Josh Brahm of Equal Rights Institute, third in series of interviews with Robin Atkinsm, Health Counselor

JOSH BRAHM: Okay, we are back for round three of three.

ROBIN ATKINS: Are people done yet?

BRAHM: I don't know. We shall find out. Time will tell how angry you made our audience in the previous two episodes. But we're doing one more. I think it's a really important topic because we have an expert here to talk about it, and I would like to be educated more than I am. So hopefully other people feel the same. So just for the for those who haven't listened to the previous two episodes, which I highly recommend people check out, introduce yourself real quick to the audience

ATKINS: My name is Robin Atkins. I'm a licensed mental health counselor. I have a private practice in Indiana. I specialize in reproductive health care which includes everything from high-risk pregnancies, perinatal hospice and palliative care, the mental health side of things. It's kind of all-encompassing, i just do the mental health side of things: abortion, adoption, infertility, all of the above, anything related to reproductive health. I also personally have experienced abortion and so i come to this both as a professional and personally, and I'll do my best while we're talking to kind of differentiate - 'is what i'm saying based on my professional experience or research or is it my own personal experience'.

BRAHM: You wanted to talk today about mental health in general. We want to talk about things like informed consent and how that works, so where do you want to start?

ATKINS: Let's start with just a basic understanding that abortion is not mental health treatment. It is not evidence-based treatment for any mental health condition. So there are certain standards in the mental health industry when we have women coming to us with different conditions and there is a condition called tokophobia, which is the fear of pregnancy. There are some reasons they think women have this. One of my concerns is women fearing high-risk pregnancies or dangers in pregnancy, which is definitely being stoked right now a lot in the abortion debate - how dangerous pregnancy is or is not. And yes, it absolutely can be, but how we talk about it is really important because I think we're increasing cases of tokophobia with that.

BRAHM: Oh, I haven't even thought about that. I mean, we spent the last year or two getting ready to do this refuting-abortion-as-a- self-defense argument (and I'll link to a bunch of resources down below about that argument). But yes, you're right naturally, that would lead to an increase in people being freaked out about these, very, very, rare kind of worst case scenarios.

ATKINS: Yeah. Well, not only that, but there's a base mistrust of the medical system for a lot of women that are facing maternal mortality and there's a whole history behind why that is. Yes, it does impact black Americans more than any other group. i would encourage anybody wanting to know more about that to read *Medical Apartheid*. It's an amazing book about the history of gynecology and America and black women and it's a really, really, difficult read, but really, really informative. So there's this general mistrust of doctors, which also can increase tokophobia, because you have to deal with doctors when you're pregnant. So, in general, women also - I'm a highly educated woman; I've had four children and I still find it hard to advocate for myself with doctors.

BRAHM: Oh, that's so interesting

ATKINS: Yes, just last week I had a hard time, not with an OB, but with a doctor, advocating for myself. So you can imagine, with all my history of being educated in reproductive issues and the mental health side of things, and I have money to pick my doctors and whatnot, I still have a hard time advocating. And if i'm a woman who doesn't get to choose who her doctor is because i'm on Medicaid or whatever and I'm just sent somewhere, and i don't understand the terminology they're using, and I don't have any degrees to point at or specialties to say but my voice matters, [you can imagine] how hard it is. So I think that's increasing fear of pregnancy as well.

BRAHM: That's so interesting. So what can people in that situation do to try to help get to the place where they can advocate for themselves better? Because everything you just said makes sense to me. So then what is the solution?

ATKINS: I don't know that they can. I think the solution needs to be community creating supports for them. So in our local community we're doing some mental health things like a mental health clinic where mental health professionals are going to be readily available for people to drop in. We can also help prepare them for doctor's visits. I'm even willing to go with them, if I need to, to be an advocate or a voice for them.
But doulas are really, really good at that. They know how to balance doctors' expert opinion, because they are not doctors, but also the woman's voice being heard. Doulas are not covered by insurance so that's something we could do, kind of [legislatively], or even just insurance companies doing the right thing by covering that. Midwives are making a comeback, both out of hospital centers like home birth or in hospital settings, and I think that's going to help change that as well. So I think it really needs to be community supporting women rather than women trying to figure out, "How do I navigate something that I don't even know what all the parts are?"

BRAHM: So talk about informed consent and how that relates to the abortion debate. These are my opinions and I welcome disagreement. But from what i see working with women who regret or grieve abortion, many of them talk about cohersion or being lied to. The thing I hear most often is denied humanity of the unborn: 'I did not realize how much I would feel the loss of my child because I was told it wasn't my child'. So for me, for women to have informed consent a few things need to happen. [First of all], they need to know what's going on in their body. One thing I point out is,

I had a hysterectomy last year. Before I had a hysterectomy I had to have an ultrasound. That wasn't necessarily to confirm pregnancy or not - I wasn't, and they had blood work to confirm that. But [it was just important] to see what was going on in there in case something we weren't aware of was going on. I think ultrasounds are a basic level of information for women for what is actually happening inside your body. You can see, so let's show them. I think that would go a long way to both preventing ectopic pregnancies ending up high-risk or deadly for women with abortion or just women being aware of what's happening. I think women need to be told all of their options and the risks of all of those options. I think women need to be given resources. Otherwise, I feel it is cohersive. So if a woman is coming to any location saying 'I'm having these issues', [our response should be] if we can get these issues addressed, what is the option you would prefer? That [should] be a part of informed consent.

