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Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois

Lauren J. Ralph, Ph.D.^{a,*}, Lorie Chaiten, J.D.^b, Emily Werth, J.D.^c, Sara Daniel, M.P.H.^a,
 Claire D. Brindis, Dr.P.H.^d, and M. Antonia Biggs, Ph.D.^a

^a *Advancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, Oakland, California*

^b *Reproductive Freedom Project, American Civil Liberties Union Foundation, New York, New York*

^c *Illinois Judicial Bypass Coordination Project, Roger Baldwin Foundation of ACLU, Inc, Chicago, Illinois*

^d *Philip R. Lee Institute for Health Policy Studies, Bixby Center for Global Reproductive Health, Departments of Pediatrics and Obstetrics, Gynecology, and Reproductive Sciences, University of California San Francisco, San Francisco, California*

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A B S T R A C T

Purpose: Minors seeking abortion in states with parental involvement requirements can obtain judicial bypass (JB) as an alternative. Research on minors' reasons for choosing bypass and the logistical obstacles associated with bypass is limited, yet needed to assess potential burdens introduced by mandated parental involvement.

Methods: Using data from all minors represented in JB proceedings by the Illinois Judicial Bypass Coordination Project in 2017 and 2018, we present descriptive statistics summarizing minors' demographic characteristics, reasons for seeking bypass, individuals involved in decision-making, and distances traveled and time elapsed to attend the court hearing.

Results: Most minors obtaining bypass ($n = 150$) agreed to participate ($n = 128$). Just more than half (55%) were aged 17 years and lived with one parent (54%). A minority were already parenting (5%) and/or lived with someone besides a parent or on their own (16%). The reasons for bypass included concern about being forced to continue the pregnancy (50%), fear of being kicked out of their home and/or cut off financially (41%), having no/minimal relationship with parents (15%), and fear of physical/emotional abuse (13%). Minors traveled an average of 24 miles one-way (range 1–270 miles) to a courthouse for their hearing. On average, 6.4 days elapsed between contacting the Judicial Bypass Coordination Project and the hearing.

Conclusions: Judicial bypass can offer young people an opportunity to retain autonomy in decision-making, potentially avoiding abuse and other negative outcomes. However, even in a state with a well-organized network of attorneys, JB contributes 1 week to minors' abortion-seeking timeline and necessitates traveling long distances.

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IMPLICATIONS AND CONTRIBUTION

Young people seek judicial bypass instead of notifying a parent about their abortion to maintain autonomy in their reproductive decision-making and to preserve family relationships. Even with an active support system, obtaining bypass contributes a week to the timeline of pregnancy care-seeking and necessitates additional and significant travel.

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* Address correspondence to: Lauren Ralph, Ph.D., Advancing New Standards in Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, 1330 Broadway Street, Suite 1100, Oakland, CA 94612.

E-mail address: Lauren.Ralph@ucsf.edu (L.J. Ralph).

Currently in the U.S., laws mandating that young people aged ≤ 17 years involve a parent in their abortion decision are enforced in 37 states [1]. The Supreme Court's 1979 decision in *Bellotti v. Baird* established that parental involvement (PI) requirements for

abortion must include an alternative for young people who cannot involve a parent [2]. In 36 states, this alternative is judicial bypass (JB), which allows a young person to go before a judge and seek exemption from mandated PI if they can demonstrate that they are mature and well-informed enough to make the decision on their own or that abortion without PI is in their best interest. The Supreme Court's 1992 decision in *Planned Parenthood v. Casey* reaffirmed the constitutionality of mandated PI with JB, implicitly concluding that having to obtain bypass does not necessarily constitute an undue burden on young people seeking abortion.

However, given the legal and confidential nature of JB proceedings, there is very limited research on whether and how JB impacts, and potentially burdens, young people in practice. In a recent qualitative study in Texas, 20 young people who sought bypass described the process of getting to the courthouse and going before a judge as unpredictable, burdensome, and, for some, traumatic. That study's authors conclude that the bypass process itself introduces stigma and trauma and may have adverse consequences on young people's emotional health and well-being [3].

