

Testimony of Priscilla K. Coleman, Ph.D.

SENATE BILL NO. 49
LEGISLATURE OF THE STATE OF ALASKA

1. My name is Dr. PRISCILLA K. COLEMAN. I am a developmental psychologist and a Professor of Human Development and Family Studies at Bowling Green State University in Ohio, where I have been employed full-time for the past 11 years. I have published over 50 peer-reviewed scientific articles, of which 37 are on the psychology of abortion. Based on my expertise and the fact that I have published more peer-reviewed studies on abortion and mental health than any other researcher in the world, I am often called upon to serve as a content expert in state and civil cases involving abortion. I have given presentations in parliament houses in Great Britain, Northern Ireland, New South Wales, and Queensland. Finally, I am on the editorial boards for five international medical journals.

2. Over the course of my professional career, I have spent more than 20 years conducting research, publishing the results of studies, analyzing the research of others, and performing systematic reviews of the literature for publication in peer-reviewed journals. The opinions expressed in my testimony are based upon my education, professional experience, the psychological research I have personally conducted, and my extensive and ongoing review of the abortion and mental health literature.

3. I can say with a reasonable degree of scientific and medical certainty that abortion is a substantial contributing factor in women's mental health problems. Abortion is a particularly risky choice for women with pre-existing mental illness. There is no empirical evidence documenting mental-health benefits to women with or without pre-existing mental illness, and there is an abundance of literature documenting the

association between abortion(s) and declining mental health status. Therefore, I am of the opinion that abortion is never justified based on mental health grounds and abortion should not be paid for by the state of Alaska due to the presence of any form of mental illness in women.

4. The formal study of the psychology of induced abortion has garnered considerable momentum over the past several decades and the scientific rigor of the published studies has increased dramatically. Potential negative psychological and relational consequences of induced abortion and risk factors for such consequences have been the two primary focal areas in the literature. Paralleling the expansion of research, both in terms of the quantity and quality of studies published, there has been growing awareness in the medical community of the need for evidence-based practice.

5. The overwhelming preponderance of scientific evidence published world-wide indicates that abortion is a substantial contributing factor in women's mental health problems, including depression and death from suicide. Other well-established psychological difficulties associated with abortion include anxiety, substance use disorders, and relationship problems.

6. The scientific evidence is published in leading peer-reviewed journals in psychology and medicine, and there are now dozens of large scale, prospective studies incorporating different types of comparison groups (unintended pregnancy delivered, other forms of perinatal loss, etc.) and other control techniques, effectively fortifying the level of confidence in the results derived. Exhibit A provides a list of the most methodologically sophisticated studies on abortion and mental health published over the

last several decades; whereas Exhibit B provides an assessment of the causal evidence linking abortion to various mental health problems.

8. Exhibit C contains a report of a meta-analysis I conducted titled "Abortion and Mental Health: A Quantitative Synthesis and Analysis of Research Published from 1995-2009". This paper was published in the British Journal of Psychiatry on September 1, 2011. A meta-analysis is a specific form of systematic literature review wherein quantitative data from multiple published studies are converted to a common metric and combined statistically to derive an overall measure of the effect of an exposure such as abortion. This methodology gives the results more statistical power (due to the increased sample size) and much more credibility than the results of any individual empirical study or narrative review, such as the one conducted by the American Psychological Association in 2008. In a meta-analysis, the contribution or weighting of any particular study to the final result is based on objective scientific criteria (sample size and strength of effect), as opposed to an individual's opinion of what constitutes a strong study.

9. After applying methodologically-based selection criteria and extraction rules to minimize bias, the sample consisted of 22 studies, 36 measures of effect, and 877,297 participants (163,880 experienced an abortion). Results revealed that women who aborted experienced an 81% increased risk for mental health problems. When compared specifically to unintended pregnancy delivered, women were found to have a 55% increased risk of experiencing mental health problem.

10. Separate effects were calculated based on the type of mental health outcome with the results revealing the following: the increased risk for anxiety disorders was 34%; for depression it was 37%; for alcohol use/abuse it was 110%; for marijuana use/abuse it was

220%; and for suicide behaviors it was 155%. Calculation of a composite Population Attributable Risk (PAR) statistic revealed that 10% of the incidence of mental health problems was directly attributable to abortion.

