

# Women's Mental Health after Abortion:

The Evidence

Dr. Martha Shuping, M.D.  
martha.shuping@gmail.com

Psychiatrist

# Disclosure

- In 1973, while a university undergraduate, I received one evening of training to become a volunteer abortion counselor at a free clinic that provided abortion referrals. I was taught, incorrectly as it turns out, that there were no possible side effects from abortion.
- In the 1980's during my psychiatry training, I began to experience women coming to me seeking help with abortion related mental health problems. Today I have more than two decades of experience in helping women individually and in groups with abortion recovery issues.

Paul  
Lichtenberg  
Borgatta  
Grimes  
Stubblefield



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# A Clinician's Guide to Medical and Surgical Abortion

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# *A Clinician's Guide to Medical & Surgical Abortion*

- This is a textbook to teach medical doctors how to perform abortions.
- It is written by abortion providers for abortion providers.

## *A Clinician's Guide, Chapter 3*

Baker A, Beresford T, Halvorson-Boyd G, Garrity JM. Chapter 3, Informed consent, counseling, and patient preparation. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, and Stubblefield PG, eds. *A Clinician's Guide to Medical and Surgical Abortion*. Philadelphia, PA: Churchill Livingstone; 1999:28-29.

# Negative Reactions:

*A Clinician's Guide to Medical and Surgical Abortion* says:

- “Women whose psychological functioning was marginal or poor *before* an abortion experience a higher incidence of negative repercussions *afterward*.”

# Negative Reactions

The *Clinician's Guide* also says:

- “However, negative reactions are not experienced exclusively by those with psychological disorders.”

[Women who didn't have problems to start with also can end up with problems after abortion.]



# Negative Reactions:

- *The Clinician's Guide to Medical and Surgical Abortion* lists these reactions from the research prior to 1999:
  - Depression
  - Guilt
  - Shame
  - Regret
  - Grief

# Symptoms of Depression

According to *Clinician's Guide*, symptoms of depression include:

- “Crying frequently”
- “Suicidal ideation” [suicidal thoughts]
- “Performing poorly at work or school”
- “Losing interest in enjoyable activities”
- “Feeling worthless”

# Guilt

According to *Clinician's Guide* symptoms of guilt include:

- “Engaging in self-punishing behaviors such as **substance abuse**...and relationships with abusive partners.”
- “Interpreting any misfortune, illness, or accident as signs of God’s punishment.”

# Guilt, continued

- Nightmares about babies.
- Blocking out the experience.
- Avoiding anything that triggers memories of the event.

[Note: these three symptoms listed here as grief are also symptoms of **Posttraumatic Stress Disorder, PTSD.** ]

# Shame

According to *Clinician's Guide*, symptoms of shame include:

- Relentless thoughts of being a bad person.
- Engaging in self-destructive behaviors.
- Inordinate fear of anyone finding out about the abortion.

# Regret

According to *Clinician's Guide*:

- Dwelling ... on negative consequences attributed to the abortion decision.

# Unresolved Grief

According to *Clinician's Guide*, this includes

- Engaging in thoughts and behaviors that perpetuate a strong emotional investment in the pregnancy or that prevent the redirection of emotional energy into moving forward with life.

# Predisposing Factors for Negative Reactions, from *Clinician's Guide*

- “An existing mental illness or disorder prior to the abortion”
- “Significant ambivalence about the decision”
- “Perceived coercion to have the abortion”
- “Commitment to the pregnancy”
- “Past childhood sexual abuse”

[These are “risk factors” – women with these issues are more at risk for having later problems.]



# Predisposing Factors for Negative Reactions

- There are a total of 13 risk factors listed in *Clinician's Guide* , and more in other sources, but I've listed these 5 as examples.

# Same Risk Factors, 2009 textbook

## **Management of unintended and abnormal pregnancy: Comprehensive Abortion Care**

Maureen Paul, E. Steve Lichtenberg,

Lynn Borgatta, David A. Grimes,

Phillip G. Stubblefield, Mitchell D. Creinin

The same five risk factors are again listed, and other risk factors (18 in all).

# Researchers on Both Sides Agree:

**Prior psychiatric illness** is a risk factor for mental health problems after abortion.

- *Clinician's Guide*
- *Comprehensive Abortion Care*
- At least 31 studies to date

*So, why aren't women being screened for pre-existing mental illness and warned of the risks?*

# Researchers from Both Sides Agree:

Women who are ***ambivalent*** about the abortion decision, or who had difficulty or distress in making the decision, are at increased risk for mental health problems after abortion.

- *Clinician's Guide*
- *Comprehensive Abortion Care*
- At least 21 studies to date

# Researchers from Both Sides Agree:

Women who are **coerced or pressured** are at increased risk for mental health problems after abortion.

- *Clinician's Guide & Comprehensive Abortion Care*
- At least 9 studies to date
- Council on Scientific Affairs, American Medical Association, "Induced Termination of Pregnancy Before and After Roe v Wade: Trends in Mortality and Morbidity of Women," JAMA, 268(22):3231-3239 (1992).

# Researchers from Both Sides Agree:

Women who are **committed to the pregnancy** or who prefer to carry the child to term are at risk for mental health problems after abortion.

- *Clinician's Guide*
- *Comprehensive Abortion Care*
- At least 7 studies to date

# Researchers from Both Sides Agree:

- Women who have had had **past childhood sexual abuse** or unresolved traumatic experiences are at increased risk for psychiatric problems after abortion.
- *Clinician's Guide*
- *Comprehensive Abortion Care*
- At least **5 published reports** to date.

# Researchers from Both Sides Agree:

When the pregnant woman is an **adolescent or young adult**, she is at increased risk for mental health problems after abortion.