Although not well studied, it is also likely that bypass introduces logistical burdens. Young people need to learn about the bypass option, schedule a court hearing, arrange time off of school or work to attend, and arrange transportation to the courthouse; simultaneously, they must arrange travel and raise money for the abortion. Evidence of delay was quantified in one study in Massachusetts, where young people seeking abortion at Planned Parenthood facilities using JB obtained abortion care 5.2 days later than those who had parental consent. Notably, this delay limited some minors' option for medication abortion, pushing their pregnancies past the gestation at which this regimen is indicated [4].

A handful of studies have characterized the sociodemographic characteristics that distinguish minors who obtain abortion via JB. Using vital statistics and clinic-based data, these studies indicate that JB is used more often among racial and ethnic minority, older, and out-of-state minors [4–7]. Other characteristics important to understanding minors' ability to engage with parents in pregnancy decision-making—such as their living situation, prepregnancy relationship with parents, or other family circumstances—have not been systematically assessed among people seeking JB, although they have been explored among young people considering or seeking abortion [8,9].

In the present study, we examine the sociodemographic and household characteristics of minors who obtained JB in Illinois over a 2-year period. We examine young people's reasons for seeking JB instead of involving a parent, individuals consulted in their decision-making, the distance they traveled to a courthouse for their bypass hearing, and the number of days introduced into their timeline of care-seeking by having to attend a court hearing.

Developing a better understanding of young people's experience with JB is critical in the current policy landscape toward abortion. In recent years, state legislatures have amended PI requirements to make it more difficult for young people to access JB, for example, by requiring that they obtain bypass in their county of residence, setting strict standards for how minors can demonstrate maturity, and restricting who can assist minors through the bypass process [10]. In Texas, these additional restrictions were associated with an increase in young people denied a JB [11]. Furthermore, as restrictions on abortion proliferate

more generally, people of all ages are traveling longer distances to obtain care [12,13]. The present study can clarify the burdens introduced by mandated PI on a potentially vulnerable subset of youth.

Methods

Data

Data for this analysis were obtained from the Illinois Judicial Bypass Coordination Project (JBCP), a program of the Roger Baldwin Foundation of the ACLU, Inc. (RBF). The JBCP provides free information and legal assistance for those pursuing JB in Illinois. To provide abortion care to a minor, Illinois currently requires 48 hours advance notification to an adult family member—defined as a parent, grandparent, stepparent living in the home, or other legal guardian—unless the minor meets an exception such as having obtained a JB. In late 2016, attorneys leading the JBCP collaborated with the University of California, San Francisco (UCSF) researchers to expand and standardize the data routinely collected from minors who contact the JBCP for assistance. This process resulted in a standard set of questions that attorneys asked minors during their interaction with them.

Minors typically first contact the JBCP via a phone, text, and email hotline; although not systematically assessed, our understanding is that minors learn of the JBCP primarily through referral from abortion facilities or researching online. Those interested in pursuing bypass ultimately speak with one of the RBF staff attorneys (hereafter referred to as “RBF attorneys”) working on the JBCP, who explain the bypass process and screen the minor for referral to a pro bono attorney to represent them in a bypass proceeding. RBF attorneys collected all data in phone and/or in-person conversations with minors, typically over multiple conversations as participants moved through the bypass process and then compiled it using a standardized set of instructions developed collaboratively by RBF attorneys and UCSF investigators before data collection began.

Study population

All individuals represented by the JBCP in a JB proceeding in Illinois between January 27, 2017, and January 31, 2019, were eligible. Eligible participants were asked for their permission for their anonymous responses to be shared with UCSF. RBF attorneys also shared a limited set of demographics (age, race/ethnicity, and region of residence) for nonparticipating minors allowing us to assess for participation bias.

All data shared with UCSF researchers were deidentified. All study activities were approved by UCSF's Institutional Review Board.

Measures

Demographic information collected included age (in years), race/ethnicity, previous pregnancies and their outcomes, and ZIP code and/or city and state of residence. A question on living situation included response options for one or both parents, their partner or partner's family, other adult family members, nonfamily members, and living on their own. When not living with a parent, their relationship to the person they lived with was also assessed. To ensure confidentiality, before sharing geographic data with UCSF, RBF attorneys used ZIP code and/or

city and state to classify region of residence as City of Chicago, Chicago suburbs, Illinois outside of Chicago region, and out of state. RBF attorneys also used these data to calculate the distance in miles on Google Maps from each minors' home to the courthouse and, separately, from each minors' home to the clinic where they planned to obtain abortion care, based on the last information shared with the RBF attorneys regarding where minors had scheduled their abortion.

