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Maryland SB664: Oppose.

I am writing in opposition to SB664. I am a former "abortion counselor" and now a psychiatrist who has been involved in the care of more than one thousand women who have suffered psychological distress related to past abortions. I am concerned that passage of this bill would be harmful to those women who are at risk for adverse psychological effects of abortion. This bill appears likely to shut down discussion of abortion, and shut down consideration of future legislation that could be beneficial to many women.

Carole Joffe is a former board member of the National Abortion Federation (NAF), making such substantive contributions to abortion advocacy that she received a lifetime achievement award from the NAF.[1] Joffe interviewed experienced abortion counselors in a 2013 article in *The American Journal of Public Health.*[2] Joffe says it was admittedly difficult for some of the counselors to acknowledge the ambivalence, if not anguish, of some patients" Joffe quotes abortion counselor Charlotte Taft who describes the experience of some abortion patients, for example, "…her heart is breaking…or she's sobbing, or she says, 'I think an abortion is killing my baby, but I have to have one anyway" (p. 62).

Another abortion counselor interviewed by Joffe, Anne Baker, is also an NAF-approved author who was lead author on a chapter about abortion counseling in the current NAF textbook (a book that is apparently intended to set out "best practices" for abortion from the perspective of the abortion providers.[3] In the Joffe article (p. 60), Baker says, describing her abortion patients: "They would start talking about guilt, they would start crying, they would start talking about killing the baby…" These abortion patients sound like many of my own psychiatric patients after Their abortion – the tears, the guilt, missing their child. Obviously, the ones who are happy about their abortions don't come to my office for help, but some whose anguish persisted, have come to me for help.

In the counseling chapter of the current NAF textbook (Baker & Beresford, 2009), the authors list a total of 18 different risk factors, which, if present, indicate that the woman has greater vulnerability to having adverse psychological reactions after her abortion. These risk factors are widely recognized by both pro-choice and pro-life authors and by apparently neutral

[1] https://www.ansirh.org/staff-members/carole-joffe

[2] Joffe, C. (2013). The politicization of abortion and the evolution of abortion counseling. *American Journal of Public Health, 103*(1), 57-65.

[3] Baker, Anne, & Beresford, T. (2009). Chapter 5, Informed consent, patient education and counseling. In M. Paul, E. S. Lichtenberg, L. Borgatta, D. A. Grimes, P. G. Stubblefield, & M. D. Creinin (Eds.), *Management of unintended and abnormal pregnancy: Comprehensive abortion care*. Chichester, UK: Wiley-Blackwell.

researchers.[4] Some of the risk factors include having an abortion after one has already bonded or attached to the unborn child, a belief that abortion is killing a child, and ambivalence (having conflicting thoughts and feelings about the abortion as illustrated by Joffe, 2013). Even from these brief descriptions above, it seems clear from Joffe's report, that some women *do* have abortions of wanted pregnancies, for example, the women described above who are crying and sobbing, the woman whose "heart is breaking." The American Psychological Association (APA), in their 2008 report on abortion and mental health, acknowledge that aborting a *wanted* pregnancy can lead to distress,[5] also recognizing most of the same risk factors identified by Baker and Beresford.

Sadly, in one recent study (Sullins, 2019), approximately 18% of the women who obtained abortions stated that the pregnancy was wanted at the time of the abortion.[6] This study used data from the "Add Health" study, a longitudinal study in which the women had been followed from early adolescence into young adulthood over many years, with input and funding from more than twenty government agencies and private foundations. It is an excellent data set with complete data on reproductive history, mental health history and general health history. About 80% of the women were retained in the study over the years. In Sullins' 2019 study, the women who had abortions had increased risk for eight different mental health variables, including depression, anxiety, suicidal thoughts, several types of substance use or dependence (including opiods), and total mental health problems. While the group of women who aborted had increased risk of these adverse conditions compared to those who delivered their child, when considering abortions of wanted pregnancies, the mental health risks were even higher for those women. Of note, the women who gave birth on average had reduced mental health risks, regardless of whether the pregnancy was considered wanted or unwanted at the time of the abortion.

This is all pertinent to the current bill, SB664. Courts have repeatedly held that a right to "privacy" includes a woman's right to have an abortion. Thus, a broadly-based privacy amendment may invalidate existing health and safety statutes and regulations regarding abortion. This would potentially shut down discussion of abortion, and shut down further attempts to pass legislation that would be of benefit to those women who are at risk for adverse psychological effects from abortion.

