# Social worker's role in teenage abortions

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*An adolescent's request for an abortion raises many ethical and practical issues. The social worker must help the girl weigh the various alternatives, resolve the abortion crisis to her own satisfaction, and view the experience as one episode in her growth toward adulthood.*

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APPROXIMATELY ONE-THIRD of all abortions in the United States are performed on women under the age of 20.[1] At present, the number of abortions among adolescent girls aged 15 to 19 ranges from 3 per 1,000 live births in Mississippi to 1,300 abortions per 1,000 live births in New York.[2] Moreover, this proportion is increasing as a result of changes in social customs, medical practices, and legal regulations.

For social workers, an adolescent's request for an abortion raises many issues relating to ethics and practice. Although there is less stigma attached to having a child without the sanction of marriage than there once was, the likelihood of serious illness or death is greater for the pregnant adolescent than it is for the older woman. Obstetrical complications among adolescent mothers include severe anemia, toxemia, and prolonged and difficult labor. Infants born to teenagers have a higher incidence of prematurity, mortality, low birth weight, and congenital defects.[3] In addition, the World Population Conference of the United Nations noted that pregnancy early in life frequently prevents a young woman's educational and career opportunities.[4] Early parenthood is an interruption of the sequence of life events that society expects of a woman.[5] Campbell has noted that the adolescent who has a child at age 16 already has 90 percent of her life's script written for her.[6] Although current research indicates that psychiatric problems following an abortion are not inevitable, any pregnant teenager is at a vulnerable point in her life.[7] Because of this, the manner in which her request for an abortion is handled is crucial.

## INTAKE PROCEDURES

At the Massachusetts General Hospital in Boston, anyone seeking an abortion is evaluated by a social worker before seeing the physician. During the past two years approximately 100 women, ranging in age from 14 to 40 years, were screened by the author, a social worker on the hospital staff. This article will focus on the experiences of approximately 40 adolescents in that group, drawing some comparisons with those of the older women.

Performing a psychosocial evaluation of these adolescents was initially a discouraging experience. For many of these girls, the pregnancy was symptomatic of other chronic problems that they were experiencing in their relationships with parents, peers, and school. If the girls had been referred by one of the hospital's outpatient clinics for something other than an abortion, it might have been possible to initiate ongoing treatment with them. However, most of the girls ignored the staff's efforts at counseling and showed no interest in maintaining contact following the abortion. Although Young, Berkman, and Rehr have claimed that the screening interview can be a case-finding device, in the author's experience this is far from universal.[8] A common pattern is for the girl to request the abortion, to be willing to discuss her situation and her current feelings, but to resist any attempts at further contact. Approximately half the girls do not even appear for the postabortion medical checkup. In view of this reluctance, the screening interview was viewed by the author as an opportunity to perform crisis intervention with troubled adolescents in a single session. The issues that the girls themselves raised —present options, parental attitudes, means of contraception, emotional reactions, and plans for the future— formed the substance of these meetings.

Various clinicians and researchers have addressed the feeling of crisis that surrounds abortion. Rothstein, for example, notes optimistically that the crisis might help the girl confront her chronic personality problems and thus serve as a motivation for change.[9] Smith views abortion counseling as a problem-solving process in which the counselor—acting as diagnostician, consultant, advocate, and therapist— helps the girl to maintain or increase her level of functioning.[10]

Certainly, a young teenager confronted with an unexpected pregnancy is in a state of crisis. She may not know what to expect, what to do, or


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how others will react. Because most hospitals will not perform abortions after the second trimester of pregnancy, time is a constraining factor and some resolution must be reached. The abortion terminates the pregnancy and, seemingly, resolves the crisis. The girl who talked freely before the abortion now wants to repress the experience and to have no further contact with the hospital. Although she no longer seems open to treatment, a helpful preabortion relationship—however brief—may make her more ready to accept help later, if another crisis should occur.

