of the young woman who came to me at the age of sixteen who was pregnant by her father. Believing that the only way to resolve this situation was to engage the young woman and her parents in conversation, I persuaded her to accompany me so that we could speak to her parents. In that conversation the father denied his complicity; the mother accused the daughter of lying to cover up a relationship with a boyfriend; and the young woman was thrown out of the house. Since there were no older siblings or immediate relatives the young woman was left on her own. Some two years later after the mother of this young woman had divorced her husband, the mother came to me and admitted that she knew her daughter had been telling the truth, but out of fear of her husband she took his side against her daughter. This mother and daughter have yet to be reconciled.

Another illustration regarding the complications of parent child communication comes from my wife who was a teacher in our state for the last fifteen years. As an elementary teacher in both rural, county seat and urban schools, she was required to hold parent teacher conferences twice a year so that parents could be informed regarding their children's academic progress. Her biggest frustration was that often only one half of her parents would participate in this communication process. Her fellow colleagues also experienced the same frustration. Now, if teachers have trouble getting young people and their parents to communicate regarding academic progress, how much more difficult will it be to get parents and young people to communicate over the emotional issue of an unplanned pregnancy.

I give you one last illustration that reflects the difficulty in enforcing parental notification. In a congregation in which I was serving, some young people came to me and indicated that one of their friends was pregnant and they wanted me to talk with her. So the young people brought the young woman to see me and all of us discussed her situation. I indicated that I felt it would be best for her to communicate with her family. She said she could not do that because she would embarrass them. I indicated I knew her parents and knew they would be loving and supportive. She said she would

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not put her parents in that position and that if I betrayed her confidence and forced her to talk with her family she would run away and possibly take her life. I had no reason to believe that she would not carry out her threat. My point in telling you this story is that even where parents are open to their children, often the young people will not communicate with them. To force that communication can force young people into reckless and destructive behavior.

I do not want to imply by these illustrations that communication among families does not exist. Often, in my pastoral experience, parents and young people have communicated and have sought out my counsel as we explored options for an unplanned pregnancy. Where communication like this occurs there is no need for a parental notification law. But, where this kind of communication is not possible and where a family situation can lead to violence and abuse, let us give to young people the freedom to make their reproductive choices as they currently have the right to do in our state.

Therefore I would like to suggest that you as a Senate Committee leave the issue of parental notification in your Committee and turn your energies instead to something that in the long run would be more productive.

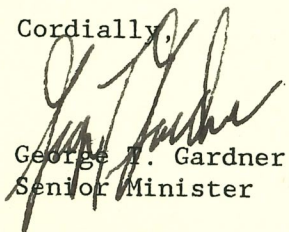
In September of 1988 the study of human sexuality and the transference of sexual disease including AIDS information was mandated as a course of study in our public schools. What is not mandated is any course of study that deals with developing the skills for family relationships and parenting. In our Kansas schools, courses that fall into this area are electives. We require science, we require math, we require English and now we require education in human sexuality. We teach how to run computers, drive automobiles and many other basic human skills. Why don't we mandate courses in developing families and teaching skills of parenting before young people become parents?

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I suggest if we placed our energies in this area and taught family skills in both the public schools and religious communities, we would create the situation that all of us desire -- that situation in which families communicate and work toward developing love, acceptance and understanding.

I encourage you to drop the parental notification idea and to work to initiate family education in the school system of our state.

Cordially,



George T. Gardner
Senior Minister

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Testimony: Senate Federal and State Affairs Committee
March 15, 1990
Parental Notification Requirement for Minors' Access to Abortion
Joseph Hughey, Ph.D.

I am Joseph Hughey. I am a Social and Community Psychologist and associate professor of Psychology at the University of Missouri-Kansas City. I am a member of the American Psychological Association, the Academy of Management and other professional organizations.

I testify today as a psychologist in Kansas and a citizen of Kansas.

This testimony summarizes the body of scientific evidence relevant to parental notification requirements for minors' access to abortion. My testimony draws on findings of an interdivisional committee of the American Psychological Association charged with reviewing research evidence on abortion and an Amicus brief filed with the U.S. Supreme court on behalf of the American Psychological Association, the National Association of Social Workers and the American Jewish Committee.

On four issues the Psychological evidence is clear.

- Parental notification requirements most directly affect and may harm adolescents who believe for compelling reasons they cannot consult their parents about an abortion decision.

The data show an overwhelming proportion of adolescents voluntarily inform their parents. Those who do not are motivated by fear of severe reactions including physical punishment. This fear may result from the disturbingly common incidence of sexual and physical abuse.

- Evidence indicates that mandatory parental notification does not foster productive family communication.

The record shows that "mandatory parental notification statutes are actually destructive of the family role in child rearing" (Amicus brief page 16). Rules that attempt to coerce productive and open communication are at best ineffective; and in dysfunctional families, can promote abuse.

- Psychological theory and research data strongly support the conclusion that adolescents are fully capable of making informed decisions about important life events including abortion.

The data clearly show that even by age 14 adolescents are capable of understanding the risks and benefits of treatment and giving competent consent to various medical treatments including abortion. I should also note that in most states adolescents are allowed to give informed consent about their own treatment and the treatment of their child following childbirth.

- There is no proven evidence to support the notion that adolescents who choose abortion are at increased psychological risk.

The top U.S. scientific authority, the National Academy of Sciences concludes: "the contention that adolescents are unlikely or unable to make well-reasoned decisions or that they abortion is not supported." Please see attached supplementary testimony that sheds yet more light on this issue.

In conclusion there is no basis in psychological theory or evidence to support the notion that parental notification legislation will protect adolescents or enhance intrafamilial communication. In fact the legislation may actually harm adolescents and their families.

**Supplementary Testimony before Senate Federal and State Affairs
Committee
March 15, 1990
Joseph Hughey, Ph.D.**

To supplement my testimony I will briefly describe a recent study that sheds significant and meaningful light on the psychological effects of abortion.

Zabin, L. S., Hirsch, M. B., & Emerson, M. R. (1989). When urban adolescents choose abortion: Effects on education, psychological status and subsequent pregnancy. Family Planning Perspectives, 21, 248-255.

This study was conducted by researchers at The Johns Hopkins School of Hygiene and Public Health and funded by the National Institute of Child Health and Human Development of the National Institutes of Health and the Ford Foundation.

This well designed study concludes that unmarried, sexually active teenage women "were neither directly or indirectly any more likely than those in the control groups to suffer a change for the worse psychologically. In fact they experienced less negative change than the other teenagers."

This research is noteworthy for three reasons:

1. High quality design features: This was a prospective study meaning subjects were assessed before they knew results of pregnancy tests and of course before abortion for those who so chose.
2. Thoroughness of measurement: Three frequently used psychological tests were employed: State-Trait Anxiety, Self-esteem and Locus of Control. The study also assessed educational attainment, subsequent pregnancy and economic well-being .
3. Subjects were studied for two years: Measurements were taken before knowledge of pregnancy tests, at one year and again two years after the results of pregnancy tests.

334 teen women participated in the research. They were divided into three groups:
Abortion group. 141 who terminated pregnancy upon knowing results of pregnancy tests
Childbearing group. 93 who carried pregnancies to term
Negative test group. 100 who had negative pregnancy tests.

RESULTS

Anxiety. The data showed no differences over the two year period in underlying anxiety between the abortion group and those who carried to term and those who had a negative pregnancy test even when separating the transient psychological state associated with suspected pregnancy.

Self-esteem and Locus of Control. (Locus of Control measures the degree to which a young woman believes herself in control of her life.) All groups showed significant but small increases in self esteem. But only the abortion and negative test groups showed significant, positive gains in locus of control. Other differences in these variables consistently favored the abortion group, but all differences were small and of little substantive importance.

In light of these nonexistent and/or small differences the researchers compared the extent of negative change for all three measures combined. Importantly the researchers discovered that two years after abortion only 4.5 percent of those who chose to have an abortion experienced negative psychological change compared to an also small 5.5 percent for the childbearing group and 10 percent for the negative-test group.

Educational attainment. Educationally there were dramatic differences between the groups. 90 percent of those who had abortions had graduated from high school or were still in school after two years contrasted with 79 percent of the negative test group and 68 percent of the childbearing group. A twenty two percent positive difference for those who chose abortion versus those who bore children.

Subsequent pregnancy. There were also differences in subsequent pregnancy. Within 18 months, 58 percent of those who were not pregnant became pregnant, 47 percent of the childbearing group became pregnant again compared with 37 percent of those who had abortions. The researchers noted that the lower pregnancy rate for the abortion group could be attributed to the use of contraception.

Economic well-being. Significant differences in economic well-being were also noted consistently in favor of those who chose to have an abortion.

To conclude. . .The abortion group in this study fared well. To quote the researchers: "The young women who chose abortion did not differ from their peers in most respects at baseline and at followup were doing well (in both absolute and relative terms.)" p.254. Members of the committee, there are some who propose that abortion may have far reaching negative psychological effects. These data can be added to the substantial and growing body of evidence rejecting that notion. Taken together with data showing teens cognitively able to make the difficult decisions of unintended pregnancy, the present research evidence suggests the decision of young women to have an abortion works well for those who so decide.

Please see attached article.

When Urban Adolescents Choose Abortion: Effects on Education, Psychological Status And Subsequent Pregnancy

By Laurie Schwab Zabin, Marilyn B. Hirsch and Mark R. Emerson

Summary

A group of 360 black teenage women of similar socioeconomic background who sought pregnancy tests from two Baltimore family planning providers was followed for two years to determine if those who obtained abortions were adversely affected by their abortion experience. After two years, the young women who had terminated their pregnancies were far more likely to have graduated from high school or to still be in school and at the appropriate grade level than were those who had decided to carry their pregnancy to term or those whose pregnancy test had been negative. Those who had obtained an abortion were also better off economically than were those in the other two groups after two years. An analysis of psychological stress showed that those who terminated their pregnancy had experienced no greater levels of stress or anxiety than had the other teenagers at the time of the pregnancy test, and they were no more likely to have psychological problems two years later. The teenagers who had obtained abortions were also less likely than the other two groups to experience a subsequent pregnancy during the following two years and were slightly more likely to practice contraception. Thus, two years after their abortions, the young women who had

The young women in the abortion group were neither directly nor indirectly any more likely than those in the control groups to suffer a change for the worse psychologically. In fact, they experienced less negative change than the other teenagers.

chosen to terminate an unwanted pregnancy were doing as well as (and usually better than) those who had had a baby or who had not been pregnant.

Introduction

For the past decade and a half, approximately 40 percent of U.S. teenagers who have conceived each year have elected to terminate their pregnancies.¹ Among women younger than 16, 1.7 abortions have occurred for each live birth in the last several years; thus, in this age-group, pregnancy termination is more common than childbirth.²

The effects of childbearing upon adolescent mothers have been scrutinized and enumerated, and independent adverse effects upon schooling, economic and social status, marital stability, maternal and infant health and future fertility have been documented; furthermore, the children born to teenage parents have been shown to suffer deficits as well.³ Recent evidence suggests that some early differentials in outcome between teenage mothers and their peers are overcome or diminish with time⁴ but that many of the problems experienced by their offspring are long-lasting. Thus, the early stresses upon young mothers are of enduring importance, whether or not they continue into the mothers' later lives.

Although almost as many young women terminate their pregnancies as carry them to term, there has been little research examining the effects of abortion that is comparable to that described above for adolescent childbearing. Only a small number of studies have focused on adoles-

cents who conceive, and only a few have compared the experiences of teenagers who choose abortion to those of women of similar ages and similar social and economic backgrounds who choose to bear a child. Most studies of the sequelae of abortion, whatever the age of the woman, examine the effects of abortion on subsequent fertility⁵ or psychological outcome.⁶

There appears to be a consensus that abortion rarely has adverse psychological sequelae, whatever the stage at which the pregnancy is terminated.⁷ When negative psychological effects have been reported, they often appear to have been related to other factors. The woman's prior emotional condition plays a major role,⁸ as does marital status: Unmarried women are more likely to experience negative sequelae,⁹ perhaps because they do not have the support system that married women have. Many studies have indicated that family support for abortion is salutary, but when significant others do object, such opposition is strongly related to adverse effects.¹⁰ The wantedness of the pregnancy can also have much to do with abortion's impact: Women terminating an unwanted pregnancy may find their course of action more beneficial psychologically than carrying a pregnancy to term,¹¹ and may experience a lower incidence of psychosis.¹² Not surprisingly, a woman who terminates a wanted pregnancy (for genetic reasons, for example) is likely to suffer more serious and prolonged effects.¹³ Because the overwhelming majority of adolescent pregnancies occur among unmarried women and are not intended,¹⁴ these differences are important when the implications of abor-

Laurie Schwab Zabin is associate professor, Marilyn B. Hirsch is an associate and Mark R. Emerson is a programmer in the Department of Population Dynamics at The Johns Hopkins School of Hygiene and Public Health. The authors are grateful to the National Institute of Child Health and Human Development, which funded the data collection for this study; this article was prepared under a grant from the Ford Foundation, which is supporting analysis of the data. Elizabeth West and Ann Rutledge interviewed and followed up on the study participants and, along with Jane Davis, helped prepare the data for analysis; Jean Box interviewed participants in the first year. The data were collected at The Johns Hopkins Comprehensive Child Care Center and at Planned Parenthood of Maryland (directed by John A. Boscia and J. Courtland Robinson, respectively).

tion for teenagers are being considered.

Some of the psychological effects that have been examined include depression, guilt, happiness, regret and anxiety. There has been one report of an adolescent attempting suicide at about the time she would have given birth had she not obtained an abortion.¹⁵ However, a prospective study found less psychosis associated with abortion than with childbearing.¹⁶ It is difficult to separate the temporary malaise sometimes associated with abortion from the stress of the accidental pregnancy itself, especially because according to most researchers, unhappiness, when it is reported at all, is generally short-lived; the usual feeling following the procedure is one of relief.¹⁷

Among the few studies that have focused on adolescents, some have followed small groups of teenagers who had abortions, to determine their subsequent contraceptive practice and fertility experience. A 1979 study showed an increased probability of repeat pregnancy during the six months after the outcome of the original pregnancy among those who obtained abortions compared with those who carried their pregnancy to term; however, by two years, this relationship was reversed.¹⁸ Other research has identified no such difference, however,¹⁹ and some have found that among adolescents, both regularity of contraceptive use and use of effective methods appear to increase following abortion.²⁰

Serious flaws have been identified in much of the research on abortion sequelae.²¹ The lack of suitable controls has been a recurrent problem. When controls have been used, confounding factors have weakened the studies (for example, when controls differed from cases on basic characteristics, such as socioeconomic or marital status). An inability to separate baseline characteristics from sequelae has been another problem. Observation bias has also entered the question when subjective measures of psychological response have been used. Tested indices of psychological function are needed, as well as indices that separate passing moods from underlying traits.

Because intervening events can affect sequelae, it may be necessary to limit the time span under scrutiny, even if, in so doing, some longer term sequelae cannot be addressed. Because some sequelae may be short-term, there is a need for observations to be made at several points in time. The ideal study would be a prospective one in which young women would be enrolled before first intercourse and would

be followed through pregnancy and their decision to obtain an abortion or carry the pregnancy to term; they would then be interviewed several times following the outcome. Such a study has been called for by the Surgeon General.²² However, such a study would clearly need to have an immense sample population and to go on for an extremely long time.

The longitudinal study described here explores the consequences of abortion among adolescents. Designed to overcome specific methodological problems found in earlier research, it represents a compromise, in that we did not enroll subjects prior to intercourse or, necessarily, prior to conception. Rather, they were enrolled before pregnancy was confirmed and were followed over a two-year period. The emphasis of this research is on change; hence, we make a concerted effort to separate preexisting characteristics from sequelae. The research also focuses on one particular segment of the population to guarantee that the subjects and controls come from similar geographic, racial, social and economic backgrounds.

Methodology

A total of 360 young black women were recruited when they came to one of two sites—The Johns Hopkins Comprehensive Child Care Center or Planned Parenthood of Maryland—for pregnancy tests in 1985 and 1986. The young women were all of lower socioeconomic background, 17 years of age or younger and unmarried at that time. None had a baby of her own to care for. Only three had ever given birth; two had had stillbirths and one had had a child who was no longer living with her.

The respondents fell into one of three groups: those whose pregnancy test came back negative, those whose test was positive and who elected to have an abortion and those whose test was positive and who chose to carry the pregnancy to term. The young women with positive pregnancy tests who had an abortion represented the study group. Those who elected to carry the pregnancy to term represented one control group; they are a logical sample to compare with the abortion group, since they were diagnosed as being pregnant at the same provider sites but chose the alternative outcome. However, the longer one follows them into the future, the less the comparison reflects the experience of childbearing vs. the experience of abortion, and the more it reflects the effects of motherhood itself. The negative-test group serves as another comparison group: They were similar to the abortion group in that they

came for a pregnancy test at the same time and place, and by their suspicion of pregnancy, they acknowledged their sexual exposure. Furthermore, because at their follow-up interviews they were not raising a child as a result of their exposure at baseline, they were in many important ways more comparable to the abortion group than were those with a child.

The young women gave consent to participate in the study, were enrolled and provided extensive baseline data before they or their interviewers knew the result of their pregnancy test. All were followed up at six-month intervals for two years, making it possible to identify time-limited sequelae within that period. Extensive year-one and year-two interviews were administered in person; limited information was collected by telephone at six and 18 months.

Of the original 360 participants, 26 have been entirely omitted from this report: Fourteen were lost to follow-up and cannot, therefore, be assigned to an outcome group with any certainty, and 12 miscarried. (The latter group is too small for separate analysis.) Thus, there were 334 teenagers included in the baseline reports—141 who terminated their pregnancies, 93 who carried them to term and 100 who had negative pregnancy-test results. Over 90 percent of the baseline sample was included in the year-two follow-up—122 in the abortion group, 88 in the childbearing group and 92 in the negative-test group.

Closed-ended interviews were used to collect information on household structure, education, jobs and economic well-being, health, growth, sexual and contraceptive behavior and conception and fertility. Although this information was gathered retrospectively, these baseline data were not affected by pregnancy because they were collected before the outcome of the pregnancy test was known. In addition, the respondents were given several psychological tests, including the abbreviated Rosenberg Self-Esteem Scale,²³ items from the Rotter Locus of Control scale²⁴ and the Spielberger State-Trait Anxiety Index (STAI).²⁵ The STAI was the only portion of the instrument that was not orally administered by the interviewer; it was completed by the respondent, with the interviewer on hand to answer questions if asked. The psychological portion of the baseline data could, of course, have been affected by the stress of a potential pregnancy, a problem that is addressed below.

By concentrating on *change* in characteristics rather than on characteristics at any

Table 1. Percentage of respondents, by school status and time period, according to study group

School status and time period	Study group		
	Abortion (N=120)	Child-bearing (N=86)	Negative preg. test (N=92)
Currently in school or graduated			
At baseline	99.2	90.7**	94.6
At 1 year	92.5	74.7**	83.5
At 2 years	90.0†	68.6**†	79.3*†
Behind grade for age			
At baseline	35.6	51.2	52.8*
At 1 year	39.2	52.7	56.6*
At 2 years	41.5	57.1*	57.3*
Negative educational change			
At 1 year	13.5	31.6**	26.9*
At 2 years	17.8	37.3**	37.4**

*Difference between this group and abortion group significant at $p < 0.05$.

**Difference between this group and abortion group significant at $p < 0.01$.

†Two-year trend significant at $p < 0.01$.

Note: In this table and tables 2-4, Ns refer to the number of respondents interviewed at baseline and at two years; a somewhat smaller number were reached at one year.

one time, we attempt to avoid the confusion of antecedents and consequences. It is assumed that a change occurring subsequent to the event that is significantly different in size or direction from that found among those who do not experience the event can be treated as a consequence of the event. However, we have collected information in enough areas of these young women's lives so that alternate explanations for observed change can also be explored. Furthermore, by collecting baseline data before the index pregnancy is diagnosed, we also report on the original characteristics of the groups so that their choice of outcome, as well as their paths following the event, can be better understood. In addition, the results of the study cannot be considered applicable to the general population. Rather, the study was designed to provide a close-up picture of individuals of similar background directly before and for a few years after the event in question.

Baseline Characteristics

At baseline, the three groups were similar with regard to most variables; detailed information on the the results of the baseline interviews is reported elsewhere.²⁶ There were few differences in religion, although the percentage who were Roman Catholic was almost three times as high in the abortion group as in the childbearing

group. The groups were almost identical in terms of the teenagers' mean age at the first visit (16.1 years).

Each respondent was asked to identify the woman who had "raised" her, whether or not that woman was her biological mother. The marital status of the women so identified did not differ between the three groups. The mothers (or surrogate mothers) of the teenagers in the abortion group were somewhat more likely to be working, to have graduated from high school and to have been older at first birth than were the females who had raised the teenagers who carried to term; however, none of these relationships were statistically significant. The mothers or surrogate mothers of the abortion group were significantly more educated than were those of the negative-test group (mean highest grades achieved, 12.3 and 11.7 years, respectively), although the mean educational level of neither group differed significantly from that of the parents or guardians of the childbearing group (11.9 years). Approximately 80 percent of all the subjects lived with their biological mothers, and almost all in each group lived at home with their biological mother, stepmother or foster mother.

There is some evidence that the members of the abortion group were more carefully supervised: Significantly more of them reported curfews on weekdays and on weekends (72 percent) than did teenagers in the childbearing and negative-test groups (54 percent and 66 percent, respectively). Similarly, there were indications that those who chose abortion were somewhat better off than the others economically, at least when that was measured by the ratio of working adults to others in the household. (We used the proportions of working members of the household as a summary measure of economic well-being because this is one of the few economic measures that adolescents could be expected to know.) This measure was computed in two ways: the ratio of working adults to all adults in the household, and the ratio of working adults to all household members. The first measure revealed no significant differences between the groups; differences in the second case (0.31 in the abortion group vs. 0.25 and 0.26 in the childbearing and negative-test groups, respectively) were not quite statistically significant ($p = 0.06$). This nonsignificant tendency toward greater financial well-being among teenagers who chose abortion is reflected in other economic measures reported elsewhere.²⁷

Educational variables discriminated sig-

nificantly between the groups at baseline but did not suggest differences in the expectation of high school completion. Almost all subjects had been in school during the year preceding their pregnancy test, and although significantly fewer members of the childbearing group were still in school at the time of the first interview, they nonetheless expected to finish 12th grade. The baseline data suggest many similarities between the childbearing and negative-test groups that are explored elsewhere.²⁸ Fewer members of the abortion group had repeated a grade, and fewer expected to terminate their education at high school completion.

Status Two Years Later

In comparisons between baseline and two years later, only those respondents for whom year-two data were available are included in the baseline estimate. In the tables that follow, the year-one information is included to illustrate trends, but the sample is somewhat smaller because some young women interviewed at two years were missed at the year-one interview. (Interrelationships among variables—for example, among educational and economic variables—await future analyses.)

• *Educational status.* Although there were only small differences between the groups at baseline in the percentage who were in school, the differences at one year were dramatic, and they increased at two years (see Table 1). Not surprisingly, most of the change occurred in the first year; as more young women graduated, smaller percentages were available to experience this change. Furthermore, in the childbearing group, the first year may be the critical one, when the pregnancy takes its immediate toll. However, the numbers are worse for this group at two years: The percentage who were in school or who had graduated continued to decline more than it had for the other two groups.

The changes were not as great in the proportions of teenagers who had fallen behind their appropriate grades over the two years. (High school graduates are included among those at correct grade for age.) This is because over half of the childbearing and negative-test groups were already behind at baseline; time forced only a few more into their ranks. Nonetheless, it is clear in the summary variable—negative educational change—that the effects of early childbearing reported in the literature were already occurring at the year-one follow-up and were increasing by the second year. By two years after the pregnancy test, 18 percent of the abortion group

had left school before graduation or, if they were still in school, had failed to progress the expected two years. In contrast, over 37 percent of the childbearing and negative-test groups had experienced such a negative educational change. These differences cannot be explained by the pregnancy per se or by events responsible for the pregnancy, because they were significantly less likely to affect the teenagers who conceived at the same age but terminated the unintended pregnancy.

None of these differences could have been predicted based on the teenagers' educational expectations at baseline; all had expected to complete high school. The fact that they followed different educational paths is not surprising, in view of the differentials in their prior expectations for education beyond high school, and to some extent in their prior achievement. For example, the long-term expectations of the childbearing and abortion groups were significantly different at baseline: Fewer than 53 percent of the childbearing and negative-test groups expected to continue their schooling after high school, compared with 73 percent of the abortion group (not shown). More of both control groups were already behind in school for their ages, reflecting the higher proportion who had repeated grades in the past. However, grade-point averages of the three groups were extremely close (79.8 for the abortion group, 79.3 for the childbearing group and 79.5 for the negative-test group); many of the students who experienced a negative educational change had planned to continue into higher education; and few (three out of the entire sample) had expected to terminate their education before high school graduation. Thus, the negative change they experienced was not in line with their baseline expectations.