BRAHM: Yeah, okay. So let me ask you a couple of questions that fall within that. Let's talk about the first thing you said about how a lot of women go through grief at some point after an abortion, saying something like 'I i didn't know this was a child. No one told me this was a human', or something like that, and then naturally that affected them very negatively later. Obviously you could make sure that people are told through informed consent laws that this is a biological human. The question of whether it's a person is a philosophical question.

ATKINS: Right.

BRAHM: And so for the perfect informed consent law on abortion, how far would you advocate? What does she need to be told about, like - even the term child kind of implies value and personhood and stuff like that - so i just want to be really clear about what you're….

ATKINS: So I want to help people separate what I, as a practitioner, do in my office versus what I advocate for because currently, at least, legally I cannot ascribe any kind of value in those discussions. And I would not do that, so I match whatever language the woman comes in talking about and I ask her very benign questions to get at the heart of what ethically she feels is happening. So I don't place value on anything. That being said, prior to having an abortion, I don't think that we need to legislate she be told anything as much as she needs an ultrasound done. I think her eyes are probably more informative than whatever words we're going to give her, especially on a form. I don't know about you, but when I go to the doctor and they hand me a million things to sign, I don't necessarily read every word on them.

BRAHM: You don't read all the terms and conditions on the website?

ATKINS: No, I'm pretty sure I owe somebody my firstborn. I don't know. But no, I don't. Even when patient rights and responsibilities - when I go through that with my clients - I actually go through my informed consent with them and I have never had that been done by a professional with me before. Sometimes I'll just go through certain key parts. Sometimes I'll go through the whole thing. It depends on how much they have read when I'm asking them questions. Sometimes I'll just ask them flat out, "Did you have time to read this", but I don't think a piece of paper is necessarily going to imply informed consent. I don't think that's helpful. So I think having an ultrasound would go a lot further giving her as much medical based information without any human being able to interject their own opinions upon that.

BRAHM: All right, respond to what i perceive to be the most interesting, maybe two of the most interesting, counter arguments from the pro-choice side to an ultrasound requirement. One of them that I've heard, and this is not part of the battlefield that I'm in. I don't work on the policy side. I'm on the, kind of, culture side. I've got views, certainly, about overall pro-life strategy and stuff like that, but i'm not the one in Congress debating in ultrasound law. But I've heard - that's kind of an interesting argument - is the idea that if you're doing an ultrasound that's going to be very medically useful for a woman who's early on in her pregnancy, then arguably you're not using an ultrasound across her tummy. You're using an intravaginal ultrasound. And so then they turn that [around] as "you pro-lifers basically want to rape women with these medical devices and it's not a necessary medical procedure. So you want to force medical procedures on women". What would you say to pro-choice people who have that concern?

ATKINS: I say that's an interesting way to frame it. If you're going to frame it that way, we need to have an overall much larger discussion about what happens in medicine, because people are denied procedures all the time based on, 'are you going to check off these boxes before getting those procedures', including my own hysterectomy, that I couldn't have prior to having ultrasound done.

BRAHM: Can you explain that more? I don't fully understand what you just said.

ATKINS: Sure. Throughout all different parts of medicine there are things you have to do before you can have a procedure. Right now, we all have to have Covid tests before I can get a procedure done, right? I am having something forcefully shoved in my body in order to have a surgery that has nothing to do with that part of my body, and I have zero symptoms of Covid. If that is oka,y and that's providing some kind of information that we need to have, I would say that's not that different than saying 'before we're going to perform the surgery on you we need to take a look at the part of the body we're performing the surgery on'. And if you're not willing to do that, that's fine, we're not going to hold you down and make you do that. You're free to walk. Like I have a visceral reaction to the claims that that is rape. I have been raped and at no point during my rape, did i have the option of walking away. Women are not being forced to have ultrasounds.

BRAHM: And then I guess the other interesting response I've heard is someone arguing something from a free speech standpoint. Now it doesn't work to use the First Amendment here because we're not talking about the government. We're talking about what doctors have to say. So maybe it's something like people being able to speak their opinions freely/conscience protections for doctors. What do you do with the abortion clinic staff that just feel uncomfortable saying things to an abortion client or potential abortion client that they don't agree with, and then being bothered by being told they need to say this? Because I know there's a lot of pro-life doctors that wouldn't want to be forced to say things like, "Here if you don't want to parent then there's an abortion clinic at this address". So how do you feel like we should kind of cash all that?

ATKINS: It's a really interesting question. I think the idea of ultrasounds versus a piece of paper kind of takes care of that all in and of itself. They don't have to say anything about what's there. Just do the ultrasound and let the woman view it. And I'm fine with even saying “do you want to view this or not? ". I don't think we should have to force women to view it. Although, I will say, every ultrasound I've ever had regarding pregnancy - when i go into the room - there's a giant screen with it. There's no option of, I mean, I could shut my eyes I guess, but there's no option of turning it away. So I find that really interesting - how different it is.

BRAHM: I mean, I imagine they can turn the tv off, right? There's like an output from the ultrasound machine because presumably the person usually wants it on. I imagine they could just turn the tv off.

ATKINS: It just occurred to me that there's some kind of cognitive dissonance that in pregnancy it isn't asked, it's just assumed you want to see it. But an abortion assumes you don't want to see it or shouldn't have to see it. I don't know. I don't have any answers yet.