## ISSUE OF CHOICE

The issue of choice is usually the first one raised by a girl seeking an abortion. Many girls begin the interview by saying, "My doctor told me to come in for an abortion." Occasionally, a distraught mother will call saying, "My daughter is pregnant. How can I get her an abortion?" Both requests imply that the decision is being made *for* the girl, not *by* the girl. However, if the abortion is to be an experience through which the adolescent can learn and grow, she must be helped to see that, ultimately, the decision is hers alone to make, regardless of how young she might be.

In making her decision, a girl does not have the luxury of time. During the first trimester of pregnancy, she can undergo a D & C (dilation and curettage) or a suction abortion on an outpatient basis. If the girl is in her second trimester of pregnancy (between thirteen and twenty weeks), a saline procedure will usually be used, which simulates labor and usually requires a three-to-five-day period of hospitalization. At present, no hospital in the Boston area will perform an abortion beyond the twentieth week of pregnancy.

Over half the girls in this sample had waited until they were well into their second trimester before seeking an abortion. When asked why she had waited so long, a girl frequently denied knowing she was pregnant (despite nausea, missed menstrual periods, and protruding abdomen). Other girls cited negative pregnancy tests that were incorrect or the inability to take time off from school. In a few cases, they articulated their feelings of ambivalence toward the procedure.

A social worker must maintain a neutral position if she is to help the girl choose among the various options —abortion or carrying the pregnancy to term with a view toward keeping the baby or relinquishing it for adoption or foster placement. It appears, however, that in the girls' minds, adoption is seldom a realistic alternative. As pregnancy without marriage becomes more socially acceptable, adoption is chosen by fewer girls. According to one national probability sample of girls aged 15 to 19, only 8 percent of the single mothers chose adoption.[11] In another study of 229 black unwed adolescents in Baltimore, Maryland, 34 percent decided to have an abortion but none chose adoption or foster placement.[12] Even when a girl has strong feeling against abortion, she will choose to terminate the pregnancy rather than to consider future placement for the child. Frequently, she rationalizes her decision by saying, "I couldn't stand not knowing what happened to my baby."

In a study of 108 women that was made 4 months after they underwent an abortion, Freeman found that most of the women perceived pregnancy as something that "happened" to them and viewed the abortion as a forced response to a problem.[13] By discussing various possibilities that are open to a girl—and by helping her to work out the concrete arrangements that are necessary—a social worker can help the girl understand that it is she who has made the decision and that the decision was not made for her.

In contrast to this positive situation, the following case example shows that an adolescent seeking an aborion will frequently state that she has no choice and may pressure the social worker, physician, or her family to make the decision for her.

> Seventeen-year-old Margie originally stated that her family wanted her to have the abortion. When the worker commented that the decision was really hers to make, she said that it was what she wanted as well. After canceling several appointments, she suddenly appeared at the hospital with her boyfriend. Margie told the social worker and her boyfriend that although she was no longer interested in having an abortion, she could not continue the pregnancy unless she was married.
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> A week later, after having made and broken several appointments to have the abortion, to get married, and to enter a home for unwed mothers, Margie decided on the abortion. But she told the worker that she hoped the ultrasound procedure (required to determine the weeks of gestation) would place her beyond the time permissible for an abortion. Although it would appear that the decision was made by the ultrasound procedure, Margie's subsequent delight in showing the worker a lovely baby's jacket she had crocheted indicated that the decision was hers as well.

## CONSPIRACY OF SILENCE

Another important issue for many adolescents who are seeking an abortion is whether or not to tell their parents. Although the state of Massachusetts has been in the forefront in taking the question of parental knowledge and consent to the U.S. Supreme Court, during much of the period of time in question there was no clear-cut legal directive.

Many of the girls who asked for an abortion came by themselves, determined to go through the experience alone. Their reasons for not telling their parents varied. Some thought that the knowledge would hurt and humiliate the family, while others worried that a parent might prevent the abortion. Still others feared rejection and reprisal. "When I first got my period," a 14-year-old said, "my mother told me she'd kick me out if I ever got pregnant. I got no place to go. How can I tell her?"