Using data from young women whose year-one interviews fell during summer vacation, we explored one more measure of the respondents' ability to live up to their own expectations: whether they expected to return to school in the fall. All of the abortion group, 90 percent of the childbearing group and 88 percent of the negative-test group said that they expected to do so. However, among all of the young women interviewed over the summer, 93 percent of the abortion and 88 percent of the negative-test group but only 65 percent of the childbearing group actually were in school six months later. At the 18-month interviews, then, we discovered that among those who had expected to return, 93 percent of the negative-test and

abortion groups and 72 percent of the childbearing group were able to meet their own expectations. (One teenager in the negative-test group who had not expected to return to school did in fact return, and one who had expected to did not.) Thus, it was the teenagers who chose to carry their pregnancy to term who experienced the greatest risk of failing to meet their own educational expectations.

• *Economic well-being.* The economic well-being of the abortion group did not deteriorate as did that of the childbearing group; whereas differences between the groups were not statistically significant at baseline, they were significant both one and two years later (see Table 2). One would have expected the ratio of working adults to all members of the household to change when a baby was added, and differences between the abortion group and the childbearing group, which were not significant at baseline, did indeed become significant at one and two years. When the effect of the presence of the baby was removed by computing the ratio of working adults to all adults in the household, differences remained significant in both follow-up periods. According to this measure, the members of the childbearing group appear to have fallen further behind (even though they had improved very slightly in the second year), because the abortion group's status continued to improve, so that the differences between these two groups increased over time.

• *Psychological sequelae.* These have been particularly difficult to study because of problems in establishing a true baseline against which to measure them. Only a longitudinal study of a randomly selected group of young women that begins long before their exposure to abortion could permit the performance of an accurate psychological appraisal, uncontaminated by the effects of a suspected pregnancy. The numbers required for such a study would remain sufficient only if one began with an extremely large sample and waited a very long time. On the other hand, once women are exposed to the need for a pregnancy test, there is legitimate concern that a true picture of baseline psychological status, free of the stress of unwanted conception, is no longer possible.

This prospective study, in which baseline data were collected while the teenagers awaited the results of their pregnancy test, could not answer this challenge by removing the stress of the occasion. However, we could attempt to control for this stress by separating each respondent's transient psychological state from her

Table 2. Ratio of number of working adults to total number of household members and to total number of adult household members, by time period, according to study group

Ratio and time period	Study group		
	Abortion (N=120)	Child-bearing (N=86)	Negative preg. test (N=91)
Working adults to all members			
At baseline	0.307	0.254	0.249*
At 1 year	0.397	0.206**	0.286**
At 2 years	0.461†	0.264**	0.313**†
Working adults to all adults			
At baseline	0.601	0.512	0.497
At 1 year	0.623	0.486*	0.517*
At 2 years	0.714†	0.528**	0.540**

*Difference between this group and abortion group significant at $p < 0.05$.

**Difference between this group and abortion group significant at $p < 0.01$.

†Two-year trend significant at $p < 0.01$.

underlying psychological trait. We attempted to do this by using the STAI, and there is good evidence that the STAI did indeed make such a separation. Table 3 shows that at the baseline interview, a stressful time in the young woman's life, the state measure was significantly higher ($p=0.00$) than the trait for each of the three groups. One and two years later, on the other hand, the state and trait scores were no longer significantly different. In each case, the state score was dramatically lower than at baseline; the trait scores were also lower, suggesting that they were not totally unaffected by the stress of the moment, but the differences, although significant, were very much smaller. If we rely

Table 3. Respondents' percentile rankings, by type of anxiety measure and time period, according to study group

Measure and time period	Study group		
	Abortion (N=116)	Child-bearing (N=83)	Negative preg. test (N=84)
State			
At baseline	74.6	74.2	71.0
At 1 year	45.6	50.6	52.1
At 2 years	43.6†	48.3†	47.8†
Trait			
At baseline	56.8	62.4	62.9
At 1 year	48.3	51.2	59.5**
At 2 years	45.7†	52.0†	53.2†

*Difference between this group and abortion group significant at $p < 0.05$.

**Difference between this group and abortion group significant at $p < 0.01$.

†Two-year trend significant at $p < 0.01$.

Table 4. Respondents' scores, by psychological measure and time period, according to study group

Measure and time period	Study group		
	Abortion (N=119)	Child-bearing (N=87)	Negative preg. test (N=92)
Self-esteem			
At baseline	3.21	3.11	3.13
At 1 year	3.31	3.20	3.23
At 2 years	3.37‡	3.25‡	3.23**†
Locus of control			
At baseline	2.88	2.81	2.83
At 1 year	3.00	2.87*	2.93
At 2 years	3.00‡	2.88*	2.96‡

*Difference between this group and abortion group significant at $p < 0.05$.

**Difference between this group and abortion group significant at $p < 0.01$.

†Two-year trend significant at $p < 0.05$

‡Two-year trend significant at $p < 0.01$.

on the trait score, then, we can make some estimate of a young woman's anxiety level that will not have been unduly influenced by the stress of the pregnancy at the time of her admission to the study.

In all three groups, the state measures were understandably high at baseline; those who elected abortion were similar in their state measure to the childbearing group. Among the abortion patients, the state measure one and two years after the pregnancy test was nonsignificantly lower than among either of the other groups and was nearer to the national STAI norm for high school females.²⁹ Although stress was high while the teenagers awaited the results of their tests, the decision to have an abortion apparently did not lead to a higher level of anxiety. The trait measure suggests that the members of the abortion group were normally less anxious people and remained so at the later dates. There was no statistically significant difference between the abortion and childbearing groups in the magnitude of the change between the year-one and year-two interviews.

Two other psychological measures—the Rosenberg Self-Esteem Scale and a measure of locus of control that was based on an abbreviated Rotter inventory*—were administered to the participants as well. There were nonsignificant differences between the groups at baseline (see Table 4): The abortion group's ratings on self-esteem and locus of control were nonsigni-

ficantly higher than those of the other two groups. All three groups experienced small but significant increases in mean self-esteem, and the abortion and negative-test groups showed significant increases in locus of control, indicating greater internalization.

Because a minimal increase in anxiety or decrease in self-esteem or a minimal externalization of locus of control may be of little substantive importance, and since most of the sample experienced a positive change in psychological state, we computed the percentage of each group who experienced an adverse change in all three measures (not shown). Only 5.5 percent of the two control groups and an even smaller proportion (4.0 percent) of the abortion group experienced such changes during the first year, a clear indication that the young women who had elected abortion were at no short-term psychological disadvantage. After two years, the abortion group was hardly changed: Only 4.5 percent had experienced a negative psychological change in two years' time. The childbearing group had not changed either, but in the negative-test group, almost 10 percent of the teenagers had experienced a decline in all three psychological measures.

We next explored whether there was a relationship between the psychological and educational variables. (Some researchers have suggested a possible relationship between psychological status and educational expectations and have proposed that childbearing may be related to lower levels of self-esteem.³⁰) Could the young women who experienced a negative change in their educational careers subsequent to the pregnancy test have been identified in advance through the psychological variables reported here?

The present data confirm a relationship between self-esteem and educational expectations. In each group, those who aspired to a four-year college education (or more) had significantly higher self-esteem scores than did those who were content with a high school education (not shown). Similarly, the few members of the abortion group who experienced a negative educational change over the two-year period were much more likely to have had self-esteem scores below the median of the sample at baseline than the majority who suffered no adverse change (significant at $p = 0.01$). They were also more likely to have had scores showing less internalization of control and to have been above the median on the anxiety scale, although these differences were not significant. They do

not, however, demonstrate more psychological change (not shown).

Thus, the young women in the abortion group were neither directly nor through an intervening change in educational career any more likely than those in the control groups to suffer a psychological change for the worse during the observation period. In fact, they experienced slightly less negative change than did those in the childbearing or negative-test groups. Any differences in psychological status between those in the abortion group whose education stayed on track and those who dropped out of school were preexisting and did not appear to have been a consequence of their abortion experience.

This was not the case among those in the childbearing group: Those who suffered a setback in their education were only marginally lower in self-esteem and locus of control at baseline than were those who suffered no educational setback, and were no higher in anxiety, but these differences tended to widen over the two years of observation. Those in the childbearing group who experienced a negative change in their educational progress were more than four times as likely to suffer a negative psychological change as were those who stayed on their educational course (10.0 percent vs. 2.3 percent).

Subsequent Pregnancy

The above findings indicate that the abortion group did not experience negative educational, economic or psychological consequences, but even the small amount of change seen in these data is not random; subsequent pregnancy is an important intervening variable. There are several different ways to estimate the incidence of subsequent pregnancy in the years after the teenagers entered the study. Clearly, over a two-year observation period, there is more time for a woman to conceive again if she terminates the first pregnancy than if she carries it to term, and even more time for those whose pregnancy test was negative. By controlling for the number of months following the outcome, we can set up an analysis in which all young women are exposed to the risk of pregnancy for a similar period of time. The longest period of exposure available for comparison is 18 months after the outcome of the index pregnancy test. (Most who carried to term had delivered by six months after the test.) The percentage of respondents experiencing a conception within that time period was greatest in the negative-test group (58 percent) and lowest in the abortion group (37 percent), while those in the childbear-

ing experienced a 47 percent risk of conceiving during the same exposure period.

Table 5 shows that if the abortion group is divided among those who did or did not conceive subsequently, the proportion who suffered a negative educational change becomes trivial among those who were not pregnant over the two-year period. Almost all of the observed negative change reported earlier occurred among the 37 percent who had experienced a repeat pregnancy. Among those who had not become pregnant again, only eight percent experienced a negative educational change, while among those who had become pregnant again, 22 percent had left school without graduating, 59 percent were behind in grade for age and 34 percent suffered some negative educational change.

Thus, a subsequent pregnancy plays a key role: Those who did not conceive again were at negligible educational risk subsequent to their abortion, while those who became pregnant were at a level of risk that paralleled and even exceeded that experienced by some of the young women who bore a child. By two years, almost half of those in the childbearing group had had another conception; these teenagers had a nonsignificantly increased risk of negative educational change. Table 5 also demonstrates the clear high-risk status of the negative-test group: More eventually conceived than did not, and educational progress was disturbed without regard to pregnancy.

Of course, many of the subsequent pregnancies reported here had not yet reached an outcome by the two-year point. This is especially the case when the first pregnancy was carried to term. When respondents whose subsequent conceptions had already culminated in a birth were compared with those who had terminated a subsequent pregnancy or those who were currently pregnant, the results suggest that the subsequent birth of a baby to those in the childbearing group was associated with a much more pronounced adverse change in education (not shown). Having another baby was also associated with greater deficits in economic well-being. This was not the case in the abortion group: Those who conceived again appeared to be almost equally at risk of greater deficits in these areas, whatever their pregnancy outcome.

A subsequent birth was associated not only with negative educational change, but with psychological deficits as well (although such changes remained relatively

Table 5. Percentage of respondents, by school status, according to study group and to whether or not they experienced a subsequent pregnancy

School status	Study group and subsequent pregnancy status					
	Abortion		Childbearing		Negative preg. test	
	Subs. preg. (N=41)	No subs. preg. (N=77)	Subs. preg. (N=33)	No subs. preg. (N=37)	Subs. preg. (N=50)	No subs. preg. (N=41)
% in school or graduated at 2 years	78.0	97.4**	60.6	69.4	78.0	80.5
% behind grade for age at 2 years	58.5	30.7**	57.6	58.8	53.2	61.0
% experiencing negative educational change	34.1	8.0**	45.2	31.4	34.7	41.5

**Difference between subgroups significant at $p < 0.01$.

rare). Whereas only 3.4 percent of all members of the abortion group experienced a negative psychological change, 9.5 percent of those who had had an abortion and subsequently carried a pregnancy to term experienced a negative change in all three psychological measures reported here over the two-year period.

About half of the subsequent pregnancies occurring during the 18-month interval among those in the abortion group resulted in childbirth; the others either had not come to term by the year-two follow-up or had been terminated. One-third of the new conceptions among those in the childbearing group had resulted in another birth by the time of the year-two interview, as had well over half of the conceptions among those in the negative-test group. Although the respondents were all two years older than at entry, most did not

want these pregnancies. Almost 58 percent of the young women in the negative-test group who became pregnant had not wanted to conceive at any time during the two-year period; in the childbearing and abortion groups, 75 percent and 80 percent, respectively, of pregnancies conceived during the observation period were similarly unintended. Overall, 31 percent of the young women in the negative-test group had conceived unintentionally; this level of unwanted pregnancy is rather similar to those in the childbearing and abortion groups (24 percent and 27 percent, respectively).

Finally, we examine whether differentials in contraceptive use as reported by the young women accounted for the variations in pregnancy during the observation period. Table 6 indicates that within the abortion and negative-test groups,

Table 6. Percentage distribution of respondents, by contraceptive-use status between one-year and two-year interviews,† according to study group and whether or not they experienced a subsequent pregnancy

Contraceptive-use status	Study group and subsequent pregnancy status								
	Abortion			Childbearing			Negative preg. test		
	All (N=117)	Subs. preg. (N=40)	No subs. preg. (N=75)	All (N=88)	Subs. preg. (N=33)	No subs. preg. (N=38)	All (N=90)	Subs. preg. (N=48)	No subs. preg. (N=41)
% who did not use	5.1	10.0	2.7**	5.7	3.0	10.5	10.0	12.5	7.3*
% who used some-times or very few times	17.9	32.5	9.3**	26.1	42.4	18.4	41.1	52.1	29.3*
% who used always or most of the time	76.9	57.5	88.0**	68.2	54.5	71.1	48.9	35.4	63.4*
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

†Or, in the case of respondents who could not be interviewed after one year, between baseline and two-year interview.

*Difference between the group with a subsequent pregnancy and the group with no subsequent pregnancy significant at $p < 0.05$.

**Difference between the group with a subsequent pregnancy and the group with no subsequent pregnancy significant at $p < 0.01$.

Note: The Ns in the childbearing subgroups do not add to the total because not all women were exposed for a full 18 months before the two-year interview; the Ns in the other two groups do not add to the total because a few women did not provide information on subsequent pregnancy.

there were significant differences in contraceptive use (in the expected direction) between those who conceived during the 18 months following the baseline outcome and those who did not. Among those in the childbearing group, the difference was almost as great, but was not statistically significant ($p=0.06$). There was, however, a highly significant difference between the abortion and negative-test groups: The low levels of contraceptive use seen in the table explain the high conception rate in the negative-test group. Members of the childbearing and abortion groups did not differ significantly in terms of contraceptive use, although consistent contraceptive use appeared more common among those who terminated their baseline pregnancy.

A few respondents who were not practicing contraception told us that they wanted to conceive (or, at least, that they had wanted to conceive at some time during the observation period). Although the small number of cases necessitates extreme caution in interpreting the data, it would appear that 84 percent of the abortion group who did not want to become pregnant used contraceptives all or most of the time, and among the majority who successfully avoided conceiving, this proportion was 94 percent (not shown). Although significant associations between contraceptive use and wantedness appeared in all groups, there were no subgroups in the childbearing or negative-test groups in which contraceptive use appears to have been as consistent as it was among the large number of young women in the abortion group trying to avoid pregnancy.

Multiple Regression Analysis

The above results suggest that the abortion group was doing as well as or better than the other two groups in all respects at the year-two follow-up. We noted previously that they had some advantages at baseline. Although these were often small, some were statistically significant; it was of interest, therefore, to determine if the members of the abortion group were doing better at follow-up, and if so, whether their better outcomes could be fully attributed to their baseline educational, economic or psychological status and not to their different experiences following the index pregnancy tests.

A series of regression models was proposed to test this hypothesis in relation to negative educational change, negative change in economic well-being and negative change in all three psychological variables. The importance of group status was consistently confirmed in relation to edu-

cational change. Measures of achievement (grade-level status for age), educational status (in school or graduated) and educational expectations (highest level of schooling expected) were added singly or in several combinations. In each case, membership in the abortion group rather than in the childbearing group, or in the abortion group rather than in the negative-test group, remained statistically significant in a positive direction, confirming the bivariate relationships reported above.

Similarly, in a model that included a mix of background variables measured at baseline—the education of the female parent or guardian, maintenance of a curfew, self-esteem, anxiety trait and grade-level status for age—membership in the abortion group remained significant and positive in relation to educational change.

With respect to negative change in adult job ratios, the function of group membership was also clear, again reflecting the bivariate findings. Membership in the abortion group relative to the childbearing and negative-test groups remained significant in models that included the ratios in Table 2, as well as in models in which the family's receipt of food stamps and a social services check were included. Thus, the two-year improvement reported in the abortion group's well-being remained significant even when differences in their baseline characteristics were controlled for.

Similar models showed that although group membership was not significant in relation to negative psychological change, no other baseline variables were either. All of the groups changed significantly over time in all of their psychological measures, with the exception of locus of control among the childbearing group. Furthermore, there was a high level of correlation between change in one measure and change in another. However, in none of the index groups did the level of change appear significantly different from the level of change in another, which is reflected in both the bivariate and multivariate analyses.

Conclusion

The abortion group, then, appears to have been doing well. Few have experienced a negative change in life course. The positive position of the abortion group relative to the other two groups is attributable to three factors: First, they were slightly (but usually nonsignificantly) better off at the outset in their educational and economic prospects. Second, they had no reason to deteriorate in the educational or economic variables we examined, and they showed

no evidence of negative change. Third, the rare deficits experienced by the abortion group were triggered by a subsequent pregnancy, as they were with the negative-test group, and the relative status of the abortion group improved in the course of the intervening years because fewer of them experienced another pregnancy.

Although it has been demonstrated that abortion is a safe procedure for adolescents, presenting less medical risk than childbirth,³⁰ some have proposed that the procedure may have adverse psychological effects. Although this study tapped only three dimensions of psychological well-being, the results suggest that such a hypothesis should be rejected. The young women who chose abortion did not differ significantly from their peers in most respects at baseline and at follow-up were doing well (in both absolute and relative terms) on each of the psychological measures we used. Because they have stayed on course with their education and have put no additional economic burden on their families, there is reason to believe that in time, they will be in an even better position relative to the other groups.

The data presented here also confirm the effects of childbearing on education, showing that the adverse consequences of early motherhood begin immediately, and even though the pace of negative change slows in the second year, the continuing success of the abortion group increases the differential. While baseline characteristics might have predicted long-term differences in educational achievement, they would not have predicted the fact that so many members of the control groups dropped out before completing high school. Baseline characteristics did suggest the high risks to which the young women with negative pregnancy tests would be exposed in the observation period. We have discussed this group in more detail elsewhere,³¹ noting not only their resemblance to those in the childbearing group but also the fact that the proportion among them who wanted to conceive a child during their teenage years was higher than in either of the other groups. The emerging economic deficits of the childbearing and negative-test groups relative to the abortion group also confirmed the latter group's more positive experience. In addition to the effects of a subsequent pregnancy on education, we have noted in the abortion group a significant difference at baseline in self-esteem between the respondents who did or did not experience some negative change in their educational careers. Although direct effects of self-esteem

on subsequent conception cannot be demonstrated, the findings described here suggest that the use of an abbreviated, validated Rosenberg Self-Esteem Scale might be helpful at an initial abortion interview to identify high-risk individuals.

The results of our two-year study underline the need for better contraceptive counseling. We discuss elsewhere³² the serious implications of these data for counseling following a negative pregnancy test, and there is clear evidence here that those who choose to carry their pregnancy to term also need intensive contraceptive support. The importance of better contraceptive education and counseling following pregnancy termination is also clear. The percentages of the three groups who conceived during the observation period, and the contraceptive behavior associated with those pregnancy rates, suggest that the abortion group was doing better than the childbearing group and much better than the negative-test group. However, 37 percent still conceived, only one in five because they wanted to do so (at any time during the observation period, not necessarily at the time of conception).

The percentage of negative educational change experienced by the members of the abortion group who subsequently had a child during the observation period was almost identical to that experienced by the childbearing group; the negative educational change experienced by the other members of the abortion group was trivial. And while the overall level of negative psychological change was minimal, those in the abortion group who subsequently conceived and bore a child experienced almost three times the change observed among other members of the abortion group. These differences suggest the importance of avoiding another conception. Finally, the similarities between the childbearing subgroup of the abortion group and the original childbearing control population tell us that the few negative consequences we have observed are almost certainly consequences of motherhood, not the sequelae of abortion.

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IN THE
Supreme Court of the United States

OCTOBER TERM, 1989

STATE OF OHIO,

v.

Appellant,

AKRON CENTER FOR REPRODUCTIVE HEALTH, *et al.*,
Appellees.

On Appeal from the United States Court of Appeals
for the Sixth Circuit

JANET HODGSON, MD., *et al.*,
Petitioners and Cross Respondents,

v.

THE STATE OF MINNESOTA, *et al.*,
Respondents and Cross Petitioners.

On Writs of Certiorari to the United States Court of Appeals
for the Eighth Circuit

BRIEF FOR *AMICI CURIAE*
AMERICAN PSYCHOLOGICAL ASSOCIATION,
NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.,
AND THE AMERICAN JEWISH COMMITTEE IN
SUPPORT OF PETITIONERS/CROSS-RESPONDENTS
IN NOS. 88-1125, 88-1309
AND IN SUPPORT OF APPELLEES IN NO. 88-805

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BRIEF FOR *AMICI CURIAE*
 AMERICAN PSYCHOLOGICAL ASSOCIATION,
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 AND THE AMERICAN JEWISH COMMITTEE IN
 SUPPORT OF PETITIONERS/CROSS-RESPONDENTS
 IN NOS. 88-1125, 88-1309
 AND IN SUPPORT OF APPELLEES IN NO. 88-805

INTEREST OF *AMICI CURIAE*¹

The American Psychological Association (APA), a nonprofit scientific and professional organization founded in 1892, is the major association of psychologists in the United States. APA has more than 75,000 members, including the vast majority of United States psychologists holding doctoral degrees. APA's purposes are to advance psychology as a science and profession, and to promote human welfare.

The National Association of Social Workers, Inc. (NASW), a non-profit professional association with over 120,000 members, is the largest association of social workers in the United States. NASW is devoted to promoting the quality and effectiveness of social work practice, to advancing the knowledge base of the social work profession and to improving the quality of life through utilization of social work knowledge and skills.

The American Jewish Committee (AJC) is a national organization founded in 1906 for the purpose of protecting the civil and religious rights of Jews. The AJC believes that this goal can best be accomplished by helping to preserve the constitutional rights of all Americans, including access to abortion on a voluntary basis.

The parental notice and waiting period requirements at issue in these cases are premised upon the States' as-

¹The parties have consented to the submission of this brief. Their letters of consent are on file with the Clerk of this Court.

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assumptions that, in relevant ways, minors are more psychologically vulnerable than adults, that they are immature and unable to make competent choices concerning abortion, and that such requirements will foster intrafamily communication and cooperation while not harming the adolescents affected. The validity of these legislative assumptions has been tested through empirical research conducted by social scientists. Social science research is also relevant to the arguments of the professionals, pregnant minors, and parents who challenge these requirements that the laws unduly burden minors' rights to choose whether to carry a pregnancy to term or abort. Much of the relevant research has been conducted by members of the American Psychological Association (APA); that research is presented in this brief.²

SUMMARY OF ARGUMENT

Most younger adolescents and many older adolescents voluntarily inform one or both parents about their pregnancies, and seek their counsel about the abortion decision. Where such consultation is voluntarily sought, adolescents are often benefitted. Mandatory parental notification laws have no effect on this group of pregnant minors, however; only those minors who otherwise would not involve their parents in the abortion decision are directly affected by these laws.

The empirical research suggests that such adolescents typically have good reasons not to involve their parents in the abortion decision. They may fear a hostile, even violent, reaction to the news that they have been sexually active and are now pregnant. In many cases, they may be from dysfunctional families in which one or both parents

² Counsel gratefully acknowledge the assistance of APA members Bruce Ambuel, Ph.D., William Gardner, Ph.D., Julian Rappaport, Ph.D., and Lenore Walker, Ed.D., and APA staff members Brian Wilcox, Ph.D., and Janet O'Keeffe, Dr. P.H., in the preparation of this brief.

may be absent, or in which child abuse, including sexual abuse, has taken place. For such reasons, or simply wishing to protect their own informational privacy—an appropriate concern for adolescent females—pregnant minors in a State with a parental notification law may delay making the abortion decision, increasing the risk to their health of undergoing the procedure or leading to *de facto* decisions to carry to term. Point I.

