

Approved 4-1-91  
Date

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs

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

11:00 a.m.~~p.m.~~ on March 28, 1991 in room 313-S of the Capitol.

All members were present ~~except~~:

Committee staff present:

Mary Galligan, Legislative Research Department  
Deanna Willard, Committee Secretary

Conferees appearing before the committee:

Gayle Bennett, Religious Coalition for Abortion Rights, Manhattan, Ks.  
Dr. Susan Voorhees, Kansas Psychological Association  
Will Belden, League of Women Voters in Kansas  
Rachael Pirner, Planned Parenthood of Kansas, Inc.  
Viola Dodge, Olsburg, Kansas  
Dr. Alice Lieberman, Nat'l. Assoc. of Social Workers, Ks. Chapter  
Jennifer Greishaber, Manhattan High School Students for Choice  
Jennifer Crawforth, Students for Choice, Manhattan, Kansas  
Stacy LaMaster, Manhattan, Kansas  
Marian Shapiro, Planned Parenthood, Hays, Kansas  
Leslie Bennett, Manhattan, Kansas

Hearing for opponents on: SB 147 - Parental notification before performing abortion on a minor.

Gayle Bennett, RCAR, Manhattan, spoke in opposition to the bill, saying that parental notification is a cynical attempt to limit access to abortion by young women. Attached to her testimony was her testimony before the House State and Federal Affairs Committee in 1990. (Attachment 1)

Dr. Susan Voorhees, Kansas Psychological Association, spoke against the bill, saying the issue is not adolescent well being, but misusing legislative power to impose on all the values of a few. (Attachment 2) Included with her testimony were 40 pages of related articles. A copy of them is available in the office of the Chairman of the Federal and State Affairs Committee.

Will Belden, League of Women Voters of Kansas, said the League opposes SB 147 because it fails to recognize the individual privacy of this state's young women. (Attachment 3)

Rachael Pirner, Planned Parenthood of Kansas, Inc., urged the committee to defeat SB 147. She expressed concern with several areas of the bill and said it purports to fact find without specific knowledge of any cases. (Attachment 4)

Viola Dodge, Olsburg, spoke in opposition to the bill, saying abortions were illegal when she was a teenager in the 1930's, but the laws were repealed because they could not be enforced, that this bill would deny some women medical care. (Attachment 5)

Dr. Alice Lieberman, NASW, spoke in opposition to the bill, saying, "The right of young women to maintain their privacy when they feel they must, for whatever reason, is a civil right and, as with all civil rights matters, it is the minority we seek to protect, not the majority." (Attachment 6)

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Senate Federal and State Affairs,  
room 313-S, Statehouse, at 11:00 a.m./~~p.m.~~ on March 28, 1991

Jennifer Greishaber, Manhattan High School, spoke of all the families who are not there for their children for various reasons and said the bill will adversely affect those in troubled situations. Teens can get birth control without parent's consent; she believes more extensive birth control information is needed.

Jennifer Crawforth, Students for Choice, said our money would be better spent on funding for prenatal care for unwed mothers who choose to carry a pregnancy to term rather than the policing of young women who choose abortion. (Attachment 7)

Stacy LaMaster, Manhattan, said parental notification enfringes upon a young woman's privacy, and this bill, should it become law, would be in direct violation of the ninth amendment. (Attachment 8)

Marian Shapiro, Planned Parenthood, appeared in opposition, saying she doesn't think it will accomplish what it's supposed to accomplish, reducing the number of abortions. She presented data from other countries which have lower abortion and pregnancy rates and said researchers determined those countries had better comprehensive sex education, and birth control was much more accessible to teens. (Attachment 9)

Leslie Bennett, Students for Choice, Manhattan, said there are thousands of dysfunctional families in America, many with pregnant teenage girls needing safe abortions and that a girl knows what she can talk to her parents about. (Attachment 10)

Written testimony opposing the bill was submitted by:

Jenifer Brandeberry, Pro Choice Action League (Attachment 11)  
Kelly Kultala, Kansas National Organization for Women (Attachment 12)  
Adele Hughey, Comprehensive Health for Women, Overland Park, Kansas (Att. 13)  
Beth Powers, Kansas Choice Alliance (Att. 14)  
Darlene Stearns, Religious Coalition for Abortion Rights (Att. 15)  
Bonnie Funk, Junction City, Kansas (Attachment 16)

The meeting was adjourned at 12:05 p.m.

GUEST LIST

COMMITTEE: Sen. Fed + State Affairs

DATE: 3-28-91

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Jensen Brandberry	Topeka, KS.	PCAL
Kelly Kustala	KCKS	: NOW
Madelene Heim	Lawrence	prochoice concerned citizen
Rachael K. Pirner	Wichita, KS	Planned Parenthood of KS
Lat Tance Hager	Frederick Village	Planned Parenthood of KS
Marian Shapiro	Hays KS	Planned Parenthood of KS
Peggy Jorman	Wichita	PCAL
Arthur Gene Stearns	Topeka	RCAK Ju Its
Will Belden	Topeka	LWUK
Sondra Stiehm	Newton	Ks for Life
Lou Stiehm	Newton	Ks for Life
Mike Stiehm	Hesston	Ks for Life
Leslie Bennett	Manhattan	Students For Choice
Deyle Bennett	Manhattan	RCAK - Manhattan
Bob Powers	Topeka	Ks Choice Alliance
Adek Hughey	Overland Park	Comprehensive Health for Women
BARBARA HOLZMARK	Leawood KANSAS	GREATER K.C. SECTION NATIONAL Council Jewish Women
Betty Armstrong	Overland Park	Ks. Choice Alliance
Marian Davis	Overland Park KS	National Organization for Women
Carla Dugger	4329 Pearl KC Kansas 66103	ACTU
Cheryl Soptic	3600 DOWER K.C. KS. 66106	PLANNED PARENTHOOD KC
Carlyn Brand	423 Gladstone Blvd KC MO. 64124	Planned Parenthood of KS
Tricia Fox	1001 E. 47th St. KCMO 64110	Planned Parenthood of GKC
Katherine Menendez	Topeka, KS (student in Chicago)	Pro-Choice Citizen
Shelly Cox	Topcks KS 522 Baldwin 66606	Voices for Choice

GUEST LIST

COMMITTEE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Alicia L. Poteat	PO BOX 2092 Ft. Riley, KS	Voices for Choice K-State
Justine Crawford	1031 Leavenworth Manhattan, KS 66502	Voices for Choice K-State
Neal Axton	3315 Shady Valley Manhattan, KS 66502	Students for Choice Manhattan High School
Stephanie Rock	518 Sunset Manhattan, KS 66502	Voices for Choice K-State
Jodi Darst	1516 McCain Ln Manhattan KS 66502	Voices for Choice K-State
Kent Vixart	TOPEKA, KS	
Jalei Jones	TOPEKA, KS	Parsons for Life
Jenna Robinson	1301 Wreath, Manhattan, KS	Students for Choice
Aaron Brown	755 Midland, Manhattan KS	Students for Choice
Tali C. Hanne	3512 Stagecoach Circle Manhattan, KS 66502	Students for Choice Manhattan Hi School
Maritza Broce	123 S. Dartmouth Manhattan, KS 66502	Students for Choice Manhattan High School
JENNIFER C. RUSH	3526 Hudson Cir. Manhattan, KS 66502	Students for Choice Manhattan High School
Sarah Sommer	2408 Buena Vista Manhattan, KS 66502	Students for Choice Manhattan High School
Annie Kuehler	TOPEKA	observer
Pat Allen	W. KS.	"
James Priddy	Mission Hills, Cs.	"
Leida Edley	S.M., KS	observer
Jay G. Edge	S.M. KS	"
Don Cook	Lawrence KS	"
Joe Coe	Lawrence KS	WPK
Susan Voorhees	<del>3</del> 400 SW Croix Topeka KS 66611	Kansas Psychological Assn
Karin R. Golden	Overland Park	Jewish Community Relations Jewish American Jewish Committee
Sydney Karr	Lawrence	KS Action for Children

My name is Gayle Bennett. I am co-organizer of the Manhattan Area Unit of the Religious Coalition for Abortion Rights. I am an active member of College Avenue United Methodist Church, and a fourteen year veteran teacher at Manhattan High School. I have two daughters; Sara is nineteen and a freshman at the University of Kansas. Leslie is seventeen, a senior at Manhatta High, and she is with me today. Also with me is Sarah Sommer, a junior at Manhattan High.

Last year I testified before the House State and Federal Affairs Committee about the hypocrisy of the Anti-Choice forces regarding parental notification. I focused primarily on Crisis Pregnancy Centers. I was out of town when the Senate committee met and was unable to appear, but I sent my testimony. I am including it with this year's testimony, and I hope you will read it.

This year I will focus on the question of judicial bypass. First I would like to say that the entire parental notification question is a cynical, cruel and transparent attempt to limit access to abortion by young women. The intent behind notification is coercion, and the intent of judicial bypass is to set up roadblocks to safe and timely abortions for young women who should choose them. LeAnne Schreiber, former senior editor of The New York Times says, "In none of the cases (that she examined) had the (parental notification) law served its stated purpose - to improve communications and strengthen families. Those parents and children who could talk openly to one another did so independently of the law; where poor communication existed, the law either made a bad situation worse or placed the additional burden of a court hearing on an already troubled minor." Please read

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the pins and placards of Anti-Choice people who gathered here yesterday and are here today. None of their buttons say, "Improve family communication - support notification." Their goal is clearly and openly to restrict access to abortion services.

Kansas must ask itself some prickly questions before it attempts to hide behind the seemingly reasonable alternative of judicial bypass. In Minnesota, judges are not required to preside over notification hearings. Only a handful of judges do so, and young women must travel great distances to find them. In Massachusetts, judges have been known to insult minors and lecture them extensively on the morality of abortion. The young woman's access to abortion is then determined more by her judge's ideas about abortion than her own reservations about telling her parents. Michigan recently passed a parental consent bill with a judicial bypass provision. A rider on the bill requires that all children grades six through twelve be advised on the procedure to follow to procure a bypass hearing. Indeed, who will advise and counsel girls who cannot talk to their parents? Are we to assume that they will automatically know how to proceed with a judicial hearing? Will the state of Kansas provide counselors and advocates further burdening an already overtaxed social services budget?

Kansas can avoid these potentially tragic problems by ensuring freedom especially to the most vulnerable among us. The Topeka Capital Journal quoted Chairman Riley as saying that he was certain that this bill would be approved by this committee. I hope that does mean that we are addressing closed minds here today. Please keep in mind all of the ramifications of parental notification and judicial bypass when you vote.

My name is Gayle Bennett. I am co-organizer of the Manhattan Unit of the Religious Coalition for Abortion Rights. I am also a thirteen-year veteran teacher at Manhattan High School and the mother of two teenaged daughters. With me today are ...

Proponents of parental notification speak about the importance of involving parents in a young woman's decision making. They speak eloquently about the need for family communication and support. However, parental notification is actually a thinly disguised attempt to discourage and prevent a young woman from having a safe and legal abortion if that should be her choice.

In most major cities in Kansas "Free Pregnancy Testing Centers" have sprung up. These centers are run by "Pro-Life" or Anti-Choice groups whose agenda is to discourage young women from seeking abortions. Personnel at these centers provide information about carrying a pregnancy to term, giving the baby up for adoption, or raising it as a single parent. Anti-abortion pamphlets are distributed and anti-abortion videos are shown.

When I visited one of these centers, I was told that they do nothing that legally requires parental consent, and parental notification is not required although it is urged. My daughter could set up an appointment at one of these centers, get a pregnancy test, be told the results, and be persuaded to carry the pregnancy to term, give the baby up for adoption, or raise it as a single parent all without my knowledge, let alone my consent. In fact, should I question her decision, these centers would find her a temporary home or at the very least provide her with a "Support Friend" who would preempt my role for the duration of the pregnancy. Any decision a young woman would make in this

situation would affect her family significantly, but notification advocates feel that notification should be required only for abortion, not for the decision to keep or give the baby up. This presumption clearly contradicts their claim for the sanctity of family communication.

Some notification advocates claim that a young woman must be protected from her own immaturity. Supposedly she is too immature to decide to have an abortion, but she is mature enough to decide to give her baby up for adoption or indeed to raise it as a single parent!

Most young women seeking an abortion will have talked with one or both parents about their decision. Many are accompanied by a parent when the procedure is done. If the young woman has not told her parents, we must respect the fact that she has a good reason. She knows better than the state how the news of her pregnancy will be received by her parents. Will they be supportive? Will they beat her? Will they kick her out of the house? Will they force her to carry the pregnancy to term to "teach her a lesson?" The young woman knows best the answers to these questions.

Many of us parents have worked hard to ensure that our children will turn to us with serious problems. But in dysfunctional families, notification could be extremely dangerous. Laws must not be written that further jeopardize teens already caught in traumatic circumstances.