BRAHM: I think that's fair, because I feel like I have heard post-abortive people say, “I was never given the option. I was never asked, would I want to see it and I would have, and maybe that would have been helpful”, and then being frustrated later like ‘Here's one more way that maybe I could have seen the light and then gotten off the table’. And so, certainly, I think there is a presumption [in] abortion practice - like the medical textbook by Dr. Warren Hearn, I'm pretty sure, specifically says to turn the ultrasound screen away from them. But what is the intention behind that? Is it because they don't want to lose out on abortions or is it something else?

ATKINS: I actually don't think it's that.

BRAHM: That's interesting.

ATKINS: I know it's a pro-life message that sometimes they don't want women to know. I think they don't want to hurt women (in quotes). And I think there's some protective ‘if i don't make you see this, this will hurt less for you’. My response though is - then they're coming to me later, because not seeing that hurt them.

BRAHM: You, for counseling, you mean.

ATKINS: We don’t protect women by denying them information.

BRAHM: Yeah, how is that not a little bit sexist? Like, you cannot handle this information.

ATKINS: Yes, exactly - infantilizing women. Nope, we can’t show them that. And that’s kind of the same messaging I hear around ‘we can’t call it a human’, because that’s hurting women or we’re placing that upon them. But when you get down to the basic level, I don’t know how humans are pregnant with anything other than humans. I don't even know about biology. Just logically, that doesn't make sense to me, so denying it's a human in some way to me is somehow infantilizing women or belittling them or being sexist or something in some way.

BRAHM: I mean, I wonder if some of that comes down again, and I know we talked about this in a previous episode, [to] people using language in different ways. Does the **purchased?** person feel like by saying’ human’ they're implying more than biological humanity, but actually [that] this is a person. This is [now] something philosophically valuable and then they're very uncomfortable saying that? Whereas to me, human means human, and person or baby or child can mean something more.

ATKINS: Yeah, I would be comfortable if they just said homo sapiens, if that would be more comfortable for people, you know? I think in a postmodern world where truth is whatever you think your truth is, that's where this all becomes hard, like ‘I'm not allowed to tell anybody else their truth’. Well, you acknowledging the basic elements….

BRAHM: Scientific fact, yes…

ATKINS: Yes, …that create this thing, or what that is, is not interfering with somebody else's truth. They can say well, “I don't agree with that” or “I disagree” or whatever. They don't have to assign any value to it. But scientific truth is scientific truth.

BRAHM: So you're, I mean, a big proponent personally, not professionally, for informed consent when it comes to abortion. There are, I know, a lot of informed consent laws that have been passed state by state. It was one of the types of laws that Casey v.Planned Parenthood says that you can have at the state level and I know there's a lot of ways that they can vary. I don't know all the ways they can vary because, again, I don't work with AUL. This is not what I do. Are you generally satisfied with the informed consent bills that pro-lifers have been able to pass or do you feel like they don't do enough or are there some ways to make them better?

ATKINS I generally don't work on the policy side of things either. I mean I do some testifying in front of legislators, but I just don't think they work.

BRAHM: Oh, interesting.

ATKINS: And I don't know that I have an answer for that because, again, they're a piece of paper you sign. And so for me, this kind of gets to the heart of what is counseling and what is not and what is done in clinics that perform abortions. Licensed counselors are trained on how to do informed consent. And I'm not saying they all do that. And I'm not saying I do it perfectly. But I have to, or should, be telling a person: 'this is your diagnosis. This is the type of counseling I'm going to be doing with you. This is how it works. Do you consent to all of that? What are your questions around all of that?, [the potential risks of that]. Here are options'. Also, I get irritated when I don't get a differential diagnosis from doctors and I probably make them all really annoyed. But I want to know all the things you ruled out before you tell me what I have, and why you ruled them out. So I think that should, bare minimum, be done at clinics: 'This is what we see'. If you're going to claim you're giving an abortion to a woman because she has mental health complications, does she have a diagnosis and are you able to do that? And *able* is different than *legal*. Doctors can diagnose pretty much anything they want, but do you really have the experience or education to diagnose mental health conditions? I can tell you, while insurance pushes us to do that in under an hour in private practice, the reality is it takes longer. So there are a few benign diagnoses you can do to manage till you find out what's really going on. But in less than an hour? The reality is informed consent is done in less than 10 minutes in most clinics. So, I don't think it's valid.

BRAHM: So I'm going to try to imagine what the counter argument would be from the standard pro-choice clinic worker. I imagine it would be something like (hopefully this is steel manning and not straw manning), "It's not our role to find out whether or not she ought to have an abortion. She's decided that; she's come here. (this is kind of presuming there's been no cohercion, which is often not true, but we'll just go with that to simplify things for sake of argument). We provide a service that is an emotional thing, and we're presuming that she has made this decision after a lot of stress and maybe even trying to figure out how to pay for it, and all these different things. And so, who are we to, (and also you have the time window issue of - this pregnancy is not a stasis . This is a continuing thing and baby's growing and these different States have different legal lines of at what point they could they can't do an abortion anymore). 'Who are we to slow that down by saying we need to have a couple of meetings with her and really try to figure out how to…' Or have someone else have meetings with her to diagnose. I feel like there'd be something like that. So what say you, Robin?