- At least 15 studies to date



# Poor Quality of Abortion Care & Lack of Counseling

**Ten studies** now show that poor quality of abortion care and **inadequate counseling are risk factors** for mental health problems after abortion.

In a 2004 study of a general gynecology population:

- **Two thirds** of the women reported they had received **no counseling at all**.
- **Only 10.8%** reported receiving **adequate counseling**.

# Everybody Agrees: Some women have problems after abortion.

- In 1992, the Journal of Social Issues was dedicated an entire issue to research relating to the psychological effects of elective abortion.
- In an overview of the contributor's papers the editor, Dr. Gregory Wilmoth, concluded:
- **"There is now virtually no disagreement among researchers that some women experience negative psychological reactions postabortion"** [after abortion].

# Researchers on Both Sides

- Agree on many of the types of symptoms that can occur after abortion.
- Agree on which women are most at risk due to pre-abortion conditions.
- Disagree on how many women are impacted.
- Disagree on how much information women should have when making the decision.

# Women are being coerced and pressured.

- In a study of a general gynecology population in the U.S. **64% of the post-abortion women reported feeling “pressured” to abort.**
- In a survey of women who were dissatisfied with their abortions, 73% reported pressure from others.

Women have abortions even though  
“committed to the pregnancy”

**17.7%** of post-abortion women in a general gynecology population in the U.S. stated that the pregnancy was “desired” even though an abortion was performed.

17.7% of 55 million U.S. abortions since 1973 =  
**9.7 million “desired” pregnancies may have ended in abortion.**

# APA Report 2008

American Psychological Association Task Force on Mental Health and Abortion. *Report of the Task Force on Mental Health and Abortion.* Washington, DC. American Psychological Association; 2008.

[www.apa.org/pi/wpo/mental-health-abortion-report.pdf](http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf)

# Understanding the APA Report

- This 107-page report identifies several subgroups of women who are at increased risk of mental health problems after abortion.
- **18 risk factors** identify the groups of women who are at increased risk for psychological problems after an abortion.
- This admission was downplayed in the report.
- Next slide shows 7 of these risk factors.

# 2008 APA Report

## Women at Risk

- Women who are coerced or pressured
- Women who are committed to the pregnancy
- Women who are terminating a pregnancy that is “wanted or meaningful”
- Women with prior mental health problems
- Women who have ambivalence about the abortion decision
- Young women under 21 years old
- Women who have had one or more abortions already



# 2008 APA Report: Their conclusion

The main conclusion of the report, as stated in the APA press release:

- "[T]here is no credible evidence that a **single** elective abortion of an **unwanted** pregnancy in and of itself causes mental health problems for **adult** women..."
- Notice what this says and what it does not say.

# 2008 APA Report Conclusion

The APA Report stated very precisely that their conclusion of “no problem” was intended to apply only to “adult women.”

- This **excludes 200,000+ teens under age 20 having abortions annually in U.S.**
- Guttmacher Institute reported nearly **25% of U.S. abortions are performed on teens.**
- Teens are at increased risk for mental health problems, as we have seen.

# 2008 APA Report Conclusion

- The APA Report stated very precisely that their conclusion of “no problem” was intended to apply only to women having a **single** abortion.
- This **excludes the 50% of U.S. post-abortion women who had repeat abortions.**
- Research shows that women who have more than one abortion are at increased risk for postabortion mental health problems.

# 2008 APA Report Conclusions

- The conclusion, as stated in press release, indicated they are clearly speaking of women who abort an “unwanted” pregnancy.
- They have already within the report identified that women “terminating a pregnancy that is wanted or meaningful” are at increased risk for “more negative psychological reactions.
- The exact number of these women is unknown, but may be at least 17.7% of women who abort or much higher.

# APA 2008 Report Conclusion Excludes Majority of Women

- We have already seen that 18 risk factors were identified in the body of the report.
- These women are at increased risk of problems and the “no problem “ conclusion does not apply to them.
- Thus, we see that **the conclusion does not apply to a majority of the women having abortions in the U.S.**

# 2008 APA Report:

## What it Says, and What it Doesn't Say

- The conclusion reflects the opinion of the APA that there is a very specific subset of women in very specific circumstances who seem to have no problem after abortion.
- The **stated conclusion excludes a majority of women who are increased risk of mental health problems** due to being young, having more than one abortion or aborting a wanted pregnancy.
- The conclusion does not reflect the reality of 18 subgroups of women who are at increased risk.

# 2008 APA Report Excludes Much of World Literature on Abortion

- A number of studies from around the globe were not considered in this report.
- The 2008 report disparaged the link between abortion and PTSD, while excluding a 2007 study of PTSD that was conducted by abortion providers.

# Suliman 2007 on PTSD after Abortion

- **Study conducted by abortion providers** who compared different types of anesthesia to try to reduce high risk of PTSD after abortion.
- **At 3 months after abortion 18% of women had PTSD.**
- Authors pointed out this was **almost 1 in 5, and they considered this “high.”**



# Suliman 2007 PTSD, citation

- Suliman S, Ericksen T, Labuschgne T, de Wit R, Stein D, Seedat S. (2007). Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation. BMC Psychiatry 2007, 7:24 doi:10.1186/1471-244X-7-24 Accepted: 12 June 2007.

# Suliman 2007 results similar to results of pro-life researchers

Barnard C. The Long-Term Psychological Effects of Abortion. 1990. Portsmouth, N.H.: Institute for Pregnancy Loss.

- **19%** of women met criteria for PTSD three to five years after abortion.
- Additionally, about half had some symptoms of PTSD without meeting all criteria.

# Suliman 2007 results similar to results of pro-life researchers

Rue VM, Coleman PK, Rue JJ, Reardon DC. Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. Medical Science Monitor. 2004; 10(10):SR5-16. 2. Ibid.