11. Very stringent inclusion criteria were used to avoid bias. Every strong study was included and weaker studies were excluded based on the criteria. Specifically, among the rules for inclusion were sample size of 100 or more participants, use of a comparison group, and employment of controls for variables that may confound the effects such as demographics, exposure to violence, prior history of mental health problems, etc.

12. The British Journal of Psychiatry is considered one of the top psychiatry journals in the world. Specifically, it has a very high Impact Factor (5.947) and it is currently the 3rd most-cited general psychiatry journal in the world (based on ISI rankings). Submitted papers are extensively scrutinized by well-respected scientists and the results of studies published are trusted by practitioners around the globe. This review offers the largest quantitative estimate of mental health risks associated with abortion available in the world.

13. The literature on risk-factors for adverse post-abortion psychological consequences is well-developed. There is undisputed opinion among researchers and even among many abortion providers that risk factors for poor adjustment include the following: prior mental health problems, difficulty with the decision, emotional investment in the pregnancy, timing during adolescence or being unmarried, involvement in unstable or violent relationships, conservative views of abortion and/or religious affiliation, second trimester abortions, and feelings of being forced into abortion by one's partner, others, or by life circumstances (Allanson, & Astbury, 2001; Bracken, 1978;

Bracken et al., 1974; Campbell et al., 1988; Cozzarelli et al., 1994; Kero et al., 2004; Lewis, 1997; Lyndon et al., 1996; Osofsky & Osofsky, 1972; Osofsky et al., 1973; Remennick & Segal, 2001; Russo & Denious, 2001). Internalized beliefs regarding the humanity of the fetus, moral, religious, and ethical objections to abortion, and feelings of bereavement/loss also frequently distinguish those who suffer profoundly (see Coleman et al., 2005 for a review).

14. Hern (1990), a well-known abortion provider, emphasized the central role of pre-abortion counseling in evaluating women's mental status, circumstances, and abortion readiness while stressing the importance of developing a supportive relationship between the counselor and patient to prevent complications.

15. For the purpose of litigation in South Dakota (HB 1217), I completed a search of the professional literature for studies published between 1972 and 2011, documenting personal, demographic, situational, and relational factors that increase the likelihood of women experiencing post-abortion psychological problems. Over 400 abstracts of articles were read to assess relevance, 258 articles were ordered and examined closely, and a final list of 119 articles on risk factors for psychological difficulties was developed. I identified 12 risk factors documented in a minimum of 10 peer-reviewed journal articles. The risk factors are listed below. As indicated, at the top of the list are factors related to pre-abortion emotional and psychological disturbance.

- 1) ***Character traits indicative of emotional immaturity, emotional instability, or difficulties coping*** including low self-esteem, low self-efficacy, problems describing feelings, being withdrawn, avoidant coping, blaming oneself for difficulties etc. (42 studies)

- 2) *Pre-abortion mental health/psychiatric problems* (35 studies)
- 3) *Decision ambivalence or difficulty, doubt once decision was made, or high degree of decisional distress* (29 studies)
- 4) *Conflicted, unsupportive relationships with others* (28 studies)
- 5) *Conflicted, unsupportive relationship with father of child* (24 studies)
- 6) *Desire for the pregnancy, psychological investment in the pregnancy, belief in the humanity of the fetus and/or attachment to fetus* (21 studies)
- 7) *Repeat or second trimester abortion* (19 studies)
- 8) *Timing during adolescence or younger age* (18 studies)
- 9) *Religious, frequent church attendance, personal values conflict with abortion* (18 studies)
- 10) *Negative feelings and attitudes related to the abortion* (16 studies)
- 11) *Pressure or coercion to abort* (10 studies)
- 12) *Indicators of poor quality abortion care* (feeling misinformed/inadequate counseling, negative perceptions of staff, etc.) (10 studies)

In summary, there is never, in my opinion, justification for abortion on mental health grounds. Moreover, there is a preponderance of evidence suggesting that an abortion will exacerbate pre-existing mental illness, in addition to carrying significant potential to initiate mental illness in women without a prior history. Based on the fact that there is no scientific evidence documenting that women suffering from mental illness are best served by the provision of abortion services when facing an unintended pregnancy, I

do not believe that public funds should be used for this purpose.

Priscilla K. Coleman

Priscilla K. Coleman, Ph.D.
Professor of Human Development and Family Studies
Bowling Green State University
Bowling Green, OH 43403