ATKINS: Well I guess, number one, if you're going to say we're just doing abortions because women want them, period, then you should not be trying to get out of malpractice by saying 'but she had this this and this'. Can't have it both ways. If you're doing it just because she wanted it, and it somehow went awry, that's on you, not on her diagnoses that she did not have accurate.

BRAHM: So that's a thing that happens a lot? I don't know about that.

ATKINS: There was a recent case, and I don't remember the name of it, but a woman died after abortion and the doctor who performed the abortion defended it basically saying she needed it for her mental health, but there was no mental health diagnosis.

BRAHM: Red flag! Red flag!

ATKINS: That's bad news bears. So if you are just saying women should be able to have them anytime they want them, because they want them, then we can talk about whether or not abortion should be legal in general and mental health doesn't enter the equation in that case. However, that's not the way laws are written right now, on either side. So that's not the world we live in right now. I actually think, and this may upset pro-lifers, but the way we do some legislation forces it in that direction. When we do time limits versus quality of care, for example, we force the debate on whether or not we should be providing additional steps to women.

BRAHM: What do you mean?

ATKINS: So if a cut off is (I'm gonna pick a week that it isn't, so we don't have to get in some…) 23 weeks (that's not any cut off anywhere), rather than saying 'the woman needs to have this information prior to', and 'she needs to be given all of these options for care', and 'she needs all of these things to be done for informed consent', you just push this limit. Then that can somehow force the argument of we don't have time if she comes to us at 22 plus two to get all that done. So you're being unfair. She's not getting all the care she needs to get to make that decision. And I think that's somewhat of a valid argument. So I don't know that time frames work as well. And I get that incrementally we're trying to just limit how many abortions are done, right? I understand that. But from an informed consent perspective, that's not helpful.

BRAHM: Got it. That's very, very insightful and it's a different background than what I'm coming in with so I think that's super interesting. Talk about screenings. Should there be screenings involved in an abortion?

ATKINS: I think so. I think who does them is important too. I'll be totally honest; I do help educate future doctors on how to do screenings for depression, postpartum duress and postpartum anxiety, for risk factors for both pregnancy and abortion. And so I can't then turn around and say abortionists aren't allowed to do that, if they're doctors. I will say, most of the clinics that i've experienced on one level another, whether that's somebody telling me about it or me researching them, it's not actually the doctors doing these screenings.

BRAHM: Staff person…

ATKINS: It's the staff person.. So that would never fly in the mental health world.

BRAHM: Oh, really?

ATKINS: Oh, no, no. So I can't have even my interns, or my associates licensed can't be doing screenings without having some sort of supervision. And they have years of schooling and education in mental health, but they cannot do that without some kind of supervision. That's how seriously they're taken in the mental health world. So, yeah, It baffles me that, in this one area of health care - abortion, mental health is treated like lay persons work when, in mental health, if a woman came to me and said “I want to kill myself because I'm pregnant” and I referred her to abortion instead of referring her to an assessment, I could lose my license. But that's not true if they go to a clinic.

BRAHM: From what you know, and whatever you've experienced as far as the kind of “counseling” that abortion clients are given in an abortion facility, how would you rate that level of care, that part of it? We're not talking about the abortion; we're talking about whatever conversations or informed consent-type things or just any of that. I think the word counseling is used a lot, but I think I know you well enough to say I don't think that you want to equate what is often happening with counseling. But what is your take on that?

ATKINS: So if i understand the question correctly, I want to preface my answer with, I do not know all the clinics and all of what they do and who all they employ. So this is not to bash everybody in what they're doing. But, in general, I don't think what they're doing is counseling. I think what it is is a cursory kind of ‘here are some options’. I don't think risks are talked about. They might be on paper. I don't think they're really discussed - this is how much this costs, this is your time frame to do it, and then that's pretty much it.

BRAHM: And that's not counseling.

ATKINS: That's not counseling. Counseling would be: “here is one option and let's explore all the ways that that option would impact your life and how you ethically feel about that option, including parenting”. Pros and cons of parenting - let's get them on paper. Let's talk about the real ways that would impact your life, and are you ready for that? And do you have the resources and do you want to explore what the resources are? And how do you feel ethically about being a 16 year old mother or a 22 year old single mother with three kids or whatever it is, whatever the scenario is? How do you feel about that?

Then let's talk about adoption, and what would that mean for you, and how does that impact all the areas of your life, and ethically how do you feel about that? And then abortion - same. And so that conversation, i just want people to hear from a counselor who is also pro-life in her private life, how those conversations happen because there's a lot of misconception about ‘I'm pushing my agenda on people’. But when a woman comes in about abortion, the conversation first is…

BRAHM: With you as their counselor.She wants to talk about abortion

ATKINS: With me as their counselor. Right, and she wants to talk about abortion; she's considering abortion. ‘What has brought you in today with that is one of your options? Give me the history behind what's going on with you. Given all of those things, do you feel you have needs for resources that haven't been identified yet? Can we explore all of those things?’ So we have all those done. And I'm sure some people might be hearing this but like. ‘you're going to pound her around with, we're going to do all these things and you don't have to kill your baby’. No, no, no. I do that first because some of those are the same answers for all three choices, so we don't have to go through those three times. So we get their resources down first and then we talk about, okay, ‘if you're gonna have an abortion how do you feel about that? What are your thoughts about that’. And however she speaks about that, that's where we take it. So she says, “well, it's just a clump of cells; it's no big deal. I just want it over with. Okay, that's how you feel about that. Then how do you feel about the financial cost of that? How do you feel about how your partner might see that? How do you feel about the other people in your life? How do you feel about your church or whoever - how they're going to view that? And how do you want to handle those conversations, and let me help you handle those conversations. So at no point am I trying to talk her out of anything; it's exploring all the ways that that is going to impact her life. And I get some hate from pro-lifers on ‘what do you mean you don't try to talk her out of that?’ That is not my role at that point.