- **14.3%** of U.S. women met full criteria for PTSD.
- 65% of U.S. women had some symptoms of PTSD though not meeting all criteria.

# Post-abortion women have high trauma scores

American and Russian women with a past abortion were given a test that is established for identifying trauma victims, the TSI Belief Scale.

- US women with past abortion; average score = 260.
- Russian women with past abortion, average = 276.
- In a previous study of battered women, average score was 242.

# Post-abortion women, high trauma scores

- The test has been established as being able to identify trauma victims, and the postabortion women scored higher than the previously studied battered women.
- This gives a way to consider the magnitude of trauma that many women experience after abortion, though is not “proof” that abortion trauma is more severe than other trauma.
- It does demonstrate that for many, abortion is a very significant trauma.

# PTSD in combat veterans

- The U.S. Department of Veteran's Affairs, reporting on The National Vietnam Veterans Readjustment Survey, says that **15.2% of all male Vietnam veterans received diagnoses of Posttraumatic Stress Disorder** at the time of the Survey (1986-88).
- This study found "an additional 22.5% of men ... had partial Posttraumatic Stress Disorder at some point in their lives."
- Those with "partial posttraumatic stress disorder" are considered to have experienced "clinically serious stress reaction symptoms" even though not meeting all the diagnostic criteria.

# PTSD & veterans...

15% of men having PTSD after Vietnam

vs.

14.3-19% of women having PTSD after abortion

It's not "proof" as to who has the most trauma, but it gives a frame of reference when we think about the number of women who studies show have PTSD, and the magnitude of the trauma that many women experience.

# How Many American Women with PTSD after Abortion?

- Nobody knows for sure.
- Take Suliman's 18% result which is very close to Barnard's result.
- If only 30 million U.S. women may had abortions, 5.4 million women may have PTSD.



# PTSD Diagnostic Criteria:

## 1. Re-experiencing the trauma

Re-experiencing the trauma: Trauma may be re-experienced by distressing dreams, distressing memories, or experiencing intense distress when encountering anything that reminds the person of the trauma.

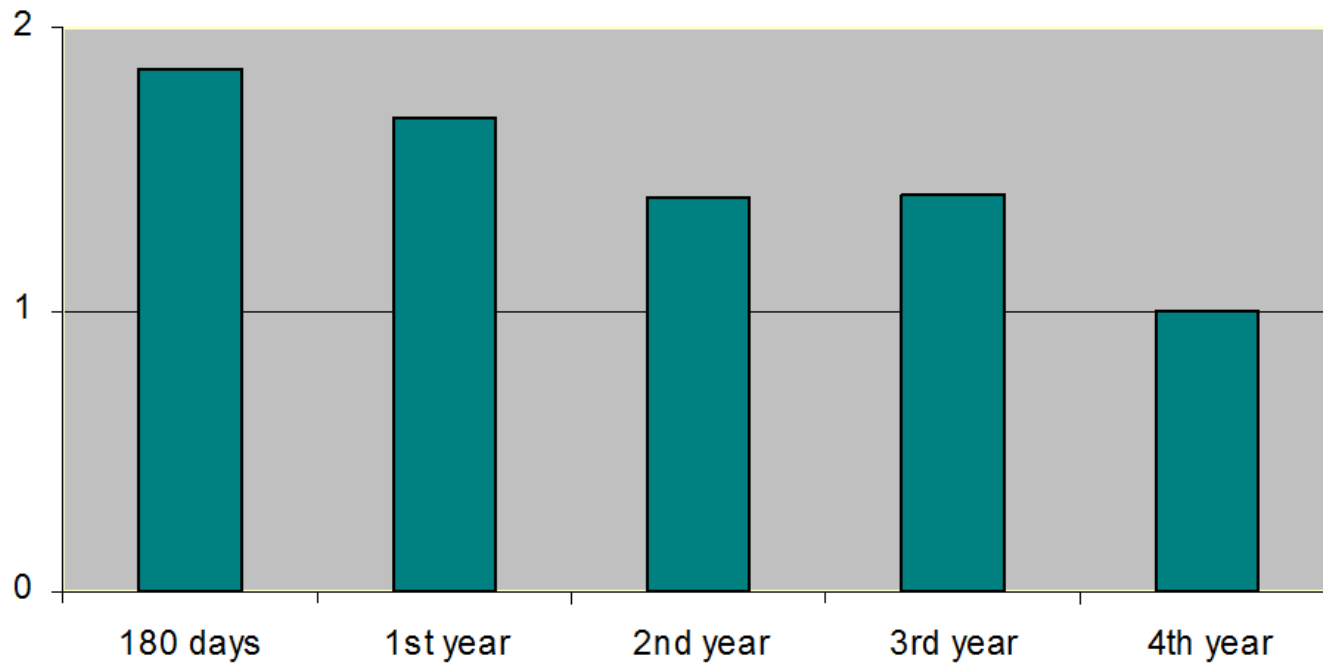
- As in *Clinician's Guide* this could be nightmares about babies (this may be dying babies etc.)
- A woman may have severe anxiety when she is around a pregnant woman or a newborn baby (her own or a relative's baby) since these can be reminders of the abortion.

# PTSD Diagnostic Criteria:

## 2. Increased Arousal

- Symptoms of arousal include irritability or anger outbursts. This may explain why women with a past abortion have higher risk of child abuse and domestic violence.
- Sleep disturbance is another arousal symptom. A large study of 57,000 women with no known history of sleep problems showed that women were more likely to be treated for sleep disorders after having an abortion compared to giving birth.

