

faculty at Columbus School of Law, Professor Alvaré worked at the National Conference on Catholic Bishops, first in the Office of General Counsel, and later as the Director of Information and Planning for the Bishops' Pro-Life Office.

We welcome all our witnesses here this afternoon, and for those who may not have testified before a congressional Committee before, let me very briefly explain our lighting system. There are two on the table there. We have what's called the 5-minute rule, which is we all had 5 minutes, although we did stretch it a little bit by yielding an additional 2 minutes here and 3 minutes there, as the Chair saw fit. But the lights will be green for 4 minutes. The yellow light will let you know you got a minute to try to wrap up. When the red light comes on, we'd appreciate your wrapping up as closely to that as you can. We'll let you go a little bit beyond that if it's necessary, but if you could stay within that, we would appreciate it very much.

Then, finally, it's the practice of this Committee to swear in all witnesses appearing before it, so if you wouldn't mind standing and raising your right hands.

[Witnesses sworn.]

Mr. CHABOT. Again, we welcome you here this afternoon, and I believe our first witness—let's see. Ms. Roy, you are recognized for 5 minutes. And if you could turn that mike on, it should be working there. Thank you very much. We'll wait to start your time until you start.

**TESTIMONY OF CINNY ROY, FOUNDER AND DIRECTOR,
EVE CENTER**

Ms. ROY. Thank you, Mr. Chabot.

Beginning in 1997, I worked exclusively with women and became a specialist in abortion recovery. Recognizing that when a woman seeks help, it is often more complicated than a single issue, I returned to university in 2000 and received a master's degree in counseling.

In 2003, I founded the Eve Center, which provides free support to women by women seeking to recovery their mental, emotional, and spiritual health. And if you will note on page 2 and 3, I've listed over 20 different topics of which we are involved.

Because the Eve Center provides a safe, confidential environment exclusively for women, the response has been good. Since we aren't a single-issue organization, when a woman comes in, no one knows what concerns she brings. We provide anonymity. Because we have the highest standards of confidentiality and because of the broad menu of presenting problems, she experiences respect and protection during her sessions.

I had moved away from abortion recovery work, but found that working in women's issues I can't get away from it. Even if it isn't her primary presenting problem, there is a significant percentage of intakes with abortion checked as a concern. And I'd just ask that you note my Attachment A, which notes that 23.3 percent of our clients in an 18-month period identified abortion as a cause for concern.

In my full report, I've noted 45 effects that post-abortive women say persist in their lives after their abortion reaction, and those are noted on page 4, 5, and 6 of my report.

Part of the code of counseling is to "do no harm" to a client, and it is not my intent to cause distress for anyone. If a woman says she is fine with her decision to abort, that is good. It is preferable that she be well. There are many, many reasons a woman may have the aforementioned symptoms. But if in addressing the identified concerns of the client those concerns are not resolved, then maybe the focus is incorrect. When the treatment does not resolve the pain, then maybe the diagnosis is wrong.

A cognitive disconnect takes place when the abortion procedure is over. Remember that trauma treatment is a process. The memory of the trauma of the abortion is boxed up and the resolution is stunted. Because it is underground and not talked about, it leaks into other areas of her life. Hence, the list of symptoms, many of which are criteria for diagnosis for post-traumatic stress disorder, acute stress disorder, generalized anxiety disorder, anxiety disorder not otherwise specified, depressive disorder, increases Axis IV psychological and environmental problems, and low GAF ratings, which are the global assessment component of functioning.

Recall that when a crisis isn't processed, one tends to use one's subjective experiences to shape the memory. Hence, perceptions become personal truths although the personal beliefs may not be truth at all. When one is left to "figure out" something with no benefit of counsel, one is left with a narrow and often incomplete or inaccurate memory. By going back to before the decision to abort was made, the woman or man is able to see at a distance all that took place, process what happened, and resolve the trauma. Because this is a death issue, it is similar to complicated grief treatment.

I also know this personally as a post-abortive woman, and I walk between the camps of pro-choice and pro-life. Here are some of the myths that I have uncovered from working with women, and you can refer to these in my report.

Myth number one: It is a free choice.

Not one woman wakes up on a given day, stretches, and says to herself, "Gee, I think I will choose to have an abortion today." The types of fear-induced thoughts that women have when the pregnancy test is positive is "It will ruin my future," "I can't work and raise a baby," "The university won't let me have a leave from classes." Fear is an inadequate emotional state to be in when making any decision. Couple this emotionally heightened state with spoken and unspoken threats, and there is a reduced margin for thoughtful, educated decisionmaking to take place.

Myth number three: Women take time and care to seek out advice to formulate the best plan for her. The decision is made in a heightened alarmed state and self-preservation is the driving component. Homeostasis, returning to what was previous, is of paramount importance. Her pregnancy threatens her stability. The positive pregnancy test triggers immense out-of-control feelings. Survival instinct takes over and she moves to "lock and load" mentality, and little can be done to sway her from achieving her goal.

Myth number five—actually, I'd like to do myth number nine: Post-abortion distress is a made-up, religious issue. Regardless of who or what one believes in, something or someone failed if the pregnancy was unintended. Abortion causes loss. The loss must be worked through. There are multiple losses; often the relationship terminates. Resolution involves what part she has in the loss, and the comment to me has been, "I've lied to myself, and now my life is a lie."

Thank you, and I'll wait for questions to give further information.

[The prepared statement of Ms. Roy follows:]

PREPARED STATEMENT OF CINNY ROY

As a professional counselor licensed in Ohio, I have been trained to assess clients. Assessment is used for the diagnosis and the diagnosis for the treatment plan. Very often a client's current behavior is driven by a crisis or trauma earlier in life. The crisis was not dealt with in a timely fashion, hence the need for counseling. It is important at the time of the crisis or trauma to process what has happened. Processing involves going through the stages of impact: what happened, how it affected the person, who is responsible, grieving the loss, identifying the impact to the client's life today, a period of stabilization and finally resolution. This is why grief and crisis counselors go to schools when a student dies. This is why chaplains and pastoral staff are at hospitals. They attempt to start the students, patients and families on the road to mental, spiritual, and emotional recovery.

Men and women come for counseling because they are stuck. The coping skills they developed over time aren't working anymore. Something has triggered or upset the way they have been living. The man or woman is feeling out of control and often does not recognize that the trauma or crisis of the past is bobbing closer to the surface. It is the job of the clinician to figure out with the client what is and what is not causing the problem that brought him or her in for help.

Beginning in 1997, I worked exclusively with women and became a specialist in abortion recovery. Recognizing that when a woman seeks help it is often more complicated than a single issue, I returned to university in 2000 and received a master's degree in counseling.

In 2003 the Eve Center was founded, a branch of the Center for Women's Ministries, Inc. headquartered in Bloomington Indiana. We provide free, faith based support by women to women seeking to regain their mental, emotional and spiritual health. The Eve Center trains women in lay counseling to assist on an array of topics such as:

- Abuse
- Boundaries and lifestyle choices
- Childlessness: infertility, adoption, single-no children, pregnancy loss due to abortion, STDs
- Codependency
- Death: husband, child, parent, close friend
- Depression
- Eating issues
- Fears and phobias
- Jail: families of inmates, inmate before and after release
- Illness and disability
- Loneliness
- Parenting: small children, teenagers, empty nest, single parenting, older parents
- Pregnancy
- Promiscuity
- Relationships: husband, parent, partner, children, co-worker, friends
- Self-esteem
- Sexuality
- Singleness