## KANSAS PSYCHOLOGICAL ASSOCIATION

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### TESTIMONY CONCERNING SENATE BILL 147

Mr. Chairman, Members of the Committee,

Thank you for the opportunity to testify concerning SB 147. I am Dr. Susan Voorhees. I am a Clinical Child Psychologist at Menninger, and am here to oppose this bill on behalf of the Kansas Psychological Association Legislative Committee. I know you are being inundated with emotional testimony concerning this issue. I have tried to be brief and to limit my testimony to issues as they relate to the psychological needs of adolescents. I have attached some pertinent articles to my written testimony should you be interested in reading further. I would be happy to answer questions.

As a psychologist who works primarily with children, adolescents, and families, I am quite concerned that this bill not only has nothing to do with adolescents or families, but in fact could be quite hurtful to them. This is not a bill about protecting vulnerable adolescents but is a bill about abortion. The opponents to abortion have been thwarted in their efforts to restrict the freedom of adult women and so have turned their efforts to the restriction of the freedom of choice of adolescents.

Family values or parental control are not threatened by adolescent pregnancy and abortion decisions as the proposed legislation would like you to believe. Seventy-five percent of adolescent girls seeking abortion in Massachusetts, a state with parental notification requirements, discussed the decision with and received the support of their parents, even when judicial bypass was available. (Cartoof and Klerman, 1986).

This bill does not have anything to do with an adolescent's level of maturity or competence to make informed decisions about abortion. Studies of health care decision making indicate that adolescents 14 or older do not differ from adults in the quality of the decisions which they make concerning health care and treatment. (Grisso and Vierling, 1978; Melton, 1981; Melton, 1984, pages 463-466; Melton, Koocher, and Saks, 1983; Weithorn, 1982; Weithorn and Campbell, 1982). Also, studies have found that more than 90 percent of pregnant minors who utilized judicial bypass in Massachusetts were found by the court to be mature (Mnookin, 1985; Pilner and Yates, 1986). Data from Massachusetts and Minnesota indicate almost all of the remaining requests for abortion were proved as being in the best interests of the child (Benshoof and Pine, 1986; Donovan, 1983; Mnookin, 1985; Pilner and Yates, 1986).

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This bill asks that we believe that abortion is inherently more physically, psychologically, and socially damaging to an adolescent than the equally well documented crises of full term pregnancy and delivery for a physically immature body as well as the serious implications for the resultant high risk infant (Roosa, Fitzgerald, and Carlson, 1982). The long-term psychological trauma of decisions to relinquish parental rights are not considered, and the serious threat to a teenage mother's ability to complete high school and successfully train for an economically viable job or career that will ensure her ability to support her family is also notably absent (Spivak, Weitzman, 1987). All of these crises have serious implications for the successful negotiation of developmental tasks of adolescence. How harmful any one of these decisions is to an individual adolescent depends on individual circumstances and in many cases abortion may be the least damaging choice.

The bill pays lip service to certain adolescents' inability to talk with their parents about their pregnancy without fully appreciating the impact of growing up in an abusive or unnurturant environment. It is not simply a matter of choosing not to tell. The critical developmental tasks in adolescence of the establishment of autonomy and identity which drives all adolescents to pull away from their families is completely disregarded. Adolescents do not reject parental guidance in a capricious manner and it is not a game intended to make parents suffer. It is the serious psychological business of exploring values, identities, and potentials which will enable the adolescents to know who they are, to be successful, and to be happy--goals most parents have for their children.

The provisions for judicial bypass procedures make inappropriate assumptions about the ability of an adolescent-in-crisis to know about, successfully engage, negotiate, and to trust the intimidating adult judicial system, including being willing to talk about the most intimate and difficult aspects of their lives with strangers who have no training to support and understand them. Talking about sex and the consequences of sex is as hard for adolescents as it is for adults. It also makes an assumption that the legal system's rules of confidentiality have meaning for adolescents. To adolescents often the most critical element of confidentiality is not telling adults at all or trusting only those few who have clearly deserved the honor.

The bill asks us to be protective of adolescents too immature to make decisions about termination of an unwanted and likely ill advised pregnancy; while granting that the same young women need no protection from their immaturity in assuming all of the responsibilities and burdens of parenthood. This basic contradiction clearly removes this legislation from "the best interests of the child" and elevates it to misuse of vulnerable adolescents in a quest to restrict personal freedoms. At a time of national crisis concerning children's issues it is lamentable that becoming a parent requires no proof of maturity but deciding that one is unable to fulfill the obligations of parenthood is proof of immaturity.

Finally, the bill asks that adolescents be protected from coercion to have an abortion. Ladies and gentlemen, being forced to carry to term an unwanted pregnancy with all of the lifelong implications that this has for both mother and baby is equally coercive and demands equal protection under the law. Being forced to participate in the judicial bypass system and to prove your need to be able to continue school, allow your body to mature, negotiate the issues of adolescence, and perhaps deal with an abusive home environment is also coercive and demands equal protection under the law. Again, the issue clearly is not adolescent well being or preservation of the American family, but misusing legislative power and the American system of government to impose on all the values of a few with disregard for the implications of such actions.

Thank you very much.

# LWVK LEAGUE OF WOMEN VOTERS OF KANSAS

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

March 28, 1991

## STATEMENT IN OPPOSITION TO SB 147--PARENTAL NOTIFICATION BILL

Chairman Reilly and members of the Committee:

My name is Will Belden, and I represent the League of Women Voters of Kansas. For over seventy years, the League has held that good public policy is the result of respect for the divergent characteristics inherent in a pluralistic society. The League opposes SB 147 because it fails to recognize the individual privacy of this state's young women.

SB 147 presupposes that young people are incapable of making their own choices about abortion, and that all families are composed of loving, rational parents who will guide their children to make a decision that is in their best interests. These assumptions are invalid. Young people value their privacy, and are best qualified to determine the topics appropriate for discussion with their parents. If a young woman chooses to confront her parents with the issue of potential abortion, that is her prerogative, but so is her decision not to do so.

Not all parents are capable of acting rationally in a situation that requires the highest degree of compassion and respect. Unless Section 4 is suspended or declared unconstitutional by the courts (which may arrive too late for some women), SB 147 lacks a "judicial bypass." As a result, many young women may choose to obtain an abortion outside of this state, or may elect to undergo an illegal abortion. Those women who lack sensitive parents, adequate funds for travel outside of Kansas, or the sheer bravery to undergo a "back alley" abortion would be deprived of their right to govern their own reproductive lives. A young woman's right to choice would be determined by accident of birth, not by the right to privacy. SB 147 increases the peril of an already tenuous situation.


The League feels that the best way to prevent teenage abortion is to establish effective sexual education. Such an educational program could dynamically further the state interests mentioned in Section 2. Education would serve to reduce the number of young people of both sexes contracting diseases, as well as to lower the number of teen pregnancies. Indeed, with 2.5 teenagers getting sexually transmitted diseases (Atlanta Center for Disease Control figures), the state's intervention must be on an educational level--with emphasis of both abstinence and protection. Such a program would encourage sincere familial discussion of teen sexuality, and would improve the overall health of our young adults.

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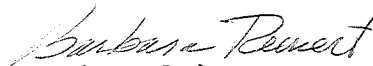
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The League urges the Committee to oppose SB 147 and to favor more positive efforts dealing with the issue of teen sexuality.

Thank you for this opportunity to testify.



Will Belden  
LWVK Lobbyist



Barbara Reinert  
LWVK Lobbyist

PRESENTATION FOR SENATE, FEDERAL AND STATE AFFAIRS COMMITTEE

Chairman Riley, Vice Chairman Morris and members of the Senate, Federal and State Affairs Committee my name is Rachael Pirner. I am an attorney currently practicing in Wichita, Kansas with a mid-size law firm and I am chairperson for the Public Affairs and Legal Committee of Planned Parenthood of Kansas, Inc. and I would like to thank you for the opportunity to speak today with this Committee in regards to Senate Bill No. 147.

In reviewing Section 2 of SB 147, subparagraphs a(1), a(4), b(1), b(2) and b(3) these subsections immediately strike me as the product of illogical and faulty reasoning.

The Bill finds that pregnant minors lack the maturity, wisdom and ability to make the decision to have an abortion. Yet, it Bill presumes that the same minors possess the ability, wisdom and maturity to make a decision to have a child and rear it or give the child up for adoption.

SB 147 purports to fact find with respect to all pregnant minors, seeking abortions. My experience with fact finding has involved courts, where judges or a jury, after careful consideration of facts peculiar to a case, statements of counsel, arguments, testimony <sup>from parties + witnesses</sup> and other evidence, render factual findings. This Bill pretentiously professes to find facts without specific knowledge of any cases.

Most teenagers, already consult one parent in seeking an abortion. When they do not, the young woman usually has very good reasons for keeping a decision for abortion private.

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For example, the young woman may come from an unstable or violent home, one or both parents may be physically or emotionally abusive, substance abusers, seriously ill, unemployed or absent altogether. The pregnant young woman may be pregnant as a result of incest or she may fear that she will be thrown out of the house if her parents learn of the pregnancy.

These examples are real. Let me just remind you that abuse, rape and incest are realities in Kansas. Total reports for child abuse in Sedgwick County, Kansas numbered 4,622 cases between July 1, 1989, and June 30, 1990.

We object to the factual finding recited in this bill. In part, because SB 147 neglects to find the fact that some teens, are in a difficult family situation prior to and during their pregnancy and are in the best position to assess the danger of their home life. For those young women passage of this bill will be devastating.

If this bill becomes law, pregnant minors shall be left unacceptable alternatives, such as dangerous, illegal or self-induced abortions or to have unwanted births. Others may run away from home or cross state lines in an effort to get a secret abortion.

Section 3(c) is an extremely broad definition of what constitutes abortion and would probably run afoul of the United States Supreme Court decision Griswold v. Connecticut. As the section currently reads, protectable pregnancy begins at conception, consequently abortion, for purposes of the bill, includes

the use of some birth control methods, including some types of birth control pills and the IUD.

Section 4 will probably be enjoined upon its first application, because it runs afoul of the Supreme Court Case Hodgson v. Minnesota, 58 Law Week 4957 (1990), and citizens will be left with Section 5, which includes a mechanism for judicial bypass.

Judicial bypass can threaten a pregnant woman's health and increase her emotional and financial burden. While it is supposed to be prompt, efficient and confidential, in reality it will be a drawn out series of appointments and appearances.

A young woman's confidentiality in applying for judicial bypass particularly in sparsely populated counties, will, by the nature of small towns, be jeopardized. How will she hide such a process from fellow students, teachers, administrator and ultimately, the community? She won't.

Further, her county may be so small, that she has to wait weeks before a circuit judge attends court in her county. The lawyers appointed to her case would be integrated into the community and would be few. The attorney could be her parents attorney or grandparents attorney. There would be no hiding in such a small community.

If the young woman decides to travel to a neighboring county, her financial and physical burden will increase.

If you think that larger communities would be a good place for teens to turn, think again. Are any of you familiar with the



total number of new cases filed by the Clerk of the District Court in Sedgwick County for 1990 . . . there were 75,011 new matters filed in Sedgwick County for 1990, 25 judges preside in Sedgwick County. It is my understanding that the legislature is presently considering cuts in the court system. It is paradoxical that at the same time it is considering an increase in the courts workload.

I believe and Planned Parenthood of Kansas, as an agency, believes in family communication. We do not believe that parental notification will foster or promote stronger families in the State of Kansas or better communication between parents and children. Family communication can be improved through expanded preventative voluntary measures like family communication workshops by providing help to families, particularly troubled families. Programs like day care, family therapy, literacy and vocational training, treatment for the tragedies of drug addiction, alcohol and domestic violence.

Finally, if this Committee is interested in reducing minor's abortions, we need comprehensive sexuality education in schools and community settings, funding for low cost birth control services for teens and job opportunities that will motivate young people to avoid threatening their futures with premature and unintended pregnancies.

*USSC* The state should not infringe the "private realm of family life [in an effort to] conform [that life] to some ideal designated 'ideal'."

ON BEHALF OF PPK AND MYSELF WE IMPORE YOU TO DEFEAT SB 147.

/12740

I am Viola Dodge, a farm wife from Olsburg, Kansas.

I am here today to represent a silent majority of women, particularly older women, who oppose Senate bill 147.

I was a teenager back in the 1930's. Abortions were illegal and so was liquor. Why do you suppose that these laws were repealed? It was because they could not be enforced. In those days abortion was like the bootlegger, no one talked about it but everyone knew where you could get it.

I hope that you have discussed with your family the full ramifications of this bill. Not only to talk to your wife, your daughter, the neighbors daughter but more important with your mother or grandmother. They are the ones who can tell you what it was like 50 years ago when we had restrictions on abortions.

I want to point out to you some things about this confusion bill, and it is confusing. Section 2 says that anyone under 17 is too immature to make the decision about abortion. Section <sup>b</sup> states that parents cannot coerce the young woman into having an abortion. So. If the young woman wants to have an abortion - she's immature but if she doesn't want to have an abortion then she's mature.

If parental notification of minors is so important then why shouldn't the parents have the right to make the decision.