**Relative Risk of Treatment for Sleep Disorders of  
Women Aborting (N=15,345) vs Delivering (N=41,479)**



# PTSD Diagnostic Criteria:

## 3. Avoidance

Avoidance may take the form of efforts to avoid activities, places or people that cause people to remember the trauma.

- Women may avoid routine gynecological care because the examination makes her remember the abortion.
- Women have reported avoiding babies or pregnant women. A woman whose story is told in *Forbidden Grief* (Burke and Reardon) stated she had quit a job she liked because she could not bear to be around a pregnant co-worker.
- Other forms of avoidance can involve shutting down the emotions which may affect marital or family relationships if the woman is not able to feel loving feelings. (Studies show increased communication problems and increased relationship problems after abortion.)

# PTSD after Abortion: Women Know

PTSD is unique in that the symptoms are very much associated with the actual trauma.

- Whether or not they know the name of the disorder, if women start waking up after having nightmares about dead babies, it is not a stretch for them to think this has something to do with the abortion.
- This is unlike the connection between, say, asbestos and lung cancer, which is not intuitively obvious to the patient.

# Not Only PTSD: Many psychological problems

- Substance Abuse
- Anxiety
- Depression
- Suicidal thoughts and behaviors

Literature from around the world shows:  
Abortion increases the risk for these for these  
problems.

# “Increases the risk...”

Not everyone who smokes cigarettes gets lung cancer. Some people smoke for decades and don't get cancer or some other tobacco-related diagnosis. But research today shows, if you smoke, you have more chance of developing:

Lung Cancer, Chronic Obstructive Pulmonary Disease, Emphysema, Atherosclerosis, Heart Disease, and more.

# Increases the Risk

- Do cigarettes always cause lung cancer? No.
- Do they increase the risk for numerous health problems? Yes, and research data can quantify how much the risk is increased.
  
- Similarly, abortion “increases the risk” for many psychological problems, not just one problem.
- It is possible to quantify the degree of increased risk for various diagnoses.



# Studies Show Many Problems, not just one problem

Fergusson, et al., Journal of Child Psychology & Psychiatry 2006, studied about 500 young women:

- "[T]hose having an abortion had **elevated rates of subsequent mental health problems including depression, anxiety, suicidal behaviours and substance use disorders.**"
- Study controlled for numerous confounding factors.
- Results were statistically significant.

# Fergusson et al. 2006

Three groups of young women were compared:

- Never pregnant
- Pregnant but no abortion
- Pregnant and had abortion

The never pregnant and pregnant without abortion were statistically the same, and only the young women who had abortions had increased mental health problems.

# Fergusson et al. (New Zealand), 2008

## British Journal of Psychiatry

Revealed the following increased risks associated with abortion compared to unintended pregnancy delivered:

- Suicide ideation: 61%  
[suicidal thoughts or behavior]
- Alcohol dependence: 188%
- Illicit drug dependence: 185%
- Major depression: 31%
- Anxiety Disorder: 113%

# Dingle & Colleagues, Australia, 2008

## British Journal of Psychiatry

- “Women with an abortion history had nearly twice the risk for depression compared to women who had not aborted.”
- “Abortion history was further associated with an almost 3 times greater risk for illicit drug use and twice the risk for an alcohol use disorder.”
- [www.WeCareExperts.com](http://www.WeCareExperts.com)

# Pederson (Norway)

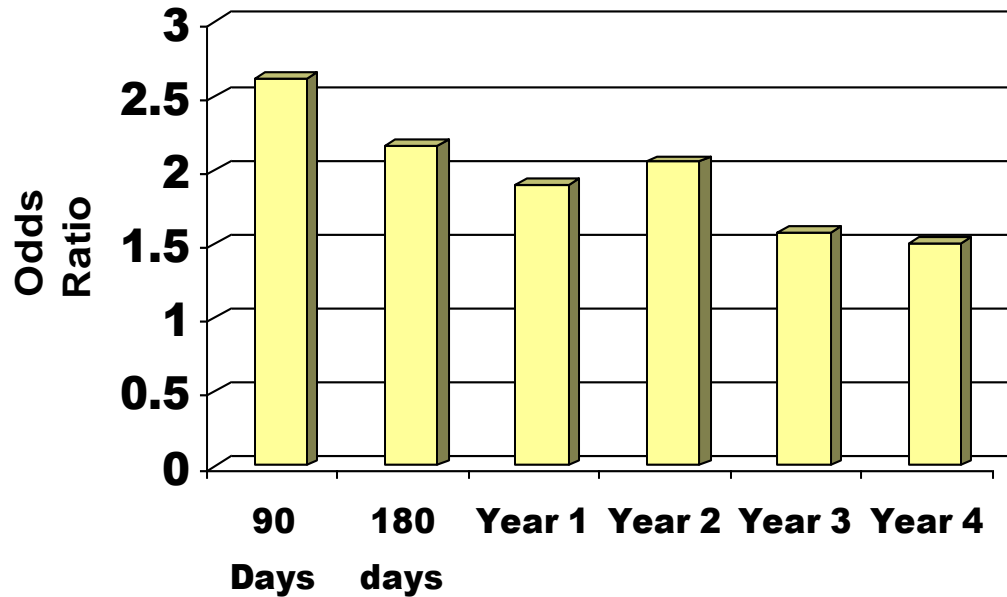
- “Norwegian sociologist, Pedersen, published two studies linking abortion to mental health problems.”
- “Data for both studies was from the Young in Norway Longitudinal Study, which is nationally representative and includes over 700 respondents.”
- [www.WeCareExperts.com](http://www.WeCareExperts.com)

# Pederson

Women who aborted had increased risks of

- Nicotine dependence: 400%
- Alcohol problems: 180%
- Marijuana use: 360%
- Other illegal drugs: 670%
- Nearly 3 times as likely as non-abortive peers to report significant depression.