BRAHM: Yeah, you're a professional and there are very strict rules about you and like what are your personal opinions and how they can influence what happens in that room.

ATKINS: Right and, honestly, even if it wasn't unethical or illegal for me to do that, I would be concerned about the power dynamic. **And that ,just like i am in an abortion clinic??**, so i i don't think that it would be appropriate for me to ever interject that on a woman. We do talk about the risks though of all things too, as medically evidence-based that I can see the risks of them.

BRAHM: Where would be the best place for pro-life people to, if they wanted to, learn accurate risks of abortion and all of the other things. Where should they be going for that?

ATKINS: AAPLOG. They have the medical side and they detail what is an official statement and what is an opinion statement. They detail them out for you so you don't have to try to figure out what's opinion versus what's fact. And we have some mental health stuff up and more is coming. That just started last year, so more will be coming. That's really, to me, where I would go for that.

BRAHM: Any final thoughts on this side of this before we move on?

ATKINS: I think I want people to know I'm not calling for legislation around counseling or informed consent yet. I have not put enough thought into what that would even look like. I'm open to talking to people about that, both pro-choice and pro-life. I want to hear feedback from that. But I am advocating for mental health counselors to step up to the plate and acknowledge we have women who are telling us they've been coherced or lied to or are wounded by their abortion experiences and we need to be their advocates - that their voices are important and need to be heard. And that this idea that 95 percent of women don't regret their abortions or don't have grief around their abortions is not what we are seeing in practice, and it's harmful to stay silent on that.

BRAHM: Who do you think, as far as the staff in abortion clinics, are doing this so-called counseling - I don't know what their qualifications are to do anything that they even call counseling? I don't know a lot about this part of the abortion industry. I don't know what you know, but do you have thoughts about what would qualify them to give some kind of conversation to women that they then call counseling to the public?

ATKINS: So it differs state by state. In the state I live in, you are not able to use the title counselor, unless you at least are in a master's program and have supervision with a licensed professional, bare minimum, and then you have to say counselor-in-training or intern. You're not allowed to use full *counselor*. So I find it interesting that is not true in abortion clinics in Indiana though.

BRAHM: Really?

ATKINS: Yes. I don't know how they're getting around that statute.

BRAHM: It's like carved out in the law?

ATKINS: It's not even in the law; they're just doing it. I don't know how they're getting around that. I will say there is room for lay counseling or peer support or lay support that is a much needed thing in the mental health world. However, even those people need to go through some kind of certification course. And I will admit there's not one out there regarding how to counsel about abortion. There's no certification course on that. I don't know exactly what training they receive at their abortion clinic, so i don't want to even venture to talk about that. But I do know that there's no curriculum, even in the mental health world, for post-abortive healing. There are lots of books put out there by lots of different people that are wonderful that I use, but there is no curriculum on it.

BRAHM: So something that I've always cared a lot about for pro-life people is, for us, to be factually accurate when we talk about different things. And so, you know, I don't even want to get into making a lot of claims about the aftermath of abortion unless I've really dug into the research. I feel like I've been burned sometimes by quoting certain pro-life groups that then it turns out these aren't really good studies. So I'm very cautious now. But you seem to be very thoughtful and do a lot of research. So, in your field, what do you feel like you are seeing as far as risk factors for abortion.

ATKINS: In 2008, the American Counseling Association (ACA) published a list of pre-existing risk factors for mental health complications after abortion and there was a lot of them on there. I'm not going to go through them all today. But what was interesting to me was a lot of the risk factors were also matching Guttmacher's list of reasons women pursue abortion. So poverty would be on both lists, fetal anomaly would be on both lists, domestic violence relationships or unhealthy relationships are on both lists. So those are pre-existing risk factors for potential mental health complications after abortion and also on the list of reasons women seek abortion. Now, the abortion industry has kind of said 'well, those are pre-existing risk factors for mental health complications anyway, whether or not she has an abortion'. And that's probably true. They probably are. But what we are seeing, at least in the profession, is an increased risk of imminent mental health complications post-abortion. And we are hearing from women as well that it was the abortion that kicked off this mental health event not [the] not having one. So we talked about the turn away study in a previous episode, and the turn away study has some flaws in how the methodology was presented, but they are the only study i know of that has asked what women denied abortion - how they felt about being denied abortion. And interestingly, a majority of the women denied abortion became pro-life after. Now it was often phrased as 'they're worse off because they're less financially secure', 'they have more health issues', whatever - that's how it was framed. But the women themselves repeatedly [said], "I am pro-life; I would never have an abortion".

BRAHM: And they probably wouldn't then be saying "and i'm worse off now as a result", right?