Mandatory parental notification may actually undermine the very state interests it is meant to advance. In those families in which the minor daughter has chosen not to inform her parents, state-mandated notification is unlikely to produce greater intrafamily understanding or communication, and may well precipitate a family crisis or exacerbate existing family problems. Moreover, there are no data to suggest that adolescents are less capable than adults of making the abortion decision on their own. Furthermore, abortion itself, as a rule, relieves the stress associated with unwanted pregnancy rather than generates distress a parent (particularly one a minor would prefer to exclude from the process) could ameliorate. Point II.

Even with a bypass procedure, which in virtually every case results in affirmation of the minor's abortion decision but which itself deters some adolescents from seeking an abortion, parental notification laws unduly burden an adolescent's right to choose. *Without* a bypass procedure, the majority of pregnant adolescents who are competent to choose for themselves, and the significant number who would be placed at increased risk by notifying one or both parents, are faced with an intolerable choice: foregoing their right to abortion and becoming adolescent parents, on the one hand, or risking their physical or psychological health by complying with the notification statute, on the other. For these reasons, the Ohio and Minnesota statutes are both unconstitutional.

INTRODUCTION

These cases concern the constitutionality of Minnesota Statutes § 144.343 (1)-(7) ("the Minnesota statute") and Ohio Amended Substitute House Bill 319 ("the Ohio statute").³ With certain exceptions, both statutory schemes prohibit a physician from performing an abortion upon a minor unless notice has been provided to the minor's parents. The Minnesota statute requires that the minor notify *both* parents 48 hours in advance of the procedure (whether or not her parents are living together or are or ever were married); unless judicially mandated, the scheme does *not* provide a judicial bypass through which mature minors or minors whose best interests would not be served by notification may be relieved of this obligation.⁴ The Ohio statute requires notification of one parent, and establishes a bypass procedure that has been found unduly burdensome by the lower courts.

With or without a judicial bypass procedure, government certainly could not compel an *adult* to notify her parents or other third parties 24 or 48 hours before undergoing an abortion, because the burdens thereby imposed on the right to choose whether to abort or carry to term would not be justified by sufficiently weighty countervailing state interests. *See Planned Parenthood of Cent. Mo. v. Danforth*, 428 U.S. 52, 67-72 (1975) (*Danforth*) (spousal veto of abortion decision ruled unconstitutional); *Doe v. Bolton*, 410 U.S. 179, 201 (1973) (third party veto of abortion decision ruled unconstitutional); *City of Akron v. Akron Center for Reproductive Health*, 462 U.S. 416, 449-450 (1983) (*Akron I*) (24-hour waiting period unconstitutional). The validity of imposing such burdens on adolescents depends

³ The key provisions of the Ohio statute are codified at Ohio Rev. Code Ann. §§ 2151, 2912.12, and 2505.073 (Page Supp. 1985).

⁴ In the event a court invalidates the no-bypass provision, the statute provides that a bypass procedure will go into effect. This "bypass" provision was in effect for several years prior to the district court's final ruling.

upon whether doing so furthers state interests sufficiently to alter the balance.

This Court has recognized that "[t]he need to preserve the constitutional right and the unique nature of the abortion decision, especially when made by a minor, require a State to act with particular sensitivity when it legislates to foster parental involvement." *Bellotti v. Baird*, 443 U.S. 622, 642 (1979) (*Bellotti II*). Thus, although it has asserted that "during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them," *id.* at 635, the Court has been careful to reject a State's *per se* claim that *all* adolescents are incompetent and immature. Both in the abortion context and in other cases dealing with minors, the Court has taken a more individualized approach in assessing the competency and maturity of minors to make important decisions.⁵

Specifically, this Court has never suggested that all adolescents are incompetent to decide whether to have an abortion. To the contrary, the Court has recognized that

⁵ Outside the abortion context, see *Fare v. Michael C.*, 442 U.S. 707, 727 (1979) (Court applied such factors as adolescent's age, experience, education, background, and intelligence, in concluding that a 16-year old "voluntarily and knowingly waived his Fifth Amendment rights."); *id.* at 734 n.4 (Powell, J., dissenting) (recognizing that each case must be judged on its own merits, including an evaluation of the "minor's age" and "actual maturity."); *Globe Newspaper Co. v. Superior Court*, 457 U.S. 596, 608 (1982) (it violated first amendment to statutorily exclude press and public from courtroom during testimony of all victims of sexual offenses under age 18; the Court opted for case-by-case determination, including an analysis of the "minor victim's age, psychological maturity and understanding, [and] the desires of the victim."); *cf. Stanford v. Kentucky*, 109 S. Ct. 2969, 2979 (1989) (plurality opinion) (permissible for State to execute 16-year-old in cases in which adolescent has a developed moral sense).

legal status of "minority" encompasses wide ranges of age and maturity levels. See *Danforth*, 428 U.S. at 75. It is only "immature minors" whom the Court perceives as sometimes lacking "the ability to make fully informed choices." *Bellotti II*, 443 U.S. at 640.⁶ Thus, a mature minor's decision to have an abortion may not be made subject to her parent's veto. *Akron I*, 462 U.S. at 440; *Bellotti II*, 443 U.S. at 642-643; *Danforth*, 428 U.S. at 74-75. Indeed, the Court has held that "a blanket determination that all minors under the age of 15 are too immature" to make a decision related to procreation is unconstitutional. *Akron I*, 462 U.S. at 440.

The constitutionally recognized difference between immature and mature minors, see *Bellotti II*, 443 U.S. at 643-644 and n.23, is relevant in evaluating the relative benefits and burdens of a statute that requires all adolescents to consult with their parents before obtaining an abortion.⁷ As discussed below, see Point II, *infra*, there is no empirical evidence to suggest that adolescents by about age 14 are less competent to consent to abortion than adults, or that at least some younger adolescents do not possess similar competence.⁸

See *Planned Parenthood Ass'n v. Ashcroft*, 462 U.S. 476, 490-491 (1983) (the State's interest is limited to "protecting immature minors").

⁷ In related contexts, the "mature minor" doctrine permits a child to consent to medical treatment if he or she is capable of appreciating its nature and consequences. See Wadlington, *Minors and Health Care: The Age of Consent*, 11 OSGOODE HALL L.J. 115, 117-120 (1973); see also *H.L. v. Matheson*, 450 U.S. 398, 450 n.49, 453 (1981) (Marshall, J., dissenting), and cases cited therein.

⁸ Indeed, it is difficult to reconcile the idea that minors are less competent than adults to consent to abortion with the fact that state law typically allows a minor parent—whatever her age—to consent not only to the health care of her child, but to her own care as well, including abortion. See J. MORRISSEY, A. HOFFMAN, and J. THROPE, CONSENT AND CONFIDENTIALITY IN THE

ARGUMENT

I. COMPELLING DISCLOSURE TO HER PARENTS OF A MINOR'S PREGNANCY AND DECISION TO HAVE AN ABORTION IMPOSES A SUBSTANTIAL BURDEN ON THE MINOR'S RIGHT TO CHOOSE.

A. Parental Notice Provisions Most Directly Affect Those Adolescents Who—For A Variety Of Compelling Reasons—Believe They Cannot Consult With Their Parents About The Abortion Decision, And Unduly Burden Their Right To Obtain An Abortion.

Most adolescents, and younger adolescents in particular, can profit from *sympathetic* guidance from a parent or other adult concerning important choices, such as decisions concerning pregnancy. Research demonstrates that most minors—especially young adolescents aged 11-14—generally do consult their parents about their pregnancies, regardless of legal mandates.

Thus, one study found that approximately three-fourths of minors aged 15 or younger voluntarily informed their parents before they obtained an abortion,⁹ and 25% of this group reported that their parents suggested the abortion.¹⁰ In States requiring that minors either inform parents or obtain their consent prior to obtaining an abor-

HEALTH CARE OF CHILDREN AND ADOLESCENTS 43 (1986) [hereinafter MORRISSEY, HOFFMAN and THROPE].

⁹ Torres, Forrest & Eismann, *Telling Parents: Clinic Policies and Adolescents' Use of Family Planning and Abortion Services*, 12 Fam. Plan. Persp. 284, 287-290 (1980) [hereinafter *Telling Parents*]. See generally Mnookin, *Bellotti v. Baird: A Hard Case in the Interest of Children: Advocacy, Law Reform, and Public Policy* 149, 240-241 (R. Mnookin ed. 1985) [hereinafter Mnookin]; Clary, *Minor Women Obtaining Abortions: A Study of Parental Notification in a Metropolitan Area*, 72 Am. J. Pub. Health 283, 284 (1982) [hereinafter *Clary*]; Rosen, *Adolescent Pregnancy Decision-making: Are Parents Important?* 15 Adolescence 44 (1980) [hereinafter Rosen].

¹⁰ *Telling Parents*, *supra* note 9, at 290; NATIONAL ACADEMY OF SCIENCES, *RISKING THE FUTURE: ADOLESCENT SEXUALITY, PREG-*

n, young adolescents rarely use judicial bypass procedures.¹¹ Older adolescents who are unusually ambivalent about the abortion decision and who perceive themselves as relatively incompetent decisionmakers also are likely to voluntarily involve their parents in the decision.¹² In general, however, older adolescents fully competent to decide medical questions for themselves do not consult their parents about abortion as frequently as do young adolescents.¹³

Parental notice laws result in later, more hazardous, and more expensive abortions, and in minors carrying to term. In Minnesota, the district court found that the burdens of parental notification—even with bypass procedures available—cause “[s]ome mature minors and some minors in whose best interests it is to proceed without notifying their parents . . . to carry to term.” *Hodgson v. Minnesota*, 648 F. Supp. 756, 763 (D. Minn. 1986). In Massachusetts, a smaller jurisdiction where it is less difficult to travel out-of-State to obtain an abortion, mandatory parental notification did not change the number of women who became pregnant, gave birth, or obtained abortions.¹⁴ But the law did force approximately one-

NANCY, AND CHILDBEARING 113 (1987) [hereinafter NAS REPORT]. Only 8% of 17-year-olds who obtain abortions report that they did so at their parents' suggestion. *Telling Parents*, *supra* note 9, p. 290.

Nearly 90% of minors who use judicial bypass procedures are aged 16-17. Donovan, *Judging Teenagers: How Minors Fare When They Seek Court-authorized Abortions*, 15 Fam. Plan. Persp. 259, 261 (1983) [hereinafter *Judging Teenagers*].

¹² *Rosen*, *supra* note 9, at 48.

¹³ In a large, multi-state study, the proportion of minors who decided, without parental consultation, to carry to term was similar to the proportion who decided to seek an abortion without parental consultation. *Rosen*, *supra* note 9, at 46. See, e.g., Brittain, *Adolescent Choices and Parent-Peer Cross-Pressures*, 28 Am. Soc. Rev. 385 (1963) [hereinafter Brittain].

¹⁴ See Cartoof & Klerman, *Parental Consent for Abortion: Imposing the Massachusetts Law*, 76 Am. J. Pub. Health 397, 400

third of the minors in the State seeking an abortion to leave the State and obtain the abortion in a jurisdiction without a parental consent statute. *Id.*¹⁵

Thus, mandatory parental notification creates substantial obstacles for many adolescents choosing to abort their pregnancies: they may have fewer, later, or more expensive abortions because they wish to avoid notifying one or both of their parents.

B. Mandatory Parental Notification Harms Some Adolescents Who Otherwise Would Not Involve Their Parents In The Abortion Decision.

Both courts and social scientists have identified the reasons mandatory notification has these deleterious effects. On the basis of a detailed record, the *Hodgson* court found that after five years of operation the compelled notice required by the Minnesota statute almost always had a negative impact, frequently harming the child's welfare. 648 F. Supp. at 764, 768-769. The court found as a matter of fact that compelled two-parent notification in families with a non-custodial or absent parent was typically disruptive, and led to violence and abuse in dysfunctional families. *Id.* at 769.¹⁶

Data support the district court's findings. One study of parental reaction to adolescent daughters' pregnancies showed that such an announcement typically evoked an initial response of anger and disappointment, and triggered a crisis in the family.¹⁷ And anger is not the only response an adolescent need fear. A major government study has estimated that in 1986, more than one million

¹⁵ Approximately twice as many women chose to leave the State to obtain their abortions as chose to utilize the judicial bypass. *Id.* at 398, 399.

¹⁶ Appendix to Petition for a Writ of Certiorari in *Hodgson v. Minnesota*, No. 88-1125, filed January 4, 1989 at 141a (testimony of Dr. Lenore Walker).

¹⁷ See, e.g., Osofsky & Osofsky, *Teenage Pregnancy: Psychosocial Considerations*, 21 Clinical Obstetrics & Gynecology 1161 (1978).

children and adolescents nationwide had already experienced demonstrable harm as a result of abuse or neglect.¹⁸

In light of the relatively widespread nature of intra-family abuse, it is not surprising that in about one-third of cases in which adolescents do not inform their parents about their pregnancy and planned abortion, they are motivated by fear of physical punishment or some other severe reaction.¹⁹ Research on domestic violence has demonstrated that pregnancy does not deter and may even precipitate physical attacks by batterers.²⁰ Adolescents may particularly fear telling their parents about a pregnancy if it is the result of sexual abuse. Research indicates that such abuse—both extrafamilial and intrafamilial—is disturbingly common.²¹ Compelling parental in-

¹⁸ NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, U.S. DEP'T HEALTH AND HUMAN SERVICES, STUDY OF NATIONAL INCIDENCE AND PREVALENCE OF CHILD ABUSE AND NEGLECT: 1988 at xx (1989) [hereinafter HHS STUDY]. This figure is considered to be a minimum estimate because the incidence of abuse is substantially underreported. *Id.* at 7-2. See generally Gelles & Strauss, *Behind Closed Doors—Violence in the American Family*, 35(2) J. Soc. Issues 15, 24 (1979) [hereinafter Gelles & Strauss].

¹⁹ Clary, *supra* note 9, at 284. Even if an adolescent misjudged her parents' response, the perception may be more important than the reality in causing adolescents to delay seeking medical assistance or making a decision whether to abort.

Gelles, *Violence and Pregnancy: A Note On The Extent Of The Problem And Needed Services*, 24 Fam. Coordinator 81 (1975).

²¹ See generally D. FINKELHOR & ASSOC., A SOURCEBOOK ON CHILD SEXUAL ABUSE (1986); HHS STUDY, *supra* note 18, at xx-xxi. See also Moore, Nord & Peterson, *Nonvoluntary Sexual Activity Among Adolescents*, 21 Fam. Plan. Persp. 110, 111 (1989) (data from the 1987 National Survey of Children indicate that 9 percent of 17-year olds, 7.5 percent of 16-year olds, 6.3 percent of 15-year olds and 5.8 percent of girls 14 and under have experienced nonvoluntary sexual intercourse; adolescent girls with parents who abuse alcohol and drugs were two to three times more likely to have experienced nonvoluntary sexual intercourse; sixty-eight percent of males with three or more risk factors had been sexually abused before or during adolescence); Russell, *The Incidence and*

involvement in such instances, particularly if the pregnancy is the result of incest, is likely to intensify or exacerbate an already traumatic and emotionally volatile situation.

Moreover, in many cases involving older adolescents, compelled disclosure will burden a young woman's interest in informational privacy.²² The protection of privacy and the maintenance of control over personal information in sexual matters is an especially vital concern of adolescent females.²³ As the *Hodgson* district court found, based upon presentation of empirical research and clinical experience, assertion of privacy is a mark of maturity and psychological adaptation among adolescents. *Hodgson v. Minnesota*, 648 F.Supp. at 767, 775. Depriving an adolescent female of autonomy in making the abortion decision often imposes far more stress on her than does making the decision itself or undergoing the medical procedure. *Id.* at 763-764.

Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children in HANDBOOK ON SEXUAL ABUSE OF CHILDREN 19, 25 (L. Walker, ed. 1987) (research on a probability sample of 930 women found that 16 percent reported at least one experience of intrafamilial sexual abuse before the age of 18 and 12 percent had been sexually abused by a relative before 14 years of age; 31 percent reported at least one experience of sexual abuse by a non-relative before the age of 18).

²² This interest is partially responsible for the rarity of parent-daughter discussions about sexual matters. Adolescents' discomfort in initiating or participating in such discussions, see Dubbe, *What Parents Are Not Told May Hurt: A Study Of Communication Between Teenagers And Parents*, 14 Fam. Life Coordinator 96, 97, 98 (1965); see generally Fox & Inazu, *Mother-Daughter Communication About Sex*, 29 Fam. Rel. 347 (1980), reflects, in part, a developmentally appropriate concern with privacy.

²³ See Melton, *Decision Making by Children: Psychological Risks and Benefits* in CHILDREN'S COMPETENCE TO CONSENT 21 (G. Melton, G. Koocher & M. Saks eds. 1983); Parke & Swain, *Children's Privacy in the Home: Developmental, Ecological, and Child-Rearing Determinants*, 11 ENV'T & BEHAV. 87 (1979); Wolfe, *Childhood and Privacy* in CHILDREN AND ENV'T 175 (I. Altman & J. Wohlwill eds. 1978); Laufer & Wolfe, *Privacy as a Concept and a Social Issue*, 33(3) J. Soc. Issues 22 (1977).

Many States recognize the need to respect minors' privacy—and their competence—in making sensitive and important decisions concerning their health and future. Most States presume a minor competent to consent without parental notification to treatment for sexually transmitted diseases, mental health treatment, and medical treatment related to pregnancy, and recognize the crucial role confidentiality plays in permitting minors to obtain access to vitally necessary health services.²⁴ Minnesota singles out abortion as requiring parental notification. Minn. Stat. § 144.343(1). Additionally, States typically allow minors, whatever their age, to consent to their own health care once they become parents.²⁵

Thus, parental consent laws risk causing harm to many of the adolescents they are intended to protect. For a variety of legitimate reasons—fear of domestic physical or psychological violence or appropriate concern for personal privacy—many adolescents will delay or avoid their decision to abort or carry to term, or go out of State to obtain the abortion if feasible, rather than comply with the notification requirement.

C. Minnesota's Two-Parent Notification Requirement Places Extraordinary Burdens On Many Adolescents.

Minnesota's requirement that *both* parents be notified is directed at those adolescents who would voluntarily consult one parent, but would not voluntarily speak with both parents before obtaining an abortion.²⁶ It imposes often insurmountable barriers. Due to high levels of marital dissolution and the high incidence of out-of-wedlock child-bearing, the great majority of adolescents have lived at least for a time in single parent families. It is estimated

²⁴ See generally MORRISSEY, HOFFMAN & THROPE, *supra* note 8.

²⁵ *Id.* at 43.

²⁶ In many cases, *two* parent notification may override the judgment, not only of the adolescent, but of one of her parents, that one parent should not be notified.

that by age 17, 70 percent of white children born in 1980 will have spent at least some time with only one parent, and 94 percent of black children will have lived in one-parent homes.²⁷ Moreover, data obtained from the 1981 Current Population Report indicated that in 1980, 2.3 million or 3.7 percent of all unmarried noninstitutionalized children under the age of 18 were not living with either of their parents.²⁸

Data from a nationally representative sample of children aged 11-16 indicates that when an adolescent lives apart from one of her parents, she frequently has little contact with the absent parent.²⁹ Over one-third of the children living with their mothers in one-parent homes have had no contact at all with their absent father during the previous five years, or are unaware if their father is alive or dead.³⁰ Over half have had no contact in the previous year.³¹ And the little contact that occurs tends to be purely social, not involving counseling about life decisions.³² "Coparenting among formerly married couples is more of a myth than a reality in all but a tiny fraction of families. [Nonresident parents] typically give up decision-making authority and exercise little direct in-

²⁷ Hofferth, *Updating Children's Life Course*, 47 J. Marriage and Fam. 93, 93 (1985).

²⁸ Montemayor and Leigh, *Parent-Absent Children: A Demographic Analysis of Children and Adolescents Living Apart from their Parents*, 31 Fam. Relations 567, 567 (1982).

²⁹ Furstenberg, Nord, Peterson and Zill, *The Life Course of Children of Divorce*, 48 Am. Sociological Rev. 656, 663 (1983).

³⁰ *Id.*

³¹ *Id.* See also Seltzer & Bianchi, *Children's Contact with Absent Parents*, 50 J. Marriage and Fam. 663 (1988).

³² Furstenberg & Nord, *Parenting Apart: Patterns of Child-rearing After Marital Disruption*, 47 J. Marriage and Fam. 893, 902 (1985) [hereinafter Furstenberg & Nord]. Lack of involvement by the non-custodial parent is also evidenced by the small proportion of absent fathers who contribute to their children's support. See U.S. DEPT. OF COMMERCE, CURRENT POPULATION REPORTS, SPECIAL STUDIES, CHILD SUPPORT AND ALIMONY: 1985 (Series P-23, No. 154, 1989) at 1.

nce over their children's upbringing." ³³ Thus, in many instances, mandating parental disclosure would force the involvement of a disinterested parent in potentially disruptive ways. Most troubling is the potential for serious harm to both the mother and the adolescent if an absent father with a history of abusive behavior is notified.³⁴ In such families, mandatory two-parent notification may be particularly damaging.

Moreover, even in two-parent homes, it is very common for fathers to be completely uninvolved in providing information or giving advice about sexual matters to their daughters. Research has shown that the limited sex education that occurs in the home is usually done by the mother.³⁵ Moreover, the district court in *Hodgson* found that in many cases compelled two-parent notification had inhibited rather than advanced voluntarily initiated intrafamily communication. 648 F. Supp. at 777-778.³⁶ Thus, there is no reason to believe that requiring adolescents who would not otherwise do so to speak with their fathers about their abortion decision would promote any kind of beneficial family interaction, and reason in many cases to fear that harm may ensue.

D. An "Arbitrary And Inflexible" Waiting Period—Whether 24 Or 48 Hours—Places Greater Burdens On Adolescents Than It Does On Adults.

The 24-hour and 48-hour waiting periods here at issue impose even greater burdens on adolescents' right to ob-

³³ Furstenberg & Nord, *supra* note 32, at 903.

³⁴ Domestic violence—both wife battering and child abuse—is not uncommon in American homes. Gelles & Strauss, *supra* note 18. In Minnesota alone, there are an average of 31,200 assaults on women by their partners each year. DEPT. OF CORRECTIONS, MINNESOTA PROGRAMS FOR BATTERED WOMEN (January 1985).

³⁵ Rozema, *Defensive Communication Climate as a Barrier to Sex Education in the Home*, 35 Fam. Relations 533 (1986).

³⁶ The court found that some adolescents were dissuaded from getting one parent because only the consent of both parents would eliminate the need for judicial proceedings.

tain an abortion than do similar provisions this Court has struck down as applied to all women. In *Akron I*, this Court concluded that the State "failed to demonstrate that any legitimate state interest is furthered by an arbitrary and inflexible [24-hour] waiting period," and held that such a waiting period was unconstitutional. 462 U.S. at 450. The Court noted that the waiting period increased the cost and risk of obtaining an abortion, *inter alia*, because scheduling difficulties effectively delayed the planned abortion more than 24 hours. *Id.*

Such burdens on the right to obtain an abortion are particularly onerous for adolescents.³⁷ Adolescents already obtain abortions later in pregnancy than older women, and the risk of complications increases with each week of delay.³⁸ Thus, the additional state-imposed delay needlessly compounds the health risks adolescents already encounter.

II. THE SUBSTANTIAL BURDENS IMPOSED BY COMPELLED NOTIFICATION AND WAITING PERIOD PROVISIONS ARE UNCONSTITUTIONAL.

This Court has asserted, as a guiding principle, that:

[W]hen a State, as here, burdens the exercise of a fundamental right, its attempt to justify that burden as a rational means for the accomplishment of some significant state policy requires more than a bare assertion, based on a conceded complete absence of supporting evidence, that the burden is connected to such a policy.

³⁷ See *Indiana Planned Parenthood v. Pearson*, 716 F.2d 1127, 1143 (7th Cir. 1983) ("the same objections to the waiting period for adults listed in *City of Akron* apply to waiting periods for minors"); *Hodgson*, 648 F. Supp. at 765 ("[t]his statutorily imposed delay frequently is compounded by scheduling factors such as clinic hours, transportation requirements, weather, a minor's school and work commitments").

³⁸ See Russo, *Adolescent Abortion: The Epidemiological Context in ADOLESCENT ABORTION: PSYCHOLOGICAL & LEGAL ISSUES* 40, 55-67 (G. Melton ed. 1986) [hereinafter Russo]; NAS REPORT, *supra* note 10, at 114, 277.

y v. Population Services Int'l, 431 U.S. 678, 696 (1977). The right to secure an abortion is fundamental, *Roe v. Wade*, 410 U.S. 113 (1973), protected at a minimum against imposition of "undue burdens," *Webster v. Reproductive Health Services*, 109 S. Ct. 3040, 3063 (1989) (O'Connor, J., concurring). There can be no serious question, for the reasons set forth above, that the statutes at issue impose a substantial burden on all minors that would be unconstitutional if imposed on adults. See p. 4, *supra*.