# Risk of Subsequent Psychiatric Admission for Aborting Women Compared to Delivering Women by Time after Pregnancy Outcome



# Substance Abuse

- We've seen several studies illustrating the "many problems." Let's look at a few studies focusing on specific problems, starting with substance abuse specifically.
- Remember that substance abuse was mentioned in the *Clinician's Guide*; since then much more is known.
- Notice we've already seen recent studies that have shown increased risk of substance abuse, in previous slides.



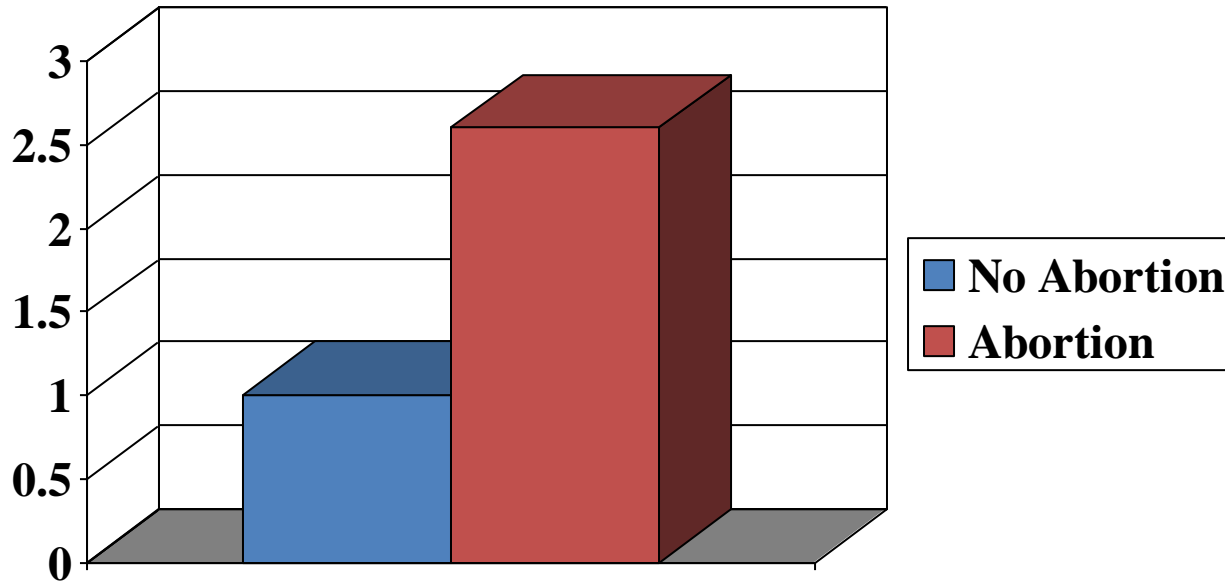
# 18 Studies Linking Abortion to Substance Abuse

- At least 18 published studies show a link between abortion and substance abuse.
- At least 7 studies show postabortion women more likely to persist in substance abuse during subsequent pregnancy.

# Abortion and Subsequent Substance Abuse

- Women who had a history of abortion were 2.7 times more likely to also report a history of substance abuse.
- **Excluding women with a history of substance abuse prior to their first pregnancy, women who aborted their first pregnancies were times more likely to report subsequent substance abuse compared to women who carry to term.**

# Alcohol Use in First Pregnancy Delivered



# Substance Abuse in Pregnant Women (Coleman et al., 2005)

- No difference in rates of substance abuse between those who said they wanted the pregnancy compared with those who did not want the pregnancy.
- **Higher rates of drug abuse during pregnancy occurred with women who had a previous abortion compared to women with no previous abortion.**

# Substance Abuse in Pregnant Women (Coleman et al., 2005)

- This same study showed no association between drug abuse and prior miscarriage or stillbirth.
- **Only abortion was associated with increased risk for substance abuse other than cigarettes.**

# Substance Abuse in Pregnant Women (Coleman et al., 2005)

Women who were post-abortion had

- 198% increase in use of crack cocaine
- 406% increase in use of cocaine other than crack
- Increased risk for use of other drugs during pregnancy

# Substance Abuse in Pregnant Women, citation:

- Coleman PK, Reardon DC, Cogle J.  
“Substance use among Pregnant Women in  
the Context of Previous Reproductive Loss and  
Desire for Current Pregnancy,” *British J. of  
Health Psychology* 2005;(10)255-68.

# Substance Abuse During Pregnancy, Coleman, et al. 2002

Coleman PK, et al. Prior history of induced abortion in relation to substance use during subsequent pregnancies carried to term. American Journal of Obstetrics and Gynecology 2002;187:1673-78.

**Mothers with history of previous abortion more likely to use illegal drugs/alcohol during next pregnancy.**



# Depression after Abortion

- We've seen reference to this in *The Clinician's Guide* and in several previous slides.

