

**PARENTAL
CONSENT
LAWS
FOR
ADOLESCENT...**



Planned Parenthood[®]

of the Great Northwest

FAX

Date: 4/3/09
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Don & Linda —
 As things heat up w/ Notice & Consent bills I thought this article could provide good talking points. I will email you our draft points on notice momentarily. Thank you BOTH so much!
Barthany G.

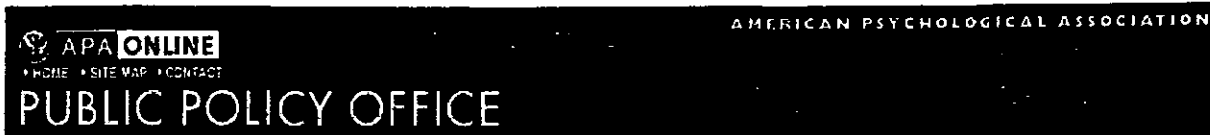
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AMERICAN PSYCHOLOGICAL ASSOCIATION

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Parental Consent Laws for Adolescent Reproductive Health Care: What Does the Psychological Research Say?

Psychological research has found that most adolescents seek parental or other adult guidance in decisions about contraceptive use and abortion, and that adolescents are generally competent to make such decisions. Given the overall lack of empirical support for parental notification and consent laws for adolescent reproductive health care, resources need to be directed to teen pregnancy prevention efforts, including family support, education, and psychosocial services.

ARE ADOLESCENTS COMPETENT TO MAKE DECISIONS REGARDING REPRODUCTIVE HEALTH SERVICES?

Psychological theory and research on cognitive, social, and moral development support the finding that adolescents, as a group, are able to understand, reason, and make decisions about important life situations.

- Research on pregnancy-related decision-making abilities, and more general studies on cognitive and social development, support the view that by middle adolescence (ages 14 to 15) minors have developed many adult-like intellectual and social capacities (Ambuel, 1995; Ambuel & Rappaport, 1992; Lewis, 1987; Mann et al., 1989). These capacities include the specific abilities necessary for understanding treatment alternatives, considering risks and benefits, and giving legally competent consent. It is important to note that the ability to make a legally competent decision is not equivalent to making an intelligent, mature, or right decision (O'Keefe & Jones, 1990). Adults, like adolescents, can make decisions that are not in their best interests or are considered immature by others.
- When comparing adolescents to adults, research has found that adolescents who considered abortion were generally as competent as legal adults in their decision-making; however, adolescents under age 15 who did not consider abortion were generally found to be less competent in their decision-making than adults (Ambuel & Rappaport, 1992).
- It is also noteworthy that almost all adolescents who exercise the judicial bypass option provided in parental consent/notification laws governing abortion are successful in obtaining court permission to forgo parental involvement (Ambuel, 1995; Crosby & English, 1991; Pfirner & Yates, 1992). Nearly 90 percent of the minors who use judicial bypass procedures are ages 16 and 17; and in those cases where minors were considered immature, the courts have almost always decided that the abortion was in the minor's best interest (O'Keefe & Jones, 1990). Research on sociodemographic and economic factors has found that adolescents who choose to obtain abortions tend to be relatively well-educated, white, unmarried residents of the northeast or west, and either in school or working (Stevens et al., 1992). There is also evidence to suggest that adolescents who choose abortion are more mature and competent than those who decide to carry the pregnancy to term (Ambuel & Rappaport, 1992).

DO ADOLESCENTS SEEK ADULT GUIDANCE WHEN MAKING DECISIONS ABOUT REPRODUCTIVE HEALTH SERVICES?

Empirical studies have found that the majority of adolescents consult a parent or other adult about reproductive health care. Family characteristics that facilitate parent-child communication include openness and adaptability.