Section 4 says that one parent must be notified 24 hours before an abortion. But Section 5 says that if section 4 is declared unconstitutional then the following shall be "in full force", both parents must be notified or she can petition the court to waver the notification.

In order for the court to waver the notification it must find "by clear and convincing evidence" that the young woman is mature. Now this is a committee bill, what is the criteria for clear and convincing evidence?

Good Grief! Let's don't let this abortion issue get in our courts to be left to the discretion of a judge. I know how a judge will rule, He will look over the bench at the young pregnant woman and say "You are immature, because you let yourself get pregnant".

The bottom line is that the final decision will be made by that young woman, not a parent and not the court. There is no law that you can pass that can tell a woman what she can do with her body, that is a personal decision.

If that young woman makes the decision to have an abortion then it will be done legally or illegally because there will always be the black market, there was in the thirty's and there will be in the ninety's. If there is a demand it will be available.

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Oh, the wealthy have always been able to have an abortion on demand, if they can;t get it in Kansas then they will go to another state. But with this law there will be some women who will be at the mercy of "quacks". There will be some young women who will resort to unsafe home remedies that time has forgotten, the coat hanger, the hat pin, the pop bottle.

There is no object in passing a law that cannot be enforced. the only thing the bill will do is to deny some young women medical care. THIS IS WRONG, THIS IS TERRIBLY WRONG.

I am sorry that this bill will be voted up or down by men because you just cannot put yourself into a woman's shoe under these circumstances. You cannot relate to the trama, emotion, stress, the responsibility or the pain that a woman suffers because of pregnancy, abortion and birth.

Abortion is a personal decision and I honestly don't believe that men should be making this decision for women.

Now if you really believe that something should be done for this age group of women then I have a suggestion, but remember , no woman gets pregnant on her own. Why don't you pass a law that no man can have sex with a woman under the age of 17? I can see that you can relate to this because you will say that it could not be enforced. I agree with you that it couldn't be enforced because there is no law that you can pass that can tell a man what he can do with his body - it is a personal thing.

With that same reasoning you cannot tell a woman what she can do with her body. The final decision will be made by her. It is a personal decision.

The only thing that you can legislate is that all abortions be done the safest way possible for all women regardless of age. We already have this in Kansas. We don't need another law.

I leave you with this food for thought. Last summer I attended a women's luncheon and around the table sat 10 women and nearly that many different religions. The abortion issue was being discussed. One white haired lady, obviously the oldest lady in the group made this statement. "I am for pro choice, because many years ago I lost two very dear friends who tried to abort themselves."

Have you ever lost a dear friend who tried to abort herself? It isn't something that you forget in 50 years.

History has taught us that SB 147 could lnot be enforced and would only deny some women medical care. Therefore this bill should not be passed.

This is 1991 - Don't put these young woman back 50 years.

TESTIMONY OF ALICE A. LIEBERMAN, PH.D  
Kansas Chapter of the National Association of Social Workers  
Before the Kansas Committee on Federal and State Affairs  
March 29, 1991

I am pleased to have the opportunity to speak out in strong opposition to Senate Bill 147. I speak today on behalf of the Kansas Chapter of the National Association of Social Workers, and on my own behalf as well. I have spent the last decade conducting research on health and mental health related issues, and factors associated with access to health and mental health services. I am currently on the faculty of the University of Kansas School of Social Welfare.

I have read Senate Bill 147 very carefully, and it distresses me deeply for several reasons. The first is that it is purportedly rests on a foundation of "facts" (sec. 2[b], [1] - [7]) which in reality are not facts at all, but value positions. And in reality, as I shall point out, the results of the best available research contradict these value positions. Secondly, as I shall also make clear, passage of such a bill is particularly inappropriate for Kansas, and has the potential to cause egregious harm to be inflicted upon the state's adolescent females.

The framers of Senate Bill 147 cite as one of the intents of this bill, "the fostering of family structure and preserving it as a social unit." They believe that intrafamily communication in general will improve if minors who find themselves pregnant must, by law, communicate their condition to a parent. This is patently false: laws that mandate parental consent force a significant number of teens to take serious risks in order to prevent what is to them the greater risk of parental knowledge of their pregnancy. In Missouri, for example, the number of teen-aged women who went out of state to obtain their abortions was declining prior to 1985, when the

parental notification law went into effect. After the law went into effect, the proportion of those who went out-of-state increased rapidly, from 23.5 to 31.1%. Thus, in 1989, the last year for which statistics are available, almost one-third of Missouri teens who obtained abortions traveled to another state for this procedure. This finding, incidentally, is replicated in the state of Massachusetts, where, following implementation of parental consent laws in 1981, the proportion of teen residents going out-of-state to obtain abortions jumped by 130 percent immediately, and has remained high ever since (1).

Finally, a study comparing the percentages of young women who talked to their parents about their pregnancies found that the percentages were virtually identical in a state which forced notification and one which did not (in both states, more than 60 percent of teens notified at least one parent ). These data, in tandem with the data noted above, illustrate that the impact of this law upon adolescents and their families will be negligible, at best, harmful at worst.

In situations where two parents must be notified (Sec. 4a), the impact is even more devastating: as Justice Marshall stated in Hodgson v. Minnesota, relying on extensive factual findings, "the disclosure of a daughter's intention to have an abortion often leads to a family crisis, characterized by severe parental anger and rejection. The impact of any notification requirement is especially devastating for minors who live in fear of physical or psychological or sexual abuse."

This bill also asks us to take into account the "fact" that "the physical, emotional and psychological consequences of abortion are serious and can be long-lasting, particularly when the patient is immature." There

is no credible evidence that this is the case (2). Furthermore, in 1988, when then-President Ronald Reagan directed then-Surgeon General C. Everett Koop to testify as to the devastating psychological effects of abortion, Dr. Koop, a strong anti-choice advocate, refused. He did so because, he said, none of the available evidence supported this position (3). Finally, other studies have cited "relief" as the most common post-abortion reaction, in both the short and long-term.

Finally, the notion that teens suffer from adverse health consequences as a result of abortion is not borne out in the literature either: an article in the New England Journal of Medicine by Cates, Schultz, and Grimes (1983) reveals that teens are even less likely than their older counterparts to experience post-abortion complications (5). Other studies reveal that a first-trimester abortion is considerably less potentially injurious to a teen's health than a full-term pregnancy. Another patent falsehood promoted by this bill is Sec. 2 (7), which states that "parental involvement legislation enacted in other states has shown to have a significant impact in reducing abortion, birth, and pregnancy rates among minors." This has most certainly not been the experience of Missouri, wherein teen abortion and birth rates were declining until the parental consent law went into effect. At that point, the teen birth rate shot up, from 32.8 (pre-mandatory notification) to 38.2 (post-mandatory notification). As stated previously, the laws in Missouri have wrought a much higher out-of-state abortion rate, and also a somewhat higher second-trimester abortion rate within the state. Similarly, among teens in Massachusetts, where a strict parental consent law has been in effect since 1981, the abortion rate has risen steadily.

But these facts about other states belie what is perhaps the most important question facing Kansas legislators: how would such a law affect my state and all of the residents therein ?

In answering this question, one must first look at Kansas statistics. The following descriptive statistics have been obtained from the Department of Health and Environment and represent the latest available data.

(1) at the present time, approximately 81 percent of all abortions performed (both minors and non-minors) take place in the first trimester. For the sake of the health of the women upon whom abortions will be performed, this favorable ratio must be maintained. Based upon the experience of other states, implementation of this law is likely to result in increased delays, either by creating a longer decision-making process, parental conflict, and/or by involving the affected women in a sometimes lengthy judicial process (6).

Let us examine the experience of women in Missouri, a state contiguous to Kansas which had parental notification laws on the books in 1988 (the most recent data available). Approximately 20 percent of the 2,981 abortions performed on Missouri residents in Kansas (N = 587) were second trimester abortions. This high figure fails to take into account the likelihood that Missouri residents living in the eastern part of the state utilized similar services in other states, such as nearby Illinois. From Arkansas, another state which has parental notification laws, of the small number of women who sought abortions in Kansas, the majority sought second trimester abortions. These states may well be a mirror of the future for young Kansas residents who will be forced, in desperation, to travel to places they have never been (and where it is unlikely they will return for

follow-up), in order to receive an abortion. I would not want my daughter subjected to this experience, (or worse, to a back-alley butcher), simply because she could not bear to disappoint me.

(2) Previous research has shown that young women in general, and low-income women and minority teens in particular, are treated as less competent than teen-aged boys, who are not required to obtain parental consent for health care of any kind. The judicial bypass procedure, then, denies abortion to low income teens, most of whom are minorities, because they do not possess the resources to access the judicial system.

(3) Approximately one - third of those Kansas residents who seek abortion services reside in rural areas (N = 1301). For those who are teens and who wish to obtain a judicial bypass, the issue of privacy is virtually moot: it is extremely difficult to protect one's anonymity in communities where people know each other well. Furthermore, the sheer number of principals involved in obtaining the court bypass (the patient, the judge, the court reporter, the social worker, other courthouse employees, etc.) make it very likely that what should be a private issue will become painfully public. That others would know about the pregnancy of a young girl when her parents did not is more than ironic: it would certainly contravene the wishes of the parents.

But let us consider what the likely situation would be if the intent of this law were realized, and minors actually were prevented from obtaining abortions, which is the real goal of this bill. Logically, the incidence of live births to teens, mostly poor and unprepared for parenthood, would increase. Unwanted children are at extremely high risk for abuse, neglect, and exploitation. The increased burden upon the



Department of Social and Rehabilitative Services, in both income maintenance and child protective services would be enormous. "The state is broke," Senator Wint Winter is quoted as saying in the February 25 edition of the Lawrence Journal World, and no one disagrees with him.

No state budget, then, likely to be approved by this legislature will be able to accommodate even a slight proliferation of families on welfare.

In closing, I would respectfully ask the Committee to examine the real facts of this matter before making a decision that is based on the distortions which the opposition would have you believe. The bottom line is that most teens do notify their parents in the absence of these punitive laws. But the right of young women to maintain their privacy when they feel they must, for whatever reason, is a civil right and, as with all civil rights matters, it is the minority we seek to protect, not the majority.

Thank you.

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"There can be no free men, until there are free women."

I think that if there is one all-encompassing idea that I wish to convey today, that is it. I stand before you Senators, as a concerned teen-ager, citizen, and woman. I am concerned not just for the young women's lives that are endangered by this bill, but also for the implications that this bill will have on women's reproductive rights in general and on all basic freedoms. Women are tired of being victims to men's laws and as a woman I can no longer sit back and watch my sisters be brutalized and tormented regardless of their ages. These parental notification laws do not encourage communication between parents and teens; they seal the fate of young women to carry unwanted pregnancies to term or to seek back-alley abortions.

Traditionally, the role of the government was to protect the rights and the properties of its citizens. The government should provide its people with the widest possible range of individual freedoms. As a voter I elect my representatives and senators to enact laws to protect those freedoms. Also as a voter I reserve the exclusive right to vote against any legislator who tries to limit my personal freedoms. By imposing these restrictive laws we are robbing young women of their freedom. We are taking away the most fundamental of all decisions - the right of any woman to make her own reproductive choices. This right should not be based on socioeconomic status, color, or age. To take away a woman's right to her body and the choices involving her body is a clear case of control. By passing these controlling laws you are abusing the very power that I and others have given to you as voters.

Are you prepared to force women to carry pregnancies to term? Are you prepared for the consequences of this action? Are you prepared to tell young women that they must have unwanted children? And then are you prepared to help these young women with their children for the 18 years it takes to raise a child to adulthood? As taxpayers and the people who pay your salaries, our money would be better spent on funding for prenatal care for unwed mothers who choose to carry a pregnancy to term rather than the policing of young women who choose the option of abortion.

Senators, I urge you today to remember who you are: a committee made up of nine men and two women who are elected and defeated by the voters and who will be deciding the fate of thousands of young women in Kansas. These young women, as well as all women, deserve your respect. They deserve your respect in letting them decide for themselves whether or not to inform their parents before having a safe and legal medical procedure - whether or not to have an abortion.

Testimony by:

Jennifer Clairese Crawford  
Students For Choice  
Manhattan, Kansas

Senate F&SA  
3-28-91  
Att. 7

The ninth amendment to the constitution of the United States of America: "[t]he enumeration in the constitution of certain rights shall not be construed to deny or disparage others retained by the people." As justice Goldberg stated in his concurring opinion on Griswold v. Connecticut: "[t]o hold that a right so basic and fundamental and so deep rooted in our society as the right of privacy...may be infringed because that right is not guaranteed in so many words by the first eight amendments to the Constitution is to ignore the ninth amendment and give it no effect whatsoever. Since parental notification undeniably infringes upon a young woman's privacy in the matter of seeking a safe and legal abortion, this bill, should it become law, would be in direct violation of the ninth amendment.

A parental notification law would be a death sentence to young women. Laws have never stopped abortion, but only increased the number of illegal or self induced abortions. To say, by legislating family communication, the number of abortions performed for women under 18 would decrease is ludicrous. This bill is merely a waste of paper, a waste of time, and ultimately a waste of lives.