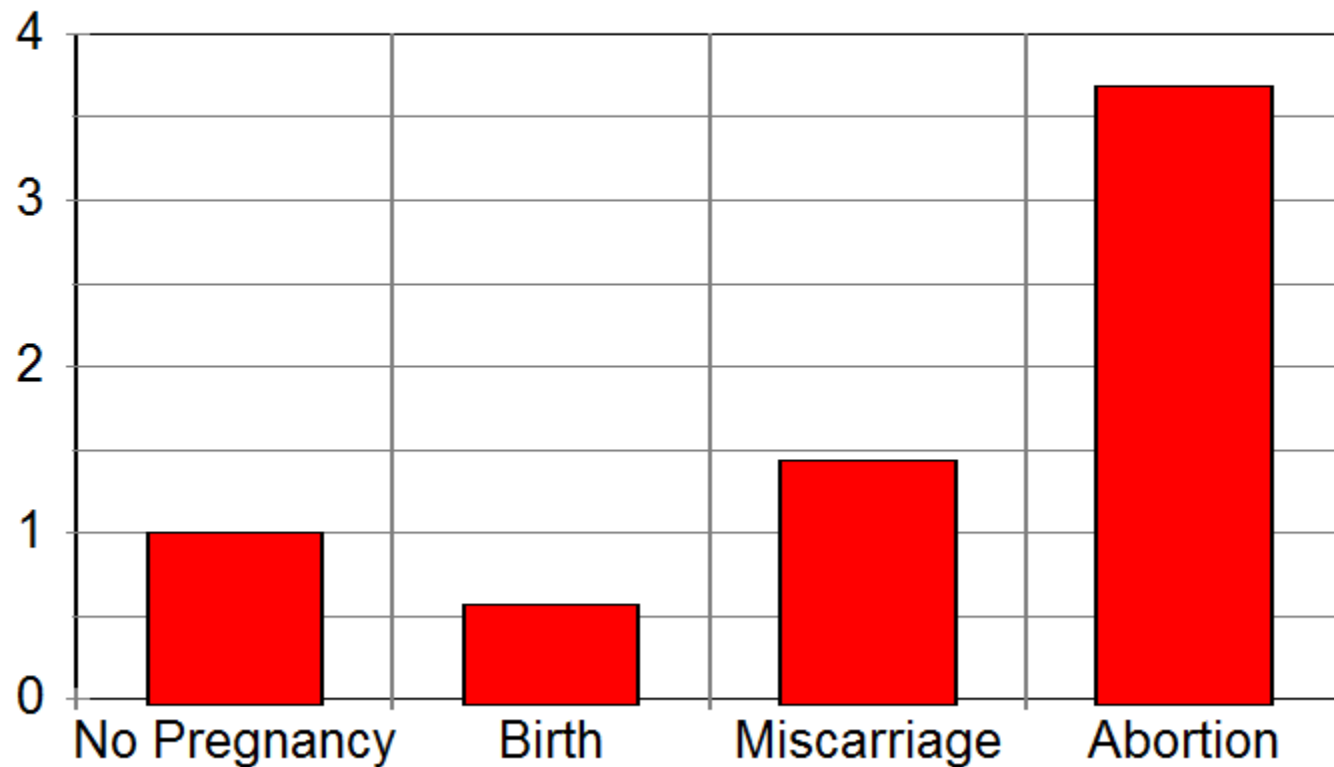
# Thorp et al. 2003

- Systematic review
- Examined all large, long-term studies in English
- **Concluded: there is an association between abortion and depression serious enough to cause risk of self-harm, and women should be warned in the informed consent process.**

# Suicide after abortion:

- A large record based study in Finland reported a **650% higher risk of suicide after abortion compared to women who carried to term.** Study linked actual death certificates to medical records.
- Gissler M et al. Suicides after pregnancy in Finland: 1987-1994: register linkage study. British Medical Journal 1996; 313:143-4.

# Death by Suicide

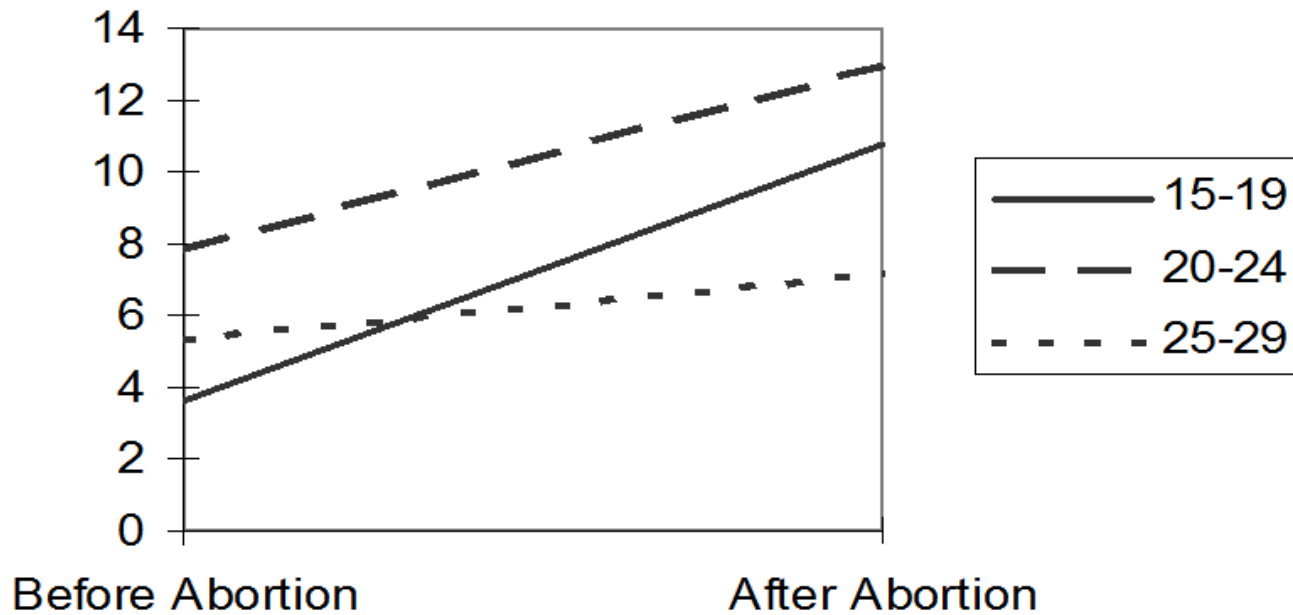


# Suicide after Abortion:

- A records based U.K. study comparing **suicide attempts before and after abortion** indicated the **increase in suicide rates** after abortion was not related to prior suicidal behavior but was **most likely related to adverse reactions to the abortion**.
- Morgan CM et al. Suicides after pregnancy: mental health may deteriorate as a direct effect of induced abortion. British Medical Journal 1997: 314-902.