ATKINS: No, they did not feel worse off. One was still homeless and did not feel worse off, [she was] really grateful that she had her child. And now there's methodological flaws with the research. So I don't want to say that is how all women denied abortion feel, at all, or that that's even representative of the majority. But that's the only information we have at this point on that population. So this idea that mental health complications after abortion can never be caused by abortion - I don't know that that's accurate either. Some of the research I've looked at is David Ferguson out of New Zealand. He has passed but, prior to his death, had done some research around mental health and abortion. And what's interesting was he was pro-choice and he's an atheist. And people have asked me why that matters. It doesn't matter to me, but for some reason it does matter to some on the pro-choice side.

BRAHM: What was driving him wanting to study this? I think he genuinely wanted to know if there was any cause and effect. He did some interviews on how hard it was to be published after. He said all his other research he could get published like that (snap fingers), first try, to whomever he submitted to. But the data from this research, he had a really hard time getting published, which was interesting.
So in New Zealand, it's socialized medicine. So the medical records are all pretty readily available. So he just pulled medical records….

BRAHM: That were anonymized or something….

ATKINS: Yes… and he looked at mental health before and after abortion and he controlled for a bunch of different variables too. And it's all broken down; it's really fascinating. People should go look at his work. But overall, in general, 30 percent increased risk of mental health complications after abortion. And he was still pro-choice after that. His concern was informed consent for women and this is where I'm,' okay, we can join hands. We can figure something out'. Yes, here's common ground. But consistently, when I bring that up, pro-choicers just generally don't like it and don't want me to talk about it. And pro-lifers want to grab onto, "this is why abortion should be illegal'. And I go back to, "Well, no, not the best argument for making abortion illegal, guys"

BRAHM: No, it's in my *Nine Faulty Pro-life Aarguments* talk. Again, I guess it's like this is not new to us. This is not it. It might be bad for women, yes. But not all things that are bad for people should be illegal.

ATKINS: Exactly, right. So it is valuable for having a conversation around how we give informed consent and also how we do screenings. And what is upon the doctors to refuse. So if they know a woman has 16 confounding variables that could potentially cause major catastrophic events, should they probably say, "I probably shouldn't do this procedure", or not? And that's not a question I can answer. I am not an expert in that field. But I think it raises the question of 'are we doing that or even having that conversation?'.

Priscilla Coleman has done a lot of work as well. She did a meta-analysis in 2011 that was over 300,000 women. Over 100, 000 had had abortions. And what the data showed was an 34 percent risk increase in anxiety, 37 percent increased risk in depression, 110 percent increased risk in alcohol abuse and a really high increased risk of suicidal behavior or ideation. And she was just piled on by the pro-choice side trying to tear apart her work. And actually David Ferguson came and defended her as the pro-choice atheist, saying 'there's valuable information to be had here and attacking a person's character is not going to disippate that'.

BRAHM: Yeah, good for him.

ATKINS: Yeah, he also came out and admonished the ACA saying "if you're going to release this list of pre-existing risk factors, you can't then turn around and say but we don't need to talk about it with women".

BRAHM: Yeah that seems weird. So connect this to a thing that we have never talked about publicly, but it seems like you're talking about something similar to something that our staff has internally talked about before, a long time ago, and just never felt like we understood enough to have the fight in public. But it seems right along these lines. And so the thought was, when we hear statistics like, 'a woman after having an abortion is this much more likely to be depressed, or this much more likely to to become suicidal'. The question was, yeah, but how often are the women who have abortions already likely to have some of those risk factors anyway? Were they already more likely than the average woman, if all other things were equal, to become depressed or become suicidal or whatever. And so, trying to figure out what the abortion is doing there and what is being caused maybe by other circumstances in their life. And the abortion is maybe exacerbating it, but it's maybe not the first cause of it. I'm agnostic about it, but that has been a thing that we have wondered secretly in here. Tell me…

ATKINS: So some of the research suggests, and they did control for those variables - if you had a child, if you had a miscarriage, if you has an abortion..

BRAHM: The Coleman and Ferguson studies….

ATKINS: I can't say for sure on the Ferguson. Coleman did. And I'm not sure if it's that study or her later study in 2018, so i don't want to misspeak on that.

BRAHM: We'll link to all of these things.

ATKINS: Yes, but it controlled for increase of depression, for example, after pregnancy, after abortion after miscarriage. And I want people to hear there is an increased risk of depression after pregnancy, just in general.

BRAHM: Yeah that's really important. You've got to be intellectually honest about that.

ATKINS: It's not huge after a live birth but there is an increased risk, and we don't know how much of that is postpartum depression, which is hormonally-related and kind of sleep-deprivation related, versus pre-existing risk factors-related. So, that can come out of nowhere and have no pre-existing risk factors. And that can happen.

BRAHM: But do you see how complicated this is?

ATKINS: Yes. and that can also happen after abortion. Postpartum depression can happen after an abortion, by the way, which is never talked about.

BRAHM: Because of the hormones…

ATKINS: Because of hormones. So anyway, then miscarriage was higher than live birth and abortion was the highest, as far as they go. So, yes, I don't want to deny there's an increased risk with all of them. But definitely abortion was the highest. Now can I turn around and say abortion caused that? No. I can just say there's an increased risk of it. I can't say it's going to do this to you.

BRAHM: I think the thing that I care [about] is for pro-life people to say whatever is the accurate, honest way. And it's not always obvious to laypeople what that is or whose studies are the most reliable. I'm imagining, more likely than not, if it's linked on the AAPLOG website then it is probably accurate.