*Stacy A. LaMaster*  
*Marquette MS*  
*age 18*

Senate F&SA  
3-28-91  
Att. 8



## Testimony in Opposition to S.B. 147

I am Marian Shapiro, director of the Planned Parenthood family planning clinic in Hays, and associate director of Planned Parenthood of Kansas. I am certified as a sexuality educator by the American Association of Sex Educators, Counselors and Therapists and have been active in the field of sex education for the past 18 years and pregnancy counseling for the past 15 years. I am also the mother of two college-aged children.

I am here today in opposition to S.B.147 on Parental Notification, because I don't think it will accomplish what it's supposed to accomplish. Maybe we need to clarify what that is. Is the purpose to reduce the number of abortions? If that is what we want to do, (and I think people on both sides of the issue would agree that this is a desirable objective) then let's look at some data from other countries which have a much lower abortion rate and pregnancy rate than we do. A study done by the Alan Guttmacher Institute published in 1985 compares teen pregnancy and abortion rates in six industrialized countries. The graph is included with my testimony.

You can see that the U.S. has a much higher teen pregnancy rate than any of the other countries — 96 out of every thousand females aged 15 - 19 gets pregnant each year in the United States. England, Wales and Canada have about half of the teen pregnancy rate that we do, and of course, half the abortion rate. France has 41 pregnancies per thousand, Sweden 35, and the Netherlands 14. We have seven times the pregnancy rate of the Netherlands and five times their abortion rate.

Why are they doing so much better than we are? One might assume that the much lower pregnancy rates were the result of less sexual activity perhaps due to closer families, less drug use, less sex in the media, or stronger religious and moral values. Researchers, however, did **not** find this to be true. The sexual activity rate was about the same in those countries as it was here, that is that roughly half of high school students have had sexual intercourse. So what made the big difference? Those countries all had much better **comprehensive** mandatory sex education K - 12, birth control was much more accessible to teens, and the society was more open in communicating about sexuality. If this committee is seriously interested in lowering the number of teen pregnancies and abortions, I urge you to actively support S.B. 170, the Community-Based Teen Pregnancy Reduction Bill, an essential component of which is the requirement to provide programs which encourage and facilitate communication about sexuality, values and relationships between parents and their children.

Education and better communication has worked in other countries and it will work here too.

The parental notification bill under consideration, however, will not reduce teen pregnancies or abortions. I'd like to call your attention to some problems I see with it. One rationale given by supporters of parental notification is that its purpose is to assure wholesome and desirable parent-child communication before a minor chooses abortion. Since the majority of minor teens already discuss their abortion decisions with their parents beforehand, this legislation mandating parental notification applies only to families where the communication is less open and where the minors do **not** feel they will receive nurturing, well-intentioned advice. In these cases, the communication, education, and guidance should have started much earlier, before the minor reached puberty and before there was unprotected sexual intercourse resulting in pregnancy. If the parents did not establish communication, understanding and trust with their child in the 13 or 14 years before she got pregnant, surely you do not believe that a phone call bearing this bad news from an abortion clinic will magically create what has been sadly missing all those years! ✕

For about ten years I have lead Parent/Son and Parent/Daughter programs in several Hays churches, and also programs for parents alone on how to become more comfortable in communicating values as well as factual information on sexuality to their children. As you would expect, there are some elements in the community strongly opposed to anyone talking about sexuality. What keeps me going is the tremendous satisfaction I get when parents tell me that since taking the Parent/Child program they are able to discuss issues at home that would never have been mentioned at home before. By helping both parents and children feel more comfortable in discussing sexuality, we increase the likelihood that the teenager will accept guidance from the parent in matters of sexuality and, in the event of a crisis, will be more likely to turn to those parents, because openness and trust have been established.

Section 2 lists one intention of this legislation as "protecting the health of minor children." The doctor who testified yesterday told you about health risks to a teenager from abortion. She conveniently forgot to mention that the health risks are 25 times greater for childbirth. A teenager is 25 times more likely to die from childbirth than from abortion! In fact all the health risks including such complications as infection and hemorrhaging occur much more often in childbirth than abortion. "Protecting health" sounds good, but it's a smoke screen. This bill really seeks to deprive minors of their right to choose abortion, a legally protected right.

It also sounds good to "protect a minor from her own immaturity." We heard a great deal of testimony yesterday about how unable teens are to make decisions and manage their lives. It certainly did not sound like they would be mature

enough to handle the responsibilities of raising a child. I doubt that a majority of Kansans will buy the argument that a 15 year-old pregnant girl who is not mature enough to know that she wants to choose an abortion, is, on the other hand, mature enough to be a mother! (???)

The emotional risks of abortion are also mentioned in this bill. Recent studies have shown that there are far more emotional side effects from struggling to raise a child as a single parent, or placing a child for adoption, than from an abortion. Attached are two articles reporting research findings on the emotional effects of abortion, one from the prestigious journal SCIENTIFIC AMERICAN, and the other from the JOHNS HOPKINS MAGAZINE. I hope you will take time to look these over.

In yesterday's hearing the doctor mentioned that it took a long time for mental health professionals to recognize Post Traumatic Stress Syndrome. As you may remember, President Reagan wanted very much to find proof that such traumatic stress occurred after abortion, and he directed Surgeon General Koop to release such findings. But as sympathetic as Koop was to the anti-abortion movement, he finally had to concede that no evidence existed of such a traumatic post-abortion syndrome. The most typical reaction after an abortion was relief.

I hope no one on this committee made the leap to associate or confuse Post Traumatic Stress Syndrome with the fictitious post-abortion syndrome. There is a very real condition associated with childbirth called "post-partum depression," which has caused some women to become very depressed after giving birth. It is precipitated by a drop in hormones and in extreme cases has resulted in a woman killing her child or children. If the doctor who testified yesterday had been forthcoming with factual information, she would have told you that post-partum depression is much more frequent and severe than the occasional depression experienced by less than 2% of women after abortion.

Another supposed intent of this bill is "fostering the family structure and preserving it as a viable social unit." I can think of nothing more destructive of the family structure and least conducive to preserving the family as a viable social unit than to encourage a 14 or 15 year-old girl to become a mother against her will. If that 14 year-old **chooses** to be a mother, on the other hand, we should give her all the help and support we can. But to coerce her into motherhood when she isn't ready for the responsibility, has no means of support, and doesn't want a baby, is grossly unjust to her and her potential child and would certainly exacerbate the serious problem of the survival of the family as a viable social unit. Children having children (along with drug and alcohol abuse) are the greatest threats to the survival of the family unit as we know it that I can imagine! Would any of you want to trade places with that baby born to a 14 year-old, poor, unwilling mother?

To camouflage this parental notification bill (which endangers teens and deprives them of their right to choose), as a family communication enhancer or parental rights bill, or health protection bill is very deceptive. I urge you to oppose this legislation. Thank you.

★ We also heard yesterday that this is a parental rights bill. Parents should have rights to protect their children from risks and harm, of course. But in the very private area of sexuality, there have always been exceptions where even minors are granted privacy and confidentiality. Minors can consent to treatment for STDs, contraceptive services, and even a Cesarean Section without parental knowledge, and of course can be totally responsible for the care of a baby to whom they have given birth. So parental rights do not extend into that area of sexuality and privacy.



# Findings

## TWO YEARS LATER, TEENS WHO ENDED PREGNANCY ARE BETTER OFF

**P**ro-choice advocates could have new ammunition to counter the argument that women who have abortions suffer lasting psychological and emotional harm, according to the results of a study conducted by three Hopkins researchers. The study finds that abortion has beneficial results, at least for some teenage girls.

By examining the experiences of 334 inner-city black adolescents, the researchers concluded that those girls who chose abortion were more likely to remain in school and were economically better off after two years than their counterparts who decided to have their children. Moreover, they showed no greater levels of anxiety and stress—a condition identified as “post-abortion stress syndrome” by anti-abortion forces.

“We have known for a long time that abortion is a medically safe procedure for young people,” says Laurie Schwab Zabin, principal author of the study and associate professor at Hopkins School of Hygiene and Public Health. “Now we know that it is also safe psychologically. It leads to many fewer negative outcomes than the decision to bear an unwanted child.”

The study, which Zabin conducted with Marilyn Hirsch and Mark Emerson, was funded by the National Institute of Child Health and Human Development. It appeared in the November/December issue of *Family Planning Perspectives*, a journal of the Alan Guttmacher Institute.

Anti-abortion groups contend the study focuses on an unrepresentative sample of the total population, its methodology is flawed, and it is ideologically biased, since the Alan Guttmacher Institute is affiliated with and receives financial support from Planned Parenthood, a group which favors abortion rights. Zabin herself is a former trustee of local and national Planned Parenthood boards.

Other groups praise the study's research design. Spokesmen for the American Psychological Association say its relatively uniform test group—inner-city black teenagers—is a strength rather than a weak-

ness. Previous studies had compared groups of women from varying social and economic backgrounds, which may have distorted the findings.

The Hopkins researchers conducted interviews with girls who came into two Baltimore family planning clinics for pregnancy tests in 1985 and 1986. The girls were similar for the most part—unmarried, age 17 or younger, from low-income backgrounds. Tracked for two years, the teenagers were first interviewed before they learned the results of their pregnancy tests.

They were divided into three groups. Those whose pregnancy test was positive and opted for abortion comprised the study group, while the control groups included those whose test was positive and decided to carry their babies to full term, and those whose test was negative.

When interviewers first spoke with the teenagers, nearly all of them expected to earn their high school diplomas, although fewer of the teens in the childbearing group were actually attending school. By the two-year mark, 90 percent of the girls who opted for abortion had graduated or were still in school without having fallen behind. By contrast, 68 percent of those teens who had babies and 79 percent who had negative pregnancy tests were on course educationally.

Economically, the news was similar. Comparing the ratio of working adults to all adults in the household, the study concluded that the teenagers who had abortions were more secure economically after two years, apparently because they were more apt to have found jobs.

There is some evidence that the teens who opted for abortions differed from the start: their mothers or surrogate mothers were somewhat better educated, they were more carefully supervised, and their households were slightly better off economically. However, says Zabin, even after researchers statistically allowed for these variables, the teens in the abortion group still fared significantly better.

The study also indicates that the young women who had abortions were more inclined to be practicing some kind of birth control later and were less likely to become pregnant again. For those women

whose pregnancy tests came back negative, 58 percent became pregnant within two years. Of those who bore children, 47 percent had repeat pregnancies. The teens in the abortion group, with 37 percent, were least likely to get pregnant again.

Zabin says the study underscores an “appalling” need for better contraceptive education and counseling, even for those with the lowest rate. “Sadly, when we hear about people who are at high risk of pregnancy, one of the next things we hear is that they're hard to reach. Now we've found a group at extraordinarily high risk, and we have them in the clinic. To let them go without having done better by them is nothing short of tragic,” she says.

To gauge the psychological effects of abortion and pregnancy, the researchers repeatedly administered tests which measured self-esteem, anxiety, and the teenager's sense that she controls her own life.

While all the teens showed high stress levels during the period when they awaited the results of their pregnancy tests, “the decision to have an abortion apparently did not lead to a higher level of anxiety,” the study found. Two years later, 4.5 percent of those who chose abortion had suffered an adverse psychological change. The figure was 5.5 percent for those who gave birth and 10 percent for the teens in the negative pregnancy test group.

Some contend that two years is too short a study. Says Wanda Franz, president of the Association of Interdisciplinary Research in Values and Social Change, “In my research, the average time it takes after an abortion before a woman looks for help from support groups is five years. You're not going to see problems surfacing in adolescents before that.”

Zabin counters that the passage of five years brings with it a variety of “intervening life events” that would make it “almost impossible to say what [problems] derived from the abortion and what derived from something else.”

Franz also notes that the girls in the childbearing group were more apt to have quit attending classes before they even knew whether they were pregnant, and concludes, “The baby itself is not the cause of the educational problems a girl

# SCIENCE AND THE CITIZEN

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## Right to Lie?

*Studies disprove claims about abortion's dangers*

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Opponents of abortion often profess deep concern for the health of women. In literature and speeches, they suggest that abortion poses greater physical and psychological risks than childbirth. John C. Willke, president of the National Right to Life Committee, recently reiterated these claims to SCIENTIFIC AMERICAN. He said his belief in them rests on his experience as an obstetrician and on anecdotal reports, primarily from others in the antiabortion movement. "There are no good, hard statistics on this," he said, "but there are none on the other side either."

In fact, government statistics clearly show legal abortion to be safer than giving birth. Data compiled by the National Center for Health Statistics from 1981 to 1985 indicate that abortion was 11 times less likely than childbirth to lead to a woman's death. Researchers at the Centers for Disease Control reported in 1982 that women undergoing abortions are 100 times less likely to have complications requiring major abdominal surgery than women bearing children.

The question of psychological harm has been more difficult to assess. Indeed, last year C. Everett Koop, the former surgeon general, judged past studies to be inconclusive. Now a group at the Johns Hopkins School of Hygiene and Public Health has provided "hard statistics" on this issue.