Back in 1973, when *Roe* was newly decided, and I was undergraduate student, I served as a volunteer in a pro-choice clinic which helped women to obtain abortions. Back then, I thought that being pro-choice meant having actual choices – plural, choic*es* – as in, having options and being able to choose. Today, I know abortion is often *not* a choice, as stated by the woman above

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[4] Shuping, M. (2016). Risk Factors. In R. MacNair (Ed.), Peace Psychology Perspectives on Abortion (pp. 94-114). Kansas City, MO: Feminism and Nonviolence Studies Association.

[5] American Psychological Association. (2008). *Report of the Task Force on Mental Health and Abortion.* Washington, DC: Author. Retrieved from www.apa/org/pi/wpo/mental-health-abortion-report.pdf

[6] Sullins, D.P. (2019). Affective and substance abuse disorders following abortion by pregnancy intention in the United States: A longitudinal cohort study. *Medicina*, *55*(11), 741, https://doi.org/10.3390/medicina55110741

who said, "…I have to have one anyway," though her "heart was breaking." The article doesn't state *why* she had to have the abortion, but that doesn't sound like a choice. In fact, Baker and Beresford (2009) included "perceived coercion" in their list of risk factors. These authors recognize some women do feel they are coerced in regard to their abortion decision *and* that when women feel they are not entirely free to make their own choice, they are at higher risk of psychological distress after abortion.

In the peer-reviewed book *Peace Psychology Perspectives on Abortion,* an entire chapter is devoted to the topic of coercion (Coyle, 2016).[7] In Coyles' review of research on coerced abortion, it was shown that the prevalence of coerced abortion may be anywhere from 11% to 64% with various authors discovering different rates of coercion in different populations. However, even NAF-endorsed author Alissa Perrucci (2012)[8] reports on coercion, recognizing that some women are coerced by their male partners, and that some adolescents are coerced by parents; Perrucci cites one study in which 18% of one sub-group of adolescent women reported being "forced" to abort by their parents. Reproductive coercion is such a frequent problem that the pro-choice American College of Obstetrics and Gynecology wrote a committee opinion about this problem, with recommendations that women should be screened for this.[9]

In my professional experience, I have known many women who were strongly coerced by parents, partners, and by others to abort wanted children. For example, a homeless woman in a county mental health system where I worked had an abortion after being told by a charitable organization that she would not receive needed assistance unless she aborted her child. She had not wanted the abortion and later sought my help for abortion-related distress. She later committed suicide. This is consistent with a number of studies showing increased risk of suicide after abortion.[10] [11] [12] [13] However, my point here is that some women are coerced to have

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[7] Coyle, C. (2016). Coercion and pressure. In R. MacNair (Ed.), Peace psychology perspectives on abortion (pp. 21 - 35). Kansas City, MO: Feminism and Nonviolence Studies Association.

[8] Perrucci, A.C. (2012) Decision Assessment and Counseling in Abortion Care: Philosophy and Practice. Lanham: Rowman & Littlefield.

[9] American College of Obstetrics and Gynecology, Committee on Underserved Women. (2013). *ACOG committee opinion*: Reproductive and sexual coercion. Committee Opinion (Number 554). Washington, DC: Author. Retrieved from http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-and-Sexual-Coercion

[10] Gissler, M., Hemminiki, E., & Lonnqvist, J. (1996). Suicides after pregnancy in Finland, 1987–94: register linkage study. *British Medical Journal, 313,*1431. doi: http://dx.doi.org/10.1136/bmj.313.7070.1431.

[11] Reardon, D.C., Ney, P.G., Scheuren, F.J., Cougle, J.R., Coleman, P.K., Strahan, T. (2002). Deaths associated with pregnancy outcome: A record linkage study of low-income women. *Southern Medical Journal, 95*(8)*,* 834-41.

[12] Sullins, D.P. (2019). Affective and substance abuse disorders following abortion by pregnancy intention in the United States: A longitudinal cohort study. *Medicina*, *55*(11), 741, https://doi.org/10.3390/medicina55110741

[13] Sullins, D.P. (2016, July 22). Abortion, substance abuse and mental health in early adulthood. Thirteen-year longitudinal evidence from the United States. *Sage Open Medicine* 4: 2050312116665997. Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2813546 .

abortions, and such coercion is not uncommon, and not without consequences to the women who experience coercion. Thus, my concern that discussion concerning abortion, and my concern that consideration of woman-protective legislation not be prematurely shut down. Why should even one woman in any state undergo an abortion she does not desire? I know the current legislation is not about abortion per se, and does not directly promote or oppose any specific woman-protective legislation, but it may be used to shut down discussions that are needed to protect those women who may be vulnerable to adverse effects of abortion.