The States have asserted three general purposes in defense of mandatory notification statutes, which in other contexts have been recognized by this Court:³⁹ promoting a family role in the child-rearing process, *Cross-Petition for Writ of Certiorari* in No. 88-1309 at 3; assuring that the decision to abort is an informed one, *id.*; and promoting the adolescent's emotional stability, particularly as it relates to "the minor's psychological sequelae that may attend the abortion procedure," *Hodgson*, 648 F. Supp. at 766. In *Hodgson*, after hearing evidence about the manner in which the Minnesota law operated for five years, the trial court found as a matter of fact that none of these interests was promoted. The scientific evidence supports the district court's findings.

A. The Evidence Suggests That Mandatory Parental Notification Statutes Do Not Foster Productive Intrafamily Communication.

As demonstrated in Point I, *supra*, the scientific and record evidence suggests that mandatory parental notification statutes are actually *destructive* of the family role in child-rearing. The productive communication patterns of a normal family that these laws purport to promote are based upon trust and the voluntary desire to

³⁹ See *Danforth*, 428 U.S. at 75 (family role in decisionmaking); *St. Louis II*, 443 U.S. at 635 (decisionmaking competence); *H.L. v. Hodgson*, 450 U.S. 398, 412 (1980) (psychological consequences of abortion).

share or to know; compelled or coerced communication lacks these qualities.⁴⁰

B. There Is No Empirical Support For The Proposition That Compelled Parental Disclosure Will Help Ensure That The Minor's Decision To Obtain An Abortion Is A Capable One.

These burdensome regulations also might be defended as needed to ensure that the pregnant woman is making an informed choice. Whether the laws' burdens are justified in light of this purpose should turn in substantial part on whether the scientific evidence supports the State's assumptions about the competence of minors to make decisions about pregnancy.

The Court has yet to define precisely what the capacity to make informed choices means.⁴¹ It has, however, never relied upon a definition of capacity to consent that focuses on the choice made,⁴² focusing instead on the individual's cognitive capacity to make the decision to abort, *i.e.*, the ability to understand the nature of the procedure, its risks, benefits, consequences, and possible alternatives. Perhaps the most complete statement of this Court's position on competency appears in *Danforth*, 428 U.S. at 104 (Stevens, J., concurring in part and dissenting in part): "The Court assumes that parental consent

⁴⁰ See generally D. CURRAN, *TRAITS OF A HEALTHY FAMILY* (1983).

⁴¹ But see 45 C.F.R. Part 46 (DHHS rules regarding consent to biomedical and behavioral research including consent to research with children); Weithorn & Campbell, *The Competency of Children and Adolescents to Make Informed Treatment Decisions*, 53 *Child Dev.* 1589 (1982) [hereinafter Weithorn & Campbell]; Bersoff, *Children as Research Subjects: Problems of Competency and Consent in THE RIGHTS OF CHILDREN* 186 (J. Henning ed. 1982).

⁴² Of approximately 1.1 million teenage pregnancies annually, about 40% are terminated by abortion. By any objective standard the decision to abort is one that a reasonable person, including a reasonable adolescent, could make. NAS REPORT, *supra* note 10, at 1, 15, 261; Alan Guttmacher Institute, *School Sex Education in Policy and Practice*, 3 Issues in Brief 1 (1983) [hereinafter AGI].

an appropriate requirement if the minor is not capable of understanding the procedure and of appreciating its consequences and those of available alternatives."⁴³ Both psychological theory and significant and substantial evidence developed by social scientists bear on the empirical question whether adolescents possess the requisite capacity to consent under this formulation.

1. Psychological theory and research about cognitive, social and moral development strongly supports the conclusion that most adolescents are competent to make informed decisions about important life situations.

Developmental psychologists⁴⁴ have built a rich body of research examining adolescents' capacities for understanding, reasoning, solving problems and making decisions, especially in comparison to the same capacities in adults. Research consistently supports the conclusion that there is a predictable development during late childhood and early adolescence of the capacity to think rationally about increasingly complex problems and decisions. Although there are several competing theories of cognitive development, these theories each recognize that a revolution in rationality occurs during early adolescence.

The specific reasoning abilities that develop during early adolescence are closely akin to the capacity to consent, and include the capacity to reason abstractly about

⁴³ See also *Bellotti II*, 443 U.S. at 640 ("ability to . . . take account of both immediate and long-range consequences"). The concern that a minor have adequate *information* about her decision, as opposed to the capacity to choose based upon such information, see *Bellotti II*, 443 U.S. at 643, is less a component of the adolescent's competency than of the physician's legal and ethical duty to provide all material information to the patient. See Wadlington, *Consent to Medical Care for Minors: The Legal Framework in CHILDREN'S COMPETENCE TO CONSENT* 57 (G. Melton, G. Koocher & M. Saks eds. 1983).

Developmental psychologists are scientists who study cognitive, aptual, personality, social and emotional development along the life span of individuals.

hypothetical situations; the capacity to reason about multiple alternatives and consequences; the capacity to consider more variables and combine variables in more complex ways; and the capacity for systematic, exhaustive use of information.⁴⁵

Competent decisionmaking is also dependent on social and personality development including the development of personal values, identity, autonomy, and the ability to resolve social dilemmas. Research in social and personality development contradicts the stereotype of adolescence as a period when young people are paralyzed by a struggle for identity, social confusion and rebellion against parents. In fact, by middle adolescence (age 14-15) young people develop abilities similar to adults in reasoning about moral dilemmas,⁴⁶ understanding social rules and laws,⁴⁷ reasoning about interpersonal relationships⁴⁸ and interpersonal problems,⁴⁹ and reasoning about

⁴⁵ For a discussion of these changes from three theoretical perspectives, see B. INHELDER & J. PIAGET, *THE GROWTH OF LOGICAL THINKING FROM CHILDHOOD TO ADOLESCENCE* (1958); Braine & Romain, *Logical Reasoning in HANDBOOK OF CHILD PSYCHOLOGY, VOLUME III: COGNITIVE DEVELOPMENT* 263 (P.H. Mussen ed., J.H. Flavell & E.M. Markman vol. eds. 1983); Sternberg & Powell, *The Development of Intelligence in HANDBOOK OF CHILD PSYCHOLOGY, VOLUME III: COGNITIVE DEVELOPMENT* 341 (P.H. Mussen ed., J.H. Flavell & E.M. Markman vol. eds. 1983).

⁴⁶ Rest, *Morality in HANDBOOK OF CHILD PSYCHOLOGY, VOLUME III: COGNITIVE DEVELOPMENT* 556 (P.H. Mussen ed., J.H. Flavell & E.M. Markman vol. eds. 1983); Kohlberg, *Moral Stages and Moralization: The Cognitive-Developmental Approach in MORAL DEVELOPMENT AND BEHAVIOR: THEORY, RESEARCH AND SOCIAL ISSUES* (Lickona ed. 1976); Kohlberg & Hersch, *Moral Development: A Review of the Theory*, 16 *Theory into Practice* 53 (1977).

⁴⁷ Tapp & Kohlberg, *Developing Senses of Law and Legal Justice in LAW, JUSTICE AND THE INDIVIDUAL IN SOCIETY: PSYCHOLOGICAL AND LEGAL ISSUES* 89 (J. Tapp. & F. Levine, eds. 1977).

⁴⁸ R. SELMAN, *THE GROWTH OF INTERPERSONAL UNDERSTANDING: DEVELOPMENTAL AND CLINICAL STUDIES* (1980).

⁴⁹ Marsh, Serafica & Barenboim, *Effect of Perspective-taking Training on Interpersonal Problem Solving*, 51 *Child Development*

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custody preference during parental divorce.⁵⁰ By middle adolescence most young people develop an adult-like identity and understanding of self.⁵¹ Furthermore, the majority of adolescents do not repudiate parental values, but incorporate them, during their search for autonomy.⁵² Thus, by age 14 most adolescents have developed adult-like intellectual and social capacities including specific abilities outlined in the law as necessary for understanding treatment alternatives, considering risks and benefits, and giving legally competent consent.

There is not as much information about the practical decisionmaking competence of younger adolescents—those aged 11 to 13.⁵³ Research has indicated that there is considerable variability in cognitive development and decisionmaking competence among adolescents, and there are some 11-to-13-year-olds who possess adult-like capabilities in these areas.⁵⁴ It is instructive that young adolescents are deemed capable in many state statutes of giving informed consent to various medical procedures, including mental health services, treatment for sexually transmitted diseases, and surgery related to childbirth. Should they have a child, young adolescents are typically deemed competent to make health care decisions both for themselves

140 (1980); Marsh, Serafica & Barenboim, *Interrelationships Among Perspective Taking, Interpersonal Problem Solving, and Interpersonal Functioning*, 138 *J. Genetic Psychology* 37 (1981).

⁵⁰ Greenberg, *An Empirical Determination of the Competence of Children to Participate in Child Custody Decision-Making* (1983) (Dissertation Abstracts Int'l).

⁵¹ Harter, *Developmental Perspectives On the Self System in HANDBOOK OF CHILD PSYCHOLOGY, VOLUME IV: SOCIALIZATION, PERSONALITY & SOCIAL DEVELOPMENT* 275 (Heatherington, ed. 1983).

⁵² See Conger, *A World They Never Knew: The Family and Social Change in TWELVE TO SIXTEEN* 197 (J. Kagan & R. Coles eds. 1972); Brittain, *supra* note 13.

⁵³ Because few young adolescents become pregnant, it is difficult for researchers to obtain a sample large enough to study the abortion decisionmaking competence of this group.

⁵⁴ See sources cited *supra* notes 46-51.

and their child.⁵⁵ At a minimum, therefore, a case-by-case approach to assessing decisionmaking competence among young adolescents is essential.

For all the reasons set forth in this section, the assumption that adolescents as a group are less able than adults to understand, reason and make decisions about intellectual and social dilemmas is not supported by contemporary psychological theory and research.

2. *Research does not support the States' assumption that adolescents typically lack the capacity to make sound health care decisions, including decisions about abortion.*

There has been substantial empirical research testing adolescents' decisionmaking performance when faced with various types of practical problems involving treatment and non-treatment decisions. Some of these studies specifically compare the performance of adolescents to that of adults in making such decisions.⁵⁶ The evidence does not support the assumption underlying notification laws that adolescents lack an adult's capacity to understand and reason about problems and decisions, including medical and psychological treatment alternatives, or the ability to comprehend and consider risks and benefits regarding treatment alternatives.⁵⁷

⁵⁵ MORRISSEY, HOFFMAN & THROPE, *supra* note 8, at 43.

⁵⁶ Studies comparing adolescents and adults include Belter & Grisso, *Children's Recognition of Rights Violations in Counseling*, 15 *Prof. Psychology* 899 (1984) [hereinafter Belter & Grisso]; Grisso, *Juveniles' Capacities to Waive Miranda Rights: An Empirical Analysis*, 68 *Calif. L. Rev.* 1134 (1980) [hereinafter Grisso]; Lewis, *A Comparison of Minors' and Adults' Pregnancy Decisions*, 50 *Am. J. Orthopsychiatry* 446 (1980); Weithorn & Campbell, *supra* note 41; Ambuel, *Developmental Change in Adolescents' Psychological and Legal Competence to Consent to Abortion: An Empirical Study and Quantitative Model of Social Policy* (1989) (Dissertation Abstracts Int'l) [hereinafter Ambuel].

⁵⁷ See, e.g., Melton & Pliner, *Adolescent Abortion: A Psycholegal Analysis in ADOLESCENT ABORTION: PSYCHOLOGICAL & LEGAL ISSUES* 1 (G. Melton ed. 1986) [hereinafter Melton & Pliner]; Weithorn,

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The two most directly relevant studies compared abortion decisionmaking by adolescents and adults at the time they received pregnancy tests in actual treatment settings. Results of both are consistent with the research and theory reviewed above showing that "adolescents are as able to conceptualize and reason about treatment alternatives as adults are."⁵⁸ In one study,⁵⁹ 16 unmarried adolescents, aged 13-17, and 26 unmarried adult women, aged 18-25, were asked to consider their options for responding to their own pregnancies at the time of their pregnancy tests. Standardized questions were used to determine their knowledge of pregnancy-related laws, sources of advice they had received or expected to seek, the range of factors one could consider in making choices about one's pregnancy, and the reasons for their own

Children's Capacities in Legal Contexts in CHILDREN, MENTAL HEALTH, AND THE LAW 25 (N. Reppucci & Assoc. eds. 1984); Melton, *Developmental Psychology and the Law: The State of the Art*, 22 J. Fam. L. 445 (1984); Grodin & Alpert, *Informed Consent and Pediatric Care in CHILDREN'S COMPETENCE TO CONSENT* 93 (G. Melton, G. Koocher & M. Saks eds. 1983); Weithorn, *Developmental Factors and Competence to Make Informed Treatment Decisions in LEGAL REFORMS AFFECTING CHILD AND YOUTH SERVICES* 85 (G. Melton ed. 1982); Wald, *Children's Rights: A Framework for Analysis*, 12 U.C. Davis L. Rev. 255 (1979); Ferguson, *The Competence and Freedom of Children to Make Choices Regarding Participation in Research: A Statement*, 34 J. Soc. Issues 114 (1978); Grisso & Vierling, *Minors' Consent to Treatment: A Developmental Perspective*, 9 Prof. Psychology 412 (1978); Schowalter, *The Minor's Role in Consent for Mental Health Treatment*, 17 J. Am. Acad. Child Psychiatry 505 (1978).

Not all older adolescents and not all adults reach the highest levels of competence to consent to treatment, see Roth, Meisel, & Lidz, *Tests of Competence to Consent to Treatment*, 135 Am. J. Psychiatry 279 (1977), but there is no substantial support for the proposition that cognitive abilities of the two groups are different.

⁵⁸ APA Interdivisional Committee on Adolescent Abortion, *Adolescent Abortion, Psychological and Legal Issues*, 42 Am. Psychologist 73, 73 (1987) [hereinafter Interdivisional Committee Study].

⁵⁹ Lewis, *A Comparison of Minors' and Adults' Pregnancy Decisions*, 50 Am. J. Orthopsychiatry 446 (1980).

choices. The study revealed no differences between the unmarried minors and adults in the decisions they made or in their knowledge of pregnancy-related laws. Further, when asked to describe factors that could affect one's choice of abortion or motherhood, minors differed very little from adults in the frequency with which they mentioned various considerations and consequences. There were no differences on such factors as the positive emotions associated with mothering, financial concerns, the effect of given choices on one's goals or present lifestyle, or social stigma.

The second highly relevant study examined pregnancy decisionmaking in 15 adolescents aged 14-15, 19 adolescents aged 16-17, and 40 adults aged 18-21, at the time they sought a pregnancy test at a women's health clinic.⁶⁰ The sample was representative of various economic, racial and religious backgrounds. Each person participated in an extensive decisionmaking interview conducted by a counselor, which was audio-taped and later rated by trained, independent raters. The four measures used to evaluate decisionmaking competence were suggested by this Court's understanding of competency,⁶¹ and focused on the individual's cognitive and volitional capacity: consideration of risks and benefits including immediate and future consequences; quality and clarity of reasoning; number and types of factors considered; and volition, *i.e.*, making a decision without being coerced by or acquiescing to others. Results showed that minors aged 14 to 17, who considered abortion as an option, equaled adults in all

⁶⁰ Ambuel, *supra* note 56; Ambuel & Rappaport, *Developmental Change in Adolescents' Psychological and Legal Competence to Consent to Abortion* (1989) (Paper Presented at American Psychological Association Convention, available from *amicus* counsel of record).

⁶¹ See *Danforth*, 428 U.S. at 104 (Stevens, J., concurring in part and dissenting in part). See also Wadlington, *Consent to Medical Care for Minors: The Legal Framework in CHILDREN'S COMPETENCE TO CONSENT* 57 (G.P. Melton, G. Koocher & M. Saks eds. 1983).

four measures of competence. Taken together these two studies suggest that minors equal adults "in their 'competence' to imagine the various ramifications of the pregnancy decision,"⁶² and their capacity to make a reasoned choice when facing unplanned pregnancy.⁶³

Indeed, the National Academy of Sciences, in a major review of the research, observed that almost all minors who employ judicial bypass procedures to avoid parental involvement are held to be mature, and their decisions to have an abortion are held to be in their best interests.⁶⁴ This evidence strongly suggests that many adolescents who choose not to consult with their parents are competent to make the abortion decision.⁶⁵

⁶² *Id.* See Lewis, *Minors' Competence to Consent to Abortion*, 42 Am. Psychologist 84 (1987).

⁶³ In another relevant study, 14-year old minors and adults were presented with four vignettes about individuals suffering from particular medical or psychological disorders. They were given detailed information about the nature, purpose, risks and benefits of the alternative treatments, and were asked to choose among them. The participants were then asked a series of standardized questions about their decisions. In most instances, the responses showed no difference between the adults and the 14-year-olds on any of the scales of competency used in the study—factual understanding, inferential understanding (appreciation), reasoning, choice of reasonable option, and evidence of choice. Weithorn & Campbell, *supra* note 41. For a confirming study, see Belter & Grisso, *supra* note 56; Grisso, *supra* note 56.

⁶⁴ See NAS REPORT, *supra* note 10, at 194-195. For supporting research see Melton & Pliner, *supra* note 57, at 26; Mnookin, *supra* note 9; *Judging Teenagers*, *supra* note 11, at 259-267; see also *Hodgson v. Minnesota*, 648 F. Supp. at 765, 766-67.

⁶⁵ Indeed, it can be seriously questioned whether a notification statute with a bypass procedure in practice does more than expend judicial resources. At worst, it is a source of anxiety, medically harmful delay, and family conflict. Melton, *Legal Regulation of Adolescent Abortion: Unintended Effects*, 42 Am. Psychologist 79, 82 (1987). That so many minors, despite its burdens, choose to undergo a bypass process and succeed in demonstrating their competence and best interests to a judge, dramatizes the fact that without a bypass, the burdens of mandatory parental notification would be intolerable.

Thus, empirical studies of treatment and abortion decisionmaking have found no differences between adolescents aged 14-18 and adults in factors related to legal competence.⁶⁶ There is therefore no scientific foundation for the States' assumption that adolescents' decisions to have an abortion are generally less thoughtful and informed than adults' decisions.

Moreover, related research indicates that attempts by the State to compel parental consultation in minors' abortion decisions are unlikely to result in better reasoned decisions.⁶⁷ One study found that although adolescents who were able to discuss their unintended pregnancy with two or three people they considered sympathetic and supportive decided upon a course of action faster than women with less social support, no benefit accrued from discussing the pregnancy with parents or others considered unsympathetic.⁶⁸ Research has consistently shown

⁶⁶ Studies have recognized differences between adults and adolescents regarding the decision to have an abortion, but those differences do not reflect upon the relative competence of adolescents (or adults) to make the abortion decision. Instead, the differences appear to be related to minors' and adults' differing social situations. For example, adolescents tend to see their decision as more influenced by consideration of its impact on others, and more frequently involve a parent in the decision. They also tend to take more time to reach a decision, making the added delays caused by notification and bypass procedures even more potentially harmful to the adolescents' health than similar requirements would be to adults' health. See Interdivisional Committee Study, *supra* note 58, at 73, and studies cited therein.

⁶⁷ Melton, *Minors and Privacy: Are Legal and Psychological Concepts Compatible?* 62 Neb. L. Rev. 455, 470-471 (1983); Zabin & Hirsch, *Effects of Abortion and Childbearing on Education and the Psychological Status of Black Urban Adolescents* 16 (1988) (Paper presented at Annual Meeting of American Public Health Association, available upon request from counsel of record). See Rothenberg, *Communication About Sex and Birth Control Between Mothers and Their Adolescent Children*, 3 Population and Env't 35 (1980).

⁶⁸ Ashton, *Pattern of Discussion and Decision-making Amongst Abortion Patients*, 12 J. Biosocial Sci. 247 (1980).

Parents are seldom significant sources of sex education for their children.⁶⁹ The findings of many studies suggest that sex is an issue of conflict that rarely elicits open and honest communication between parents and adolescents, and that a general lack of rapport between parents and adolescents contributes to their difficulty in communicating about sex.⁷⁰ In many instances, therefore, compelled parental involvement in the abortion decision is not likely to be constructive.

C. There Is No Empirical Support For The Proposition That Mandatory Parental Disclosure Will Assist Minors In Dealing With The Psychological Sequelae Of Abortion.

The scientific evidence also fails to lend any support to the States' assumptions that the psychological sequelae of abortion are more severe for an adolescent than for an adult and that forced parental involvement is therefore necessary to ensure the continuing psychological well-being of the adolescent.

1. Adolescents who choose to abort are not less stable psychologically than other adolescents.

The increasingly early biological maturation of adolescents is well documented.⁷¹ A majority of individuals become sexually active during adolescence.⁷² Indeed, 40% of today's 20-year-old women have had at least one

⁶⁹ Rozema, *supra* note 35, at 532; Bennett & Dickinson, *Student-parent Involvement in sex, birth control and venereal disease education*, 16 J. Sex Research 114, 115 (1980).

⁷⁰ *Id.* Parents, not surprisingly, generally disapprove of their children's premarital sexual relations. Marsman & Herold, *Attitudes Toward Sex Education and Values in Sex Education*, 35 Fam. Relations 357 (1986).

⁷¹ Rauh, Johnson, & Burket, *The Reproductive Adolescent*, 20 *Am. J. Orthopsychiatry* 1005 (1973).

⁷² Marecek, *Counseling Adolescents with Problem Pregnancies*, 42 *Am. Psychologist* 89 (1987).

pregnancy during their teen years.⁷³ And there is no empirical support for the supposition that adolescents seeking abortions are drawn from an especially psychologically or emotionally vulnerable subpopulation. Unmarried adolescents who seek abortions are similar in psychological makeup to other adolescents.⁷⁴ Moreover, compared to unmarried adolescents who choose to carry a term, those seeking abortions are likely to be somewhat advantaged in terms of social class status, family background and academic achievement.⁷⁵ Adolescents who seek abortions, compared to those who choose motherhood, are characterized by a number of traits associated with positive mental health and superior psychological maturity—greater independence, higher academic motivation and aspiration, and more feelings of competence and optimism.⁷⁶ Thus, not only is it unproven that as a group adolescents who choose abortions are at special psychological risk, but the opposite is actually shown to be the case.

2. Much of the stress pregnant adolescents experience is due to unwanted pregnancy, not to abortion.

More generally, the evidence does not support this Court's assertion that there are "potentially grave emotional and psychological consequences of the decision to abort." *H.L. v. Matheson*, 450 U.S. 398, 412-413 (1980). Three major reviews of the psychological and psychiatric research literature all confirm that for most women who undergo abortion, there are no long-term negative emotional effects.⁷⁷

⁷³ Russo, *supra* note 38, at 63.

⁷⁴ Olson, *Social and Psychological Correlates of Pregnancy Resolution Among Adolescent Women*, 50 *Am. J. Orthopsychiatry* 432, 436 (1980) [hereinafter Olson].

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ Marecek, *Consequences of Adolescent Childbearing and Abortion in ADOLESCENT ABORTION: PSYCHOLOGICAL & LEGAL ISSUES* 96

When women experience regret, depression, or guilt following an abortion, such feelings are mild and diminish rapidly.⁷⁸ When serious problems do occur, they are most likely to occur among women with prior histories of psychiatric problems.⁷⁹ With respect to adolescents, abortion "is neither psychologically harmful nor in other ways damaging to the patient."⁸⁰ "Very few teenagers have severe psychiatric complications after induced abortion."⁸¹

Abortion not only carries a low risk of negative psychological consequences for adolescents, but the psychological sequelae of abortion for adolescents are usually positive, with significant diminution of anxiety and increased feelings of well-being. "The predominant response following abortion is generally relief."⁸² Studies of the mental health status of pregnant women before and after abortion show significant reductions in the symptoms of stress,

(G. Melton ed. 1986) [hereinafter *Consequences*]; Adler & Dolcini, *Psychological Issues in Abortions for Adolescents in ADOLESCENT ABORTION: PSYCHOLOGICAL & LEGAL ISSUES* 74 (G. Melton ed. 1986) [hereinafter Adler & Dolcini]; Shusterman, *The Psychological Factors of the Abortion Experience: A Critical Review*, 1 *Psychology of Women Q.* 79 (1976) [hereinafter *Shusterman*]. See generally Brief for Amicus Curiae American Psychological Association in *Webster v. Reproductive Health Services*, 109 S. Ct. 3040 (1989).

⁷⁸ Adler & Dolcini, *supra* note 77, at 84.

⁷⁹ *Id.* See NAS REPORT, *supra* note 10, at 195.

⁸⁰ Olson, *supra* note 74, at 440.