The researchers studied 334 black urban teenagers who entered clinics in Baltimore to be tested for pregnancy. The homogeneity of the group reduced the chances that the study's results would be skewed by other variables, according to Laurie Schwab Zabin, who did the study with Marilyn B. Hirsch. The teenagers were initially interviewed before they or the researchers knew the results of the pregnancy tests. They were then divided into three groups—those who bore a child, those who had an abortion and those who were not pregnant—and tracked for two years.

The investigators report in *Family Planning Perspectives* that those who chose abortion were less likely to undergo adverse psychological episodes (as measured by three separate psychological tests) than either those who bore children or those who had not been pregnant; they were also more likely to remain in school and less likely to become pregnant again.

"The right-to-lifers have been saying that it is terrible to let young women go through abortions," Zabin says. "Our study shows we should lay that ghost to rest. Not only is abortion a medically safe procedure; we now know it is psychologically safe."

Poor urban teenagers represent an important minority of all those who elect to have abortions, Zabin notes. They are the most likely to be affected by laws proposed in a number of states that would limit the use of public funds for abortion, require minors to gain consent from parents or otherwise restrict abortion's practice.

Moreover, such laws could help give more substance to Willke's claims if they hinder women from obtaining timely abortions. Numerous studies show that the risks of medical complications rise significantly when abortions are performed after 16 weeks of pregnancy. —John Horgan

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*cont.*

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has.... The cause is that [she is] not interested in school."

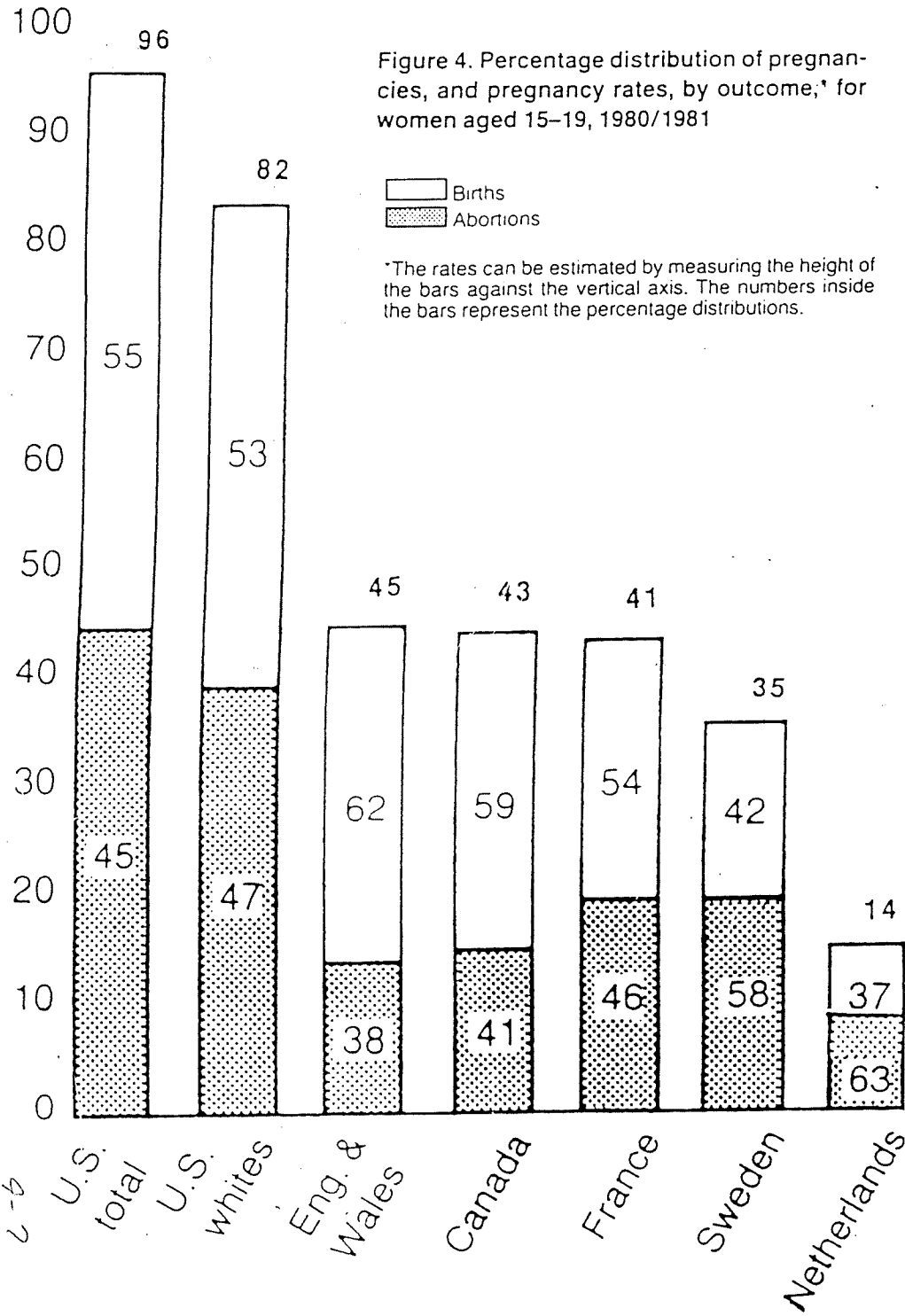
She takes issue, too, with the study's indicator of economic security, which measures the number of employed adults in the household. "Taking that as an index for economic well-being just doesn't make any sense," she argues, since the indicator doesn't differentiate between salary levels, and it doesn't account for the fact that young mothers could be drawing on welfare or food stamps.

Zabin thinks not. Teens who had 1 abortions were less likely to live in households receiving food stamps or medical payments. She admits that income levels are the most "basic measure" of economic well-being, but notes that few teens interviewed would know the salaries earned by the adults in their homes. Moreover, she says, preliminary glances show that very few of the teen mothers moved once their babies were born. As the researchers spend the next few years analyzing all the data in more detail, Zabin says they'll be able to make more conclusive assessments.

For now, she says, "It should be clear that abortion is an option young people should have."

—SUE DE PASQUALE

# Pregnancy rate



The bar graph at the right is part of an Alan Guttmann Institute study of teenage pregnancy released in 1985. You can see that the U.S. has a much higher teen pregnancy rate than any of the other countries - 96 out of every thousand female teens aged 15 - 19 gets pregnant each year. England, Wales and Canada have about half of the teen pregnancy rate that we do, and of course, half the abortion rate. France has 41 per thousand, Sweden 35 per thousand, and the Netherlands 14. We have seven times the pregnancy rate of the Netherlands.

Why are they doing so much better than we are? One might assume that the much lower pregnancy rates were the result of less sexual activity due to closer families, less drug use, less sex in the media, and stronger religious and moral values. Researchers, however, did **not** find this to be true. The sexual activity rate was about the same in those countries as it was here, that is that roughly half of high school students have had sexual intercourse. So what made the big difference? Those countries all had much better mandatory sex education K - 12, birth control was much more accessible to teens, and the society was more open in the way sex was treated.



# Fact Sheet

## Planned Parenthood® Federation of America, Inc.

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### Teenagers, Abortion, and Government Intrusion Laws

Of all the abortion-related policy issues facing decision makers in this country today, parental consent or notification before a minor may have an abortion is perhaps the most difficult. Few would deny that most teenagers, especially younger ones, would benefit from adult guidance when faced with an unwanted pregnancy. Few would deny that such guidance ideally should come from the teenager's parents. Unfortunately, we do not live in an ideal world.

Even without a state mandate, most teenagers, and especially young teenagers, say at least one parent knows about their abortion decision. In the 13 states with parental consent or notification requirements in effect (similar laws in 23 states have been enjoined or are constitutionally unenforceable), teenagers who cannot tell their parents either must travel out of state or obtain judicial approval for their abortions. The result is almost always a delay that increases both the cost of the abortion and the health risk to the teenager, since an earlier abortion is a safer one.

While parental involvement in a minor's medical treatment is generally required, these requirements are waived when mandatory involvement is potentially harmful.

- o Most states permit minors to consent to medical care on their own in emergencies.<sup>1</sup>
- o Exceptions to parental consent requirements also are generally made for pregnancy-related care and other sensitive services -- such as mental health care or treatment of sexually transmitted diseases -- where required parental involvement might deter minors from receiving care.<sup>2</sup>

Most teenagers having abortions already involve their parents, even when not required to do so by law.

- o Fifty-five percent of these teenagers under 18 say that at least one of their parents knows of their decision to have an abortion.<sup>3</sup>
- o The younger the teenager, the more likely a parent knows. Three-fourths of abortion patients 15 or younger say they have told at least one parent. Fifty-four percent of 16-year-old patients and 46 percent of 17-year-old patients inform their parents -- even without a legal mandate to do so.<sup>4</sup>

While the precise reasons some teenagers choose not to involve their parents are unknown, most probably believe involving their parents either would not be in their own best interests or they are trying to protect their parents.

- o While telling parents is never easy, for some it could be a disaster. When teenagers in Minnesota were asked why they feared to tell their parents, the reasons included parents' physical or psychiatric illness; parents' drug or alcohol abuse; and the probability of verbal, physical, or sexual abuse. Some even said they had never met the parent.<sup>5</sup>
- o According to the federal district court that examined the effects of Minnesota's parental notification statute, "Notification of the minor's pregnancy and abortion decision can provoke violence, even where the parents are divorced or separated."<sup>6</sup>

Some states go as far as requiring both parents to be notified. These statutes ignore the realities of many teenagers' lives.

- o Nearly one in three teenagers aged 15 to 17 do not live with both parents; five percent live with neither parent.<sup>7</sup>
- o Thirty-six percent of children who live only with their mothers have had no contact with their fathers in the last five years or do not know whether he is still alive; more than half of these teenagers have had no contact with their fathers in the past year.<sup>8</sup>
- o In Minnesota, more than one-quarter of the teenagers who instead chose to appear before a judge were accompanied by one parent, most of whom were divorced or separated. According to the federal district court reviewing this law, many of the custodial parents feared that notification would "bring the absent parent back into the family in an intrusive and abusive way."<sup>9</sup>

Even if a teenager is able and willing to involve one or both parents, the procedures required by some state parental consent or notification laws make compliance impossible for some, if not most, teenagers.

- o Requiring that teenagers obtain notarized evidence that parents have been notified, or present a death certificate for a deceased parent, may present impossible logistical barriers for a young teenager or cause serious delay.
- o A requirement that the physician personally locate and notify the parents could easily both delay the procedure and increase the cost.

Experience shows that most teenagers who feel they cannot involve their parents manage to obtain confidential abortion services. Whether they travel to other states or obtain judicial approval, the results are the same: delays that can greatly increase both the health risks and the costs, as well as additional deception within the family.

- o In the first eight months after Massachusetts adopted a parental consent requirement, the number of teenagers who left the state for an abortion increased by 300 percent.

This travel delayed teenagers' abortions by an average of just over four days, although some were delayed by nearly six weeks.<sup>10</sup>

- o A teenager who has to travel out of state for an abortion is likely to be far from the abortion facility, with its specially trained personnel, should complications develop. In addition, the risk to the teenager is further compounded by having to travel shortly after the procedure.
- o Most state laws requiring parental notice or consent permit minors to seek approval from a judge if they believe they cannot involve their parents. In virtually all instances, judicial approval is granted. In Minnesota, the federal district court found the courts to "have denied only an infinitesimal proportion of the petitions brought since 1981." A study in Massachusetts found that only nine of the 477 abortion requests studied had been denied.<sup>11</sup>
- o While most minors seeking judicial approval receive it, the process is unwieldy and, most importantly, time-consuming. Court proceedings in Minnesota routinely delayed abortions by more than one week, and sometimes by up to three weeks.<sup>12</sup>
- o After Minnesota enacted its parental notification law in 1981, the proportion of minors having second-trimester abortions in Minnesota increased by 12 percent; at the same time, the number of women 18 and older having second-trimester abortions in the state decreased by one percent.<sup>13</sup>
- o Whether as a result of traveling out of state or making perhaps several appearances before a judge, these laws increase, rather than decrease, deception within the family because of the additional time needed away from school, home, or employment.

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2. Ibid.
3. A. Torres, J.D. Forrest and S. Eisman, "Telling Parents: Clinic Policies and Adolescents' Use of Family Planning and Abortion Services," Family Planning Perspectives 12:284, 1980.
4. Ibid.
5. The American Civil Liberties Union/Reproductive Freedom Project, Parental Notification Laws, Their Catastrophic Impact on Teenagers' Right to Abortion, New York, 1986, p. 6.
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10. V.G. Cartoof and L.V. Klerman, "Parental Consent for Abortion: Impact of the Massachusetts Law," American Journal of Public Health, 76:397, 1986, op. cit. (see reference 6); S. Yates and A.J. Pliner, "Judging Maturity in the Courts: The Massachusetts Consent Statute," American Journal of Public Health, 78:646, 1988.
11. The American Civil Liberties Union/Reproductive Freedom Project, 1986, op. cit. (see reference 5), p. 16; Hodgson v. Minnesota, 1986, op. cit. (see reference 6); S. Yates and A.J. Pliner, 1988, op. cit. (see reference 10).
12. The American Civil Liberties Union/Reproductive Freedom Project, 1986, op. cit. (see reference 5), p. 15.
13. Hodgson et al. v. State of Minnesota et al., No. 88-1125.