It is also necessary to consider the claim of some abortion advocates that are *no* harmful effects from abortion, ever. As a young abortion counselor in 1973, I was taught this myself, and repeated this to women I "counseled" before helping them to obtain their abortion appointments – no side effects at all after abortion, I believed in 1973. Much later, as a psychiatry resident, experience showed me that not all woman who have abortions actually wanted the abortion, and some women suffer abortion-related distress that can be severe enough to require hospitalization due to risk of suicide.

A new study by Rocca and colleagues (2020)[14] has been widely reported as showing that the primary emotion experienced after abortion was relief and only relief. According to Rocca, there was no evidence of any negative emotion after abortion in the short-term or the long-term, stated Rocca. What a relief it would be if Rocca's statement were true – no negative emotions after abortion. But – it's false.

In the background section at the beginning of the article, when Rocca stated "no evidence" of any negative emotions, she cited a report by Broen et al. (2005)[15] in which women who aborted were compared with women who had miscarried. It is true that test scores for "relief" were significantly higher after abortion compared to miscarriage, at all times measured – from 10 days after the abortion or miscarriage until 5 years later when the study ended. But, Rocca insisted there were *no* negative emotions, in the short term or the longer term, and this is false. The women who aborted did show relief. But – shame was higher also at all measurements from 10 days to 5 years, and guilt was higher from 6 months to five years after abortion. Women who had abortions, compared to the general population, had significantly more anxiety from 10 days to 5 years. In addition, "avoidance," a type of symptom of PTSD, was also increased in the post-abortive women at all measurements. Thus, it's clear that along with relief, there are negative emotions in the short and long term, and relief can co-exist with PTSD symptoms. Rocca seriously misrepresented Broen's study.

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[14] Rocca, C., Samari, G., Foster, D.G., Gould, H., Kimport, K. (2020). Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Social Science and Medicine.* Retrieved from http://www.sciencedirect.com/science/article/pii/S0277953619306999?via%3Dihub

[15] Broen, A.N., Moum, T., Bødtker, A.S., & Ekeberg, Ø. (2005). The course of mental health after miscarriage and induced abortion: a longitudinal, five-year follow-up study. *BMC Medicine, 3*(18). doi: 10.1186/1741-7015-3-18. Retrieved from http://www.biomedcentral.com/1741-7015/3/18 .

There are also problems with the data set Rocca used as the basis for analysis in her report, a large data set named the "Turnaway Study." This was produced as a project of ANSIRH, which stands for Advancing New Standards in Reproductive Health, at the University of California at San Francisco. The Turnaway Study has already been used as a basis for more than 60 published research articles (ANSIRH webpage).

The concept of the Turnaway Study was to study women with unwanted pregnancies, to discover whether it is worse for a woman's mental health to have an abortion, or to carry an unintended pregnancy to term. But it's important to understand the fatal flaws which prevent this data set from providing any useful information.

Thirty abortion clinics in several states were selected to participate. Staff at each clinic were tasked with inviting women to participate in the study, to include women actually obtaining abortions, and also to include women who came to the clinic too late to obtain an abortion, either due to state law or the limits of that particular clinic. The women who waited until it was too late and were "turned away" are the "turnaways" referred to in the name of the study (Biggs et al., 2017).[16] But one problem is that there was no randomization so that the clinic staff could choose who to invite to participate in the study. From conversations between the researchers and the clinic staff, it's possible that some women were thought to be "too distraught" to participate in the research (Dobkin, 2014).[17] If distressed women were not invited to participate, this would lead to a less distressed sample and to misleading results regarding the true occurrence of distress after an abortion or after being denied an abortion (Biggs et al., 2017).

Another problem at the start of the Turnaway Study is that although it is known which women had abortions during the study and which women were turned away, we know nothing about any previous abortions or miscarriages. If women had already had a reproductive loss (whether miscarriage or abortion) prior to their arrival at the clinic at the start of the Turnaway Study, this could produce misleading results. It's not really a comparison between aborting or delivering an unwanted pregnancy, if women in both groups had previous abortions that may still be causing some distress – and there would have been post-abortive women in the abortion group and in the turnaway group. Previous research has shown that a substantial number of currently pregnant women have PTSD associated with a previous reproductive loss (miscarriage or abortion - Seng et al., 2009), but prior losses were not taken into account in the Turnaway Study. Besides that, abortions during the 5 years of follow up were not considered either. Thus, women who had abortions were being compared to women who supposedly didn't have abortions – but there were actually women with reproductive losses including abortions in both groups.