Three open-ended questions asked minors to describe their reason(s) for seeking JB instead of notifying an adult family member, who they involved in their decision-making, and their reason(s) for seeking an abortion. RBF attorneys recorded their responses and then assigned them to the list of prespecified categories. Categories were developed collaboratively by RBF attorneys and the UCSF research team based on prior research [14–17] and attorney experience. Multiple responses and an open-ended "Other" option were allowed. Three authors reviewed all responses categorized as "Other" and established a set of rules for recoding these responses to an existing category or leaving them as "Other." The final categorizations and recodes were shared and discussed with two other authors and refined.

RBF attorneys recorded the date minors: (1) first contacted the JBCP; (2) had their bypass hearing; and (3) had an

appointment for abortion, based on the last information shared with RBF attorneys. Using these dates, RBF attorneys calculated the days elapsed between each step. Minors also reported the gestational length of their pregnancies in weeks when they first contacted the JBCP.

Analysis

We present descriptive statistics on the study sample and examine whether study participation differed by age, race/ethnicity, and region of residence using χ^2 tests. We describe participants' reasons for seeking JB, reasons for having an abortion, and individuals involved in decision-making.

We present means, medians, and standard deviations summarizing the number of days elapsed between minors' first contact with the JBCP, their court hearing, and scheduled abortion care. We estimated the gestational length of participants' pregnancies at the time of abortion using their self-reported weeks pregnant when they contacted the JBCP and the days elapsed between contacting the JBCP, having a court hearing, and their scheduled abortion appointment. We also estimated what the gestational length of participants' pregnancies at the time of abortion could have been if they had not needed to obtain JB, by

Table 1
Demographic profile of minors obtaining judicial bypass in Illinois in 2017 and 2018 (N = 150)

	Agreed for data to be shared (n = 128)		Declined to share full data (n = 22) ^a	
	n	%	n	%
Age				
14	2	2	0	0
15	17	13	2	9
16	38	30	7	32
17	71	55	13	59
Race/ethnicity				
Black/African American	39	30	8	36
Hispanic/Latinx	37	29	4	18
Non-Hispanic white	17	13	2	9
Asian or Pacific Islander	2	2	1	5
Multirace	6	5	2	9
Not assessed	27	21	5	23
Current living situation				
Both parents	39	30		
One parent	69	54		
Other family (grandparent, aunt, sibling, cousin)	13	10		
Other nonfamily	3	2		
Boyfriend and/or boyfriend's family	2	2		
On their own	2	2		
Geographic region				
City of Chicago	61	48	8	37
Chicago suburbs	50	39	12	55
Illinois outside Chicago region	9	7	1	5
Another state	8	6	1	5
Pregnancy history				
No previous pregnancies	103	80		
Previous pregnancy ending in abortion or miscarriage	7	5		
Previous pregnancy ending in birth	8	6		
Not assessed	10	8		
Gestational length of pregnancy in weeks (mean, SD, range) when contacted	7.6, 3.8, 3–20			
bypass project (n = 122)				
In the second trimester (≥ 13 weeks) when contacted bypass project (n = 122)	20	16		
Gestational length of pregnancy in weeks (mean, SD, range) at scheduled abortion appointment (n = 122)	9.5, 3.8, 5–22			

SD = standard deviation.

^a For this subset, we have access to a limited set of sociodemographics to assess differential nonparticipation. There was not a significant difference in the distribution of age ($p = .54$), race/ethnicity ($p = .56$), or region of residence ($p = .49$) by participation.

subtracting the days elapsed between contacting the JBCP and their court hearing from the gestational length of their pregnancy at the time of scheduled abortion appointment.

We present means, medians, and standard deviations summarizing the distances traveled in miles to the courthouse for the bypass hearing and to the clinic for a scheduled abortion. We examine differences in mean days elapsed and distances traveled by region of residence using Kruskal–Willis tests, a *t* test variant that appropriately accounts for non-normally distributed data.