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FOR FURTHER INFORMATION, CONTACT:

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In New York:  
PPFA Media Relations Department  
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Bahnsen Communications  
202-387-6556

Prepared by The Alan Guttmacher Institute for Planned Parenthood Federation of America  
(FS-A7, 1/91).

1.

My name is Leslie Bennett, and I'm a senior at Manhattan High School. I am a varsity cheerleader, a singer in two choirs, a member of Peer Helpers, and a member of Students for Choice at my school. I strongly believe in family and have a stable relationship with my parents. I am able to talk freely with my parents about feelings, current events, and my future.

However, many of my friends are not able to discuss matters such as abortion with their parents. Instead of being able to choose for themselves to have an abortion, many girls will be forced to choose between facing their parents or facing a judge. Too many girls will choose to face a judge who will decide their futures. The judge must decide if a girl is "mature" enough to have an abortion without notifying her parents. If she is denied the chance, she is supposedly then "mature" enough to carry a baby for nine months, go through the trauma of labor - often alone - and probably even raise a child. She is then able to make medical decisions for a newborn baby when she was not even allowed to make medical decisions for herself nine months earlier. I find this totally void of sense or reason and highly ironic.

The supporters of parental notification believe that simply because a bill is passed, families will suddenly become ideal and speak more openly to each other. This is a fantasy. I believe it's time to wake up and realize that there are thousands of dysfunctional families in America, many with pregnant teenage girls needing safe abortions. A girl knows what she can talk to her parents about. It's not up to laws or the state to decide this for her. If she is forced to talk to her parents, she may be kicked out of the house, physically abused, or forced to have

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an unwanted baby. Any relationship she may have had with her parents may be ruined. I don't believe that is what the people on this committee truly want.

**ProChoice Action League ★ P.O. Box 3622, Wichita, KS 67201 ★ 316-681-2121**

**Dedicated★Determined★Decisive**

TO: Chairman Riley and Members of the Committee

FROM: Jenifer Brandeberry, Pro Choice Action League

REGARDING: S.B. 147

DATE: March 27, 1991

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I would like to share with the committee today information on two particular aspects of parental notification. The first consequence of Parental Notification laws is that teenagers delay their decisions regarding abortion. The second consequence is that the number of births to teenagers increase.

The evidence is overwhelming that states which enforce parental consent laws have increased numbers of second trimester abortions. This delay is more costly and risky to teenagers, who would without notification laws seek medical attention sooner. Pregnant teenagers in Massachusetts who went to court to obtain judicial consent for an abortion, were delayed anywhere from 4 days to six weeks. In New York State alone, there has been a 28% increase in second trimester abortions performed on Massachusetts teenagers who left their home state, in order to avoid parental notification. The law mandating two-parent consent or a court order for minors' abortions has had NO impact on rates of teenage sexual activity, pregnancy or abortion in Massachusetts. Massachusetts teenagers determined to terminate their pregnancies, but unwilling or unable to involve their parents, traveled to one of six neighboring states for a confidential abortion. In Minnesota, data demonstrates that since 1981 when the parental notification law went into effect, late abortions to Minnesota minors have risen sharply, and because travel out of state for an abortion is virtually impossible, births to teenagers increase.

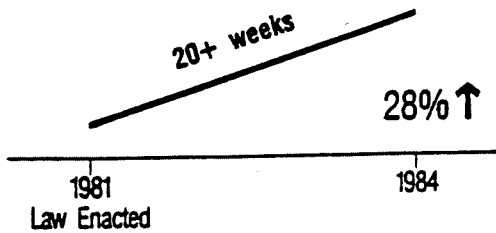
It is my belief that this committee is fully aware of and understands the grave consequences, both economically and socially to the state when teenagers have children. Public policy like parental notification forces many teenagers to have children that they cannot and do not want to take care of. Research on adolescent childbearing shows that pregnant teens have higher medical risks, their infants are more likely to be premature or low birthweight, and teen mothers are more apt to be poor and less likely to finish high school. I doubt that this is the type of outcome the committee seeks by enacting a parental notification law.

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The data from states which have parental notification laws is simple and clear. Notification laws do not improve family communication, do not decrease sexual activity among teenagers and do not reduce the number of abortions. Parental notification laws DO increase the number of second trimester abortions performed on young women, as well as increase teenage births. Both of these outcomes unnecessarily place young women at a greater risk than need be.

### EITHER WAY, LATE ABORTIONS HAVE INCREASED DRAMATICALLY

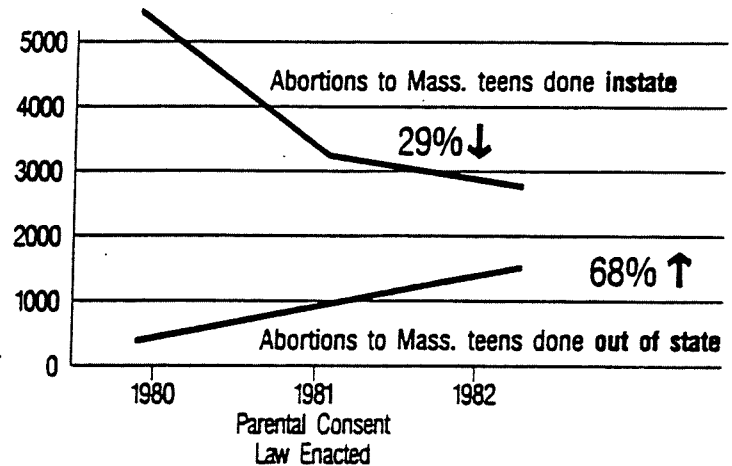
In New York State alone, there has been a 28% increase in abortions after 20 weeks to Massachusetts minors.



### Massachusetts

The law mandating two-parent consent or a court order for minors' abortions has had no impact on rates of teenage sexual activity, pregnancy or abortion.

Massachusetts teenagers determined to terminate their pregnancies, but unwilling or unable to involve their parents, traveled to one of six neighboring states for a *confidential* abortion.



NOTE: This information was published in 1990 by New York Planned Parenthood

**KANSAS**



To: Senate Federal & State Affairs Committee  
From: Kelly Kultala - National Organization  
for Women  
Re: Opposition to S.B. 147

The National Organization for Women opposes S.B. 147

Testimony given yesterday stated that this bill would allow "women to protect their children." I believe I am protecting my three daughters by opposing this bill. Most of the statistics you received concerning birth rates, abortion rates, pregnancy rates and medical histories all stopped at the time of birth. I would like to focus my testimony on the consequences of a continued pregnancy and unwanted motherhood.

The risks of a continued pregnancy for teens opposed to those of an early induced abortion show: (comparing teens under 15 to women 20-24)

\*Abortion is 25 times less likely to result in death than carrying a pregnancy to term. The death rate from abortion is 0.5 per 100,000 procedures. The death rate from childbirth is 10 per 100,000 full-term pregnancies.

\*Teens were 15% more likely to suffer toxemia.

\*Teens were 92% more likely to have anemia.

\*Teens were 23% more likely to suffer from complications stemming from a premature birth.

\*The risk of death from a tonsillectomy is about twice that of abortion, and the risk of death from an appendectomy is approximately 100 times as great.

Unwanted motherhood is often devastating psychologically, economically and educationally, to the teen mother herself and to her children.

\*Mothers giving birth before age 18 are only half as likely to have graduated from high school than those who postpone childbearing until after age 20.

\*Women who delay childbearing until their 20's are 4-5 times more likely to finish college than those who become mothers in their teens.

\*Children of teen parents suffer educational disadvantages; they tend to have lower I.Q. and achievement scores and are more likely to repeat one grade.

\*Teen mothers are more likely to be on welfare than women first giving birth in their 20's

\*With small children to care for, little education, fewer skills and no husband, many teen moms are forced to become dependent on welfare to support themselves & their families.

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KANSAS



\*Families headed by teen moms are 7 times more likely than others to be poor. The younger the mother at childbirth, the lower her family income.

\*The health of children of teen moms also suffers. They are twice as likely to die in infancy. They are also more likely to be premature or of low birth weight.

Low birth weight is a major cause of infant mortality, serious childhood illness, birth injury and neurological defects, including mental retardation.

Children born to and raised by women who are refused abortion have a high incidence of psychiatric disorder, delinquency, criminal behavior and alcoholism. They are more likely to depend on public assistance and to be exempted from military service for medical and psychiatric reasons. Researchers have concluded that children born of unwanted pregnancies will have greater difficulty in surmounting social and mental handicaps than their peers.

Yesterdays' testimony also introduced a medical complication called post abortion syndrome. In recent years, the psychologic effects of abortion have gained the attention of medical researchers and public policy makers. The widespread availability of abortion since the early 1970's has provided ample data for medical research interests. In fact, there is no high-quality study that shows there is a negative psychologic impact. In 1988, then-U.S. Surgeon General C. Everett Koop, after investigating the mental and physical effects of abortion, declined to issue a much-anticipated report on this subject. He stated that "the scientific studies do not provide conclusive data" on the repercussions of abortion.

The majority of studies demonstrate only short-term negative effects in some women, with relief being the predominant feeling for the majority of women following the procedure. Generally, studies show that reactive depressions expressed in guilt, sadness & self-blame, diminish significantly by 6 months after the procedure. Scientific studies also indicate that birth is associated with a higher-risk of psychiatric illness than is abortion.

Parental involvement laws are not motivated by a desire to express parental rights or responsibilities, nor do they protect adolescent women. Their real goal is to discourage abortion and I believe that decision should be left up to the young women involved, not by mandated legislation.

REFERENCE:

Public Health Policy, Implications of Abortion. A Government Relations Handbook for Health Professionals, Jan. 1990, The American College of Obstetricians and Gynecologists, Washington D.C.

Testimony Before the Senate Committee on Federal and State Affairs

Opposition to Senate Bill 147

March 28, 1991

Adele Hughey  
Executive Director  
Comprehensive Health for Women  
4401 West 109th Street  
Overland Park, KS 66211  
913-345-1400

My name is Adele Hughey, Executive Director of Comprehensive Health for Women in Overland Park, KS. We provide abortion and gynecological services and have done so since 1974. We are a state-licensed facility. I am testifying in opposition to Senate Bill 147. This law attempts to put a mold over people's lives, cover all the bases, do what is right, protect the innocent. But actually it will only fragment, isolate, confuse, and block a whole population of Kansans from accessing our health care system.

What actually happens in an abortion clinic whether a patient is a minor or not? The counseling sessions, which are mandatory at our clinic, cover five very important topics:

1. the patients' decision to have an abortion and alternatives to abortion,
2. an explanation of the abortion procedure,
3. follow-up care,
4. an explanation of the consent form and possible risks,
5. future birth control.

The procedure is explained in great detail so that the patient understands what will be taking place and approximately how it will feel. Patients are shown the instruments of the procedure. Patients are given written instructions and watch a film on post-procedural aftercare, and the counselor reviews these instructions with them before they are dismissed from recovery. The counselor reads aloud the consent form and then explains in layperson language what those risks are and what consequences might occur as a result. The counselor also discusses various methods of birth control with the patient and helps her select a future method she would feel comfortable using. If the patient selects birth control pills, she watches a film that explains how pills work to prevent pregnancy, how to take the pills properly, and what risks and side effects may occur.

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By far the major emphasis in the counseling session is placed on the patient's decision to terminate the pregnancy. The counselor never just assumes that the patient wants an abortion because she has made an appointment. The counselor explores with the patient her reasons for not wanting to continue the pregnancy, and her reasons for rejecting adoption or parenthood. If a patient expresses any doubts about the decision, she is given adoption, OB care, and counseling referrals and is told she will have to reschedule when she has had more time to explore her feelings and her alternatives. The counselor is also very concerned about the patient's emotional well-being after the procedure, so she explores with the patient what support she has from her partner, family, and friends. Most important is the patient's statement to the counselor that abortion is her choice. If she tells the counselor that she is opposed to abortion, but is being pushed into terminating the pregnancy by her parents, partner, family, or friends, the counselor then explains to her that it is policy not to perform the abortion. She is then given information on counseling referrals, adoption, and OB care.

At a 2-week check-up after the procedure, the patient's feelings about the abortion are reassessed. The availability of the clinic and clinic staff to help with questions or concerns is stressed to the patient throughout the experience.

Teenaged patients are also required to tell the counselor whether or not their parents have been informed of their pregnancy and the decision to have an abortion. The large majority of teen patients have told their parents and, in most instances, those parents become very supportive.

