

Recent Research

Abortion's Harm to Women

1. Sleep Disorders

In a record based study of nearly 57,000 women with no known history of sleep disorders, aborting women were nearly twice as likely to be treated for sleep disorders in the first 180 days after the pregnancy ended compared to delivering women.¹

Sleep, 2006

2. Depression

In a New Zealand study, approximately 42 percent of women who underwent abortions had experienced major depression in the last four years (nearly double the rate of women who had not been pregnant and 35 percent higher than those who carried to term). The study also found higher rates of substance abuse, anxiety disorders, and suicidal behavior among women who had abortions.²

Journal of Child Psychology and Psychiatry, 2006

3. Generalized Anxiety Disorder

Researchers compared women who had no prior history of anxiety and who had experienced a first, unintended pregnancy. Women who aborted were 30 percent more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.³

Journal of Anxiety Disorders, 2005

4. Substance Abuse During Subsequent Pregnancies

A study of women who had just given birth found that compared to women who had experienced other types of pregnancy loss or had never had an abortion, women who had previously had an abortion are more likely to smoke, drink alcohol, or use marijuana, cocaine, or other illegal drugs during pregnancy.⁴

British Journal of Health Psychology, 2005

5. Death from Suicide, Accidents, and Homicides

Researchers examining deaths among the entire population of women in Finland found that those who had abortions had a 248% higher risk of death from suicide, accidents, or homicides in the following year. Suicide rates among aborting women were six times higher compared to women who gave birth and two times higher compared to women who miscarried.⁵

European Journal of Public Health, 2005

6. Child Abuse

A study comparing rates of child abuse and neglect among women with a history of pregnancy loss found that women with a history of one induced abortion were 2.4 times more likely to physically abuse their children than women who had not had an abortion. The increase in risk among women who had experienced an abortion was more significant than the increase among women who had experienced a miscarriage or stillbirth.⁶

Acta Paediatrica, 2005

7. Substance Abuse

Among women who had unintended first pregnancies, those who had abortions were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine than women who gave birth. This

continued ▶

is the first study to compare substance abuse rates among women who had unintended pregnancies.⁷

American Journal of Drug and Alcohol Abuse, 2004

8. Death Certificates and Medical Record Linkage

A study of medical records in Finland found that 94 percent of maternal deaths associated with abortion are not identifiable from death certificates alone. The researchers found that linking death certificates to medical records showed that the death rate associated with abortion is three times higher than that associated with childbirth.⁸

Paediatr Perinat Epidemiol, 2004

9. Coercion and Symptoms of Post-Traumatic Stress Disorder (PTSD)

In this study comparing American and Russian women who had experienced abortion, 65 percent of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. 64 percent reported that they felt pressured by others to abort. Slightly over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD, and 25 percent said they did not receive adequate counseling.⁹

Medical Science Monitor, 2004

10. Long-Term Clinical Depression

Analysis of a federally funded longitudinal study of American women revealed that women who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.¹⁰

Medical Science Monitor, 2003

11. Psychiatric Hospitalization

A review of the medical records of 56,741 California Medicaid patients revealed that women who had abortions were 160% more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Psychiatric treatment rates remained significantly higher for at least four years.¹¹

Canadian Medical Association Journal, 2003

12. Clinical Depression

Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.¹²

British Medical Journal, 2002

13. Outpatient Psychiatric Care

Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.¹³

American Journal of Orthopsychiatry, 2002

14. Effect on Children

The children of women who have had abortions have less supportive home environments and more behavioral problems than those whose mothers have no history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability.¹⁴

Journal of Child Psychology and Psychiatry, 2002

15. Substance Abuse During Subsequent Pregnancies

Among women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their pregnancies.¹⁵

American Journal of Obstetrics and Gynecology, Dec. 2002

16. Risk of Death

Compared to women who give birth, women who abort have an elevated risk of death from all causes, which persists for at least eight years. Higher risk of death from suicide and accidents were most prominent. Projected on the national population, this effect may contribute to 2,000 - 5,000 more deaths among women each year.¹⁶

Southern Medical Journal, 2002

17. Substance Abuse

Women who abort are five times more likely to subsequently abuse drugs or alcohol than women who deliver.¹⁷

American Journal of Drug and Alcohol Abuse, 2000

For comprehensive information, including citations and links to published studies, visit www.afterabortion.org/news.