ATKINS: I will say the number one highest risk for mental health complications after abortion was how a woman feels about her pregnancy, which is why it's really, really, really important we're not gaslighting women about how they feel about their pregnancy. And I'm not accusing any clinics of doing this or any pregnancy resource centers or anything of doing this. But if a woman comes in and she is unsure, we cannot tell her what that pregnancy means for her, period, in either direction.

BRAHM: So something that pro-life people talk a lot about in their concerns about abortion, when we're not talking about philosophy, is about specifically the abortions that happen on minors and and definitely talking about 'how does informed consent or even parental consent or notification work with all of that'. So i'm just interested in what are your thoughts or concerns specifically about minors having abortions?

ATKINS: So this kind of piggies back off the earlier conversation we had where I said over and over again, "Children have rights. Children have rights and they're not owned by their parents". They're individual people. And so I imagine people might have been at that point a little concerned about how much parental guidance there needs to be. And ust because parents don't own their children and children have their own individual rights does not mean parents are not responsible or guardians of their children. So I don't have an answer on what an appropriate age is from any kind of study and I don't know that we could do a study ethically about that. I will say, for mental health as an example, it's state by state, but in my state the age of 14 is when someone can enter into a counseling relationship without their parents' consent. That being said, if their parents find out about it, it's the practitioner's own prerogative of what they think a parent needs to know. Also, if the child is exhibiting any kind of dangerous behavior, if it is legally-defined harm to themselves or harm to someone else, we have to report it. But if it's just self-harm type behavior that isn't suicidal ideation or high-risk behavior, it's upon us to decide what needs to be shared with whom. I think it's awfully reckless if a therapist wasn't going to the client - the 14, 15, 16, 17 year old - and saying, who is an adult you trust in your life we can talk about this with, because I can't leave this alone. So I kind of look at that as kind of a base, at the age of 14 and up, are we having conversations with these children about who are the safe people in your life? Why is not an adult involved here? I think we're failing those children when we just say we're going to give you a judicial bypass and get you abortion and not question why there aren't adults in your life you don't trust.

BRAHM: Yeah, especially when the judicial bypass, the way that has worked some places like California, I think, as far as from what we hear, is Planned Parenthood, or whoever, has a lawyer on retainer for these and they just stream everyone through. It's not just, say, "oh we found out that your dad is super abusive" or something or, you know, some kind of abuse is happening in the house. It's like, 'oh no, just the fact that you're underage means that we're gonna have you work with our attorney, get in front of a judge, get your judicial bypass'. And this is like this one extra step that we're adding which raises all kinds of questions about who the attorney is really representing and all of that?

ATKINS: So there was one attorney recently - there was an article done about her. She's an attorney on retainer to do these judicial bypass proceedings and she openly said 98 percent of her cases were just kids not wanting to disappoint their parents. There was no abuse happening.

BRAHM: 98 percent?!

ATKINS: And I don't know how many she's done. Legit - that could be nine. I don't know. But that to me - i don't think that's in the child's best interest to cut their parents out such a huge decision in their life. I mean, if you did any other procedure on a child, any other, what we're calling healthcare procedure on a child, without their parent's notification, that would be a big problem.

BRAHM: Including an ear piercing…

ATKINS: Exactly, exactly yeah. There's some problems there and it goes even further than that. And I get in trouble with both sides, again, when I talk about marital age of consent. I get push back on the pro-life side because, 'what if a 16-year-old gets pregnant and she wants to marry, and don't we think like she should be able to?' No, I'm sorry, I don't; I just don't. And I get there are some people that are really concerned about religious reasons or spiritual reasons - that they would want that to happen. But in my opinion, when somebody who is a minor gets pregnant and has a child, it does not mean that we need to make something legal in the eyes of our government rather than dealing with 'are we handling what's going on with their life right now? Can we get things to a stable point?', and then when she's old enough to realize what marriage entails, allow her to make that decision. So I get some pushback on that. The pro-choice side, I mean, Planned Parenthood shows up often at these court hearings of 'are we going to move the age of marital consent up', arguing against it. And i'm assuming the reason for doing that is they don't want age of consent moved up in general, because that then would make an abortion questionable at that age.

BRAHM: They don't want it to be that you're older before you can consent.

ATKINS: Right, I am assuming.

BRAHM: Expose after expose has shown that they systematically violate the reporting laws that say they are supposed to be informing someone when they're seeing a 13 year old who's pregnant. There is inherently something wrong that's happened here right. But they are hiding it, and just giving her the abortion

ATKINS: Which ties back to 'what is counseling, and what is not'. Because, if a 14 year old comes to my office and they're pregnant, I'd better be reporting,

BRAHM: I mean, but why are the rules different for them?

ATKINS: I don't know. And i think there's probably room for common ground between pro-choice and pro-life to talk about that. I mean, I think only the most staunch pro-choicers would be like, 'nope, anybody - 11 year olds should be able to get them without telling anybody'. That's a really hard line, very far out to draw, and I think the majority would probably fall in line of 'why aren't we at least asking where are the adults you trust?'

BRAHM: Let me ask you about one more thing that you said that I thought was really interesting. In our initial email you said, "the ethical/philosophical approach does nothing for those stuck in an emotional appeal, thus my desire to consider the best strategies for reasonable mitigation of suffering". Can you expand on what that means?