Patients who have not told their parents give a variety of reasons for not letting their parents know. Most teens are concerned that their parents will be disappointed in them, and would be embarrassed or ashamed to let their parents know. Typically, a teenage woman will tell you that she is the "good girl" in the family who is expected to get good grades, accomplish great things in the future, and never do anything to disappoint her parents, or tarnish her image. Our facility is located in what some call the "Bible Belt". It is interesting to note that all denominations have abortions and patients who tell us how religious they and their parents are, are the ones who do not talk to their parents about their abortion plans. While the teenage girl might not fear reprisals or opposition to her decision to have an abortion from her parents, she never the less will go to great lengths to avoid telling them that she has had sex and is now pregnant.

Some teens are victims of rape or incest and do not want to tell their parents because they are convinced their parents will not be supportive, especially if another family member is involved in the pregnancy. Many teens report their parents have threatened them with all kinds of possible punishments if they have sex and get pregnant. Parents have been known to tell teen daughters they will put them in "corrective institutions", disown them, beat them, throw them out of the house, or prevent them from seeing their boyfriend. Some parents carry out such threats and others are merely attempting to scare their teenaged sons and daughters enough to prevent them from having sex. Regardless of the parents' intent, teenagers believe these threats! These young women consequently delay medical treatment, which can be harmful no matter what she chooses to do, either little or no prenatal care or second trimester abortion.

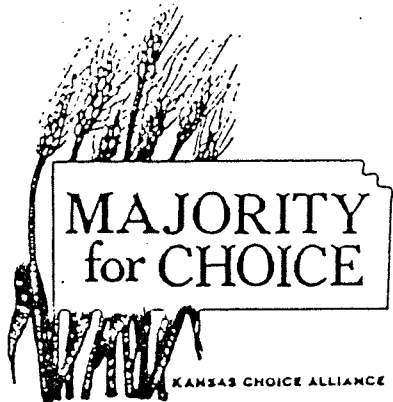
Many patients are convinced that their parents, if they knew they were pregnant, would try to prevent them from having an abortion, and, in some cases, parents do try to prevent the abortion. In particular, one teenaged patient came from Iowa and was dropped off at our clinic by a friend; as a result, she had no transportation to her motel. We were particularly concerned about her staying in Kansas City overnight by herself and asked why her parents weren't with her or helping her. She stated that her mother, who was taking care of the patients' eighteen-month-old, was totally opposed to abortion and regularly picketed abortion clinics in the Iowa area. In conversation with her it sounded as though the mother would at least be supportive and help her raise another child if she chose to continue this pregnancy. At this point, she started crying and told that she was pregnant by her stepfather, her mother's current husband, who was currently serving time in jail because he had sexually and physically abused her. She said her mother knew of the abuse; however, she did not know of the pregnancy but would still oppose the abortion even if she knew.

Another teenage patient recounted the story that her older and "perfect" sister had told her parents that she was pregnant. The parents were so upset that she was pregnant, they were unable to be supportive in any manner and told her to leave the house. The older sister did decide to terminate the pregnancy, however, she is still not allowed to return home. The patient saw how her parents reacted to her older sister's situation, however, she still needed to be with her parents, so she made the decision to have an abortion over adoption.



One teenager was pregnant. She had terminated a previous pregnancy and honestly did not know what she wanted to do now. When she told her mother, the mother replied "I want nothing to do with you, you are on your own". The young woman turned to her school counselor for help. The counselor called me, we arranged for an exam and counseling. With support from her counselor, access to medical care and information from me, and the freedom to choose, the young woman decided on adoption. The mother never entered the picture.

I am here testifying in opposition to parental notification on behalf of all teenaged women. No matter what their situations are or what they may decide to do requiring parental notification does not help those who need it most. We should place the mental and physical health and safety of our young women above the issue of parental rights.



Testimony on S.B. 147 presented to the Senate Federal and State Affairs Committee, March 28, 1991. Kansas Choice Alliance, Beth Powers, Spokesperson.

The bill you are considering today, S.B. 147, is alleged by its proponents to improve family communications and help teenagers. In the testimony you will hear this morning overwhelming evidence of the harmful effects of this type of legislation will be presented. Parental notification requirements do not enhance family communication nor do they aid teens. Parental notification endangers teens by forcing communication on an issue some teens believe would be detrimental to their relationship with their parents. I would like to tell you the story of two teens, their relationships with their parents and the decisions they made about abortion.

Becky Bell was an Indiana high school student. She was pretty, popular, intelligent, and had a good relationship with her parents. Becky had her rebellious moments as all teens do; but she was essentially an average American teenager (Remember that over 50% of all high school students are now sexually active). Becky became pregnant by her boyfriend who subsequently dumped her. She so valued the esteem of her parents that she could not bear disappointing them with the news. Indiana law, however, required that Becky tell her parents or seek a judicial bypass. Becky heard through friends that the local judge was notorious for denying such bypasses. Becky decided that she would seek an illegal abortion in order to spare her parents the disappointment they might feel knowing she was pregnant. One evening she told her parents she was going to a party and left the house. She returned home hours later crying and upset. She said nothing about what was bothering her. Over the next few days she became ill, getting so sick her parents eventually took her to the hospital. Not knowing what was wrong with their daughter they were alarmed. After checking her in they left the hospital for a few moments. When they returned they were told Becky had died. They were stunned, especially when the news came that she died from pneumonia associated with septic abortion.

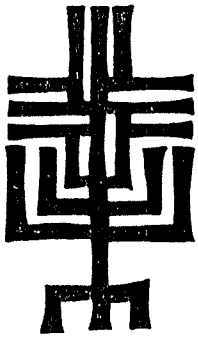
Becky's parents would not have hurt or hated their child for getting pregnant, but that is not justification for parental notification. The point here is that Becky made a bad decision because of a bad law. She would be alive today if she had told her parents, but she did not do that. Becky Bell would also be alive today if Indiana had no parental notification laws and she had been given access to a safe, confidential abortion.

In the spring of 1989, Spring Adams of Fruitland, Idaho became pregnant at the age of 13 after repeated sexual abuse by her father. Her family was on welfare and had no money for an abortion. Spring and her mother managed, with help, to contact people in Idaho and Oregon who found a doctor willing to donate his services, money for bus fare to and from the facility and housing for Spring and her mother. The night before the abortion Spring's father, who had been forbidden to see her, walked into her room and shot her and then himself. This incident exemplifies the fact that pregnancies and decisions about abortion can further disrupt already dysfunctional families. Though parental notification of the abortion did not occur because of the law in this case,

- AAUW
- ACLU OF KANSAS AND WESTERN MISSOURI
- B'NAI BRITH 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

it is evident that a child in a family with problems like incest may be better off not notifying one or both parents about a decision to have an abortion.

What should the stories of these two teenagers tell you? They should tell you that parents do not always act rationally and there are situations where a parent's ignorance of a child's decision to have an abortion is in the best interest of the child. They should tell you teens will take desperate measures before complying with a law they feel will bring pain and suffering to their families. They should tell you that the way to protect teens from resorting to illegal abortions is to let them decide whether or not to tell their parents and to let them choose the person who will serve as their emotional support during the abortion. Most of all, these stories should tell you that requiring communication where it is not wanted does not protect families. It destroys them.



# RCAR in KANSAS

Religious Coalition for Abortion Rights in Kansas

*28 March 1991*

Senator Reilly and Members of the Committee:

I am Darlene Stearns, State Co-Ordinator for the Religious Coalition for Abortion Rights in Kansas, and, as such, have appeared before this committee opposing this legislation every time it has appeared, based on our support of religious and reproductive freedom for all women.

This year, along with lists of our national and state member groups, I am also furnishing you with statements from several non-faith groups which also support our position.

In terms of sheer numbers, the opposition to this legislation is, I believe, impressive. All of these groups have national, as well as, state, affiliates and include both men and women in their membership.

Kansas has always stood firm in supporting individual liberties for its citizens. Young citizens deserve that protection as well as those of us of an indeterminate age. Please continue that proud tradition and reject this legislation.

*Darlene Greer Stearns*

Darlene Greer Stearns  
State Co-Ordinator RCAR in Kansas

Senate F&SA  
3-28-91  
Att. 15

POLICY COUNCIL FOR RELIGIOUS COALITION FOR ABORTION RIGHTS IN KANSAS  
BOARD OF CHURCH & SOCIETY, KANSAS EAST CONFERENCE UNITED METHODIST CHURCH  
UNION OF AMERICAN HEBREW CONGREGATIONS, MID-WEST COUNCIL  
PRESBYTERY OF NORTHERN KANSAS, PRESBYTERIAN CHURCH USA  
UNITED CHURCH OF CHRIST, KANSAS-OKLAHOMA DISTRICT  
COMMITTEE ON WOMEN'S CONCERNS, SYNOD OF MID-AMERICA, PRESBYTERIAN CHURCH USA  
UNITARIAN UNIVERSALIST, PRAIRIE STAR DISTRICT  
NATIONAL FEDERATION OF TEMPLE SISTERHOODS  
TOPEKA YOUNG WOMEN'S CHRISTIAN ASSOCIATION  
UNITARIAN UNIVERSALIST SERVICE COMMITTEE  
KANSAS EAST CONFERENCE, UNITED METHODIST CHURCH

## Members of the Religious Coalition for Abortion Rights:

American Ethical Union	Committee of Women of Color
National Service Conference	Presbyterian Church (U.S.A.)
American Ethical Union	Social Justice and Peacemaking Ministry Unit
American Humanist Association	Presbyterian Church (U.S.A.)
American Jewish Committee	Women's Ministry Unit
American Jewish Congress	Presbyterian Church (U.S.A.)
B'nai B'rith Women	Union of American Hebrew Congregations
Division of Homeland Ministries	Unitarian Universalist Association
Christian Church (Disciples of Christ)	Unitarian Universalist Women's Federation
Womaen's Caucus	Board for Homeland Ministries
Church of the Brethren	United Church of Christ
Women in Mission and Ministry	Coordinating Center for Women
The Episcopal Church	United Church of Christ
Episcopal Urban Caucus	Office for Church in Society
Episcopal Women's Caucus	United Church of Christ
Federation of Reconstructionist	Board of Church and Society
Congregations and Havurot	United Methodist Church
Lutheran Women's Caucus	Women's Division
Northern Province	Board of Global Ministries
The Moravian Church in America	United Methodist Church
NA'AMAT USA	United Synagogue of America
National Council of Jewish Women	Women's American ORT
National Federation of Temple Sisterhoods	Women's League for Conservative Judaism
North American Federation of Temple Youth	Women's Rabbinic Network
	YWCA National Board



The logo of the Religious Coalition for Abortion Rights combines the symbols of two great religions. The Christian cross is made up of many branches rather than two strokes to represent the many sects of Christianity. Its lower branch is part of a menorah, symbol of the Old Testament, representing both the Jewish faith and the roots of Christianity. Resting on the base of three vertical bars (ancient symbol for an active intellect), the cross and menorah are intertwined to demonstrate the unity of purpose of the Coalition.

RELIGIOUS COALITION FOR ABORTION RIGHTS  
EDUCATIONAL FUND  
100 Maryland Avenue, N.E.  
Washington, DC 20002  
202/543-7032

15-2



nce upon a time" is how most bedtime stories begin.

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

### INCEST

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

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

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

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

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

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

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

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

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

## Religious Coalition for Abortion Rights

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### RAPE

**THE NUMBER OF RAPE REPORTED IN THE UNITED STATES IN 1982 REACHED 77,763.** According to the FBI, approximately 65 out of every 100,000 women in the country were reported rape victims in 1982.<sup>6</sup>

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

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

**AN ESTIMATED 32.2% OF RAPE VICTIMS ARE UNDER 20 YEARS OF AGE.**<sup>9</sup> Victims under 20 are also less likely to report the crime to the police.<sup>10</sup>

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

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

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

### NOTES

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

# “There wasn’t any hope at all.” — The story of a sexually abused teen

By M.J. Burke

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

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

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

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

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

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

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

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

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

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

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

“That didn’t stop him either.”

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

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

more frequent.”

Finally, the inevitable happened.

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

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

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

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

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

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

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

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

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

As for Mary herself, “I would take these last couple months of harassment (in her stepfather’s prosecution) over the last 14

years any day of the week. It’s not perfect, but it’s a hell of a lot better.”

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

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

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

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

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

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

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

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



**RCAR**

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

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





"I am here to say that the Catholic position [on abortion] is not so cohesive, not so monolithic as is often presented. It is my conviction that the church will come to a more nuanced position in this area..."

Sister Mary Theresa Glynn, S.M.  
Testimony before the Florida State  
Legislature, May 1978

Established in 1973, Catholics for a Free Choice (CFFC) is a national educational organization that supports the right to legal reproductive health care, especially to family planning and abortion. CFFC also works to reduce the incidence of abortion and to increase women's choices in childbearing and child-rearing through advocacy of social and economic programs for women, families, and children.

**We believe in:**

• **The Moral Agency of Women**

Women are to be respected as moral agents. They can be trusted to make decisions that support the well being of their families, children and society and enhance their own integrity and health.

• **The Primacy of Informed Conscience**

A Catholic who is convinced that her conscience is correct, in spite of a conflict with magisterial Church teaching, not only may, but must follow the dictates of conscience rather than the teaching of the magisterium.