⁸¹ Cates, *Adolescent Abortions in the United States*, 1 *J. Adolescent Health Care* 18 (1980); see C. CHILMAN (ed.), *ADOLESCENT SEXUALITY IN A CHANGING AMERICAN SOCIETY* (NIH Pub. No. 79-1426) (1978); Bracken, Hackamovitch & Grossman, *The Decision to Abort and Psychological Sequelae*, 15 *J. Nervous and Mental Disorders* 155 (1974); see also David, Rasmussen & Holst, *Postpartum and Postabortion Psychotic Reactions*, 13 *Fam. Plan. Persp.* 88 (1981) (only 11.4 psychiatric admissions per 10,000 abortions). See generally NAS REPORT, *supra* note 10, at 195-196.

ler & Dolcini, *supra* note 77, at 84 (and references cited therein).

as measured by standardized psychological tests.⁸³ Moreover, there is no evidence to support the proposition that any distress resulting from an adolescent's abortion would be mitigated by involuntary parental notification.

An abortion removes serious potential constraints on the minor's life and future. After an abortion, the adolescent can resume her normal life and activities in school, at home, and with peers. In contrast, "adolescent mothers are significantly more likely to curtail their education, to be relegated to low-paying jobs, to be single parents, and to be on welfare,"⁸⁴ as well as to experience repeat pregnancies and, for those who marry to legitimate the birth, greater marital instability.⁸⁵

As the National Academy of Sciences recently reported, "on the basis of existing research . . . the contention that adolescents are unlikely or unable to make well-reasoned decisions or that they are especially vulnerable to serious psychological harm as a result of an abortion is not supported."⁸⁶ Moreover, as noted above, those who need support and can get it from their parents typically seek it voluntarily. For these reasons, it is unsurprising that bypass proceedings invariably result in a ruling favorable to the minor.

⁸³ Shusterman, *supra* note 77.

⁸⁴ NAS REPORT, *supra* note 10, at 18.

⁸⁵ *Consequences*, *supra* note 77, at 96. Regardless of one's moral position on abortion itself, and amici take none herein, the data strongly support the position that abortion is more psychologically benign than carrying to term for almost all adolescents.

⁸⁶ NAS REPORT, *supra* note 10, at 277 (emphasis added). "Perhaps the most authoritative form of post-publication review of scientific findings occurs when organizations such as the National Academy of Sciences . . . appoint panels of the most distinguished scientists in the field, provide them with ample time and resources, and commission a state-of-the-art evaluation of a given area of research." Monahan & Walker, *Social Authority: Obtaining, Evaluating, and Establishing Social Science in Law*, 134 *U. Pa. L. Rev.* 477, 501 (1986).

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CONCLUSION

Both the Minnesota and Ohio statutes impose significant burdens on adolescents' right to choose whether to abort or carry to term without significantly advancing any of the asserted state interests. In these circumstances, even parental notification statutes that provide for judicial bypass impose unconstitutional burdens on mature adolescents and adolescents whose interests would be better served by not notifying their parents. The judicial process is invariably stressful and virtually always affirms the minor's choice to proceed without parental involvement. Moreover, to mandate parental notification and *not* provide for judicial bypass would be intolerable, leaving minors mature enough to decide for themselves, and those whose best interests would be injured substantially by parental notification, with a choice between suffering this statutorily imposed injury or carrying to term. Such a fearful choice cannot constitutionally be imposed without a substantial reason.

Amici therefore respectfully submit that the decision of the Eighth Circuit should be reversed and the Minnesota statute struck down in its entirety, and that the decision of the Sixth Circuit concerning the Ohio statute should be affirmed.

Respectfully submitted,

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September 1, 1989

Attorneys for Amici Curiae

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To: Chair and Members of the Senate Federal and State Affairs Committee
From: Joseph Hughey, Ph. D. for Mr. Bill Bell
Re: S. B. 129 (Parental Notification)

Today I have a sobering responsibility. I stand before you to represent Mr. Bill Bell. In February he testified before the House Federal and State Affairs Committee. It is my belief that very few legislators who heard the tragic story of Mr. Bell and his wife were not deeply moved. Perhaps more than any other their testimony resulted in the defeat of then House Bills 2663 and 2779. Few legislators who heard their story were willing to accept the very real possibility that they, by their vote, might be, however indirectly, responsible for the death of even one young woman. Surely few who heard the pain of Bill and Karen Bell could conclude that parental notification laws would be good for the State, parents or adolescents. More important, legislators saw that the potential damage far out weighed any possibility of successfully legislating family communication.

Mr. Bell asked me to read portions of his testimony for you. A copy of his entire statement is attached.

"Had my daughter, Becky, lived in the State of Kansas she would be alive today. My daughter made a mistake and became pregnant. Parental consent laws, very similar to the bills being considered before the committee, dictated that in order to terminate her pregnancy, she must obtain the approval of her parents, petition the courts, travel to a state that would allow her a safe, clinical abortion, or seek back ally assistance. She died of an illegal abortion. We live with the pain of knowing our daughter was desperate and alone, and because of these punitive and restrictive laws, she further compounded her initial mistake with another. And paid for it with her life.

My daughter was a quality child. She was raised in a functional family environment. Yet in a time of crisis, others had dictated how she must react. How can we legislate or dictate that families must communicate? How can we dictate to people how they must act or react in a time of crisis? Many go to their parents, but what about those who don't want to disappoint their families, who are frightened? I submit to you these restrictive and punitive laws will further isolate the young women of Kansas. Are you going to punish them because they made a mistake? Because they love their parents and do not want to disappoint them.

In the interest of political gain and in the name of God, my daughter was punished. My daughter's death has to count for something. She was somebody. Somebody beautiful. I will not sit idly by and not speak out to others that could face the same torment that the Bell family now lives with. Not as long as there are those who will go to any length to take away basic human rights."

Mr. Bell Concluded: "I stand before you a man with a broken heart. It is my desire that in speaking out it will, in some way, prevent others from sharing this same fate."

I also urge you for Bill Bell his wife, Karen, and Becky Bell to vote against this legislation that could be harmful and even deadly to the young people of Kansas.

My name is Bill Beal and I reside in Dodge, Ia with my wife Karin and my 20 yr old son Bill.

I appear before this committee today with mixed emotions, dreading to relive my daughter's death but also realizing a responsibility to others: I do not want her death to be the first of many.

If she lived in the state of Kansas she would be alive today.

My daughter Becky made a mistake and became pregnant.

Parental consent laws, very similar to the bills being considered before this

Committee, dictated that in order to terminate her pregnancy she must obtain the approval of her parents, petition the courts, travel to another state that would allow her a safe clinical abortion, OR seek back alley assistance. She died of an illegal abortion. In confiding with her best friend she said "I don't want to disappoint my mother and Dad, I love them so much." Knowing ~~my~~ ^{my} daughter, I believe that the judicial option would have been too intimidating, given her desperate emotional state. She would also have been faced ^{with} the prospect of appearing before

a pro-life judge. Hardly a
reasonable option considering
~~that~~ the fact she had decided
to terminate her pregnancy. She chose
the fastest available to her, an illegal abortion.
Unfortunately, we have been unable to
piece together all the circumstances
and today ~~we~~ ^{we} struggle with the question,
why did ~~my~~ ^{our} daughter have to endure the
mental torture in making what turned
out to be her final decision?

She was ~~an~~ intelligent enough to ~~make~~ ^{pursue}
her option, yet we live the pain of
knowing our daughter was desperate and
alone, and because ~~of~~ ^{of} these punitive and
restrictive laws, she further compounded

her initial mistake with another,
and paid for it with her life.

My daughter was a quality child,
she was raised in a functional family
environment and encouraged to develop
her own thinking and reasoning
skills. Yet, in times of crisis,
others had dictated how she must
react, thus denying her a legitimate
option that all women should enjoy,
the right of self-determination.

Had our daughter come to us, her mother
and I would have counseled her, made
her aware of all her options, the circumstances
and the consequences, to the best of our ability.

But, I can state emphatically that the final decision would have been here.

In ~~the~~ testimony given yesterday before this committee "parental rights" ~~was~~ the main focus. Not once, were the rights of the young women mentioned. As it stands today legislators, judges and parents are making the decisions for these young women, allowing little or no input from them. Decisions that are clearly along the lines of their own political or moral beliefs.

How can we legislate or dictate that

families must communicate? How
can we dictate ~~how~~ to people how
they must act or react in a time of
crisis.

I realize a great number of young
women are going to their parents for
counsel and for this I am grateful.
Since the death of my daughter, my
wife and I have counseled ~~many~~
several young women, and have
been fortunate to get the parents
involved - But what about the
young women who wait, for whatever
reason go to their parent, what about
the those who don't want to disappoint

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love their parents, and don't want to
disappoint them.

~~Self-appointed moralists have come~~

~~before you~~

Having some experience as a father

tells me that there are those you

people, no matter how stable the

family structure, who are not going

to seek the counsel of their parents

in times of trouble concern or crisis.

In the interest of political gain and
in the name of God, ~~my~~ ^{my} daughter was

punished, ~~are you going to punish the~~

~~young women of Kansas, because they~~

~~make a mistake?~~

their families, who are frightened?

In the bills ~~proposed~~ being considered
by this committee, ^{neither} ~~some~~ of them
has any accommodation or consideration
for a situation ~~such as I have~~
like a Becky Bell -

In testimony before you yesterday,
it was stated ~~that~~ and I quote
^{Pat Goodson}
"This is an isolated case" end quote.

Well, I submit to you these restrictive and
punishing laws being considered and
if enacted will further isolate the
young women of Kansas - are you
going to punish them because they
have made a mistake - ~~because they~~

~~My~~ my daughter's fate was decided
by others, thus denying her a safe
option, a choice she was ~~clearly~~ not
~~denied~~ allowed to make. The
parental consent laws clearly denied
her a safe option, and because
she had decided to terminate her
pregnancy, forced her into making
a fatal mistake.

My daughter's death has to count
for something, she was somebody,
somebody beautiful.

I will not sit idly by and not
speak out to others that could face

the same torment that The Bell
family now lives with. Not
as long as there are those who
will go to any length to take away
basic human rights.

I am not promoting abortion. I
am speaking out against those who
want to punish, who suggest that
we can reduce teen age pregnancy
through legislation. I am speaking
out against those who will simply
not address the needs of birth
control, and further sex education.
Sex among teenagers will never
be regulated by legislation. Int. 2-44

through education.

~~I hurt so bad to stand before~~

you **MURDER** -

I stand before you a man with a broken heart, it is my desire that in speaking out ^{it} will in some way prevent others from sharing this same fate.

~~I urge this committee to defeat the two bills being considered~~

~~The two bills being considered before~~

~~this committee are punitive and~~

I hurt -



Planned Parenthood®
Of Kansas, Inc.

To: **Members of the Senate Federal and State Affairs Committee**
From: **Marian Shapiro, Director, Hays Planned Parenthood**
Re: **Mandatory Notification Requirements**

My name is Marian Shapiro. I greatly appreciate the opportunity to testify before this committee. My husband and I have lived in Hays and raised our two children there for the past 18 years. I have had 14 years experience as a pregnancy counselor and sexuality educator and am certified by the **American Association of Sex Educators, Counselors and Therapists**. Having worked with many pregnant teenagers and often their parents, I believe I can provide you with relevant information about the problems and needs of minor teenagers when contemplating an abortion and the important part that parents play in this crisis.

Everyone would prefer that young women 14 or 15 years old would make important decisions about pregnancy with the love and support of their parents. And the **majority** of them **do!** Usually a very scared young woman comes to my office for a pregnancy test. One of my first tasks, after we find out that she is pregnant, is to encourage her to tell her parents. For some teens this is a natural next step and they don't need any prodding. For many it is a difficult thing to do, and that's understandable. I tell them that there's no one in the world who loves you as much as your parents do, and I give them the option of taking home a letter which I wrote for parents to help break the news and ask for their support. (This letter is included with my written testimony and I hope you will have time to read it later.) Some teens don't need a letter like this; some have told me the letter really helped. But a few teens adamantly insist that there would be an absolute disaster if they told their parents. In some sad cases the teenager is right. There is no mature adult to provide love and support. A dramatic example of this happened to a colleague of mine, Don Shaw, formerly a Kansas high school coach and now an administrator who oversees the sexuality education program for the entire Denver school system. A pregnant student came to him for help and he advised her, as I do, to go home and talk to her parents. She said, "You don't know my parents. Telling them will definitely make things much worse." He told her he knew it was hard to face the music but insisted it's best for parents to know so they can help you. The next day she came to school with black eyes, all beaten up. Her father had thrown her across the room into the wall.

In several situations the **boy's** parents or the **grandmother** of the teenager were more supportive and approachable than her own parents. In one case a teen living in a foster home chose not to confide in her own mother who had been hospitalized several times for depression and was not a stable resource for her. Instead she confided in a family for whom she did babysitting and they supported her through her decision.

In stark contrast to these sad, lonely teenagers is a family I saw last week. It is so touching to see tears of love and caring stream down the faces of a father, mother, sister and boyfriend who all accompanied one scared and sorry young woman to my office, all

solely sticking by her and seeing her through this ordeal. Thank goodness this is more true than the teens who are going home and have no support. Sometimes even teens with very supportive families, however, need an alternative. I have found that often the number one concern for a young woman is fear of hurting and disappointing her parents. More than a few teen suicides have occurred because the pregnant teen feared hurting her parents. The question boils down to who decides this young woman's fate — she herself, her parents, or the state.

Forcing teens to tell their parents will certainly not magically create love and support. There are dysfunctional homes with abusive parents, alcoholic parents, immature and emotionally unstable parents who are not able to help their children in trouble, and may even harm them. Teenagers and counselors need the flexibility to make alternative arrangements, if that is in the best interest of the child. Keep in mind that the **majority** of minor teens **do** go to their parents.

Those who push for mandatory parental notification **claim** to be promoting family communication and closeness. The real intention is to make it harder for teens to have abortions. In states requiring parental notification, there has definitely been an increase in later abortions, because the teenager postpones telling her parents. This delay greatly increases the cost of the procedure and also the medical risk. Since parental notification has been in effect in the state of Missouri, the Planned Parenthood office there has received three calls from teenagers who ran into trouble trying to abort themselves rather than face their parents. The potential for teenage deaths from self-induced abortions is obvious!

Those who hope to prevent abortion by requiring parental notification are perhaps acting on the false assumption that most parents would want to stop their daughter from having an abortion. Many parents have told me, "I never in a million years thought I would ever take my daughter for an abortion. I have always been against abortion. But now that **my** daughter's pregnant, I think it's the best option. Having a baby at 14 would ruin her future and ours!" **The truth is that most people think they are against abortion until they need one.**

A perfect example of this was the mother who came to me a couple of weeks ago. Her daughter had decided to have an abortion after we had discussed all the alternatives. She was not quite 16, acted mature for her age, and seemed to be at peace with her decision. Her biggest concern was not wanting to hurt her mother. When the mother came in to see me she told me she had a strong religious background and that she had real problems with abortion. The mother knew this was her daughter's decision, not hers, and stated she would support her daughter, but that abortion was hard to accept. At one point I suggested forgetting about the daughter for a minute. If it were **you** who were pregnant at age 15, what do you think **you** would want to do? After a long thoughtful silence, she sheepishly replied, "You know, I think I would make the same choice my daughter did." She was able to tell her daughter of this realization which was a tremendous relief to the daughter, and appeared to bring them much closer as they went through this crisis together.

Thank you for listening and I would be happy to answer any questions you might have.



Planned Parenthood®
Of Kansas, Inc.

Dear Parent,

I don't know you, but I have just talked with your daughter. With her permission I am sending this letter through her to you. She came to my office to find out if she is pregnant. Our test came out positive, indicating that she is pregnant. She is facing a crisis in her life and needs your understanding and support at this time.

There are many things that worry a young single woman with an unplanned and unexpected pregnancy. She worries about how to handle becoming a mother when she is not married, probably has not finished school, and maybe has no job. She may wonder if she will have any help from the young man she is involved with and how he will react. Will he resent her, stick by her, or run away from the responsibility as so many do? She may wonder if their relationship is stable enough to even wish for marriage.

Probably the most common worry that I've heard expressed in my years of experience counseling young women is, "How am I ever going to tell my parents? They will be so upset, so hurt, or so mad." Some worry that they will be rejected or kicked out of the house. They worry about where they will find the money to pay for having a baby and supporting the two of them. Or they may consider terminating the pregnancy and wonder how they can pay for an abortion or get to the doctor if it's an out of town trip.

As parents, this is probably as much of a crisis for you as it is for her, and even more of a shock. Maybe you were not even aware that your daughter was sexually active. It is usually very difficult for us as parents to think of our own children as sexual beings with strong feelings.

A common reaction from parents hearing this shocking news is to hit the ceiling initially. Then, once they've had time to adjust to the news and calm down, they often make every effort and sacrifice to help their daughters.

Often parents blame themselves. They feel they must have made a mistake somewhere along the way. How could this have happened? Let me assure you that pregnancy has happened in the closest of families, in the most devoutly religious families, in rich families and poor families. It is not useful or helpful at this time to try to place blame. Do not blame yourselves as parents! Your daughter is growing up in a society where she is exposed to very strong peer pressure and much exposure to sex on television, movies, and books. She has an adult body now, even if she is not a fully mature adult in your eyes. Unfortunately most young people lack adequate knowledge about reproduction, sexuality, feelings, values, relationships, decision making, and contraception.

I'm sure you care about your daughter very much, since you cared enough to read this long letter. And she obviously cares about you or it wouldn't be so hard for her to face you with this news and anticipate the hurt and disappointment in your face.

She has a tough time ahead of her and she needs your support now. Many of us have said to our kids, "We'll always love you no matter what happens." Kids are never sure whether we mean this. Now you have a chance to prove it.

If you would like to talk to a counselor, either alone or with your daughter, please call me at Planned Parenthood. I am here to listen, to offer support, to refer for medical services, or anything else I can do to help. If you feel angry, scared, hurt, or shocked, it may help to vent these feelings, so you can go on to be helpful and supportive of your daughter. Other people who might be helpful are your clergyman or woman, physician, or a social worker.

I hope that in time everything will work out for all concerned. Please call me if I can be of any assistance.

Sincerely, *Marian Shapiro*

Good morning. I am a high school student, 17 years old, and live in a rural part of Kansas. I'd like to share with you a little bit of what life is like for teenagers in our high school.

Every year there are girls in our school who either struggle with the decision to have an abortion, or struggle to raise a child alone. Both are painful. A recent case in our school is a girl I will call Traci. When she found out she was pregnant, she knew she did not want to have a baby. Not only was she unprepared to take care of a child emotionally and financially, but, as Traci confided to a friend, it was her father who had gotten her pregnant. She did not **want** to continue the pregnancy. She also did not want to tell her parents about it, because she correctly anticipated their response. They told her that she had to bear this child, that it was her duty, and that she should let people think it was the child of a boy she had dated. I feel **very strongly** that in cases like this, the parents are **not** necessarily looking out for the best interests of their child. Traci might have received better guidance from a teacher, counselor, minister, or caring neighbor than from these parents. Traci **herself** would know best who she could trust to confide in to help her.

Another sad case was Barbara, who came from a very strict, religious, home. She feared telling her parents when she became pregnant in the 8th grade, because she knew she'd gone against her parents strict values. Not only was she pregnant at a **very** young age, but she claimed not to know which of **four** boys was the father. Barbara, like Traci, wanted to end her pregnancy, but was not given a choice. Her parents reportedly said that having this child was her **punishment**. Barbara's tragic situation only got worse over the next few years of high school. She never did graduate, but dropped out to have a second child and now, by age 20, I think a third child. On top of this she has an abusive husband who beats her.

When you vote on this issue please remember that not all parents **are** capable of doing what is in the best interests of their teenager. For some teens it would be much healthier to turn for advice and guidance to a grandmother, a family doctor, a priest or a school coach than to risk the wrath of parents who are unable to make mature decisions themselves, parents who would view a baby as punishment for a 13 or 14 year-old.

Please give us a better chance for a good life by allowing us to choose a mature, objective adult to confide in, as we are now doing **without** a mandate. It would be great if all teenagers had understanding parents like mine, but I have seen first hand that they don't. Don't let these teenagers down. We need your understanding. Thank you.

Good Morning. I am also a high school student, 18 years old, and I too am worried about how parental notification will affect us in the rural areas.

If a girl in a small town wanted to have an abortion and couldn't tell her parents, I know she would be scared to death to go to the county courthouse and see the judge. First of all it's pretty scary just going into the court, and second, it would get all over town if a teenager went before a small town judge or to the SRS office. The clerk at the courthouse could easily be her Sunday school teacher, and the judge might be her Dad's golfing buddy. In small towns there is no such thing as confidentiality. So judicial by-pass would really be no help at all in our rural area.

If she didn't want to see the judge in a small town, she could try to do it in the big city. But then she has a time and transportation problem. It is hard enough for us to travel 3, 4, or 5 hours to a big city to obtain a safe, legal abortion. If on top of that a girl had to make one trip to see the social worker, another to see the judge, and a third to see the doctor, it would mean several all-day trips to the big city. I don't know any teenager who could manage to do this confidentially. The result of this legislation would be to prohibit teenagers from getting abortions. Please be fair to teenagers. Don't deprive us of confidentiality or of our legal choices.

I understand your good intentions to foster better communication, but I think teenagers who don't have good communication with their parents will take **dangerous risks** rather than have their parents notified. The stress of a crisis does not **improve** the chance for good communication. This is no time to force teens to talk to their parents and put more strain on an **already** shakey relationship. I know kids who are so down that they feel they have nothing to lose because their life is miserable anyway, and choose to run away or opt for an illegal abortion, or commit suicide. Sometimes things seem so bad that we can't see past the immediate present. Please don't make restrictive laws that give us no choices, no way to solve our own problems, and no way out but risking our lives.

Thank you for listening to our ideas and considering our feelings.

March 15, 1990

Presentation: Charlotte Elder, R.N.

Senate
State of Kansas
Senate Federal and State Affairs Committee
Senator Riley - Chairman

For 10 years I had the privilege of serving as a Public Health Nurse here in Shawnee County. During my years as a field nurse, I was able to be with families in their homes, in schools and in their churches and communities. In addition to making home visits, I served as the nurse for the Shawnee County Youth Center, taught child care classes at the Teen Aid School, provided nursing care in the Shawnee County Jail, and spent three years as supervisor of the Health Department outpatient clinics. These clinics included areas of Communicable Disease, Sexually Transmitted Diseases and Family Planning. I taught expectant parents classes providing instruction on delivery, parenting, normal growth and development. For 5 years I was able to watch some parents begin their career as parents.

Over the years my assignments allowed me to be confidant, teacher, helper, observer, and student of the family process. I observed families at work, at play, in crisis, and on the other side of crisis.

One family crisis was the pregnancy of a teenager.

I was surprised at the number of different and effective ways a teenage pregnancy was dealt with.

I learned over the years there were different patterns in the way families dealt with this crisis. The patterns seemed to fall into the following styles.

Some families confronted the crisis "head on". Mother realized daughter's menstrual cycle had changed, brought it up with the daughter, they approached Dad - sought outside counsel and came to a decision.

Another style was for someone to "go tell Grandma". "Someone" could be a suspecting brother, an intuitive mother, or the teen herself. Grandma seemed wise, and informed the mother, who might never mention it to daughter until later years, if then. Grandma guided the situation as she did in other family matters. She used her judgement with regard to who should or should not be informed. Grandma discussed the situation with the granddaughter and in the background with the mother. Decisions were made and the crisis was resolved.

Another style was for the entire family - brothers, sisters, Mom, and Dad - to be aware of daughter's morning sickness and

change in behavior. Support and caring were immediately forthcoming but not necessarily in the form of words. A brother would offer her a ride to school and fit his schedule to hers. A sister would loan her favorite clothes that before had not been available. Extra money came in small amounts from Mom "in case she needed anything". Dad gave Mom extra money in case Sis needed something. She was told she could borrow the car, or if she didn't feel well enough to go to school, Dad would provide an excuse. Most often an aunt or friend was called. Sis is "sick", would you come and talk to her? In these families the behavior had well understood meaning. Support was being given, guidance was being provided, all without formal notification.

In the above parenting styles, even in a non-talking family, if the daughter chose to terminate the pregnancy, money was arranged for by someone in the support network who acquired the funds. These non-direct styles of parenting puzzled me then, and do to this day. However, I have been able to watch some of these children grow into adulthood and I must say those parents turned out some pretty fine people.

I also observed dysfunctional families operate with unspoken rules. In fact the members of the dysfunctional family are much more accurate with their understanding of unspoken rules because a miscalculation is so much more serious. The teenager faced with a pregnancy knew it was essential that it be dealt

with in a way that would cause the least upheaval and damage to her fragile family. If telling a violent father was going to prove harmful to her mother, she would never do that. If telling a volatile mother would endanger a little brother, she would not do that.