Even though a girl might not have told her parents she was pregnant, in many cases it seemed as if the family knew what was going on but was maintaining a "conspiracy of silence."[14] Parents, for example, might ask a girl about her nausea and weight gain but later tell the social worker

that they had no idea the girl might be pregnant. Some parents, especially fathers, might deny the girl's sexual activity. Pregnancy makes a continuation of the denial impossible.

Because sexual activity is sanctioned and practiced by her peers, the pregnant teenager may feel little guilt or embarrassment at becoming pregnant. Her parents who came of age in the 1950s, however, lived in an era when abortions were illegal and illegitimacy a social stigma.

For the 19-year-old who lives in a college dormitory, the desire to have an abortion without her parents' knowledge or help can be an expression of her emerging independence from the family and her growth toward adulthood. The younger adolescent of 14 or 15, however, is more likely to be engaged in a power struggle with the parent and her actions concerning the decision to have an abortion may be a reflection of this battle. The following is an example:

> Fifteen-year-old Betty, accompanied by her angry mother, told the social worker that she wanted to keep the baby. Becoming incensed, the mother yelled, 'I've already got my mind made up. You're going to have the abortion." Betty became even more determined to have the baby until the worker quietly told both mother and daughter that the decision was Betty's alone. As the mother gradually ceased her demands for the abortion, the girl began to wonder how she would care for a child and then asked the worker questions about the abortion experience.

A girl's freedom of choice may be limited by the pressures exerted on her by her family. Whereas the emancipated woman in her 20s or 30s can go against her family's wishes, the young teenager is dependent on her parents for emotional and financial support. A 14 or 15 year old might find it almost impossible to bring an unwanted baby into a hostile household or, if she had an abortion that her parents had strongly opposed, to remain there herself. Thus, a girl's desire to shroud her decision in secrecy may be based on a realistic appraisal of the situation.

Computerized billing and insurance procedures, however, make it impossible to guarantee a girl's secret. Perhaps understandably, most parents, whether told of the abortion beforehand or after the fact, are angry. Their anger may be directed at the girl ("She should have known better"), the boyfriend ("He's going to pay for this"), or at the hospital for permitting the abortion.

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Freeman has commented that a girl's freedom of choice may be limited by Medicaid regulations.[15] However, in an effort to protect their secret, some adolescents choose not to use their family's Medicaid or insurance coverage but try to scrape together the money to pay for the abortion on their own. Although these girls may be successful in paying for an early abortion on an outpatient basis, the price of hospitalization required by the procedure in the second trimester is usually beyond their financial resources.

In dealing with the issue of whether or not the parent should be informed, the social worker may be constrained by specific policies of the hospital or agency. In the absence of other directions, it is worth noting that the teenager's decision to have an abortion on her own may be likened to a family secret—an event in her life that she chooses not to share but that is often known to several members of the family. If it is appropriate to help the adolescent divulge this secret, she may be better able to confront her own sexuality in the future.

Because the preabortion evaluation is often a single interview that is similar to crisis intervention, there is usually neither the time nor the need for a detailed social history. In order to help a girl, however, a social worker needs to know how her past relates to the pregnancy and to the decision to undergo an abortion. Among the adolescents evaluated by the author, almost half the girls came from a single-parent household in which the mother or father was dead or had no contact with the family. In view of the fact that one parent was frequently absent, the question might be raised as to whether the girl perceived the pregnancy as replacement for the loss.

One is struck by the paucity of relationships in many of these girls' lives. Frequently, a girl arrives alone, having confided in no one because there is no one who really cares what happens to her. In contrast to the woman in her 20s or 30s, for whom pregnancy may be the result of a sustained relationship, the teenager frequently does not know which of several boys the father might be. Even when a boyfriend does accompany the girl to the hospital, their relationship has frequently been a brief one, and the girl has later told the social worker that she planned to stop seeing the boy after the abortion. Many girls feel that the boyfriend failed to stand by them, that they were being forced to "go it alone." However, it is equally possible that many of the relationships were transient ones and that the pregnancy merely precipitated the break and was not its underlying cause.

