



FLORIDA PSYCHOLOGICAL ASSOCIATION OPPOSES RESTRICTIONS ON ABORTION

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The federal decision for *Roe v. Wade* (Blackburn & Supreme Court of the United States, 1972) enacted in 1973 authorized individuals to make their own informed decisions about pregnancy termination without excessive government restriction. The overturning of this federal decision in favor of state legislation puts more power in the Florida Legislature to restrict the choice and freedom of individuals to legally seek an abortion. Although the Florida law permits abortions after the 15th week in cases where medical professionals agree that the fetus is unviable due to abnormalities, or when the health of the mother is at serious risk, it does not allow protections for conception as a consequence of rape, incest, intimate partner violence, or periods of psychological instability (e.g., mania, psychosis).

Transgender, nonbinary, and intersex individuals also seek abortions and utilize surgical and medication abortions but are often not considered when addressing reproductive rights and abortion (Moseson et al., 2021). The Florida Psychological Association (FPA) stands united with the American Psychological Association and endorses its recent statements about the implications of an abortion ban on mental health as well as an early call for reaffirming support for reproductive rights for all womxn¹.

The CDC determined in their 2019 Abortion Surveillance survey that nearly 630,000 legal abortions were reported for 2019 (Kortsmitt et al., 2019). Aiken et al. (2020) identified the most common reasons for seeking abortions as lack of money, wanting to finish school, age, phase of life barriers, illness, and insufficient familial support. According to the APA Task Force on Mental Health and Abortions (2008), abortions have not been linked to significant negative mental health outcomes for most people. In fact, for those with an unplanned pregnancy, the mental health outcome was similar whether they had a first-term abortion or carried the unwanted pregnancy to term. Negative responses to abortion were linked to negative social attitudes, need for secrecy, public shaming, and prior mental health problems (APA, 2008). Rocca et al. (2020) tracked a large group of womxn following their abortions and found that the most commonly reported feeling was relief. While some womxn initially felt sadness or anger, these feelings dropped significantly over time and by 5 years, over 80% felt positive about their decision and experience (Rocca et al., 2020).

Having an abortion has not been linked to development of posttraumatic stress disorder or other traumatic responses (APA, 2008). Instead, what has been shown consistently by psychological science is that laws forcing an individual to carry a pregnancy to term results in increased risk of maternal psychological distress and infant mortality. A study conducted by Pabayo et al. (2020) analyzed data from 11,972,629 infants and mothers and found that, compared to infants living in states with no restrictive abortion laws, infants living in states with more restrictive laws were more likely to die.

Increased infant mortality may be due in part to increased psychological distress and/or increased postpartum depression that increases the risk of serious birth complications and

decreased postnatal care, thereby increasing infant mortality (Pabayo, 2020). Moreover, research in the United States demonstrates that increased state funding for family planning and abortion services can decrease infant mortality rates, especially for low-income communities of color (Krieger, 2016).

Restricting individuals' reproductive freedoms also restricts the individuals' feelings of autonomy in other important life domains. In a high-quality study based on data from the Turnaway Study, Roberts et al. (2014) found that womxn who were denied an abortion were likely to stay in abusive relationships. In comparison, womxn who were able to access an abortion reported a decrease in intimate partner violence and were more likely to leave unhealthy relationships.

Womxn in the sample reported physical and psychological violence before, during, and after being pregnant (Roberts et al., 2014). A plethora of research shows the time during and immediately after pregnancy raises the risk for intimate partner violence. Studies in Georgia, Illinois, Louisiana, and Maryland identified pregnant and recently postpartum womxn at approximately twice the risk of homicide than nonpregnant womxn (Campbell et al., 2021). Within the past decade, research has supported homicide as a leading cause of pregnancy-associated deaths in the United States, with significantly increased risk for African Americans and younger ages (Campbell et al., 2021).

If individuals are forced to carry a pregnancy to term, they may feel compelled to remain in violent relationships with abusive partners, placing the victim and their children at greater risk for violence and death (Collaborative for Reproductive Equity, 2021). Adults between the ages of 20-29 accounted for the highest percentages of abortions in 2019, but adolescents aged 15-19 had the highest ratio of abortions as compared to the number of live births for the age group (Kortsmitt et al., 2019).

In 2020, the teen birth rate was 15.4, continuing the downward trend since 1990 (Osterman, Hamilton, Martin, Driscoll, & Valenzuela, 2022), however that trend may change as a result of stricter abortion laws. Laws that would force a young adult or teen to carry an unwanted pregnancy to term would likely reduce the adolescent's educational attainment, reduce their earning potential, increase their likelihood of requiring public assistance, and can drastically increase parenting challenges. (Diaz & Fiel, 2016; Hodgkinson, Beers, Southammakosane, & Lewin, 2014; Jacobs & Mollborn, 2012; Kane, Philip-Morgan, Harris, & Guilkey, 2013; Mollborn, 2017).

Without access to safe health care, individuals may resort to illegal means of inducing or obtaining an abortion, which can cause undue harm to the individual or place them in risky situations. One current popular and safe method of abortion is medication abortion. Within a 10-month period in 2017-2018, more than 6,000 U.S. residents requested self-managed medication (SMM) through the Women on Web (WoW) telemedicine website. Seventy-one per cent of requests were initiated from states with hostile abortion laws (Aiken et al., 2020).

In 2008, 49% of U.S. births were unintended pregnancies, with risk highest among impoverished communities, highlighting the ways in which restrictive abortion laws would perpetuate socioeconomic inequities (Finer et al., 2014; Krieger et al., 2016). Individuals with financial means will be able to travel to states that legally allow abortions, meaning that laws restricting reproductive rights in Florida would primarily and unfortunately target Florida's poverty stricken and minoritized communities that are disproportionately comprised of Black, Indigenous, and People of Color (BIPOC).

Data indicates that Black and Hispanic womxn of reproductive age in Florida are more likely to live at 200% or below the federal poverty threshold, with a prevalence of 55% and 50% respectively, compared with White womxn with a prevalence of 35% and 36% respectively (Hernandez, 2012). Moreover, data indicate that approximately 34% of postpartum womxn in Florida did not have healthcare coverage a month prior to pregnancy, with increased risk for younger age, Hispanic ethnicity, and lower income (Hernandez, 2012). In this way, any laws limiting reproductive freedom would be a form of systemic racism for already oppressed and minoritized communities.

The Title-X Family Planning Program (FP Program) in Florida, which is funded by the U.S. Department of Health & Human Services Office of Population Affairs, reached only 18.3 % of the womxn in need of publicly funded family planning services in 2008 (UNC, 2010). Despite the need for easily accessible, free, quality perinatal and postpartum mental health services, the FP Program reports there has been a 33.5% decrease in the total number of users served from 2016-2020 (Florida Department of Health, 2020). Without mental health services, individuals forced to give birth will be at risk of developing increased psychological distress perinatally and postpartum, which may impact the infant's mortality, parent-infant attachment, and lead to an increased risk of adverse childhood experiences for the child. This in turn will likely lead to generational transmissions of trauma, locking already oppressed communities in cycles of continued poverty and trauma.

The Florida Psychological Association decries any measures designed to further restrict abortion and strongly urges the administration of increased mental health services to perinatal and postnatal individuals, with an emphasis on BIPOC communities that will be most affected by restrictive abortion laws.

1 The term womxn has been used to express FPA's solidarity with all individuals capable of being pregnant, and is inclusive of transgender, non-binary, and intersex individuals

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