It surprised me to see the strength some of these teens possessed. At all costs they could not and would not risk the safety and well being of members of their own family. They turned to a person they had trusted in the past. Sometimes it was a teacher or a coach. Sometimes they sought the help of public agencies, their grandparents or even parents of friends.

I observed that all parents approached the teenage pregnancy the same way they had approached other serious family matters. If it was their style to talk about a crisis - they talked. If their style was to involve Mom only in a crisis - that is what they did. If an involvement of Grandma or a preacher was the norm - they were signaled. If guiding someone through a crisis with unspoken communication was their style - that is what they did.

These were loving and caring families. The religious teaching continued. The moral code was passed on. The families individual expectations were very clear to their children. The crisis was handled in a way in which the parents could function

at their best. I realized the different styles of parenting had deep roots, significant meaning, and for many families good results.

The parenting style developed by the parents, their parents, and the parents before them had allowed them again to sustain a disappointing and serious situation without fracturing the family relationship.

In the families I saw there was no absence of the knowledge of the pregnancy. That knowledge came not from an outside source but from their well honed skills of observing their childrens change in habit, health, behavior. Parents know when someone is up late crying, or spending hours worrying, or in the bathroom with "the flu".

Using their individual parenting styles they successfully got through the crisis of a teen pregnancy. Sometimes the pregnancy was terminated, sometimes it was continued. Occasionally an adoption occurred.

Using their own strength and individual parenting styles the parents drew upon the wisdom of people who had been trustworthy and helpful in the past. They utilized family and community resources, and made their way through this crisis.

There are those in our state who wish everyone dealt with an unplanned pregnancy in a uniform way. This is a private and personal crisis and parenting during a crisis is a highly personal and private affair. To invite the government behind their closed doors would limit and interrupt their parenting capabilities and options.

Thank you for your time and thank you for listening.

CHARLOTTE ELDER, RN

Birthplace: Norton, Kansas, September 20, 1944

Marital Status: Married

Children: Debbie, Brad and Sherry

Education: Morland High School, Morland, Kansas 1963

Kansas Wesleyan, Salina, Kansas, RN Degree, 1965

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

Experience: Topeka-Shawnee County Health Department, Public Health Nurse

Home Visiting, 1965-1966

Instructor of Expectant Parents' Classes, 1967-1972

Instructor at Florence Crittendon Home

(Maternal and child health classes), 1967

Nurse for Shawnee County Youth Center, 1970-1972

Counseling in Mental and Physical Health; Classes on
Venereal Disease, Human Sexuality and Normal Adolescent
Growth and Development

Nurse for Jail Infirmary, Shawnee County Jail, 1971

Teen Aid Public School for Pregnant Teenagers, 1971

Counseling and teaching; Classes on Maternal and Child
Health, Preparation for Labor and Delivery, Mothering,
Infant Care, Normal Growth and Development

Representative/Participant in Drug Abuse Conference

University of California at San Francisco, 1973

Nurse for Drug Abuse Program, 1971-1975

Observer at Fort Worth Federal Drug Rehabilitation Facility

Representative of Topeka-Shawnee County Health Department
funded by Drug Enforcement Agency, Federal Government,
1973

Topeka-Shawnee County Health Department, Out-Patient Clinic
Supervisor, 1972-1975

Counseling with children and their parents

Supervisor of all out-patient clinic programs including:
Tuberculosis, Venereal Disease, Drug Abuse, Communicable
Diseases, Family Planning, Adolescent Services and
Youth Health Services

Private Practice; Glenn O. Bair, M.D., client load primarily
heroin addicts, Memorial Hospital, 1974

Adolescent Clinic, Youth Health Services, Inc., St. Francis
Hospital and Medical Center, 1977-1979

Experience: Office Manager for Glenn O. Bair, M.D., Topeka, Kansas,
1975 to date

Nurse for Internal Medicine Practice, Glenn O. Bair, M.D.,
Topeka, Kansas, 1975 to date

Director PMS Clinic, 1980 to date

Nursing Consultant to Brighton Place Nursing Home, 1983 to date

Community
Services:

Lecturer for many high schools and junior high schools in
Shawnee County, 1970-1975. Lectures on venereal disease,
drugs, family planning, and adolescent development

Co-Teacher, classes for parents of drug abusers, 1972

Numerous speeches on drug abuse to civic clubs, PTA's and
school boards, 1972-1974

Panelist on Drug Abuse, Regional Nurses' Association, 1972

Teacher of In-Service Education courses in several community
hospitals on the nurse's role in the drug using patient,
1972-1975

Consultant, Community Addictive Treatment Center, 1975-1977

Individual and Family Therapist, Supervision of Adolescent
Program, Suite 400, 1975-1977

Board of Directors, Carriage House, 1979

Co-Conducted In-Service Nurses' Training for USD 501, Jan. 1983

Presentation to the State of Kansas, Department of Social and
Rehabilitation Services, Topeka Area Office, Social Service
Staff, regarding Premenstrual Syndrome, April 1983

Member of Malpractice Screening Panel, Review of Nursing
Malpractice case, October 1983

Presentation at the YWCA regarding Premenstrual Syndrome,
October 1983

Presentation: Kansas Association for Marriage and Family
Therapy-Sixth Annual Fall Conference, Nov. 16, 1984,
Wichita, Kansas

Presentation: Second Annual Conference: The Mental Health
Session and Private Practice, Feb. 16, 1985, Washburn Univ.

Community
Service:

Speech: PMS-Association of Operating Room Nurses, St. Francis
and Medical Center, Topeka, Kansas, Feb. 7, 1986

Speech on PMS to Family Planning Seminar, Emporia, Kansas
April 7, 1986

Speech: Sixth Annual Kansas Nutrition Conference: "New
Dimensions in Diet and Treatment of Premenstrual Syndrome",
Feb. 19, 1987, Manhattan, Kansas

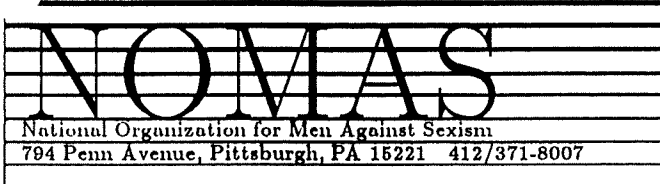
Speaker: Women's Day-Labette County Junion College, Parsons, KS
March 1987

Speech: Juvenile Protection Court Services, Shawnee County,
Oct. 30, 1987

Memberships:

Member of the working committee of the steering committee of
The Dalton Society, May 1987

Trustee, The Dalton Society, 1987



Co-Chair

618 Vattier, Manhattan, KS 66502

913/537-3294, 913/532-6387x32

Testimony in Opposition to
Substitute Senate Bill 129 — Parental Notification

Senate Federal and State Affairs Committee Hearings
March 15, 1990
Topeka, Kansas

Offered by:
Jack Straton, Ph.D.

Senator Riley and other members and staff of the Senate Federal and State Affairs Committee: I appreciate this opportunity to offer testimony on Substitute Senate Bill 129.

My message today is a simple one. Substitute Senate Bill 129 constitutes violence against women. S.S.B. 129 is predicated upon the presupposition that it is acceptable for men to control women's bodies. S.S.B. 129 presupposes that it is acceptable for a particular church to impose their superstitions upon society as a whole through the agency of the State.

I will start by addressing the latter presupposition. As you hear all the arguments on this bill, please do not forget that it is proposed and promoted by persons with a particular religious point of view. We respectfully acknowledge that religions such as Voodoo and Hinduism contain superstitious beliefs, beliefs based on faith rather than experiment. So

Formerly the *National Organization for Changing Men* (NOCM).

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too, some sects of Christianity embrace the particular superstitious belief that a substance called a *Soul* exists. Other sects further embrace the superstition that this substance enters the zygote at the moment of conception. It is the latter groups that are proponents of S.S.B. 129.

In a country founded on religious freedom, it greatly disturbs me that the State, as represented by this body, could be manipulated to the point where it is seriously considering controlling women's behavior to conform with the tenets of one religious sect. It further disturbs me that this body has already allowed this religious sect to restrict access to abortion for one group of citizens, poor women, without acknowledging that those being controlled by the State are without political power. Please acknowledge to yourselves that this religious sect now seeks to control a second group of human beings who are without political power, young women.

The stated purpose of S.S.B. 129 is to prevent abortions by levying severe consequences for such a choice on women under the age of 17. Stated more plainly, S.S.B. 129 institutes a system of control over women's bodies using psychological coercion. How is this different from the psychological control men use to coerce women sexually? In rape, a man overrides a woman's choice over what goes into her body. In S.S.B. 129, agents of the State of Kansas, primarily men, override a woman's choice over what comes out of her body, and when. The result is the same; a gross violation of a human being.

There is a reason that the sponsors of this bill thought that fear would be an effective form of coercion for the 10% of those young women in Kansas seeking abortions who would not voluntarily notify their parents. Perhaps the sponsors neglected to tell you exactly why some young women fear their parents. By age eighteen:

- One in four women has been sexually assaulted.¹
- Of these rapes, 90% were committed by men known to the victims,² i.e., fathers, brothers, peers, and friends of parents.

¹National Center for Child Abuse and Neglect.

²M. P. Koss, *Journal of Consulting and Clinical Psychology*, March 1987.

- In at least 50% of all U.S. marriages at least one incident of spousal abuse has occurred and in 10-25% violence is a common occurrence.³
- In addition to emotionally scarring young women who witness their father's dominating, humiliating, and controlling violence against their mother, men who batter their wives will frequently sexually abuse their children as well.⁴

It is no coincidence that it is possible to control a young woman's body by threatening to notify her parents. The fear of the 10% who do not want to tell their parents is directly tied to the ways in which a father or brother or uncle has at some time wrested control of their bodies from them.

Of the remaining 90% who would voluntarily tell their parents if they had an abortion, the fact that Substitute Senate Bill 129 institutes a system of control over their bodies would retraumatize those who had been raped by someone other than a family member. Having control over their bodies usurped by the rapist is a central trauma in women's experience of rape. Regaining a sense of control over their lives often takes years. If you enact this bill you would force young women to re-experience the subjugation of their bodies to the will of another person, which is certain to retraumatize them. Thus, institutionalizing control over women's bodies is another form of violence against them.

These considerations should put to rest the idea that it is possible to create a *humane form of coercion* by adding on a judicial bypass. Let me rephrase such a provision into the experience of a rape survivor. "This bill would force a young woman who does not want to put control of her body into the hands of a man who has abused or raped her, to instead put control of her body into the hands of a judge." That is not a reasonable option.

It is doubly unreasonable when you consider the pandemic biases the judicial system has, favoring a father's control over the child instead of respect for the integrity of the child's personal boundaries. Which of us in our right mind would force a rape survivor to spend 16 hours every week "visiting" the man she has accused of raping her. Yet judges

³ "Report of the National League of Cities and the United States Conference of Mayors," in Langley & Levy, *Wife Beating - The Silent Crisis* 4 (1977).

⁴ *Safetouch* by Marcia K. Morgan, (Rape Crisis Network, Eugene, Oregon, 1985).

routinely coerce survivors of child sexual assault to visit a "father" they have accused of the assault. Do you expect these same judges to behave with more respect for the humanity of young women who seek an abortion?

In summation, it is clear to those of us who are working to end violence against women that coercion and control are central to this violence. Because Substitute Senate Bill 129 seeks to institutionalize coercion and control over women it constitutes violence against women committed by the State. Please do not pass this bill.



Religious Coalition for Abortion Rights in Kansas

1248 Buchanan

Topeka, KS 66604

(913) 354-4823

SENATOR REILLY AND MEMBERS OF THE COMMITTEE:

TESTIMONY IN OPPOSITION TO SUBSTITUTE FOR SB 129

I am Darlene Stearns, State Co-ordinator for Religious Coalition For Abortion Rights in Kansas. Testimony from Gayle Bennett, Manhattan RCAR member, has been sent to all members of the committee, and in her absence I am here to speak to that should you have questions.

I have also distributed the roster of the Board of Kansas RCAR with this statement attached. The denominations represented on that Board firmly oppose restrictions on women's reproductive choices, regardless of age or economic situation. Consequently they oppose Sub. SB 129 and any other legislation compromising a woman's reproductive decision.

Mention was made in yesterday's testimony about members of the clergy who, privately, offer their services to counsel women and families facing a crisis pregnancy. The appellation "abortion zealots" was used and a suggestion was made that these clergy earn referral fees from clinics providing abortion procedures.

The Clergy Counseling Service has been in place in this country for many years and is composed of those clergy who volunteer their time to people of all faiths who need help making decisions, be it abortion, adoption, single parenting or public assistance, when faced with a crisis pregnancy. At no time has any RCAR clergy counsler, board member, or volunteer received payment for any of the activities they carry out, from any entity, and specifically never from a clinic providing abortion services.

Darlene Greer Stearns

Darlene Greer Stearns

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RCAR in Kansas

Religious Coalition for Abortion Rights in Kansas

Policy Council
Members 1990-1991

Betty Nelson 4100 Munson Topeka, KS. 66604	Convenor , Board of Church & Society ,Kansas East Conference United Methodist Church (913) 272-2573 home (913) 266-6555 work
Rabbi Lawrence Karol 4200 Munson Topeka, KS. 66604	Secretary , Union of American Hebrew Congregations, Mid-west Council (913) 272-6040 work (913) 235-1723 home
The Rev. Lesslie Anbari 6131 SW 21st Terrace Topeka, KS. 66604	Treasurer , Presbytery of Northern Kansas Presbyterian Church USA (913) 273-4886
The Rev. Rebecca Erb 1701 Collins Topeka, KS. 66604	United Church of Christ Kansas-Oklahoma District (913) 266-4328 home (913) 233-1786 work
Paul Kindling M.D. 3110 Briarwood Ct. Topeka, KS. 66611	Committee on Women's Concerns Synod of Mid-America Presbyterian Church USA (913) 266-6828 home (913) 266-3385 work
Lee Ketzell 315 Park Hill Terrace Lawrence, KS. 66046	Unitarian Universalist Prairie Star District (913) 843-4834
Carolyn Litwin 323 Woodbury Lane Topeka, KS. 66606	National Federation of Temple Sisterhoods (913) 272-6252
Beth Sheffel 323 SW Greenwood Topeka, KS. 66606	Topeka Young Women's Christian Association (913) 354-1818
The Rev. Edith Funk 2545 SE Bennett Topeka, KS. 66605	Kansas East Conference, United Methodist Church (913) 235-9018 home (913) 266-7541 work
Donna Skryzpczk 1255 Jewell Topeka, KS. 66604	Unitarian Universalist Service Committee (913) 232-6574

Ric Benson
2937 NE Oakwood
Topeka, KS. 66617

At-large Member
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AMERICAN ASSOCIATION
OF UNIVERSITY WOMEN
KANSAS DIVISION

March 15, 1990

Testimony by: *Anne Kimmel*
Anne Kimmel
Public Policy Chairman
5401 SW 24 Street
Topeka, Ks, 66614

Senate Members
Senate Federal & State Affairs Committee

I am Anne Kimmel, the Public Policy Chairman for the Kansas Division, AAUW. I appreciate the opportunity of appearing here today.

I am a nurse and wish to share with you my experience with two groups of patients. My experience occurred before the Supreme Court decision of 1973.

The first group of patients were pregnant teens who sought to solve their problems, and their only choice was an illegal abortion off some alley in a back room behind a locked door. The procedure was done by an unlicensed physician or a lay person. After the procedure was completed, the teen went back to her home.

When complications occurred(usually 24-48 hours), the teen was then brought to the hospital Emergency Room. The treatment was for hemorrhage, infection, perforation of the uterus and/or shock.

I was a nurse in the Emergency Room where these teens were treated. We did not always hear about the young girls who died from shock in some flat in the neighborhood. One night, a young girl was brought in DOA(dead on arrival) from untreated hemorrhage & shock.

This group of pregnant teens would never have sought consent from anyone before having an abortion. This group of pregnant teens almost always came alone or with another teen(female) and would never have consulted with anyone for permission.

I urge you to oppose H. Sub. for SB 129-requiring notification of certain persons prior to abortion.

The second group of patients were patients I saw in the Operating Room. Their symptoms were pelvic inflammatory disease and sterility. They were in their late 20's and early thirties. They were now happily married and wanted to have children. I can't begin to share with you the heart break of these patients. They confided in us, they wished they could have had a legal abortion when they were in their teens, so it could have been done in an approved operating room and performed by a licensed physician. The end result would not have been P.I.D. and sterility.

They indicated they would not have consulted with anyone for permission. Let us not make it more difficult for the teenager to obtain medical treatment by requiring her to get consent. We have taught her to make her own decision and allowed her freedom of choice.

I urge you to oppose H. Sub for SB 129.

Senate F&SA
3-15-90
Att. 9

Deborah L. Edelman-Dolan
617 Bluemont Avenue
Manhattan, Kansas 66502
March 15, 1990

This is my daughter, Sarah Rachel. I think that she is the most beautiful, wonderful child in the world. I pray that my husband and I will be good parents. I have a plan with which to raise her. I will love her. I will talk to her and listen to her, to build her trust in me. I will teach her to like herself and her body. When she is old enough, I will teach her about her body, then about sex and birth control. Hopefully, she will have many, more effective choices about birth control than we have now.

Unfortunately, all the love, caring, and education in the world will not protect Sarah from being a victim of a rapist or some distant relative who may commit incest.

All the nurturing I give Sarah will not guarantee that she will have enough self-esteem to have the courage to say "no" to the pressures to have sex, that she will have the intelligence to at least use precautions to prevent an unwanted pregnancy, that she will be trusting enough to tell me or another adult if she does have an unwanted pregnancy and wants an abortion.

As a teacher of Junior High and High School students, I have seen young girls and boys face many difficult decisions. They almost always turn to their peers, even if they have nurturing, loving parents.

I look at this law that may go into effect, and I see a situation that could lead to the mutilation or death of my beautiful daughter. If a girl wants to have an abortion, she will have one - whether or

not it is legal. The more alone she feels, the more desperate she becomes. The more desperate, the more likely she is to use an illegal method for an abortion. Illegal, back alley abortions are not unfamiliar to this country, nor are the deaths and mutilations caused by the crooks who take advantage of young girls who are desperate.

I urge you to vote against this bill.

Jodi L. Jacobson of Worldwatch Institute expressed concern regarding laws restricting choice by stating, "History has shown that women determined to exercise control over their reproductive destinies will do so. Laws can only make abortions more or less safe and costly." In their testimony a few weeks ago, Bill and Karen Bell of Indianapolis supported this sentiment by relating the tragedy of their daughter's death. Seventeen year-old Becky Bell died due to an illegal abortion that she sought in order to avoid Indiana's parental consent law. Becky was one of the 1.1 million teenagers the National Abortion Federation estimates become pregnant every year in the United States. Approximately three in four of these pregnancies are unintended. Two in five teenage pregnancies end in abortion.

As teenagers, we have been exposed to the realities of teenage pregnancy that extend beyond statistics. The decisions facing a pregnant teenager are difficult and extremely personal. Contrary to popular belief, minors lack neither the resources nor the ability to make fully informed choices and to take into account both the immediate and the long-term consequences of their actions. Information is readily available through high school counselors and nurses, trusted adults, health clinics, and hospitals. Teenagers often feel more comfortable discussing their options with objective and non-judgemental advisors such as these. According to the executive director of Reproductive Health Services, "...87% of all minors who schedule counseling sessions have already told at least one parent."

The teenage years are a time in which many crucial decisions are made. These decisions will affect the entire course of a person's life. Teenagers are faced with confronting peer pressure, budgeting time and expenses, and choosing what type of higher education to pursue. Whether or not to become sexually active is also a choice that teenagers will make for themselves. In dealing with the consequences of sexual activity, only the individual can determine what actions are best for her situation.

As we have pointed out, teenagers encounter difficult and highly emotional dilemmas. Each teenager deals with these problems in a different manner, one which is suitable to the needs of the individual. By imposing parental notification laws upon teenagers, lawmakers have only increased the difficulty of the decision making process.

Students For Choice

Speaking- Jennifer Crawforth, senior

Accompanying Members

Jennifer Grieshaber, sophomore

Tali Hanna, junior

Sarah Johnson, junior

Stacy LaMaster, junior

Johnna Todd, sophomore

NOTABLE STATISTICS

*In a study done in Minnesota one year after a parental notification law was passed it was found that:

- The birth rate for women under 18 increased 38%.
- The birth rate for women over 18 remained the same.
- Therefore the females affected by the parental notification bill had more babies than they did before the bill was instated.

*In a separate study of the affects of teenage pregnancy it was found that of the teenage females who give birth:

- 80% drop out of school.
- 30% are on public assistance one year later.

*PREGNANCY RATES PER 1000 WOMEN

-By Age:

Under 15 years	16.6
15 to 17 years	71.1
18 to 19 years	166.2

-By Race:

(Ages 15 to 19)	
White	92.9
Nonwhite	185.8

*once pregnant, white and nonwhite teens choose abortion at the same rate - approximately 42%.

*there were 1,031,040 teen-age pregnancies in the United States in 1985 (including 31,000 females under 15). 416,170 ended in abortion.

*nine percent of American females will have an abortion by the age 18.

NOTABLE STATISTICS (continued)

*Of the 37,167 live Kansan births in 1987, 12% (4460) were the result of a teenage pregnancy.

-If you were to apply the Minnesota statistics here and increase the births to teenagers by 38%, that would mean that teens would give birth to 1695 additional babies and that teenagers would comprise 16.6% of the mothers of live births.

-If you were to then apply the other study's stats., 80% of the 6155 Kansan teens who would give birth (4924) would drop out of school and 30% (approximately 1847) would be on public assistance within one year.

*In 1986, 1245 Kansan females between the ages of 10 and 19 had abortions. They comprised 29.4% of all Kansan abortions for that year.

S.B. #129

I am Gordon Risk, president of the American Civil Liberties Union of Kansas. I am also a physician and psychiatrist, here to speak in opposition to S.B. #129.

Any parental notification law will result in an increase in teenage morbidity and mortality and an increase in unwanted pregnancies. The more restrictive the notification law, the higher the increases will be. I would urge you to keep this in mind as you consider this bill and more restrictive amendments to it.

The state has an interest in promoting the health of its citizens. For minors, this typically means obtaining the consent of a parent or guardian for permission to undertake a medical procedure. As the state has recognized, however, if obtaining parental consent would inhibit or prevent the minor from obtaining indicated medical treatment, parental consent is waived. Thus, consent is waived in situations of medical emergency. Nor is it needed to undertake treatment of a sexual transmitted disease, the state recognizing that a requirement that the parents be involved might inhibit the minor from acting in his or her own best interest and obtaining the needed treatment. The state's interest in the health of the minor may thus mean bypassing the parents. As you will hear first-hand and as the U.S. Supreme Court recognized when it mandated the judicial bypass procedure, involvement of the parent or parents in the pregnant teenager's decision to abort may not be in the minor teenager's best interest, without regard to whether that "involvement" takes the form of notification or consent. (1)

A parental notification statute was in effect in Minnesota during the years 1981-85, during which time the percentage of minors getting second trimester abortions increased by 12%. (2) This increase in second trimester abortions for minors in Minnesota was contrary to the national pattern. As the district court noted in the Minnesota case, "a second trimester procedure entails significantly greater costs, inconvenience, and medical risks" (3) for the woman. During these same years, the number of pregnancies ending in abortion decreased in the 10-17 year old age group, while increasing for all other women (4), indicating that the Minnesota parental notification law had the effect of compelling minor women to carry their pregnancies to term. Government compelled childbirth is precisely the invasion of rights that was repudiated in Roe v. Wade. Studies have indicated that a significant number of pregnant minor teenagers would attempt a self-induced or illegal abortion, rather than notify their parents. (5) Teenagers, particularly young teenagers, have a two and a half times greater risk of death from continued pregnancy or childbirth than adult women. The same is true for rates of morbidity related to childbirth when compared to abortion. (6) The certain result of a parental notification bill would be an increase in the morbidity and mortality rates among pregnant teenagers and an increase in the number of unwanted children. This is a profound violation of a pregnant teenager's right to be treated with due process by the state.

As the National Research Council of the National Academy of Sciences noted in 1987: "On the basis of existing research, therefore, the contention that adolescents are unlikely or unable to make well-reasoned decisions or that they are especially vulnerable to serious psychological harm as a result of an abortion is not supported. On the contrary, research has shown that for most

abortion patients, including adolescents, relief is a frequent reaction. Nor has research documented that legally required parental involvement helps teenage girls cope better with their choice to terminate the pregnancy. There is no evidence that it reduces the probability of subsequent unwanted pregnancies or serves any other purpose than to ensure that the parents are aware of what their adolescent daughters are doing.(6) There is, however, growing evidence that parental statutes caused teenagers to delay their abortions, if for no other reason that they must undergo the de facto waiting period associated with finding a lawyer and gaining access to the courts." (7) "A delay of [a week or more] increases the medical risks associated with the abortion procedure to a statistical significant degree." (8) Parental notification statutes violate the state's interest in the health and welfare of the pregnant teenager and her right to equitable treatment.