- Without any legal compulsion, over 50 percent of adolescents consult a parent about contraceptive use (Pistella & Bonati, 1998) and abortion decisions (Ambuel, 1995; Ambuel & Rappaport, 1992; Crosby & English, 1991; Griffin-Carlson & Mackin, 1993). Studies have also found that adolescents consult adult, nonparental relatives about reproductive health care (Pistella & Bonati, 1998) and abortion-related decisions (Resnick et al., 1994). Moreover, younger adolescents (age 13 and 14) are most likely to notify their parents about abortion decisions (Resnick, et al., 1994).
- Adolescent girls report feeling more free to talk about sex and birth control with their mothers than with any other single person (Griffin-Carlson & Schwaneflugel, 1998). They regard their mothers and male partners as most helpful in their abortion decision-making process, followed by friends and counseling services (Resnick et al., 1994).
- Adolescents who describe the communication in their family as generally open were more likely to involve their parents in their decision whether to have an abortion (Griffin-Carlson & Mackin, 1993). Family adaptability (parents' ability to change their interactions with their children in age-appropriate ways) has been found to influence the quality of parental involvement in an adolescent's abortion decision (Griffin-Carlson & Schwaneflugel, 1998). Parents who are adaptable are more likely to be approachable, and provide the necessary guidance, understanding, and support to an adolescent faced with an unwanted pregnancy. Yet, even adolescents in adaptable families with open communication may still refrain from seeking parental consent for fear of disappointing their parents about the pregnancy.
- A disproportionate number of young adolescents who become pregnant live in severely unstable families (Ambuel, 1995). Thus, adolescents most at risk for pregnancy are also those most likely to come from violent and/or chaotic homes where they may not be able to seek guidance from their parents. Moreover, nearly half of pregnant adolescents with a history of physical assault report being hit during their pregnancy, most often by a family member (Berenson et al., 1992). These at-risk teens may suffer the most from mandatory parental consent laws, because they are confronted with having to seek permission from an abusive parent or are forced to delay medical care until they obtain a judicial bypass. Alternatively, these teens may choose to become young parents or may seek

dangerous, extralegal methods of abortion.

WHAT ARE THE EFFECTS OF PARENTAL INVOLVEMENT LAWS ON ADOLESCENTS?

Parental notification and consent laws can have harmful psychological and health consequences for the minors affected by these laws. By restricting adolescent access to confidential contraceptive services, these laws can result in an increased number of unintended pregnancies.

These laws often have the following additional unintended effects:

- Delayed timing of contraceptive services and/or abortion, which increases health risks and expenses (Ambuel, 1995; Lieberman & Feierman, 1999; Melton, 1987; Pliner & Yates, 1992)
- Stress, fear, and anxiety for those adolescents who go to court to obtain a judicial bypass for an abortion (Crosby & English, 1991; O'Keefe & Jones, 1990)
- Intrafamilial conflict in abusive homes (Ambuel, 1995; Melton, 1987; O'Keefe & Jones, 1990)
- Restriction of adolescent access to abortion resulting in teenage parenthood or the use of dangerous extralegal methods of abortion (Crosby & English, 1991; O'Keefe & Jones, 1990).

WHAT IS NEEDED?

First, there needs to be general consensus that adolescent health is of paramount importance in discussions of contraceptive use and abortion. Next, strategies need to be identified to safeguard and promote adolescent health. Such strategies include the widespread dissemination and implementation of provenly effective adolescent pregnancy prevention programs, such as school-based curricula (e.g., Arnold et al., 1999); community-based initiatives (e.g., Lewis et al., 1999); family support programs (e.g., Solomon & Liefeld, 1998); peer support/counseling programs (e.g., Ferguson, 1998); and skills training (e.g., Hovell et al., 1998). Concurrently, concerted efforts need to be undertaken to promote open, meaningful communication between parents and their adolescent children. In the absence of such communication (e.g., as in the case of abusive families), parental notification and consent laws place the health of adolescents in jeopardy. Yet, psychological research has shown that most adolescents consult their parents or other adult relatives about contraceptive use and abortion and are generally competent to make such decisions. Taken as a whole, these findings call into question the value of parental notification and consent laws and point to the general ability of adolescents to exercise control over their own reproductive health care.

For more information, please contact Lori Valencia Greene in APA's Public Policy Office at (202) 336-6062.

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