## CONFRONTING SEXUALITY

Becoming pregnant forces a woman to confront her own sexuality and to assume responsibility for her actions. The woman in her 20s and 30s who becomes pregnant has frequently used some form of birth control. The unwanted pregnancy may have occurred in spite of an intrauterine device (IUD) or it may have resulted from the woman's having stopped using birth control pills because of adverse side effects. For these women, pregnancy was truly an accident that they had attempted to prevent. In contrast, the younger teenager often has never used any form of birth control. Although one nationwide study indicated that among teenagers, ignorance and inaccessibility were the two primary reasons for the failure to use contraceptive devices, other studies have found

that even when it is readily available, birth control is frequently not used.[16]

When asked why they had not taken any precautions to prevent pregnancy, young teenagers may give a variety of responses. Some allude to the possible carcinogenic dangers of the pill or express distaste for the IUD because of their fear of "having something inside me." Although many express amazement at having become pregnant, noting that nothing had ever happened before, others claim that the pregnancy was the result of a single episode.

Obtaining and using some means of birth control is an acknowledgement of being sexually active and of assuming responsibility for one's actions. Often a girl expresses little interest in using birth control following the abortion, saying that it would "no longer be necessary." Thus, the young girl who denies prior sexual activity is also one who continues to be unwilling to examine its future possibility.

The mothers of adolescents exhibit various feelings about their daughters' use of birth control measures. Although some women are supportive of the girl's decision to prevent future pregnancies, others are adamantly opposed to their daughter's being given a prescription for the pill or having an IUD inserted. Some women legitimately question the potential dangers of such devices, however, many are concerned that if they permit birth control they will, in effect, be sanctioning their daughters' sexual activity. This attitude is shown in the following case example.

> Mrs. Hunter expressed anger, disappointment, and bewilderment about her 15-year-old daughter's pregnancy. Although she had been keeping track of Peggy's periods and had commented on the three-month lapse, she continued to deny that Peggy was sexually active until, after nineteen weeks, the girl sought an abortion. A devout Catholic, Mrs. Hunter nevertheless supported Peggy's wish to terminate the pregnancy, commenting that she could not tolerate the embarrassment if the neighbors and relatives discovered what had happened. The mother was adamantly opposed to Peggy's being given a birth control device following the abortion, saying that to do so would be to give her permission to be sexually active. Although the worker commented that without birth control a girl who has once become pregnant is likely to do so again, the mother said, "I'm helping her through this abortion. If she gets pregnant again, she's on her own." When contacted a few weeks later, however, Mrs. Hunter seemed to be adjusting to her daughter's abortion and told the worker, "Peggy's getting pregnant is not so different from what happened to girls when I was young. It's just that in those days it would have meant an immediate marriage."

## CONFRONTING THE CRISIS

For both the adolescent and her parents, confronting the decision about abortion can be a critical experience. A social worker can help the girl cope more effectively by giving her enough information so that she can arrive at a reasonable decision. Many of the women in their 20s and 30s have undergone previous abortions or deliveries and thus know what to expect. The young teenager, however, may never even have had a pelvic examination, and the worker's brief description of what her visit to the physician will entail can increase her ability to cope with the experience.

Many girls have no idea how they got pregnant, expressing their feelings as "it just happened." When given the results of a positive pregnancy test, many ask if the abortion can be done immediately, saying that they do not want to miss school or a forthcoming party. Others may ask obsessively about what is happening to them and inside them. One girl, for example, asked, "Does it have fingernails?" and then blurted out agonizingly, "Am I killing a baby?" The social worker can help the girl to express these feelings and to come to terms with them so that she can reach an informed decision. Because most girls do not follow through with treatment after the abortion, care must be taken during the single interview to insure that they are able at the time to handle whatever feelings are aroused.