ATKINS: Yes. So when a woman is considering abortion and she's in any kind of crisis situation, I don't think ethics or philosophic arguments matter to her at all. So, how are we going to talk then about the real suffering she's in? I'm going to bring rape into this intentionally too because I want to talk about that as well a little bit. But so, often what if she's suffering? Then we need to let her mitigate suffering. And that's often the example that's thrown out. But pregnancy can be suffering for any number of reasons. In my second pregnancy I had hyperemesis. I was on bed rest the majority of the pregnancy. I had a pic line with a backpack of fluids and meds. I was really, really sick and I was offered termination, that was the word they used, very early on. I refused it but I would be lying if I didn't say there weren't nights, in the middle of the night, I didn't think about it. It was really, really bad. And so, I think it's unfair to use any group of people who are in suffering as your shield for, in general, the idea that all abortion should be okay. That's a problem for me. That doesn't mean we shouldn't talk through how we mitigate suffering. So when talking to a woman who is in suffering, if we don't come prepared with - here's other ways to handle this, and I'm going to be a part of that solution with you -then we aren't going to be reaching her.

BRAHM: That's the way to really kind of step up and advocate for her, equip her, be there with her and not just say, 'oh here's a quick, easy band-aid solution.'

ATKINS: Correct, yeah. When it comes down to 'what do we use in the debate about abortion?', I really, from both sides, dislike the 'I'm going to use this woman's anecdotal evidence for why it should not be legal'. To me that doesn't move the argument at all because you can have a case on one side and a [case on the other] - I mean, you have 80 of women pregnant from rape don't want abortion. I could throw that out; but that doesn't address the 20 percent that do. I don't think that's helpful on whether or not it should be legal. But how do we manage suffering? That's a conversation we all need to be having.

BRAHM: It just becomes this war of anecdotes. It's like, well, we've got all these women who regret their abortion and will stand with the signs, 'i regret my abortion' and then Planned Parenthood releases: 'here's a huge list of people who say that abortion is the best thing that ever happened to them'. Either one could be right, but both could be right at the time. This could be their truth at that time. It doesn't make abortion morally right or morally wrong.

ATKINS: And I think you guys do a great job of differentiating ethical and moral arguments and I don't know that the overall pro-life movement is doing a really good job with that. I am not going to convince somebody who does not have the same morals as me that they're doing something morally wrong. So then it's either ethical, if they're not in a crisis, or it's crisis management.

BRAHM: Okay, so that all makes sense. Bringing that back to the topic of rape, which comes up in virtually every conversation of abortion that I have - and we have a lot of material on how to talk about that I'll link down below. But what are your thoughts about that?

ATKINS: First, I think both sides need to acknowledge that rape is trauma. And I'm not saying either side does or does not. But, in general, rape is trauma. That does not then equate pregnancy after rape as trauma. That is personal for each individual and what is trauma is subjective for each individual. For example, my own rapes - while i was not pregnant from them - are no longer traumatic to me. I can talk about them openly and not feel any pain from that. That doesn't mean everybody's going to be in that place. That's all subjective. We just need - everybody - to acknowledge that rape is traumatic, that pregnancy from rape may or may not be and to what degree is it? So there's a starting point.

At that point, it becomes a question of, 'is this procedure that's going to end this pregnancy going to help or not with the ongoing trauma of it?' and, I probably am going to irritate some people with this but, my standard of the best possible outcome is post-traumatic growth. The idea of post-traumatic growth is taking a suffering or difficult or traumatic situation and becoming a person of healing and resilience and positivity out of that. That's the best case scenario. And I think we are harming people by saying to them,' you can't get there'. So whether or not abortion should or should not be legally allowed in rape isn't where I'm going. Where I'm going is: 'can we create post-traumatic growth from that and what would do that?' versus 'are we creating post-traumatic stress from this and reinforcing post-traumatic stress'. So, for a woman who is choosing whether or not to have an abortion after pregnancy, we need to find out from her, and this should not be a controversial question to ask in my opinion, would

carrying this pregnancy to term and giving this other human life bring you any sense of empowerment? And, if so, we probably should be considering whether we should be supporting that or not? If she's absolutely not, then we need to explore why not. But i don't think that should be, but right now that's a controversial question to even ask,

BRAHM:. Well Robin, you have stoked 27 different little important conversations that people need to be having that they might not have been having before. So I thank you for that.

ATKINS: Sure.

BRAHM: I know a lot of people disagree with different things you said in the last three episodes, and that is okay, because we're just thinking out loud here. And you could be wrong about some of your beliefs, but at least the conversation can happen. And, again, you're inviting people not to just troll you - unless it's benevolent - but actually, if they're interested in engaging further, you're encouraging them to DM you through Twitter.

ATKINS: I will say, give me a turnaround of at least two days. That's where I'm at right now; so depending on how much feedback we get, it might be longer. But I will get to you. I don't have an assistant. So I will get to you.

BRAHM: Well, I really appreciate you being willing to come out and say things that are difficult for both sides to hear. I really see a lot of intellectual honesty in that. And again, anyone who thinks outside the box is interesting to me. So thanks for getting me thinking outside the box today.

ATKINS: Thank you for the conversation and letting me speak to your audience. I appreciate it.

BRAHM: You're very welcome .