- (1) Akron, 462 U.S. at 427 n.10
- (2) Appendix A4 - A5 (ACLU Reply Brief for Petitioners, Hodgson v. State of Minnesota)
- (3) Hodgson, 648 F. Supp. at 763
- (4) Appendix A1-A3 (One can see from these tables that the pregnancy rate for all young women decreased during the years 1981-85. There was no selective decrease for those affected by parental notification as some have alleged.)
- (5) Table 7 (Torres, Forrest, and Eisman, Telling Parents: Clinic Policies and Adolescents' Use of Family Planning and Abortion Services, 12 Family Planning Perspectives, at 287-89, 1980)
- (6) Parental Notice Laws, ACLU Reproductive Freedom Project, p. 4 (1986)
- (7) New York Times, Jan. 25, 1990, p. A11. "A Federally financed study of unmarried sexually active teenage girls has found that those who obtained abortions did better economically and educationally and had fewer subsequent pregnancies than those who chose to bear children. Those who had abortions even fared better than those who were not pregnant at the start of the research project....It found that 4.5% of those choosing abortion experienced an adverse psychological change two years after the event as against 5.5% of those who have children and 10% of young women with negative pregnancy tests. This indicates that while the decision to have an abortion provided few psychological benefits, it did not, as anti-abortion groups often claim, cause any emotional damage."
- (8) Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. C. Hayes, Ed. (A publication of the National Academy of Sciences.)
- (9) Hodgson, 648 F. Supp. at 763

Total Number of Abortions

Age Group*	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
10-17	1507	2060	2274	2186	2308	2327	1820	1564	1432	1395	1570	1545
18-19	1758	2511	2693	3054	3293	3380	3064	2799	2547	2586	2531	2372
20-24	2702	3649	4528	5066	5683	6054	6047	5963	5487	6032	6067	5724
25+	2161	2895	3529	3872	4355	4716	4881	5180	5012	5525	5812	6035

Number of Abortions Performed After 12 Weeks Gestational Age

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
10-17	270	470	474	403	432	510	365	322	334	360	361	333
18-19	228	426	464	449	460	562	462	425	419	489	441	435
20-24	275	446	512	505	591	681	625	631	626	786	723	668
25+	189	306	368	302	327	403	363	412	370	461	458	516

† This Exhibit uses raw data provided by the Minnesota Department of Health as reproduced in the Brief of AAPS as *amicus curiae* at 23a-24a (Table 3).

* Definition of symbols: "<" = ages less than; "+" = and ages above; "x/y" = formula for calculating ratio.

Percentage of Abortions Performed After 12 Weeks Gestational Age

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
<18	17.9	22.8	20.8	18.4	18.7	21.9	20.1	20.6	23.3	25.8	23.0	21.6
18-19	13.0	17.0	17.2	14.7	14.0	16.6	15.1	15.2	16.5	18.9	17.4	18.3
20-24	10.2	12.2	11.3	10.0	10.4	11.2	10.3	10.6	11.4	13.0	11.9	11.7
25+	8.7	10.6	10.4	7.8	7.5	8.5	7.4	8.0	7.4	8.3	7.9	8.6
18+	10.5	13.0	12.5	10.5	10.3	11.6	10.4	10.5	10.8	12.3	11.3	11.5

Ratio of Percentages of Minors and Adults

Age Group	Year											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
<18/ 18+	1.71	1.75	1.67	1.76	1.81	1.88	1.94	1.96	2.15	2.10	2.04	1.88

12-3

Exhibit A

Percentage of Pregnancies Ending in Abortion in Minnesota, 1975-87*

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
10-17 yr. olds:													
No. of abortions:	1507	2060	2274	2186	2308	2327	1820	1564	1432	1395	1570	1545	1648
No. of pregnancies:	3958	4391	4573	4271	4364	4315	3714	3307	2987	3031	3122	3133	3249
% of pregnancies ending in abortion:	38.1%	46.9%	49.7%	51.2%	52.9%	53.9%	49.0%	47.3%	47.9%	46.0%	50.3%	49.3%	50.7%

A-1

(chart continued on next page)

* Numbers of pregnancies and abortions for 1975 to 1986 are taken from the Brief of AAPS as *amicus curiae* at 11a (Table 1). Numbers for 1987 are taken from *Minnesota Health Statistics: 1987*, published by the Minnesota Department of Health at 72 (Table 34). A copy of *Minnesota Health Statistics: 1987* has been lodged with the Clerk for the convenience of the Court by Counsel for Petitioners.

AAPS = AMERICAN ACADEMY OF PHYSICIANS
AND SURGEONS

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
18-19 yr. olds:													
No. of abortions:	1758	2511	2693	3054	3293	3380	3064	2799	2547	2586	2531	2372	2306
No. of pregnancies:	6494	7017	7347	7738	8057	8301	7697	7052	6223	6112	5958	5493	5596
% of pregnancies ending in abortion:	27.1%	35.8%	36.7%	39.5%	40.9%	40.7%	39.8%	39.7%	40.9%	42.3%	42.5%	43.2%	41.2%
20-24 yr. olds:													
No. of abortions:	2702	3643	4528	5066	5683	6054	6047	5963	5487	6032	6067	5724	5576
No. of pregnancies:	22001	22431	24524	25058	26747	28093	27820	27256	24943	25032	24585	22792	21634
% of pregnancies ending in abortion:	12.3%	16.2%	18.5%	20.2%	21.2%	21.5%	21.7%	21.9%	22.0%	24.1%	24.7%	25.1%	25.8%

A-2

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
25-54 yr. olds:													
No. of abortions:	2161	2895	3529	3872	4355	4716	4881	5180	5012	5525	5812	6035	6183
No. of pregnancies:	31145	32837	36282	37849	40423	42198	43804	45003	44581	46748	48250	48544	50797
% of pregnancies ending in abortion:	6.9%	8.8%	9.7%	10.2%	10.8%	11.2%	11.1%	11.5%	11.2%	11.8%	12.0%	12.4%	12.2%

A-3

12-5

Table 7. Percentage distribution of patients 17 or younger, by whether or not parents know about their abortions; and, if parents do not know, what patient would do if parental notification were required by clinics, according to age

Response	Age			
	Total (N=1,170)	≤15 (N=286)	16 (N=371)	17 (N=513)
Parents know	55	75	54	46
Not sure parents know	1	*	1	1
Parents don't know, would come	21	12	19	28
Parents don't know, would not come	23	13	26	25
Have self-induced or illegal abortion	9	6	11	9
Have baby	9	5	9	11
Leave home	2	1	3	2
Don't know	3	1	3	3
Total	100	100	100	100

* <0.5 percent.

Testimony on House Substitute for Senate Bill No. 129

Senate Committee on State and Federal Affairs

March 15, 1990

Dear Chairman Reilly and Members of the Committee:

My name is Bonnie Funk and I live in Junction City. I think we can all agree here today that volumns have been written and spoken concerning abortion, pointing out the fact that no two people have the same feelings on this issue.

If you perceive abortion as a religious issue then I would quite simply like to address why our nation was founded and has succeeded for over 200 years, and that is:

Freedom FOR Religion as well as Freedom FROM Religion.

I personally have deeply religious convictions and I would never attempt to force my views onto others and I will not allow others to force their views onto me.

If you perceive abortion as a personal freedom issue then you have to consider parental notification as another way for the anti-choice side to force their opinions onto others. We must do everything we can to protect the freedom to decide what is best in one of the most personal aspects of a woman's life; reproductive freedom.

Senator Reilly and members of the committee, I am pro-life, pro-family and pro-choice. My husband and I have two children, a daughter eight and a son four. We want our children to be able to be in control of their own destiny.

Parental notification is punitive and I cannot see how forcing a young woman against her will to tell a parent see is seeking an abortion will foster a closer family relationship.

We live in a pluralistic society and our country was founded to protect individual rights and individual liberties. Therefore, the outcome of these struggles never depends on those who oppose liberty or who would like to force their personal desires onto others. It depends on the response--or lack of response--from those who support liberty.

Thank you.

Senate F&SA
3-15-90
Att. 13

The government cannot mandate healthy family communication

where none exists.

13-2

GOOD MORNING, MR. CHAIRMAN, AND RESPECTED COMMITTEES MEMBERS,

MY NAME IS STEVEN NEARENBERG, I AM A THIRD YEAR LAW STUDENT

AT THE UNIVERSITY OF KANSAS, WHERE I AM ALSO THE

LEGISLATIVE ACTION CHAIR OF THE K. U. PRO-CHOICE COALITION.

SEVERAL ISSUES CONCERN ME WITH THE PROPOSED LEGISLATION

BEFORE YOU.

ON ITS FACE, PARENTAL NOTIFICATION OR CONSENT SOUNDS

PRETTY GOOD. IT SOUNDS AS IF IT REALLY ONLY SKIRTS THE

ABORTION" ISSUE. THIS BILL AND OTHERS LIKE IT TALK ABOUT

PARENTAL RIGHTS. THIS SOUNDS PRETTY GOOD AS WELL. BUT

UNFORTUNATELY, YOU THE COMMITTEE, THE SO-CALLED RIGHT TO

LIFE GROUP, THE PRO-CHOICE ACTIVISTS, AND THE PUBLIC ALL

KNOW THE TRUTH. SHOULD I BE THE ONE TO TELL YOU THE EMPEROR

IS WITHOUT HIS CLOTHES? AM I THE MESSENGER WHO BRINGS SUCH

BAD NEWS? I'M AFRAID SO. THIS BILL, AS YOUR COMMITTEE

OBVIOUSLY KNOWS IS ONLY THE BEGINNING OF THE NEW CRUSADE.

THE NEW CRUSADE BY RELIGIOUS FUNDAMENTALISTS' WHO DEMAND
THAT THEIR VIEW OF RELIGION MUST BE THE BREATH OF LAW FOR
KANSANS, AND FOR AMERICA.

PLEASE LOOK BEYOND THE CHARADE.

UNFORTUNATELY, THE RELIGIOUS FUNDAMENTALISTS' HAVE DECIDED
TO THWART THE VERY SOUL OF SEPARATION OF CHURCH AND STATE
IN AMERICA. YOU THE SENATE FEDERAL AND STATE AFFAIRS
COMMITTEE CAN STOP THIS ESTABLISHMENT OF STATE RELIGIOUS
DOCTRINE, OR YOU CAN WIELD YOUR COLLECTIVE POWER TOWARDS THE
UNNECESSARY VICTIMS--THE POOR TEEN-AGE WOMEN FROM A
NEGLECTED, ABUSIVE, DYSFUNCTIONAL HOME,
THE ALREADY STRESSED OUT S.R.S SOCIAL WORK SYSTEM OF KANSAS,
THE SHORT-HANDED LEGAL AID AND JUDICIAL SYSTEM OF KANSAS;

AND FINALLY TOWARDS THE FIRST AMENDMENT OF THE CONSTITUTION.

"WHY NOT?"

YOU'LL GAIN A FEW VOTES FROM THE FUNDAMENTALISTS' WHO WANT

TO ESTABLISH A THEOCRACY, AND YOU CAN FOOL SOME OF THE

PEOPLE BY ARGUING THAT PARENTAL NOTIFICATION IS JUST

DEMANDING PARENTAL RIGHTS OVER THEIR DAUGHTER'S ACTIONS.

I AM JUST PREJUDGING WISDOM? I HOPE SO. BUT I ASSUME

THAT YOUR COMMITTEE WILL SHRED THE FIRST AMENDMENT BY

ESTABLISHING STATE RELIGIOUS DOGMA, QUELLING A FEW

LOONY FUNDAMENTALIST-AUTHORITARIANS, AND SHAFTING THE PUBLIC

AT-LARGE. BUT IF YOU REFUSE TO LOOK AT THE ABSOLUTE TRUTH

OF THIS LEGISLATION BEFORE YOU TODAY, PLEASE LOOK AT THE

BOTTOM-LINE. YES, I'M TALKING ABOUT MONEY, YOU KEEPERS OF

THE STATE COFFERS, SHOULD LOOK TO THE EXPENSE OF THE

PROPOSED LEGISLATION.

I AM SURE THIS COMMITTEE IS AWARE OF THE CONSTRAINTS ON
SRS IN KANSAS. IF YOU CHECK YOUR PRESS CLIPPINGS FROM
MONDAY YOU WILL NOTICE AN ACCURATE ARTICLE FROM
THE KANSAS CITY STAR ON THE OVERBURDENED SOCIAL WORKER
SYSTEM AT SRS. YOU ARE AWARE OF THE ACLU LAWSUIT THAT
PERTAINS TO THIS OVERWORKED SYSTEM. MY QUESTION TO YOU IS
HOW MANY MORE SOCIAL SERVICE WORKERS MUST THE STATE HIRE
IF THIS BILL WERE IMPLEMENTED? THIS LEGISLATION PROPOSES
THAT SRS BE REQUIRED TO OFFER COUNSELING AND OBTAIN LEGAL
COUNSEL FOR WOMEN WHO WISH TO GAIN JUDICIAL WAIVER.
HOW MUCH MONEY ARE YOU GOING TO HAVE TO ALLOCATE TO THE
SYSTEM TO MAKE THIS LEGISLATION WORKABLE?

14-4

WILL YOU AS A COMMITTEE, FAVORABLY RECOMMEND THIS
LEGISLATION OUT OF COMMITTEE WITHOUT CRITICALLY SCRUTINIZING
THE COSTS OF THE PROPOSAL? I HOPE YOU WILL NOT PASS THE
BUCK, AND LEAVE THIS FOR SOMEONE ELSE TO FIGURE OUT.

NEXT, I WOULD LIKE TO ADDRESS THE FAIRLY ASPIRATIONAL
WORDING OF THE LEGISLATION REGARDING LEGAL COUNSEL AND THE
PROSCRIBED 'SPEED' OF THE JUDICIAL SYSTEM. I UNDERSTAND
BECAUSE OF CASE PRECEDENT THAT GOVERNOR HAYDEN'S PROPOSAL
SETS UP A BLITZKRIEG TIMETABLE FOR JUDICIAL WAIVER. THE
COURTS HAVE BEEN CONCERNED WITH THIS ISSUE BECAUSE OF
THE DEGREE OF DIFFICULTY PRESENTED WHEN THERE ARE
UNNECESSARY DELAYS IN ABORTIONS.

BUT CAN YOU, AS A COMMITTEE, FAVORABLY RECOMMEND THIS

LEGISLATION WITHOUT ADDRESSING THE COSTS AND BURDENS PLACED
UPON AN ALREADY OVERBURDENED LEGAL AND COURT SYSTEM? HOW
MUCH MONEY WILL HAVE TO BE SPENT UNDER SUCH A TIMETABLE
TO GUARANTEE ADEQUATE COUNSEL FOR THESE WOMEN? AS A LAW
STUDENT I KNOW ABOUT THE SHORTAGE OF ATTORNEYS NATIONWIDE
AND IN KANSAS AT LEGAL AID. IF COUNSEL IS NOT PROVIDED
UNDER LEGAL AID, CAN THE SUPREME COURT OF KANSAS AND THE
LOCAL BAR ASSOCIATIONS GUARANTEE AN ADEQUATE
NUMBER OF ATTORNEYS WHO UNDERSTAND JUVENILE PROCEDURES WELL
ENOUGH TO MAKE THIS LEGISLATION WORKABLE? I SERIOUSLY
DOUBT IT. AND WHAT ABOUT OUR JUDICIAL SYSTEM, I UNDERSTAND
THAT OUR COURTS' ARE BACK-LOGGED.
CAN THE WORDING OF THIS LEGISLATION TRULY AFFECT
THE SPEED OF THE JUDICIAL SYSTEM? THE LEGISLATION OFFERS

APPEAL OF A DISTRICT COURTS RULING, BUT CAN THE APPEALS

COURT OF KANSAS TIMELY ANSWER QUESTIONS OF WAIVER?

NOW WITH ALL THE QUESTIONS I HAVE PRESENTED YOU, JUST
HOW MUCH IS THIS GOING TO COST THE STATE? IN LEGAL FEES,
JUDICIAL EXPENSE, COURT TIME, APPEALS TIME, SOCIAL SERVICE
EXPENSE, AND ON THE UNNECESSARY BURDEN ON THE TEEN-AGE WOMAN?

I THANK THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
FOR THEIR TIME AND PATIENCE, AND I HOPE THAT YOU AS A
DELIBERATIVE BODY, TAKE THE TIME TO ANSWER THESE QUESTIONS
IN A DELIBERATIVE MANNER. THAT YOU AS A COMMITTEE HEED
THESE WORDS OF WARNING-- THAT YOU DO NOT AS REPRESENTATIVES
OF THE PEOPLE OF KANSAS THWART OUR CONSTITUTION AND TEAR
DOWN THE WALL OF SEPARATION BETWEEN CHURCH AND STATE. THAT
YOU AS A COMMITTEE SHALL BEAR THE BURDEN TO KANSANS OF
SHREDDING OUR SACRED DOCUMENT IN FAVOR OF THE FEVER OF
FUNDAMENTALISM AND FOLLY.

14-7

LWVK LEAGUE OF WOMEN VOTERS OF KANSAS

919½ South Kansas Avenue Topeka, KS 66612 (913) 234-5152

March 15, 1990

STATEMENT TO THE FEDERAL AND STATE AFFAIRS COMMITTEE IN OPPOSITION TO SB 129.

Senator Reilly, Senator Morris, and Members of the Committee:

I am Barbara Reinert, representing the League of Women Voters of Kansas, a non-partisan organization long dedicated to study and action on a wide range of concerns, many of which face you as governmental decision-makers.

On behalf of the League, let me repeat to you that our position remains firm; selection of the options available to women who face the condition of unintended pregnancy should remain a private and personal matter. We affirm this right for all women, regardless of age or marital status. We doubt that parental (or certain persons) notification would contribute any real help to the kids we are all concerned about. We oppose H.Sub. for SB 129.

We want to speak to the notion that the parental notification law was successful in Minnesota, because the number of early teen pregnancies and abortions decreased between the years of 1981 and 1986, the years the law was in effect. League respects Minnesota record-keeping. We respect it so much that we present to you an additional part of that record-keeping which shows a parallel decline in birth and abortion numbers for 18 and 19 year-olds, who were not restricted by the parental notification law. This general decrease in unintended pregnancies may have been due to increased awareness of sexually transmitted diseases and the increased use of contraceptives.

As you know, the Minnesota law included a provision for judicial by-pass. During the years 1981 to 1986, 3,600 girls, roughly one-half of those who obtained abortions, petitioned the court rather than notify their parents. Fewer than 10 petitions were denied during the years that the law was in effect.

League suggests that, during an unintended pregnancy is an inappropriate time for the state to intervene. The states' best effort could and should be

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as educator to help prevent unintended pregnancies. Why not encourage greater use of school settings, health departments, public service messages through radio, TV, newspapers, whatever will reach our kids? Surely we can be more imaginative than we have been, if we resolve to do this together.

Thank you for the opportunity to appear before you in these spacious surroundings.

Barbara Reinert
LWVK Lobbyist

A handwritten signature in cursive script that reads "Barbara Reinert".

TO: Members of the Senate Federal and State Affairs Committee
FROM: Belva Ott, Director of Governmental Affairs and Community Relations
RE: SB129
DATE: March 15, 1990 Hearing

Mandatory consent and notification requirements are laws that thrust the government into the heart of extremely private family decisions. The laws say that a minor (as defined by statute) who wants an abortion MUST notify her parents and/or get their written approval; OR she must appear before a judge. In this procedure, called "judicial bypass," the judge decides whether the minor is mature enough to make her own decision about abortion, or, if she is not, whether an abortion would be in her best interests.

These laws may sound good at first: Most people, including Planned Parenthood, think parental involvement in young people's reproductive decisions is a great idea. And most teens facing unwanted pregnancies do seek their parents' advice. For these families, the laws are unnecessary. However, for the teens who feel they can't tell their parents, the laws are terribly damaging.

While parental involvement in a minor's medical treatment is generally required, these requirements are waived when mandatory involvement is potentially harmful.
--Most states permit minors to consent to medical care on their own in emergencies.
--Exceptions to parental consent requirements are generally made for pregnancy-related care and other sensitive services such as Kansas' exemptions presently for treatment of STDs and pre-natal care for minors...where required parental involvement might deter minors from receiving care.

The trial court in the Hodgson case from Minnesota, which is before the U.S. Supreme Court presently, showed overwhelming evidence proving that Minnesota's five-year experiment with minors' lives was a dismal and unmitigated failure. Minnesota's parental notification law raised the teenage birthrate in Minneapolis, 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. Every major national, medical, health and professional organization that has examined this issue has concluded that forced notification is destructive and unethical.

No individual has the right to total control over another's life...everyone is guaranteed a right to privacy which these "governmental interference laws" would take away from each individual minor. If the state steps into our private lives, the first step will not be the last step...but where will the government dictate the future of "our children?" Instead of enacting "teen endangerment laws" which place pregnant teens at risk for their very lives, as in the case of Rebecca Bell, Planned Parenthood of Kansas suggests that the "STATE OF KANSAS NEITHER COMPEL A WOMAN TO TERMINATE HER PREGNANCY OR TO COMPLETE HER PREGNANCY." Instead turn our energies and our financial resources into mandating comprehensive family life education while funding low-cost, confidential birth control services and broad, meaningful job opportunities that will motivate young people to avoid threatening their futures with premature pregnancies. VOTE AGAINST SB129 AND ALL GOVERNMENTAL INTERFERENCE LAWS.

Senate F&SA

n Memoriams

In loving memory of
REBECCA
SUZANNE
B



Aug. 24, 1971
Sept. 16, 1988
Becky,
You would be
celebrating
your 18th
birthday
today - since
you were
taken from us

we want you to know
Some broken hearts never mend
Some memories never end.
Some tears will never dry and
Our love for you will never die.
Loving you always, Joby, Dick,
Taylor, Morgan, Gary and
Grandma and Grandpa

B Eighteen years ago today
you were
born, our
REBECCA
SUZANNE
B



Aug. 24, 1971
Sept. 16, 1988
Into the world
we brought
this child,
Sweet inno-
cence, with
temper mild.

Eyes of blue and skin so fair,
Full of love and beauty rare,
Charm and wit, with hair of gold.
How we wished
You could grow old. But,
Heaven now you call your home,
Never more this earth to roam.
Heavy are these hearts that stay,
Praying for that long awaited
day. When joined again,
No more to part
You'll take this burden
From our heart.
Loving you always and forever,
Mommie, Daddy and Billy

B In loving memory of
BECKY
B



For her 18th
birthday,
COUSINS
MEMORY
Now she can
fly high as a
free-bird.
The only way
she could fly,
really hurt.
I am glad the

last time we ended
With a hug and kiss.
Those are the things I miss.
I wish she was still here.
Oh well, I still love her dear.
With all our love
From Mary Kathryn
Jennie and Aunt Carol

B In loving memory of
BECKY B
Happy 18th Birthday.
Thank you for your friendship
and the memories that will last
with me forever. Love-Cara



Indiana
NOW

REMEMBER HER YOUNG, HOPEFUL FACE

*Becky made a mistake and became pregnant.
She did not want to be a disappointment to her family or friends.
She self-aborted to avoid getting her parents' consent
as required by Indiana law PL-106.
She became very ill and was rushed to an emergency room
by her parents, who did not know what was wrong.
Becky still did not want to be a disappointment to
her parents and remained silent as
medical personnel gave her an antibiotic
and sent her home, where she died.
An autopsy revealed her illegal, botched abortion
and cause of death.*

*Indiana's PL-106 put the value of a fertilized egg
over the value of Becky's life.*

Becky would have been 18 years old on August 24, 1989.

Remember Becky's young, hopeful face and

VOTE AGAINST PARENTAL CONSENT!

WHY PARENTAL CONSENT IS A BAD IDEA

TEENAGERS WILL DIE IN KANSAS

Some teenagers cannot or will not tell their parents they are pregnant. They will seek illegal abortions or try to self-abort so they will not have to confront parents or a judge. There will be deaths from illegal or self induced abortions.

ABORTION WILL NOT STOP. TEENAGERS WILL GO OUT OF STATE TO GET ABORTIONS

In states where parental consent laws have been enacted, there has been a marked increase in teenage abortions in neighboring states. Statistics which show a decrease in teenage abortion are highly misleading.

MORE LATE TERM ABORTIONS

If teenagers must seek parental consent or judicial bypass to have an abortion, they will put off telling their parents, or try to find ways around it. This will result in an increase in late term abortions in Kansas, and pose a greater threat to the health of pregnant teenagers.