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[16] Biggs, M.A., Upadhyay, U.D., McCulloch, C.E., & Foster, D.G. (2017). Women's mental health and well-being 5 years after receiving or being denied an abortion: a prospective, longitudinal cohort study. *JAMA Psychiatry.* 74(2), 169-178. doi:10.1001/jamapsychiatry.2016.3478

[17] Dobkin, L.M., Gould, H., Barar, R.E., Ferrari, M., Weiss, E.I., Foster, D.G. (2014). Implementing a prospective study of women seeking abortion in the United States: Understanding and overcoming barriers to recruitment. *Women's Health Issues, 24*(1), e115-e123. Retrieved from https://www.whijournal.com/article/S1049-3867(13)00099-6/pdf

In any case, 3,016 eligible women were invited by clinic staff to participate in this study. However, only 37.5% agreed to participate in informed consent (which was done by phone for convenience of the women). Then, after the women had consented to be part of the study, 15% of them dropped out before even giving the first interview (Biggs et al., 2017). There were intended to be interviews twice a year for five years, and the women were offered a $50 gift certificate for each interview (Dobkin et al., 2014). Thus, they could have earned $500 if they had stayed in the study to answer questions about their experience. However, starting with the initial 3,016 who were invited, only about 18% were still in the study at the end of 5 years.

Just on the face of it, it doesn't seem logical to make broad, sweeping conclusions about what all women think and feel about their abortions or their giving birth, when the majority of the women who were eligible and were invited, were not even there at the end of the study.

But there is more than that. There is evidence from several sources that those who are most distressed are least likely to participate in a study in the first place, and are more likely to drop out (Adler, 1976,[18] Broen et al., 2005, Weisaeth, 1989[19]). The women who remained in this study are the ones who didn't mind talking about their experiences, apparently because it didn't bother them much if at all. But those who were more distressed, didn't consent to the study, or dropped out at various points in time. Even Biggs, another ANSIRH author who has used data from the Turnaway Study says, "We cannot rule out the possibility that women with adverse mental health outcomes may have been less likely to participate and/or to be retained" (Biggs et al. 2017).

One other problem with Rocca's report about "relief" is that this study focused on measuring a small number of positive and negative emotions using a very simplistic measure- rather than well-established psychological tests (Rocca et al., 2013,[20] 2020). And, Rocca was looking only at "feelings" and not evaluating for psychological disorders.

There are a number of studies by other authors, using much better data sets, and better methodology, which give very different results compared to Rocca's report. An example is research by Sullins (2019), as above, and Sullins (2016), which also showed significantly increased risk of adverse mental health conditions and substance abuse after abortion.[21]

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[18] Adler N. E. (1976). Sample attrition in studies of psychosocial sequelae of abortion: How great a problem?" *Journal of Applied Social Psychology, 6*(3), 240–59. doi: 10.1111/j.1559-1816.1976.tb01329.x

[19] Weisaeth (1989). Importance of high response rates in traumatic stress research." *Acta Psychiatrica Scandinavica Supplementum, 80*(s355), 131–137. doi: 10.1111/j.1600-0447.1989.tb05262.x.

[20] Rocca, C.H., Kimport, K., Gould, H., Foster, D.G. (2013). Women's emotions one week after receiving or being denied an abortion in the United States. *Perspectives on Sexual Reproductive Health, 45*(3), 122-31. doi: 10.1363/4512213. https://www.ncbi.nlm.nih.gov/pubmed/24020773

[21] Sullins, D.P. (2016, July 22). Abortion, substance abuse and mental health in early adulthood. Thirteen-year longitudinal evidence from the United States. *Sage Open Medicine* 4: 2050312116665997. Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2813546

I know that I told women there were no side effects from abortion, in the earliest days after *Roe,* when young feminists like myself were celebrating "choice." Back then, none of us had any idea how many women would end up with abortions of *wanted* pregnancies, and how many women would suffer from losing their children. In my opinion, it would be a tragic mistake to shut down discussion of the ways that abortion affects women, and to shut down consideration of the best ways to protect the vulnerable.