The woman in her 20s or 30s will often discuss her feelings concerning future pregnancies. She is likely to view her request for an abortion as a part of her childbearing years and to consider what effect it may have on her subsequent fertility. The young adolescent, however, is more likely to isolate this pregnancy and to view it as an occurence that is separate from her future motherhood. In confronting the abortion experience, a frequent defense used by the adolescent is denial —denial of emotions, of her own sexuality, and, for many, a continuing denial of the pregnancy until the twentieth week when further denial would make the abortion impossible.

Many adolescent girls act out sexually various conflicts in their lives. This raises the question of whether the girl fantasizes that the baby will meet some unresolved need. Frequently, it is not until she is at the point of telling a parent or friend that the girl confronts the problem of coping with the pregnancy. It is then that she realizes that her desire for a child is not realistic and decides on an abortion. The girl who has had several abortions may keep repeating the cycle because the abortion has in no way met her original need. As is shown in the following example, this was the case with Mary.

> At the age of 16, Mary appeared for her second abortion within the year. Her parents were deceased, and she had been brought up by an elderly grandmother who was "two generations apart and didn't understand me." The girl said that it was lonely with just the two of them and that she often spent her evenings out. She had originally felt that a baby would be companionship but then decided it would interfere with her life. "If I had the baby," she said, "it would be like me—all alone."

In helping a girl through the experience of an abortion, especially a girl who has had previous abortions, a social worker often has to prepare her for the possibility of negative reactions from the staff. In a study of forty-two professionals involved in abortion work at two teaching hospitals in the East, Such-Baer found that although almost all the professionals expressed some negative feel-

ings, social workers experienced the least discomfort. She theorized that whereas the social worker could identify with the patient, the physician and nurse have greater knowledge about the fetus and would be more disposed to identify with it.[17] Other authors have noted the negative attitudes that are prevalent among health care professionals.[18] Many professionals believe that if a girl connects the abortion with unpleasantness, she will be less likely to repeat the experience. In all probability, however, such an attitude only insures that the girl will go elsewhere for her next abortion.

In summary, the role of the social worker who interviews an adolescent prior to an abortion is that of a facilitator. By discussing the possible alternatives that are open to her, the girl is able to realize that she has a choice and that her final decision will be the one that is best for her at this juncture in her life. The worker can encourage the girl to tell her family or, if it seems advisable, can offer to visit the parents herself, thus interrupting the conspiracy of silence that can exist within the family. Although a social worker might wish that a girl would reflect on the meaning that the pregnancy has for her, few teenagers are able to.

A social worker can help a girl to understand that the abortion is only one episode in her growth toward adulthood. By expressing interest and concern for the girl's plans for education or work, the worker underscores the fact that the girl can use the abortion experience to bring about necessary changes in her life. If the worker indicates that she and various resources will continue to be available, she will reinforce for the girl the knowledge that help is available should it be needed in another crisis. An unplanned pregnancy is a crisis. Although an abortion may end the crisis, it seldom resolves the original conflicts.

Most studies on the impact of abortion on adolescents have been compiled from brief follow-up interviews held within a few months following the abortion. Whether the experience has any impact on a girl's behavior in subsequent crisis situations, however, is not known. For example, does having an abortion during adolescence influence a girl's later ability to cope with infertility, miscarriage, or the birth of a defective baby? Most adolescents seem to cope with the abortion experience by repressing it. To what extent and in what manner might the memory resurface at other times in their lives?

An ideal person to conduct research into any delayed reactions from the abortion experience is the social worker or other clinician who has engaged a girl in ongoing treatment either at the time of the abortion or some time later. A brief preabortion evaluation cannot delve adequately into a girl's past or explore her feelings in depth. At such times, a girl may have many feelings that come and go during the crisis and even once it is resolved. In most cases, a structured study made by a detached person can only pick up the extremes of the moment. There is a need for soical workers to write their observations in the form of case studies in order to establish a body of knowledge on which theoretical concepts can be built. Only through such a systematic effort can the profession fully understand and give optimal help to the adolescent facing the crisis of an abortion.

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