• **The Right to Dissent**

The teaching of the hierarchical magisterium on moral issues related to human reproduction, while serious, is not infallible. Catholics have the right to

dissent from such non-infallible teachings without fear of reprisal from the institutional Church.

• **Religious Freedom**

Faith groups in the United States hold a number of different beliefs on both the morality and legality of abortion. Catholics need to respect this diversity of legitimate views. We must not seek legislation that would limit the freedom of members of these faith groups to practice their religion.

• **Social Justice**

Catholic principles of social justice speak to a preferential option for the poor. Poor women are entitled to public funding for abortion and family planning as well as for childbearing and child-rearing. Denial of such funding is discriminatory and unjust.

CFFC is a visible alternative to religious antichoice groups, particularly those identified with the Roman Catholic Church.

**We provide:**

- A forum for dialogue on ethical questions related to human reproduction.
- An active public education and media program, including publications, a speaker's bureau, seminars, and conferences.
- A bimonthly newsjournal, *Conscience*.
- A national public affairs program that provides policymakers with the data necessary to make informed public policy decisions, as well as to articulate an

ethically sound prochoice position.

- Grassroots advocacy through the Key Activist program, which assists local groups with educational and legislative projects.
- Partnership with both prochoice and Catholic organizations to increase the level of concern and responsiveness to the moral and ethical dimensions of the prochoice issue.
- An international network focused on education and information exchange.

March 25, 1991

Jackson County Citizens for Choice was organized in November, 1989, for the purpose of educating the citizens of Jackson County about pro-choice issues. Although we do not have formal memberships, we have 50 registered voters on our mailing list, all of whom strongly support pro-choice legislation.

As one of the JCCC organizers, I am speaking on behalf of myself, my co-organizers, and those who support our cause. We would like to urge our legislators to use prudence, honor, fairness, and integrity when considering a parental notification bill.

Those of us who support pro-choice legislation are seeking many of the same outcomes as those who oppose abortion. Namely, we want to see teenage sexual activity reduced, the number of teenage pregnancies lowered, and the number of abortions reduced.

It has been well documented that today's young Americans are engaging in sexual activity at an alarming rate. Kansas teenagers are no less susceptible to this phenomenon. It is moot to discuss here the reasons why our young people are engaging in such activities. However, those of us in Jackson county who are opposed to a parental notification bill believe that education is the key to reducing sexual activity among teenagers and to lowering the number of abortions performed for Kansas teenagers. A parental notification bill serves no purpose except to punish young Kansas women by denying them safe choices.

As parents, most of us would like to believe that our daughters will come to us if they are in trouble. However, if our daughters become pregnant and choose NOT to come to us for any reason, wouldn't we rest easier knowing that they are in the safe care of a licensed physician?

Even if a parental notification bill contains a judicial bypass provision, such a bill will only put young Kansas women at risk. We must NEVER have any Becky Bells in Kansas.

Abortion must remain safe and legal for all women, regardless of whether they are under or over 18 years of age. The United States Constitution MUST support the rights of all women to be equal and to maintain control over their reproductive systems. Today I would like to challenge our Kansas legislators to play a leading role in protecting the rights of all American women.

The Jackson County Citizens for Choice strongly urge our Kansas legislators to support any legislation that educates young Kansas about human sexuality and its potentials hazards, and about birth control. We ask that you oppose any kind of parental notification bill.

Lynda Davis Moore  
Co-Chairman  
Jackson County  
Citizens for Choice

## APPENDIX J

### AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS STATEMENT OF POLICY

#### CONFIDENTIALITY IN ADOLESCENT HEALTH CARE

Adolescents tend to underutilize existing health care resources. *The issue of confidentiality has been identified, by both providers and young people themselves, as a significant access barrier to health care.*

Adolescents in the United States, while generally considered healthy, have a range of problems, including some of such severity as to jeopardize their development and health, their future opportunities and even their lives. To illustrate, there is an urgent need to reduce the incidence of adolescent suicide, substance abuse, and sexually transmitted diseases and unintended pregnancy.

As the primary providers of health care to adolescents, we urge the following principles for the guidance of our professional members and for broad consideration in the development of public policy:

1. Health professionals have an ethical obligation to provide the best possible care and counseling to respond to the needs of their adolescent patients.
2. This obligation includes every reasonable effort to encourage the adolescent to involve parents, whose support can, in many circumstances, increase the potential for dealing with the adolescent's problems on a continuing basis.
3. Parents are frequently in a patient relationship with the same providers as their children or have been exercising decision-making responsibility for their children with these providers. At the time providers establish an independent relationship with adolescents as patients, the providers should make this new relationship clear to parents and adolescents with regard to the following elements:
  - a. The adolescent will have an opportunity for examination and counseling apart from parents, and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider.
  - b. The adolescent must understand under what circumstances (eg, life-threatening emergency), the provider will abrogate this confidentiality.
  - c. Parents should be encouraged to work out means to facilitate communication regarding appointments, payment, or other matters consistent with the understanding reached about confidentiality and parental support in this transitional period when the adolescent is moving toward self-responsibility for health care.
4. Providers, parents, and adolescents need to be aware of the nature and effect of laws and regulations in their jurisdictions that introduce further constraints on these relationships. Some of these laws and regulations are unduly restrictive and in need of revision as a matter of public policy. Ultimately, the health risks to the adolescents are so compelling that legal barriers and deference to parental involvement should not stand in the way of needed health care.

*Appendices*

*This statement was approved as policy by the following organizations in 1988:*

- *The American Academy of Family Physicians*
- *The American Academy of Pediatrics*
- *The American College of Obstetricians and Gynecologists*
- *NAACOG—The Organization for Obstetric, Gynecologic, and Neonatal Nurses*
- *The National Medical Association*

## APPENDIX F

### AMERICAN MEDICAL WOMEN'S ASSOCIATION POSITION STATEMENT ON ABORTION

(Approved by the American Medical Women's Association Board of Directors June 23, 1989, and accepted by the American Medical Women's Association House of Delegates October 27, 1989.)

The American Medical Women's Association, an organization of women physicians and medical students, values equality for women and equal opportunity for women to achieve their full professional and personal potential. AMWA also has a strong mission to support policies and programs that improve women's health. The Association has high respect for each member and her right to hold whatever moral, religious, and philosophical beliefs her conscience dictates, and to practice her profession and order her personal life accordingly.

**In light of all those considerations, the American Medical Women's Association has adopted the position that the decision to continue or interrupt a pregnancy belongs to the pregnant woman, in consultation with her physician.**

Pregnancy is a major medical event in the life of a woman. Pregnancy is a condition that involves medical risk for a patient, ranging from minor physical inconveniences to death itself. A pregnancy that is unintended or unwanted carries a greater medical risk for the woman, because neglected prenatal care results in higher rates of pregnancy-related disease and death. A pregnant woman's decision to complete or terminate a pregnancy is a medical issue, to be made in the privacy of the doctor-patient relationship. Every pregnancy taken to term requires high standards of prenatal care to assure the best possible outcome. Every pregnancy interrupted by abortion requires a procedure carried out by the appropriate technique under safe, sterile conditions, which will protect the health and future fertility of the patient.

Abortions will be chosen whether they are legal or illegal. When abortion was illegal in this country, it was brought about by dangerous, self-induced methods or by clandestine, often untrained, practitioners under unsterile conditions with no follow-up care. Many women suffered reproductive tract damage, infection, bleeding, permanent sterility, or death. Since the advent of legal abortion in the United States, there has been a marked decrease in all pregnancy-related deaths and an even greater drop in pregnancy and abortion-related complications.

The 1973 Supreme Court decision Roe v. Wade struck a fair balance between the responsibility of the state to protect a woman's right to make personal medical decisions and the responsibility of the state to protect the potentially viable third trimester fetus.

*Appendices*

The American Medical Women's Association will oppose efforts to overturn or weaken Roe v. Wade. We will oppose laws and court rulings that interfere with the doctor-patient relationship, either in requiring or proscribing specific medical advice to pregnant women. We will oppose measures that limit access to medical care for pregnant women, particularly for poor or underserved groups.

We support the development of new, safe, more effective methods of contraception and abortion. We believe that contraceptive prescriptions and information should be available to anyone requesting them. We strongly support programs that will improve the public knowledge and responsibility about sexual matters so that unintended pregnancy will become less frequent.

## APPENDIX H

### AMERICAN PSYCHIATRIC ASSOCIATION POSITION STATEMENT ON ABORTION

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*This statement was approved by the Assembly of District Branches at its October 15, 1978, meeting and by the Board of Trustees at its December 10, 1977, meeting. This final draft was drawn up by a subcommittee<sup>1</sup> appointed by the Reference Committee to collate an Area I Action Paper and information provided by the Committee on Women, the Council on National Affairs, the Council on Children, Adolescents, and Their Families, and the American Academy of Child Psychiatry.*

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THE EMOTIONAL CONSEQUENCES of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life. Pregnancy that results from undue coercion, rape, or incest creates even greater potential distress or disability in the child and the parents. The adolescent most vulnerable to early pregnancy is the product of adverse sociocultural conditions involving poverty, discrimination, and family disorganization, and statistics indicate that the resulting pregnancy is laden with medical complications which threaten the well-being of mother and

fetus. The delivery that ensues from teenage pregnancy is prone to prematurity and major threats to the health of mother and child, and the resulting newborns have a higher percentage of birth defects, developmental difficulties, and a poorer life and health expectancy than the average for our society. Such children are often not released for adoption and thus get caught in the web of foster care and welfare systems, possibly entering lifetimes of dependency and costly social interventions. The tendency of this pattern to pass from generation to generation is very marked and thus serves to perpetuate a cycle of social and educational failure, mental and physical illness, and serious delinquency.

Because of these considerations, and in the interest of public welfare, the American Psychiatric Association 1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice—psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications.

<sup>1</sup>The subcommittee included Edward H. Futterman, M.D., chairperson of the Council on Children, Adolescents, and Their Families; James M. Stubblebine, M.D., chairperson of the Council on Mental Health Services; Harold M. Visotsky, M.D., chairperson of the Council on National Affairs (1975-1978); Jeanne Spurlock, M.D., staff liaison; and Jay Cutler, staff legal counsel.



# Betty's stepmother is willing to listen, give advice about sex

**D**ear Abby: I have a beautiful teenage stepdaughter who lives with her mother and stepfather. Although "Betty" loves her mother, she has never been able to confide in her. Her mother is very religious and fairly strict, so Betty comes to me with everything.

Betty recently told me that she had lost her virginity to a boy she had been forbidden to see. She needed someone to talk to — someone who wouldn't put her down — and I was there for her. She begged me not to tell her mother.

My heart aches for this girl, and my biggest fear is that she may become pregnant or contract a venereal disease.

We discussed condoms and birth control pills, but she can't get the pill without parental consent. I'd like to get the pill for her, and I think I could if she were to go to my doctor, but I wouldn't feel right doing it behind her mother's back.

Her mother and I are very good friends and she trusts me. If I get Betty the pill, will it make it easier for her to continue having sex? She has already told me that if she got pregnant, she would come to me for help. — Betty's Confidante

**Dear Confidante:** Every teen-



## DEAR ABBY

ABIGAIL VAN BUREN

ager needs a mature, non-judgmental friend to whom he or she can turn for sound advice and counsel. Ideally, that person is a parent. But if that's not possible — as in Betty's case — Betty's mother should be grateful that her daughter has someone like you in her daughter's corner.

Since Betty has already lost her virginity, I doubt that she will stop now. Stress the fact that sex today can have very serious consequences; therefore, selectivity is vital. We now know a sexually transmitted disease can be fatal. So be sure she understands how to protect herself from pregnancy and disease.

**Dear Abby:** I am writing on behalf of Ida Ward Linton, the daughter of Lemuel T. Ward, to whom you gave credit for writing "The Hunter's Poem" — describing the tragedy of having shot a

pair of geese in flight.

I would like to set the record straight. The poem is titled "Remorse" and was written by Truman P. Reitmeyer of Philadelphia.

Ida would like the public to know that it was not her intention to mislead them. "Remorse" was one of her father's favorite poems, and was one of 100 or more that Lem used to recite to visitors to his decoy shop.

He used to hand out copies of the poems he recited, and of course, he would be asked to autograph them. Although the poems were printed with the names of the authors, it was only Lem's signature that the happy visitor would be aware of upon leaving.

Lem never wrote a poem, but his brother, Steve, did — and I suppose this fact helps add to the confusion. Ida has received many phone calls from all over the country since you published that poem, and it would help if you could publish a correction. Thank you! — Jack R. Schroeder, Crisfield, Md.

Abigail Van Buren is a syndicated columnist. Problems? Write to Dear Abby, Wichita Eagle, P.O. Box 820, Wichita, Kan. 67201-0820. For a personal reply, enclose a self-addressed, stamped envelope.

Testimony on S.B. 147

Senate Federal & State Affairs

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

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 nine and a son five. We want our children to be able to be in control of their own destiny without government interference.

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.

\*\*The government cannot mandate healthy family communication where  
none exists.\*\*  
Senate F&SA  
3-28-91  
Att. 16