Results

Between January 2017 and January 2019, 150 minors were represented in JB proceedings by the JBCP. A total of 128 minors (85%) agreed to share their data, and there were no differences by age ($p = .54$), race/ethnicity ($p = .56$), or region of residence ($p = .49$) in participants and nonparticipants (Table 1). All the minors represented by the JBCP in JB proceedings were granted the JB.

A majority of the minors seeking bypass were age 17 years (55%), with another 30% age 16 years. Just less than one-third were African-American (30%) or Latina (29%); race/ethnicity was not reported for 21% (Table 1). One-half reported living in a single-parent household (54%). Smaller proportions lived with someone other than a parent, including grandparents, aunts, siblings or cousins (10%), other nonfamily (4%), or on their own (2%). A majority lived in the City of Chicago (48%) or its suburbs (39%). Most (80%) reported that this was their first pregnancy; 6% were already parenting.

On average, participants gave 1.6 reasons (median 1) for seeking bypass (Table 2). One-half indicated that they sought JB because of concerns about being forced to continue the pregnancy (50%). Concerns about being kicked out of their house or cut off financially (41%) or disappointing or ruining their relationship with their parents (27%) were also noted. A minority expressed concerns about physical or emotional abuse (13%) or noted having no or only a minimal relationship with one or both parents (15%). This latter category included minors with deceased ($n = 4$, 3%) or incarcerated ($n = 4$, 3%) parents, as well as those with no clear legal guardian ($n = 2$, 2%). Finally, a minority (11%) did not want to involve a parent because of complex, fragile, or unstable family situations that included a recent death or illness ($n = 4$, 3%), financial trouble ($n = 3$, 2%), divorce ($n = 1$, <1%), and pending deportation of a family member ($n = 1$, <1%; not shown).

Minors reported discussing their abortion decision with more than one person (mean 1.8, median 2) outside of clinic staff. Their partner, boyfriend, or person involved in the pregnancy was most common (70%), followed by friends or coworkers (41%), siblings or siblings' partners (32%), and cousins (14%). Approximately one in 10 discussed their decision with a teacher, counselor, or therapist (10%); others involved the parent or grandparent of their partner (8%). A friend's parent or a godparent (5%) and aunts or uncles (4%) were consulted less frequently, and a few minors (3%) reported not discussing their decision with anyone other than clinic staff (not shown).

Minors typically gave multiple reasons for having an abortion (mean 2.1, median 2.0). The most common reasons focused on concerns that continuing the pregnancy would interfere with educational or other life goals (52%) or that they were not ready

Table 2

Minors' reasons for seeking judicial bypass and for seeking an abortion (N = 128)

	n	%
Reasons for seeking judicial bypass		
Concern that parent/s will force them to continue the pregnancy	64	50
Concern about being kicked out of house or cut off financially	52	41
Concern about disappointing parent/s, family, or others, including ruining relationships	35	27
No/minimal relationship with parent/s or parent/s unavailable	19	15
Concern about physical or emotional abuse	16	13
Difficult family circumstances or family instability	12	11
Reasons for abortion		
Continuing pregnancy would interfere with education or other life goals	67	52
Not ready or old enough to be a parent	64	50
Not financially stable	49	38
Don't want parents or others to know pregnant or having sex	27	21
Not mature or responsible enough to be a parent	17	13
Already have own children to care for	8	6
Would have a negative impact on family	8	6
Home life is unstable or difficult	7	5
Concerned about own health	7	5
Partner/person involved in the pregnancy does not want to parent	2	2
Other	7	6
Already responsible for taking care of other family	1	
Don't want to disappoint people	1	
No space for a child in living situation	1	
Pregnancy the result of sexual assault	1	
Not specified	3	

Categories do not sum to 100%; participants could give multiple reasons.

or old enough to be a parent (50%). Many also reported lack of financial readiness (38%; Table 2).

The average gestation at which minors contacted the JBCP was 7.6 weeks (median 6) and ranged from 3 to 20 weeks. The average gestation at their scheduled abortion appointment was 9.5 weeks (median 8) and ranged from 5 to 22 weeks (Table 1). The average amount of time elapsed between minors' first contact with the JBCP and their court hearing was 6.4 days and ranged from 0 to 27 days (Table 3). Time elapsed was longer for those who lived out-of-state (10.6 days) compared with those who lived in the City of Chicago (5.9 days), a Chicago suburb (6.5 days), or in Illinois outside the Chicago region (4.9 days). An average of 6.3 additional days elapsed between the court hearing and their scheduled appointment for abortion care (range 0–47 days).