# Morgan, Suicide Attempts after Abortion

Rate of attempted suicides per 1000 by age group before and **after abortion**



# Suicide after Abortion:

- A study of more than **173,000 California Medicaid records** showed an **increased rate of suicide that persisted for 8 years**, not explained by prior mental illness.
- Reardon DC et al. Deaths Associated with pregnancy outcome: a record linkage study of low income women. Southern Medical Journal 2002; 95(8):834-841

# Meta-Analysis

Dr. Priscilla Coleman, Professor

Human Development and Family Studies

Bowling Green State University:

**“I conducted a meta-analysis knowing the truth of countless women’s suffering is in the published data and this is the most reliable and defensible method for pooling the information.”**



# Meta-Analysis (Quantitative Review)

- “By systematically combining the numerical results from many high quality studies addressing the same general question, (e.g., is there an association between abortion and mental health?) very reliable results are produced.”
- “Studies are weighted statistically and meta-analysis offers a logical, more objective alternative to qualitative reviews when the area of study is embedded in political controversy.”

# Meta-analysis

Coleman, PK (September 2011) Abortion and Mental Health: A Quantitative Synthesis and Analysis of Research Published from 1995-2009. *British Journal of Psychiatry*

<http://bjp.rcpsych.org/content/199/3/180.full>

# Meta-analysis Inclusion Criteria

- Sample size of 100 or more participants.
- Use of comparison group (no abortion, pregnancy delivered, or unintended pregnancy delivered).
- One or more mental health outcome variable: depression, anxiety, alcohol use, marijuana use, or suicidal behaviors.

# Meta-analysis Inclusion Criteria

- Controls for 3<sup>rd</sup> variables.
- Use of odds ratios
- Publication in English in peer reviewed journals between 1995 and 2009.

# Meta-analysis Results

- **“Women who have had an abortion experience an 81% higher risk for mental health problems of various forms compared to women who have not had an abortion.”**

# Meta-Analysis Results

**“Nearly 10% of the incidence of mental health problems was shown to be attributable to abortion.”**

# Meta-Analysis Results

- Marijuana: increased risk 230%
- Suicide behaviors: increased risk 155%
- Alcohol use/abuse: increased risk 110%
- Depression: increased risk 37%
- Anxiety: increased risk 34%
- The level of increased risk associated with abortion varied from 34% to 230% depending on which outcome was examined.

# Maternal Fetal Bonding,

- “Published studies for more than 60 years have consistently concluded that **attachment between parent and child begins in pregnancy, not at birth.**”
- “**The degree of bonding that is established during pregnancy is ... predictive of the degree of trauma symptoms that are experienced after the abortion.**”



# Maternal Fetal Bonding

These quotations from and also more discussion of this with references in:

- Shuping M. Wantedness & Coercion: Key Factors in Understanding Women's Mental Health After Abortion. Association for Interdisciplinary Research in Values and Social Change, Research Bulletin 2011;23(2).

[www.abortionresearch.us/images/Vol23No2.pdf](http://www.abortionresearch.us/images/Vol23No2.pdf)

# Prenatal Bonding and Abortion

- Australian researchers Allanson & Astbury (1996) revealed that a significant number of women attending an abortion clinic reported having fantasies about the child and engaging in attachment behaviors.
- 40% talked to their fetus
- 30% rubbed their stomach

# Prenatal Bonding

When women bond to the baby and the baby is gone, this may be experienced as a trauma.

For more discussion on Prenatal Bonding:

<http://wecareexperts.org/content/coleman-p-k-may-2011-medical-abortion-update-psychological-risks-women-first-national-conven>

# Qualitative Study: Women's Views at Menopause

- Long term follow-up of emotional experiences after termination of pregnancy: women's views at menopause Kathryn Dykes
- Journal of Reproductive and Infant Psychology 2010, 1–20, iFirst Article
- ISSN 0264-6838 print/ISSN 1469-672X online © 2010 Society for Reproductive and Infant Psychology DOI: 10.1080/02646838.2010.513046 <http://www.informaworld.com>

# Women's Views at Menopause, Looking Back on Past Abortion

Women express shame about abortion, years later:

- Ann said, “It’s haunted me to be honest, I’m ashamed, I think it’s just something else I have to hate myself about.”
- Elaine said, “It were wrong, I feel worse than a prostitute.”
- Claire said, “I’ll probably have nightmares the rest of my life, I hate myself.”

# Women's Views at Menopause, Looking Back at Past Abortion

- All women reported that they continued to think about the child they had aborted many years previously, expressing unresolved, long lasting grief. Examples:
- Jenny said, “I’ve always thought of him ... wondering how old he’d be, I do wonder about that child.”
- Elaine also thought about the baby and remembered the expected due date each year, thinking of what age the child would be.
- Tina also reported “wondering what it would have been like now, how old would it have been.”

# Women's Views at Menopause, Looking Back at Past Abortions

- Women in Dykes' study (women at menopause) had abortions in a culture where abortion has been legal and widely accepted since 1967. But they still had unresolved grief, guilt, shame, and other issues, decades later.
- This study is too small to be generalizable, but the women's statements are examples of what *Clinicians's Guide* says can occur and is consistent with other research.

- The statements by the women in Dyke's study are consistent with what I hear from women who participate in abortion recovery programs or who come to me individually requesting help with abortion issues.



