

Written Testimony of Tessa Longbons Cox
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The Distinguished Chairs and Honored Members of the Committees.

I am a senior research associate at the Charlotte Lozier Institute. My research focuses on abortion statistics and trends, and the impact of abortion on women's health. Thank you for the opportunity to testify on HB2813 and provide information on the weighty matter of abortion coercion.

Recently, I coauthored two peer-reviewed studies based on a survey of 1,000 American women between the ages of 41 and 45, including over 200 women who indicated that they had had an abortion, which is consistent with estimates that approximately one in four women will have an abortion by the age of 45. Women were asked to describe their feelings about their decision to have an abortion.

Over 60% of the women who had abortions recalled feeling pressured to choose abortion by finances, circumstances, or other people in their lives. Interpersonal pressure was most strongly correlated with negative mental and emotional outcomes. These negative outcomes included interference with daily life, work, and relationships; intrusive thoughts; and frequent feelings of grief or sadness.

In a follow-up study, we found that close to 70% of the women who had abortions did not want them. Forty-three percent described their abortions as accepted but inconsistent with their values and preferences; 14% described them as unwanted; and 10% described their abortions as coerced. Sixty percent reported that they would have preferred to give birth if they had received more emotional support or financial security.

These studies add to a growing body of literature on the prevalence and impact of unwanted abortions and abortion coercion. Other survey research has found that almost two-thirds of American women felt pressured into their abortions by other people. An analysis of data from the National Survey of Family Growth found that 15 percent of all abortions were on wanted pregnancies. Internationally, a recent BBC poll of over 1,000 women in the United Kingdom, including those without a history of abortion, found that 15 percent of all U.K. women reported having experienced pressure to undergo an unwanted abortion.

Recently, a lawyer in Texas was sentenced to prison after being convicted of repeated attempts to dose his pregnant ex-wife with abortion-inducing drugs, without her knowledge and consent, in an attempt to abort their unborn daughter. In 2022, a Wisconsin man was sentenced to prison after he slipped abortion drugs into his partner's water bottle while she was in the bathroom. Fortunately, these attempts were unsuccessful, but other cases have ended in tragedy. In 2018, a doctor in Virginia was sentenced to prison after slipping abortion drugs into his girlfriend's tea, causing her to lose their unborn child.

The victims in these cases were able to recognize the abortion attempts and get the authorities involved. However, many women facing forced or coerced abortion may not have any recourse. One

study shows that victims of human trafficking have frequent contact with abortion centers and are at risk of undergoing multiple abortions against their will. The women at greatest risk of forced abortion may be least able to stand up for their rights when a forced abortion occurs.

The prevention of coerced abortion is an opportunity for common ground on a polarized and divisive topic. Both pro-life and pro-choice Americans can agree that no woman should be compelled to undergo an abortion against her will.

Based on my professional opinion researching abortion and coercion, I believe this bill would provide important protections for pregnant women in Kansas.

Thank you for allowing me to provide information on this important issue.