As Figure 1 demonstrates, two of 128 (2%) were in the second trimester at their abortion appointment but could have been in the first trimester if not for the days elapsed to arrange and attend a court hearing. Similarly, six of 128 (5%) were past the 10-week cutoff for medication abortion at the time of their abortion appointment but could have been before the 10-week cutoff if not for the days elapsed to arrange and attend a court hearing (Figure 1).

The average one-way distance minors traveled to the courthouse for their JB hearing was 24.4 miles (Table 4). Distances traveled varied significantly by state and region of residence. Although minors living in the City of Chicago traveled an average of 9.0 miles, those from Illinois, but outside the Chicago region, traveled an average of 33.3 miles, and those from out-of-state traveled 130.8 miles ($p < .001$).

Table 3

Number of days elapsed between contacting JBCP, judicial bypass court hearing, and abortion appointment (n = 128)

	Overall	By geographic region of residence				p value ^a
		City of Chicago	Chicago suburb	Illinois outside Chicago region	Out of state	
Days elapsed between						
Contacting JBCP and bypass hearing						
Mean, SD	6.4, 4.8	5.9, 4.4	6.5, 4.9	4.9, 2.9	10.6, 6.6	.136
Range	0–27					
Bypass hearing and clinic appointment						
Mean, SD	6.3, 7.4	6.6, 6.9	6.9, 7.9	6.3, 9.8	1.1, 1.8	.007
Range	0–47					

JBCP = Judicial Bypass Coordination Project; SD = standard deviation.

^a p value obtained from Kruskal–Wallis test of difference in mean days elapsed by geographic region.

Discussion

To our knowledge, this study represents one of the first to quantify several logistical burdens imposed by the JB process. Among 128 minors who requested JB in Illinois over a period of 2 years, having to arrange and attend a court hearing contributed an average of 6.4 days to their timelines of abortion-seeking. This finding is similar to a recent study in Massachusetts, where minors who accessed abortion using bypass did so 5.2 days later than those who obtained parental consent [4]. The delays imposed on minors who obtain a bypass may push them to obtain an abortion later in pregnancy, limit their treatment options to more invasive procedures, and increase the cost of the abortion procedure. In this study, minors contacted the JBCP relatively early in pregnancy; whereas national data indicate that people aged ≤ 17 years first contact a clinic to schedule an appointment at 9.4 weeks gestation on average [18], young people in this study contacted the JBCP at an average of 7.6 weeks gestation. It is not clear whether this earlier timeline is evidence of their increased decision readiness or certainty or some other factor. Regardless, it is unjust to require people to take a week to go through a JB court hearing once they have already expressed a clear decision with respect to the pregnancy, particularly since the JB process has not been shown to offer any clear benefits to young people. As the National Academies of Science, Engineering and Medicine note, timeliness is a central aspect of quality abortion care [19].

It is worth noting that our study and the one recently published in Massachusetts [4] represent the experiences of minors seeking bypass with the support of attorneys with training and expertise in JB. Although unstudied, the time spent to arrange a JB hearing is likely considerably longer in states without such support systems available for young people. Prior research has demonstrated that between one third and two thirds of county court offices are unprepared to handle bypass requests from minors [20], oftentimes giving inaccurate information about the bypass process or simply turning minors away. In most states with PI requirements, there is no formal JB coordination project. Minors seeking bypass in these settings may encounter court staff that are unaware of the option for bypass or shame minors for seeking it [21–23]. Our average of about 1 week introduced into the timeline of abortion care by attending a court hearing represents a best case scenario. It also does not take into account the time minors might have spent identifying that such a support system exists or endeavoring to contact the JBCP. To comprehensively understand the burden introduced by bypass, additional research is urgently needed, especially in the majority of states without such active bypass coordination projects.

This study is also the first to quantify the distance traveled by minors to the courthouse for their hearing. On average, minors traveled 48 miles round trip. Even in urban Chicago, the average round trip distance traveled to the courthouse was 18 miles. As restrictions on abortion mount, people may be traveling longer distances for abortion. For example, a recent study demonstrated that living in a state with a PI requirement was associated with a longer distance traveled for abortion care for people aged ≤ 17 and that living in a state with a waiting period was associated with increased travel distance overall [24]. Our study suggests needing to use the JB option further exacerbates the burden of travel, doubling the distance young people need to travel over the course of accessing wanted abortion care.

