

APA RESOLUTION Affirming and Building on APA's History of Support for Reproductive Rights

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WHEREAS, in 1969 APA Council identified termination of pregnancy as a mental health and child welfare issue and a legitimate concern of APA, resolving that such termination should be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and in particular to be considered legal if performed by a licensed medical professional in a licensed medical facility.

WHEREAS, in 1989 APA Council adopted a resolution that decried misinformation and falsehoods in efforts to recriminalize abortion and to limit access to the full range of reproductive options; underscored and affirmed the preponderance of scientific data supporting the conclusion that freedom of choice and a woman's control over her critical life decisions promotes psychological health, and resolved that APA undertake an immediate initiative to disseminate scientific information on reproductive freedom to policymakers, to the public, and to state psychological associations and APA divisions.

WHEREAS, APA has a history of following up its declarations and resolutions with concrete social actions, including the development and dissemination of scientific and professional reports and papers, commentary on legislation such as the Hyde Amendment, and amicus briefs in a variety of cases (including *Akron v. Akron Center for Reproductive Health*; *Harris v. McRae*; *Bowen v. Kendrick*; *Thornburgh v. American College of Obstetricians and Gynecologists*).

WHEREAS, APA's published research, reports, and public interest advocacy have identified a host of health inequities related to cumulative adversity of social determinants of physical and mental health in diverse populations and communities (APA, 2021; Forde et al., 2019; Major et al., 2009). APA has continued to discuss how negative social issues such as drugs, poverty, and exposure to violence do not cause someone to have an abortion or mental health problems, even if associations with such factors have been observed. The research points out design flaws in studies that cite mental health risks because they did not account for prior mental health diagnoses.

WHEREAS, contemporary and historical violations of reproductive rights disproportionately target Black, Indigenous, and Women of Color (Borrero et al., 2009; Ceballos et al., 2015; Vamos et al., 2011), including coerced and forced sterilization

against Black, Latina, and Indigenous women (Novak et al., 2018; Patel, 2017; Torpy 2000).

WHEREAS, The body of evidence developed from a health equity perspective shows that the harms of abortion restrictions "fall hardest on communities already struggling to access basic health care—whether because of their lack of financial resources, young age, disability, immigration status or because they are Black, Indigenous or other people of color" and can include a risk of death (Arnold, 2014; Fried, 2013; Guttmacher Institute, 2021 para 4; Prather et al., 2018).

WHEREAS, reproductive justice, including abortion rights, is a human rights issue that links to social, structural, and cultural inequalities. A reproductive justice framework includes economic, health, environmental, and social justice issues that need to be considered within the scope of autonomy, agency, family planning, empowerment, and control (El Kotni & Singer, 2019; Fried, 2013; Gurr, 2011; Lopez, 2008; Luna, 2021 Price, 2021; Ross & Solinger, 2017). Longitudinal research shows that people restricted from abortions face increased psychological distress or anxiety in the short term (Biggs et al., 2016; Harris et al., 2014), life-threatening delivery complications, greater chronic pain, and economic insecurity (Chrisler, 2012; Foster, 2020; Russo, 2014; Russo & Steinberg, 2012).

WHEREAS, consistent with APA Ethical Principles of Justice and Respect for People's Rights and Dignity (APA, 2017), everyone should have the right to self-determination, which includes autonomy and agency over our own bodies.

THEREFORE, BE IT RESOLVED THAT APA:

- reaffirms its denunciation of abortion restrictions and commitment to obtaining reproductive justice (e.g., including equal access to affordable contraception, comprehensive sex education, freedom from sexual violence, and surveillance and accountability of systems to prevent reproductive human rights abuses) for childbearing individuals with particular emphasis on individuals from marginalized communities;
- urges local, state, and federal policymakers to safeguard the reproductive rights of all women and implement reforms to address oppressive policies;

- encourages action to use the considerable psychological science that continues to support the 50-year-old Roe v. Wade precedent and that court's holding of a woman's fundamental, constitutional right to privacy that protects her right to choose, up to the point of fetal viability, whether to have an abortion;
- seeks out opportunities to develop amicus briefs related to abortion in upcoming cases; and
- supports and leads research, education, advocacy, intervention, prevention, and program development efforts that seek to advance behavioral health equity and reproductive justice, increase understanding of the role social determinants play in shaping behavioral health outcomes, and prevent deleterious behavioral health impacts of reproductive inequity in various populations.

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*Please keep in mind the guiding and operating principles, which can be found at <https://www.apa.org/about/apa/strategic-plan>

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