

May 26, 2022

Re. Opponent testimony for House Bill 598 to the House Government Oversight Committee

Chair Wilkin, Vice Chair Swearingen, and Ranking Member Brown,

My name is Colleen Dempsey. I am a licensed independent social worker and the Practice Associate for the National Association of Social Workers, Ohio (NASW-OH). I am here today to testify against HB 598. NASW Ohio opposes this bill and all restrictions on abortion access which fly in the face of our ethical principles, limit freedom and deepen social injustice.

Social workers provide a wide range of services to Ohioans including medical and behavioral health case management, psychotherapy, child protective services, discharge planning and resource linkage. These roles put social workers in the position supporting pregnant and parenting people to experience self-determination in navigating their options - including abortion.

I read the previous testimony from proponents of this bill and felt disturbed by the misinformation and generalizations given about people who have had abortions. The truth is that pregnancy, parenting, and abortion impact every individual differently and to different degrees. As legislation criminalizing abortion – and social work services related to abortion – has ramped up, we have been reaching out to social workers and learning more about the ways that abortion comes up in social work practice. We have not found social work practitioners who regularly see individuals coping with traumatic stress or emotional fallout from abortions. There are social workers who specialize in post-partum depression, grief and loss related to miscarriage of *wanted* pregnancies, and stress related to parenting, but the notable reality is that people who have abortions are not commonly seeking therapy or other services to support their emotional recovery from the procedure.

There is no credible evidence that abortion causes a greater negative impact to one's mental health than giving birth<sup>1</sup>. There is however, evidence that social barriers and stigma increase the risk of negative emotional reactions after an abortion and the proponents of this bill representing crisis pregnancy centers who purport to observe negative emotional health outcomes in their patients should consider the evidence that it is their anti-abortion bias, stigmatizing language and coercive tactics that could be at fault.

With my testimony today, I am including a letter from Ri Molnar, a clinical social worker from Dayton who could not be here today. These are Ri's words:

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<sup>1</sup> Report from APA Task Force on Mental Health and Abortion (2008)  
<https://www.apa.org/pi/women/programs/abortion/mental-health.pdf>

*As a Clinical Social Worker in Dayton, Ohio, I have worked in multiple capacities where I have counseled a pregnant person through their choices. As a licensed mental healthcare provider, it is clear to me why there are no abortion specific licensed therapists that I am aware of in Ohio. The act of terminating a pregnancy does not meet the criteria for diagnosable trauma under the guidelines of the DSM-5-TR nor previous versions. The DSM is our guiding diagnostic manual nationally as a profession.*

*That is not to diminish the circumstances under which someone considers or chooses to terminate a pregnancy. In my clinical experience, those hoping to leave a Domestically Violent spouse have struggled with this choice, especially in circumstances when the abusive partner uses pregnancy to control the pregnant spouse, taunting, "How can you leave me with three children under five and now pregnant again." I trust the humanity in each of you on the committee to want all people to be safe and healthy. In a desperate situation where a pregnant spouse is being violently abused, would you not extend them the respect to consider all their options?*

*Similar, I have served homeless young people facing the prospect of another pregnancy when their children are in the custody of CPS. Every day, young Ohioans see less and less potential in their futures, and due to inflation and raising housing instability face homelessness for the first time. Living under these extremely impoverished circumstances is traumatic. Having your newborn baby removed from your care before you've even left the hospital, before your stitches have healed from giving birth, is traumatic. In this desperate situation, facing complete heartbreak and agony of the loss of a child into a system that, on a good day, struggles to function, would you not, in their place, consider all your options?*

*These, of course are not the only people who will be impacted by bans on abortion, but these are real stories, that happen to everyday people in Ohio. And their trauma is completely preventable.*

*I implore you, as those who claim to represent the voices of Ohioans, to listen to us! We are not asking you to be perfect, not even great. We are simply asking that you allow us to consider all of our options and make our own decisions about our own lives.*

*Sincerely,*

*Ri Molnar, LSW, MSW*

Proponents of this testimony are operating under false narratives about abortion as a risk factor for mental health. As a social worker, a therapist, and a person whose freedoms this legislation would restrict, I urge the legislature to abandon this harmful legislation and refocus on preventing and addressing social ills like gun violence, poverty and homelessness, and health inequity.

At this point I will be happy to take any questions.

**Colleen Dempsey, LISW-S (she/her)**

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