To our knowledge, this study represents the first to systematically document and quantify all young peoples' reasons for seeking JB in a given setting and period, echoing findings from qualitative studies in Texas and Massachusetts [16,25]. Notably, we also find that young people's reasons for seeking bypass have similarities to what other studies have documented as reasons minors have for seeking abortion without voluntarily involving a parent [8,17], including not wanting to disappoint or hurt their parents or not wanting to disrupt an already fragile relationship as primary concerns. However, importantly, here we find that more serious concerns, such as being forced to continue a pregnancy, being kicked out of the house, being cutoff financially, or potential physical or emotional abuse, are more pronounced among minors seeking JB. For example, in a 1992 study of minors seeking abortion where PI was not required [17], one in five did not involve a parent in their abortion decision because they feared being forced to leave the home. Many more—four in 10 (41%)—cite this as a reason for seeking bypass in the present study. Similarly, whereas 6% of those in the national study cited concerns about violence as a reason for not involving a parent, concern about abuse was expressed by 13% of our sample. Perhaps of most concern, one-half (50%) of minors in our sample express concern that a parent would force them to continue the pregnancy; this figure was just 14% among those seeking abortion without involving a parent in the national study. If JB is inaccessible, these data suggest we can expect serious short- and long-term consequences for young people.

This study also offers new evidence about the family dynamics of young people seeking bypass. One in five young people (21%) in this study did not live with a parent or reported not having a significant relationship with one or both parents at the time of their pregnancy. Living apart from parents or reporting minimal relationship with parents during adolescence could reflect a young person's increased independence and maturity, as

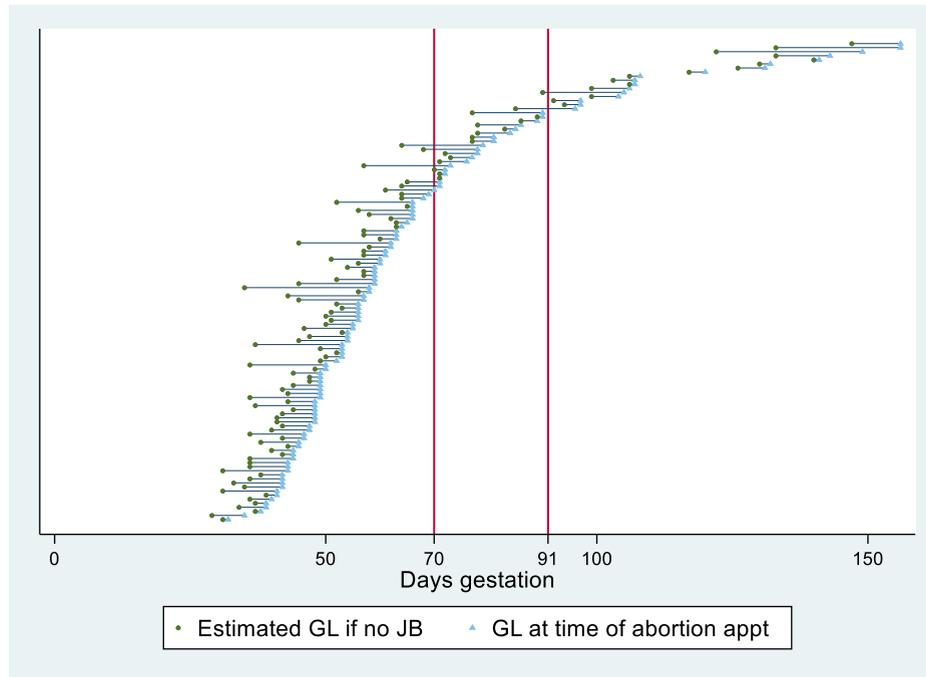


Figure 1. Number of days contributed to pregnancy timeline by judicial bypass and its relationship with gestational length of pregnancy at time of abortion. GL = gestational length of pregnancy; JB = judicial bypass. Vertical red lines represent the cutoff for medication abortion (10 weeks; 70 days) and the second trimester (13 weeks; 91 days).

well as potentially difficult or complex family circumstances. In this study, some of these circumstances included parents' death, criminal justice involvement, and potential deportation. The cumulative effects of the absence of a parent, the absence of a stable relationship with a parent, or the presence of other stressful life circumstances make it extremely difficult, if not impossible, for a young person to approach a parent in the context of an unwanted pregnancy. In this way, these data highlight how broad PI mandates are not consistent with the complex realities of young people's lives and family dynamics.