# Risk Factors Again

Looking at the “risk factors” for who is at risk to have a problem after abortion:

- Half the women having abortions have more than one; they are clearly at risk for problems.
- 25% of abortions are performed on teens, and they are at increased risk for problems.
- 15-25% of all women have been sexually abused, placing them at risk for increased mental health problems after abortion.

# Risk Factors, Again

- If they have bonded to their baby prior to the abortion, they are at increased risk.
- If they had difficulty or distress in making the abortion decision, they are at increased risk.
- If they were pressured or coerced, they are at increased risk.
- If they were committed to the pregnancy and wanted the baby, they are at increased risk.

# Risk Factors Again

In truth, the majority of women having abortions are “at risk” for problems after abortion for one or more reasons.

If they are at risk for possible mental health side effects, why aren't they being advised of their risk?

# United Nations: Beijing Platform for Action

The United Nations document, The Beijing Platform for Action, was adopted by international consensus and welcomed feminists around the world.

- This document mandates that all women must be fully informed of their options, including potential side-effects.
- The document also mandates that women have immediate access to post-abortion counseling—why would they mandate counseling if there were no risk of any problems?

# Proof of Causality Not Required

- 8th U.S. Court of Appeals rejected Planned Parenthood argument for not disclosing risk of suicide associated with abortion.
- “[I]t is a typical medical practice to inform patients of statistically significant risks that have been associated with a procedure through medical research, even if causation has not been proved definitively.”
- The court noted that **federal rules for labeling of prescription drugs require a warning to be included “as soon as there is reasonable evidence of an association of a serious hazard with a drug; a causal relationship need not have been proved.”** (emphasis added, 21 C.F.R. § 201.80(e))

# In normal, everyday medical practice, other than in abortion clinics

- It is normal practice to warn patients of possible risks they may experience from treatment, even if the risk is very low, or even if the possible problem is not definitely caused by the treatment.
- If even a small number of people have had a serious problem while taking a particular medication, patients typically must be warned, even if it is not “proven” that the medication caused the problem.
- Patients get to decide what risks they are willing to accept.

# It's time

- It's time to take an honest look at what women are really experiencing after abortion.
- It's time to truthfully disclose the risks so that fully informed decisions are made.
- It's time to help women recover from their abortion instead of ignoring or belittling the very real distress that many experience.
- It's time to stop pressuring women to make a painful decision that is too often not the desire of their heart.

# More Information: Risk Factors

[Reardon DC. Abortion Decisions and the Duty to Screen: Clinical, Ethical, and Legal Implications of Predictive Risk Factors of Post-Abortion Maladjustment. Journal of Contemporary Health Law and Policy 2003; 20:33.](#)

[www.scribd.com/doc/2304878/Abortion-decisions-and-the-duty-to-screen-clinical-ethical-and-legal-implications-of-predictive-risk-factors-of-postabortion-maladjustment](http://www.scribd.com/doc/2304878/Abortion-decisions-and-the-duty-to-screen-clinical-ethical-and-legal-implications-of-predictive-risk-factors-of-postabortion-maladjustment)



# More Information: Risk Factors

- [http://www.afterabortion.info/high\\_ri.html](http://www.afterabortion.info/high_ri.html)
- [http://abortionrisks.org/index.php?title=Risk Factors Identified by Pro-Choice Sources](http://abortionrisks.org/index.php?title=Risk_Factors_Identified_by_Pro-Choice_Sources)

# More Information: Coercion & Wantedness

Shuping M. Wantedness & Coercion: Key Factors in Understanding Women's Mental Health After Abortion. *Association for Interdisciplinary Research in Values and Social Change, Research Bulletin* 2011;23(2).

[www.abortionresearch.us/images/Vol23No2.pdf](http://www.abortionresearch.us/images/Vol23No2.pdf)

# More Information: Teens

<http://www.wecareexperts.org/sites/default/files/articles/Psychological%20risks%20of%20abortion%20in%20adolescence.pdf>

# More Information: Substance Abuse after Abortion

- See Drug and Alcohol Abuse after Abortion by Martha Shuping MD

[www.rachelnetwork.org/images/Substance Abuse and Abortion.pdf](http://www.rachelnetwork.org/images/Substance%20Abuse%20and%20Abortion.pdf)

# More Information, PTSD

[http://www.rachelnetwork.org/images/Posttraumatic\\_Stress\\_Disorder\\_After\\_Abortion.pdf](http://www.rachelnetwork.org/images/Posttraumatic_Stress_Disorder_After_Abortion.pdf)

# We Care Experts

- World Expert Consortium for Abortion Research and Education (WECARE).
- 501( c ) 3 organization focused on research and education regarding the risks of abortion.
- Many articles and PowerPoint presentations of Dr. Priscilla Coleman are available at this website.
- [www.wecareexperts.org](http://www.wecareexperts.org)

# Rachel Network

- At this website, find brief summaries of research on mental health problems associated with abortion, and some published articles:  
[www.rachelnetwork.org](http://www.rachelnetwork.org)

In this presentation, I have excerpted briefly from my own articles including:

- Deaths Associated with Abortion and Childbirth: A Brief Summary with Attention to Mental Health Issues (at [www.rachelnetwork.org](http://www.rachelnetwork.org))
- Post-Traumatic Stress Disorder After Abortion (at [www.rachelnetwork.org](http://www.rachelnetwork.org))
- Shuping M, Gacek C. The Supreme Court and Psychological Injury From Abortion. Insight, 2008. Washington, D.C.: Family Research Council.



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- Dr. David Reardon has given permission for graphs and information from his slides to be incorporated into this presentation at slides 26, 51, 63, 65-67, 76, 78, 101. [www.afterabortion.org](http://www.afterabortion.org) The graphs help to make the data more readily understandable.