TESTIMONY

Vermont Bill H. 57

Maureen Curley PhD, APRN

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I would like to thank members of the Vermont Senate Health and Welfare Committee for providing me with the opportunity to testify on Bill H. 57, 'An Act Relating to the Right to Abortion.'

My name is Maureen Curley and I lived and practiced in Vermont as mental health professional, researcher, and faculty member at the University of Vermont. My specialty is in Women's and Reproductive Mental Health. Within that context, I treat women who experience mental health problems surrounding all types of reproductive events including pregnancy, childbirth, infertility, and pregnancy losses, including abortion. I would like to target some specific concerns to the bill that refer to the "fundamental right to abortion, birth or adoption", for individuals who are pregnant.

By promoting unrestricted access to abortion, the bill ensures the provision of the "fundamental right' to abortion, but fails to do the same for the fundamental right to either birth or adoption. Instead, H. 57 perpetuates the current climate where women feel pressured to abort. Feeling pressured to have an abortion is the antithesis of choice. Moreover, women who feel pressured into abortion, or feel they have no other options, have a higher incidence for developing mental health problems after abortion, than those who felt they had real options.

Every day I see women in my practice who have experienced a previous abortion. I can attest to the fact that most feel they had no real, substantive choice to manage the pregnancy other than to abort. When no other pregnancy options are supported, or given due consideration, abortion becomes the default option.

First, most women do not 'choose' abortion, but accept it as a last resort. In the event of an unwanted pregnancy, women report feeling shocked, desperate, alone and confused about what to do. It is within this fragile emotional state, that the decision to abort is typically made. If they receive the news of a positive pregnancy test at a doctor's office, they will often be given the contact information for Planned Parenthood, or the local abortion clinic. Moreover, the office staff may call

and set up the initial appointment for an abortion consultation. Does this bill ensure that the same type of support and assistance for decision making be made for women who are considering adoption or birth? Will women be given the contact information, written materials, or assistance to schedule appointments to explore alternatives to abortion? Women who have had abortions often report feeling angry and dissatisfied with medical providers who rushed them into it, nor took the time to equally explore other options.

In 2010, I conducted a study examining college students' experiences after abortion, which included students at the University of Vermont. There were several key results: (1) More than 50% of the students wanted psychological help to address their abortion experience. This was true whether they had the abortion three weeks or ten years earlier. (2) A significant number of students who presented for enrollment in the study were found to have suicidal tendencies after their abortion, and could not be included in the study. Because of this, there no statistically significant findings for suicidal tendencies were found among those who were included in the study. (3) All students reported symptoms of PTSD targeting the abortion for an average of 3 years afterwards, even those who said they were 'fine' or did not want help afterward. (4) Students cited wanting better pre-abortion counselling and more information on alternatives to abortion among factors that could have improved their negative abortion experience. (5) Finally, as a result of these findings, several student health services began to offer better alternatives to abortion, and all of the student health services were interested in offering post abortion healing program for those who wanted this. (Curley and Johnston 2013) Will medical providers in Vermont provide similar services and resources for women in Vermont who ask for it?

Second, unrestricted access to abortion increases the risk for women to develop mental health problems afterwards. More than 30 % of women who have abortions will go on to develop suicidal tendencies, depression, anxiety, and substance abuse disorders, as well as variations of PTSD. The demand for post abortion healing is increasing. Worldwide women are seeking out post abortion recovery programs. Two popular ones include *Hope Alive International* which is located in 29 countries, and *Rachel's Vineyard*, which offers > 1000 retreats per year, is in 49 states, and 70 countries. This trend sharply contrasts with proponents of abortion who claim that mental health problems after abortion stem from mental health problems before abortion, and not the abortion itself.

In 2008, The American Psychological Association (APA), which promotes abortion on demand, conducted a Task Force on Mental Health After Abortion. They concluded that for an adult woman, a

single, first trimester abortion poses no increase for mental health risks. This effectively excluded the psychological safety of abortion for most of the populations who are having them including: (1) younger women and adolescent girls, (2) those undergoing second and third trimester abortions, (3) and those who have had multiple abortions. Moreover, the APA identified 15 risk factors which contribute to poor mental after abortion. Appendix A, Table 1 Risk Factors for Mental Health Problems After an Abortion as Identified by the American Psychological Association's Task Force on Mental Health and Abortion (2008). As indicated, pressure to choose abortion, feeling coerced to abort, or aborting the pregnancy to please others are known risk factors. These risk factors can be modified, ie such increasing options for alternatives to abortion.

- 40% Of younger women have mental health problems after abortion
- 48-52% Of women are at risk if they have had a prior abortion
- 9% Of women are at risk if they had a second or third trimester abortion
- 20-64% Of women are at risk if they felt pressure to abort
- 11-65% Of women are at risk if they had ambivalence about the decision

Third, the bill threatens the health and safety of younger women who deserve special protection. Younger women and adolescent girls are the population who are most likely to be pressured by others to abort. Younger women who are considering giving birth, and still dependent on parents, may be threatened with loss of parental or financial support. If they are living at home, they may be threatened with eviction. Likewise, younger women are more likely to be coerced to abort by the father of the baby, who may threaten them with abandonment, or loss of financial support. This leaves them feeling unsupported to consider any other option.

Finally, earlier in my career, I was involved in and actively promoted unrestricted abortion on demand believing it was best for women. After reviewing decades of worldwide evidence to the contrary, and treating hundreds of women who have been hurt by abortion, I advocate for healthier alternatives. That said, I am happy to be for any further opportunity for dialogue or testimony with committee members on this topic. In conclusion, I urge the Judiciary Committee to consider provisions for ensuring that pathways for the fundamental right to parent or adopt are created and given the same access and protection as that of abortion, as the mental health and safety across the lifespan of women in Vermont depend on it.

Thank you

Maureen Curley PhD APRN