The living situation of minors in this study has implications for minors in states with more stringent PI requirements. Just more than one-half (54%) of minors in this study lived with one parent; fewer (30%) lived in a two-parent household. Currently, five states—Kansas, Minnesota, Mississippi, Missouri, and North

Dakota—require the consent or notification of two parents for a minor to obtain abortion care in most circumstances. At a minimum, we would expect to observe increased demand for JB in these states, given that some minors will be unable to involve two parents. Of more concern, we might also see more adverse impacts of mandated PI in these states, as minors unable to notify or gain the consent of two parents and unable to avoid the PI requirement by navigating JB or traveling to another state might be forced to continue the pregnancy [13,26].

Echoing what has been found in prior research [16,25], we find that young people seeking JB rarely make their abortion decision in isolation, even when they choose not to involve a parent. They consult partners, other adult and nonadult family members, and other adults in their lives from their schools or other settings. These findings are consistent with earlier work

Table 4

One-way distances traveled in miles by minors to obtain judicial bypass and abortion care in Illinois in 2017 and 2018 (N = 128)

	Overall	By geographic region of residence				p value ^a
		City of Chicago	Chicago suburb	Illinois outside Chicago region	Out of state	
Number of miles traveled						
From home to courthouse						
Mean, SD	24.4, 37.2	8.6, 3.6	24.9, 13.5	33.3, 38.9	130.8, 81.6	<.001
Range	1–270	2–20	2–62	1–116	21–270	
From home to clinic						
Mean, SD	24.4, 38.7	8.1, 4.2	22.4, 15.0	59.3, 42.6	127.9, 83.1	.001
Range	1–269	1–16	2–62	4–114	7–269	

SD = standard deviation.

^a p value obtained from Kruskal–Willis test of difference in mean distance traveled by geographic region.

indicating that young people rely on a social support network to inform their decision-making even if not involving their parents [17,27–29]. Furthermore, we also find that their articulated reasons for having an abortion are similar to past studies [14,15,25] and focus on timing and their plans for the future.

This study has limitations. Notably, we cannot assess the extent to which minors seeking JB differ from those obtaining abortions with PI in Illinois. The Illinois Department of Public Health's state-level abortion data do not distinguish who obtains an abortion via bypass versus involvement of an adult family member. Back-of-the-envelope calculations using publicly available aggregate abortion data suggest that just less than 7% of Illinois residents aged ≤ 17 years and under obtaining abortion in 2017 and 2018 did so via bypass, assuming most bypass requests are represented by the JBCP. There was high proportion of missing information on certain variables, most notably race/ethnicity. RBF staff attorneys administered survey questions to all young people but could skip questions if they felt they needed to, for example, if they only had a limited amount of time to talk, or they were concerned about a young person's reaction to the question. Finally, similar to many studies of abortion restrictions, we are unable to capture the experiences of those young people who, despite interest in obtaining an abortion without PI, do not ultimately pursue a bypass because they lack information about this alternative or are deterred by the process. Here we capture only the experiences of those who successfully, with the support of the JBCP, overcame the logistical and emotional burdens and completed the JB process.

Conclusion

Although this study provides evidence that the availability of a well-organized JB coordination project permits some young people unable to involve a parent access to a desired abortion, it also demonstrates the logistical burdens introduced by the process of JB. These burdens include travel for long distances to a courthouse and about a week on average contributed to the timeline of accessing abortion care because of having to arrange and attend a court hearing.

This study also highlights the varied ways in which mandated PI is not always in a young person's best interest. One-half of minors seeking bypass feared a parent would force them to continue the pregnancy; more than two-fifths feared being kicked out of the house or cutoff financially; one in six feared abuse. Most young people voluntarily involve a parent in pregnancy decisions [17,28]; these data highlight the more serious consequences of forcing involvement on those who chose not to.

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