YOU CANNOT LEGISLATE FAMILY COMMUNICATION

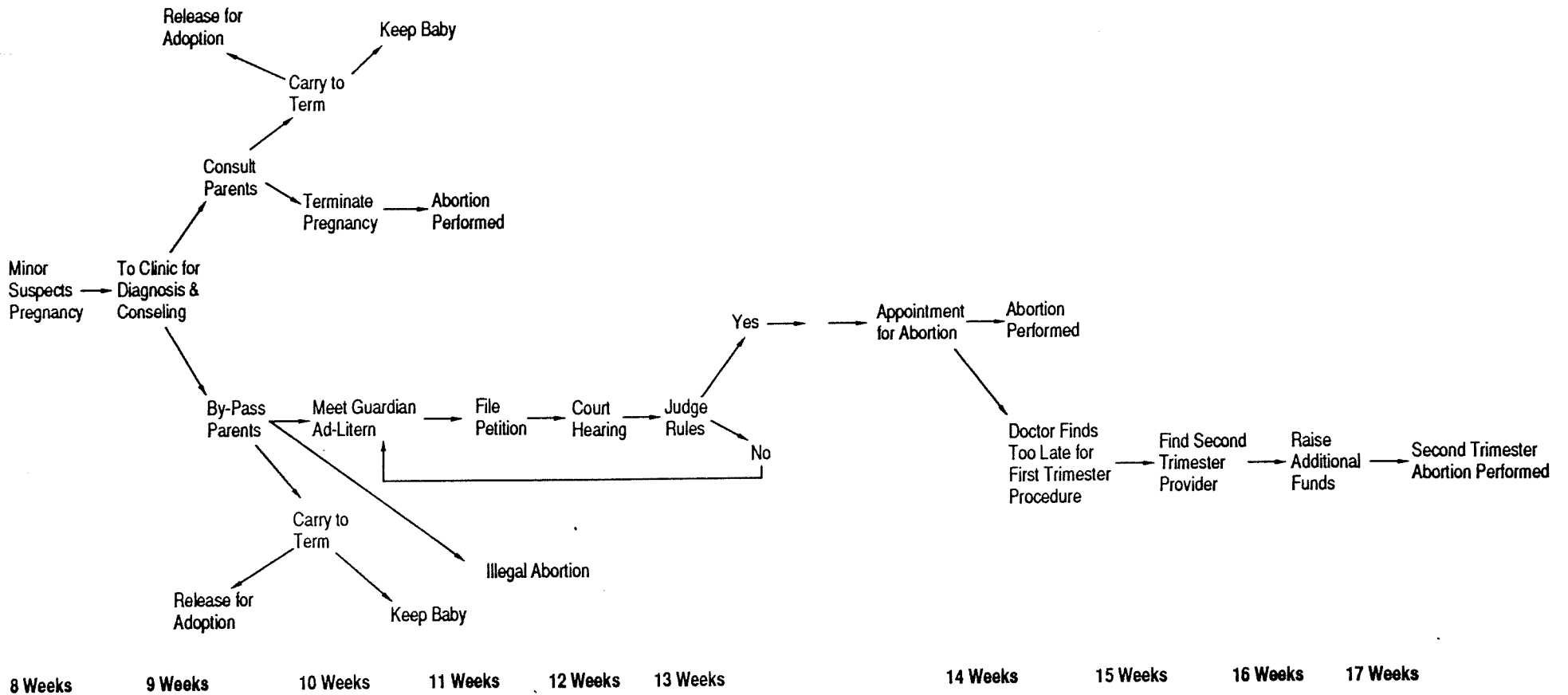
Teenagers who can communicate with their parents are already doing so. For those who can't or won't, legislation will change nothing. Many pregnant teenagers come from abusive families, and some pregnancies are the result of incest. These teenagers face life threatening consequences if they must obtain parental consent for an abortion.

GOVERNMENT SHOULD STAY OUT OF PRIVATE MEDICAL DECISIONS

The right to seek an abortion has been affirmed by the Supreme Court as a privacy right. Whether an individual chooses to involve the family in a medical decision should not be dictated by the government.

The Impact of Mandatory Parental or Judicial Involvement

16-4



TO: Members of the 1990 Kansas Legislature

FROM: Belva Ott, Director of Governmental Affairs and Community Relations

RE: Parental Consent and Notification Laws

DATE: January 2, 1990

Category 1: States with laws which are unenforceable because they have no judicial bypass (12 states).

<u>Consent:</u> Alaska	<u>Notice:</u> Idaho
Colorado	Maryland
Delaware	Montana
New Mexico	Nebraska
South Carolina	Utah
South Dakota	
Washington (State)	

Category 2: States with laws with judicial bypass: laws currently under court injunction (11 states).

<u>Consent:</u> Arizona	<u>Notice:</u> Georgia
California	Illinois
Florida	Minnesota
Mississippi	Nevada
Pennsylvania	Ohio
Tennessee	

Category 3: States with laws with judicial bypass: In effect (12 states).

<u>Consent:</u> Alabama	<u>Notice:</u> West Virginia*
Indiana	Arkansas
Kentucky	
Louisiana	
Maine*	
Massachusetts	
Missouri	
North Dakota	
Rhode Island	
Wyoming	

* The Maine law allows the physician to waive parental consent if the minor is mature;
The West Virginia law allows the physician to waive consent if a second physician concurs.

George R. Tiller M.D. DABFP Medical Director
Cathy Reavls R.N., N.P. Director of Nursing
Elana Frltchman Administrative Director
Peggy Jarman Public Relations



5107 East Kellogg • Wichita, Kansas 67218 • (316) 684-5108

To: Members of the Senate Federal and State Affairs Committee
From: Peggy J. Jarman
Regarding: Parental Notification

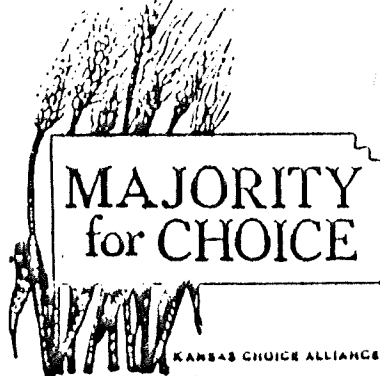
Under the guise of promoting family communication, parental notification laws have been proposed. In practice, parental consent and notification laws significantly increase health risks to minors by causing medical services to be delayed and by impairing the ability of health care providers to give quality care. These laws punish young women for becoming pregnant. They do not promote family integrity, improve parent-child communication or help with the minor's decision making process. There is specific data from a five year history of a parental notification law in Minnesota from which we can learn. The evidence overwhelmingly proved that Minnesota's five year experiment with minor's lives was a dismal and unmitigating failure. Minnesota's parental notification law raised the teenage birth rate, created more teenage mothers with stunted and dependent lives, added a new generation of unwanted children with their attendant problems, increased the number of second trimester abortions for minors, and reduced the number of individual doctors willing to provide abortion services for minors. The law compromised sound medical care by creating a process that forced counselors to focus on reducing the anxiety of going to court rather than on the medical and emotional needs of their teenage patients. Family communication is not helped by forced notification. Major national, medical, health and professional organizations that have examined this issue have all concluded that forced notification is destructive and unethical. These laws are doomed to failure: love and communication between family members cannot be created by criminal statues. Studies show that the majority of pregnant minors voluntarily divulge their situation to at least one parent.

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*W.H.C.S.
Team Care*

Those experienced with counseling teens agree that there are good reasons for those who choose not to communicate with their parents, but rely instead on the skilled and impartial support of counselors and others who are outside the emotionally charged and all too often dysfunctional family network. Judicial intervention, as an alternative to parental notification, only delays procedures and adds further trauma to an already extremely difficult situation.

Parents can ensure communication with their daughters about abortion by creating an atmosphere of openness and support. If minors do not tell their parents about abortion, it is because they know their home situation better and more intimately than the governor or legislators in Topeka. It cannot be assumed that the lack of family communication is the result of the absence of a parental notification law. Legislators recognized this when they enacted specific laws allowing consent at any age for the treatment of sexually transmitted disease or pregnancy care. **The motivation for parental consent/notification laws, regardless of how they are disguised, is to limit abortions. They do not represent good public policy from a medical, an economic or a psychological point of view.**



STATEMENT PRESENTED TO THE
SENATE FEDERAL AND STATE AFFAIRS
COMMITTEE

RE: PARENTAL NOTIFICATION

From: Beth Powers
Date: March 15, 1990

AAUW

ACLU OF KANSAS AND
WESTERN MISSOURI

BNAI B'RITH WOMEN

CHOICE COALITION OF
GREATER KC

COMPREHENSIVE HEALTH
FOR WOMEN

JEWISH COMMUNITY
RELATIONS BUREAU

NCJW, GREATER KC
SECTION

NOW
(KANSAS)

NOW
(KC URBAN)

NOW
(SE KANSAS)

NOW
(WICHITA)

NOW
(CAPITOL CITY)

PLANNED PARENTHOOD
OF GREATER KC

PLANNED PARENTHOOD
OF KANSAS

PROCHOICE ACTION LEAGUE

RCAR OF KANSAS

WICHITA FAMILY PLANNING

WICHITA WOMENS CENTER

WOMENS HEALTH
CARE CENTER

YWCA OF TOPEKA

YWCA OF WICHITA

My name is Beth Powers and I represent the Kansas Choice Alliance. The Alliance is a coalition of pro-choice groups and individuals from across Kansas. Our membership totals over 85,000 Kansas voters.

The Kansas Choice Alliance believes in encouraging teenagers to communicate voluntarily with their parents. However, we fear the consequences for teenage females forced to notify their parents. Teenagers are capable of assessing their own family situations and determining whether or not notification of a parent for an abortion is in their best interest. Good communication between parents and children cannot be created by legislation. Faced with the difficult options of judicial bypass or notification, some teens will choose neither and opt for dangerous, self-induced abortions as Becky Bell of Indiana did. She died as a result of her fear of the options forced on her by the Indiana's parental consent law.

The State of Kansas must decide its priorities. Which is most important; parental notification or safe, legal, medical care for the teenage girls of Kansas? The answer is obvious.

If the committee sees fit to pass out favorably a parental notification bill, the Alliance recommends all of the amendments added to House Substitute for SB 129 by the House be maintained. We also recommend the amendment offered by Rep. Whiteman which puts the onus of notification on the parent rather than the pregnant teenager who is really traumatized by the experience of an unintended pregnancy.

R. R. #1, Box 303
Osawatomie, Ks. 66064
March 11, 1990

Members,
Senate Federal and State Affairs Committee
Kansas Senate
Topeka, Ks.

Honorable Legislators:

I am writing on behalf of Kansas Division of American Association of University Women and our 2,400 members to express our grave concerns regarding the abortion notification bill (SB129) you are now considering.

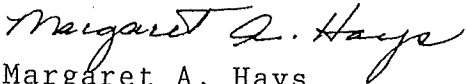
That bill, in our view, remains an effort to restrict reproductive choice by reestablishing the control of others rather than the women involved in decisions about child-bearing.

We in AAUW believe that all women have a right to choice and that young women must not be discriminated against. The rights and the potential of young women and their futures are vital and must be protected.

We continue our work to educate and to empower young women through our program and policy emphasis on "Choices for Tomorrow's Women." The young women of Kansas must be assured of their rights and their ability to choose for themselves. Restricting those rights would be discriminatory and would convey a harmful message about self worth, competence, and life options.

Please consider these issues in your deliberations and keep the concept of abortion notification from becoming a "fact of life" for Kansas women.

Respectfully,


Margaret A. Hays,
Coordinator,
AAUW Campaign for Choice

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Testimony March 15, 1990
Federal and State Affairs Committee
By: Marilyn R. Greathouse
American Association of University Women

AAUW believes, and I believe, that reproductive health care decisions are PERSONAL ones to be made by each individual within the dictates of her own ethical and religious beliefs. AAUW believes that all women and girls should have the right to safe, comprehensive, and confidential reproductive health care regardless of their economic status or age. "Choice in the determination of one's reproductive life" has been an action priority in AAUW's Public Policy since 1977.

Our support for reproductive rights dates to 1935 when AAUW supported physicians' dispensing of contraceptives. To this day, AAUW believes that the development and promotion of effective family planning is the key to reproductive choice. Know that in 1970 there were 13 pharmaceutical companies worldwide- 7 in the U.S. Today there are only 3 -only 1 in the U.S.

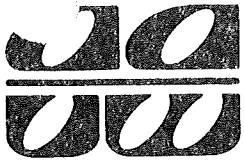
Our membership is a microcosm of the general public, reflecting the diversity of views on this issue. There are many personal decisions to be made concerning one's reproductive choices, and our members, like all men and women, make those decisions in their hearts, minds and souls. But, our members share the belief that these decisions are THEIRS to make, not the courts', and not the legislatures'.

We are moderates. We have even been called "arch moderates." But we are angry. Since 1881 our mission has been to secure equal opportunities and choices for all women. The Webster decision returned to the state legislatures and courts the right to IMPOSE substantial restrictions on and obstacles to, women's right to determine their own reproductive lives. So, again women's rights are being eaten away.

Don't let the right wing confuse you on the question of values. A fundamental value is freedom of conscience...and that means nobody....not the government, not some sidewalk maniac with a bullhorn--tells us how to decide a question of conscience. We want children to come into this world wanted and to grow up cared for, nurtured and educated. Every poll taken shows that 70% of all Americans, men and women, Republicans and Democrats, Conservatives and Liberals, Catholics, Protestants and Jews --are pro-choice.

To the 140,000 women and men, 2300 here in Kansas, who are members of AALW we feel that a fundamental freedom is being eroded by, very possibly, well meaning legislators. If this civil liberty is taken what comes next?

Marilyn Greathouse is the Southwest Central Region Director and lives in Colby, Kansas, 67701, 565 Valley Drive
Phone: 913-462-6194



AMERICAN ASSOCIATION
OF UNIVERSITY WOMEN
KANSAS DIVISION

March 12, 1990

Dear Senator,

I am writing in lieu of being there to testify at the hearing on the Parental Consent Bill (House Substitute for Senate Bill #129).

I would like to recount an article in USA Today quoted from William Bell, a distressed and saddened father. Becky, their 17 year old daughter got pregnant. While going over her options at a local family clinic, she learned that under Indiana state law, she could not get an abortion without the consent of at least one of her parents. To avoid hurting her mother and father, she decided to go to Kentucky that has no parental consent law. In the week before going, she became desperate and frightened. She self-induced an abortion -- a procedure that cost Becky her life! Her parents now actively crusade against parental notification and consent laws. " Had there not been that law," William Bell told USA Today, " she'd be here today."

Think about your own teen years. If you as a teen, had gotten in trouble, wouldn't you have tried to solve it yourself? Even in families with open honest relationships and good communications, talking about sexuality is difficult. Because teens are developing their own value systems and struggling for independence, they may be reluctant to discuss such issues with their parents. I know that even with my loving parents, I would not have discussed a pregnancy with them -- at any cost.

If teens in families with open communication are intimidated, consider the dilemmas of teens who come from families where their natural fears of discussing such issues may be compounded by other circumstances such as:

- A. Teens whose parents are under temporary stress due to circumstances such as severe illness, job instability or financial pressure, may wish to spare their families the emotional distress of dealing with an unwanted pregnancy.
- B. Teens whose parents are separated or divorced may fear that the pregnancy will become a bone of contention between parents.
- C. Teens who parents suffer mental illness or chemical dependency may know that their parents cannot provide emotional support and that informing their parents might trigger reactions detrimental to themselves, and other family members.

- D. Some teens face punishment, sometimes as severe as being shunned

by their families or thrown out of their homes, for their pregnancies.

E. In families troubled by domestic violence, it may be dangerous to the pregnant teen and to other family members, to notify the teen's parents of the pregnancy.

F. When the teen's pregnancy is the result of incest, requiring parental notification or consent for an abortion may require that she get permission from the very man who impregnated her.

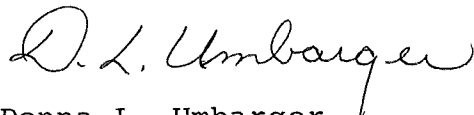
In sum, forcing teens to tell their parents about their pregnancies can have tragic consequences.

The judicial bypass procedure substitutes one set of negative consequences for another. The court procedure is so humiliating and frightening that I doubt that teenagers would seek it out. It would be embarrassing and demeaning to explain their reproductive health decisions in public..... especially in small cities and towns. This also would be true of seeking out the clergy.

Protecting minors' rights to abortion is a critical component of securing reproductive freedom. It is basic to ensuring that all young women's futures are filled with choice and potential. AAUW has long recognized that reproductive choice is essential to individual liberty. Therefore, the American Association of University Women opposes all laws that threaten reproductive rights including those that mandate parental notification and consent for minors abortions.

Thank you for reading my opinions. I speak for 2,500 Kansas women in sixty-five communities and we ask that you consider the ramifications of a consent law.

Sincerely,



Donna L. Umbarger
Kansas Division President
American Association of University Women
506 N. Pine
Garnett, KS 66032

TESTIMONY IN OPPOSITION TO
SUBSTITUTE SB 129
Submitted by Martha Gabehart

Thank you for the opportunity to submit written testimony in opposition to Substitute SB 129.

I am a female parent concerned about the legislature's attempt to 1) regulate the availability of quality medical services to women 16 years of age and under, 2) mandate communication in families and 3) invade the private lives of the women of Kansas.

It is important to keep quality medical services available to all people. By restricting a young woman's access to abortion services until her parent is notified of her intention to have an abortion endangers her and may cause her to become a criminal. I can think of at least 3 ways this could happen.

1) The woman's family situation may be such that there is actual physical danger to her if one of her parents are notified. That danger may include that she would be beaten, killed or thrown out of the family home. It would be ludicrous to assume that all parents are supportive, loving and forgiving of their children.

2) The woman may feel so strongly that the shame that would be brought to her parents of having a daughter that is pregnant and not married is too much for them to be put through. Her guilt may be more than she can bare causing her to find an alternative method to aborting the fetus. Forcing her to chose between suicide and an illegal abortion endangers her life.

3) The woman's anti-abortionist parents may require her to have the baby even though she doesn't want it or feels she would not be a capable parent. By forcing the woman to have the baby puts her in a position of shame and if she is a rebellious or vengeful teenager, she may abuse the child. If such abuse occurs, she is then subject to the law and in danger of prosecution.

By restricting the availability of abortion services, you are making a young woman a criminal for a single indiscretion which a woman over the age of 16 would not be penalized for.

The judicial waiver is impractical from the standpoint that it would require more positions for the Department of Social and Rehabilitation Services and the judicial system. I attended the House Appropriations meeting where the subcommittee report on the SRS budget was discussed on Tuesday, March 13. The subcommittee had recommended that SRS reduce their central office personnel by 55 FTE positions in order to make sure SRS met the turnover amount projected in their FY 1991 budget. An amendment was passed which doubled the projected turnover amount. If I understand this action properly, approximately 110 FTE positions would have to be reduced. There was no recommendation on where those other 55 positions were to be taken from. I would assume that they would be distributed across the state and across programs. However, I have found that my logic and the government's logic are not the same.

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Martha Gabehart
Testimony Opposing SB 129
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With this budget situation, SRS is going to have a hard enough time implementing and maintaining their present programs without the increased burden of counseling and guiding young women through the process of getting a waiver from a judge.

This bill does not allow the young woman to get her abortion when SRS takes more than 5 days to file the petition, only when the judge takes more than 2 days to make a determination. So what happens if SRS takes 2 MONTHS? The young woman would probably have taken matters into her own hands long before SRS did their job.

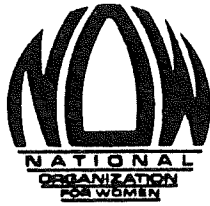
The judicial waiver would also be impractical because the young woman would be spending time away from school to visit the doctor, SRS, the attorney and the judge. The school would be contacting the parents about the absences and they would ask for explanations from the daughter. Any young woman with experience in school, knows the implications of being out of classes without an excuse. She would be forced to take matters into her own hands.

Our government was not formed to regulate how people raise their children. The government has only gotten involved when the parents are absent or abusive. This is as it should be. It is up to the parents to be concerned enough to communicate with their children and take an active interest in them. The government cannot mandate that. By mandating that parents be told of their daughter's intention to have an abortion, you are punishing young women for the bad family environments they come from.

The government also should not impose morals on the public's private lives. A small minority believe abortion is a sin (murder) as stated in the 10 Commandments which were given by God to Moses on Mount Sinai. The 1st amendment of the constitution allows freedom of religious belief. It is fine that this minority believes this. However, it is unconstitutional for the government to impose someone else's beliefs on me and my family.

I ask that you kill Substitute SB 129.

KANSAS



March 15, 1990

I am Jodie Van Meter, lobbyist for the Kansas chapters of the National Organization for Women.

The issue of whether a parent should be notified when his or her daughter of less than 16 years of age seeks an abortion is before this committee today, pursuant to S.B. 129. The bill is one which attempts to legislate communication between a daughter and her parents without regard for the circumstances of an individual daughter. ~~As~~ Most young women, daughters of less than 16 years of age, do not have the resources to seek medical assistance without the aid of their parents or another significant adult. Therefore, it is the choice of most young women to seek the assistance of parents or, in the alternative, significant adults in whom they trust. Young women as well as young men learn what their parents will accept at a very young age. Therefore, a youthful wisdom must be acknowledged for the few young women who decide not to confide in the usual source of assistance, their parents. These young women know from early parental training and experience how their parents react to situations the parents do not wish to accept.

It is readily apparent to all that the goal of anti choice groups in supporting parental notification is not to enable parents to counsel and guide young women in regard to whether an abortion is an appropriate resolution to pregnancy. Parents can now

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communicate with their daughters and provide guidance and counseling in regard to choices about pregnancy. The failure of parents to do so cannot be legislated out of existence.

The goal of anti choice proponents is to prohibit all abortions for all women. The starting point is with the most vulnerable of women under the guise of parental concern and rights.

Romania should be a guiding force in the lesson of what happens when women are denied freedom by making pregnancy compulsory for all women under the age of 45. Romania banned all abortions for women under the age of 45 years except to save the life of a woman and banned all artificial birth control. The results in Romania were tragic. The compulsory pregnancies, enforced by monthly checks of women at the work place, resulted in multitudes of illegal abortions with resultant medical complications and deaths and thousands of children who were abandoned because their parents were unable to care for them. With the opening of Romania to the rest of the world, these abandoned children were discovered to have been kept in inadequate conditions in which they subsisted without adequate food, clothing, and warmth. Further, these children are the victims of many diseases, including Auto Immune Deficiency Syndrome (AIDS), because of inadequate care and medical services.

The United States has an obvious anti choice position in regard to the medical care it provides women. The United States does not help provide funding to family planning organizations within the United Nations which support abortion as an option despite the desparate conditions of many third world countries. The

United States will not fund complete family planning for those on tax funded assistance as it will not fund abortions except in very limited circumstances and, in some instances, will not fund birth control. Federal employees do not have the option of securing abortions paid by the insurance as the federal government has determined that it is the policy of the federal government to prohibit to the greatest degree possible all abortions.

The obvious policy of the United States Government is to promote compulsory pregnancy as it has limited the monies necessary for research into birth control methods which may be safer for women.

The children who are born as a result, at least in part, of the policy of the United States government are not nurtured and supported through childhood in a manner which insures their safety and well being. Many children live in environments with parents or a parent in which the needs of daily living cannot be satisfied. A significant number of children are abandoned. Others live in grossly inadequate foster care. There is an increasing number of children who will die at an extremely young age from AIDS and other diseases fatal to children who do not receive adequate care, nutrition, and medical services. This situation cannot be laid solely on the backs of many parents who were raised in the same inadequate environments into which their children are born. The government cannot escape its responsibility to the most vulnerable of its citizen by refusing to address the problems which exist without society as a whole paying a painful cost.

Kansas still has the choice of how it will treat women in

regard to family planning matters. Kansas can avoid the blatant denial of freedom to women found in Romania and the more insidious but extremely effective denial of freedom to women who are forced to depend on monies provided by the United States government. It is important to maintain freedom of choice in regard to reproductive rights for the most vulnerable of our population. Most young women will seek the counsel and assistance of their parents. There is absolutely nothing in Kansas law which now prohibits family communication. However, the legislature cannot create family communication which must come from a child's lifetime of interaction with her parents. Protect the minority of young women who know they cannot confide in their parents because of a lifetime of experience with parents. There are obviously reasons young women do not seek the assistance of those upon whom they should be able to depend for guidance and nurturance.

The position of the men and women in the Kansas chapters of the National Organization for Women is that parental notification in regard to minors who seek abortions should not be mandated by the Kansas Legislature. Those most vulnerable in our society deserve the fundamental rights and protections which come with the right to choose how to resolve pregnancies.

Jodie Van Met