Citations

1. DC Reardon and PK Coleman, "Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record Based-Study," *Sleep* 29(1):105-106, 2006.
2. David M. Fergusson, et. al., "Abortion in young women and subsequent mental health," *Journal of Child Psychology and Psychiatry* 47(1): 16-24, 2006.
3. JR Cogle et. al., "Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth," *Journal of Anxiety Disorders* 19:137-142 (2005).
4. PK Coleman, et. al., "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," *British Journal of Health Psychology* 10, 255-268, 2005.
5. M. Gissler et. al., "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63 (2005).
6. Priscilla K. Coleman, et. al., "Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers," *Acta Paediatrica* 94, 2005.
7. D.C. Reardon, et. al., "Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth," *American Journal of Drug and Alcohol Abuse* 26(1):369-383, 2004.
8. M. Gissler, et. al., "Methods for identifying pregnancy-associated deaths: population-based data from Finland 1987-2000," *Paediatr Perinat Epidemiol* 18(6): 448-55 (Nov. 2004).
9. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16, 2004.
10. JR Cogle, et. al., "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
11. DC Reardon et. al., "Psychiatric Admissions of Low-Income Women Following Abortions and Childbirth," *Canadian Medical Association Journal* 168(10): May 13, 2003.
12. DC Reardon, JR Cogle, "Depression and Unintended Pregnancy in the National Longitudinal Study of Youth: A Cohort Study," *British Medical Journal* 324:151-2, 2002.
13. PK Coleman et. al., "State-Funded Abortions Versus Deliveries: A Comparison of Outpatient Mental Health Claims Over Four Years," *American Journal of Orthopsychiatry* 72(1):141-152, 2002.
14. PK Coleman, DC Reardon, & JR Cogle, "The Quality of the Caregiving Environment and Child Developmental Outcomes Associated with Maternal History of Abortion Using the NLSY Data," *Journal of Child Psychology and Psychiatry* 43(6):743-57, 2002.
15. PK Coleman et. al., "A History of Induced Abortion in Relation to Substance Abuse During Subsequent Pregnancies Carried to Term," *American Journal of Obstetrics and Gynecology* 167:3-8, Dec. 2002.
16. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95(8):834-41, Aug. 2002.
17. DC Reardon, PG Ney, "Abortion and Subsequent Substance Abuse," *American Journal of Drug and Alcohol Abuse* 26(1):61-75, 2000.

Physical Risks

Life-Threatening Dangers of Abortion

Higher death risk, up to 7 times higher suicide

Compared to pregnant women who had their babies, pregnant women who aborted were ...

- **3.5 times more likely to die in the following year**
- **1.6 times more likely to die of natural causes**
- **6-7 times more likely to die of suicide**
- **14 times more likely to die from homicide**
- **4 times more likely to die of injuries related to accidents¹**

Causes of death within a week — The leading causes of abortion-related maternal deaths within a week of abortion are hemorrhage, infection, embolism, anesthesia complications, and undiagnosed ectopic pregnancies.²

Cancer — Significantly increased risk of breast cancer, cervical cancer, and lung cancer (probably due to heavier smoking patterns after abortion).³

Immediate complications — About 10% suffer immediate complications; one-fifth are life-threatening:⁴

- hemorrhage
- cervical injury
- convulsions
- endotoxic shock
- infection
- embolism
- chronic abdominal pain
- second-degree burns
- ripped or perforated uterus
- anesthesia complications
- cervical injury
- Rh sensitization

31% suffer health complications— A recent study published in a major medical journal found that 31% of American women surveyed who had undergone abortions had health complications.⁵

80%-180% increase in doctor visits — Based on health care sought before and after abortion. On average, there is an 80% increase in doctor visits and a 180% increase in doctor visits for psychosocial reasons after abortion.⁶

Self-destructive lifestyles, spiraling health problems — Increased risk of promiscuity, smoking, drug abuse, and eating disorders, which all put the woman at increased risk for other health problems.⁷

Infertility and life-threatening reproductive risks

Abortion puts women at risk of Pelvic Inflammatory Disease (PID), a serious, life-threatening disease and a major direct cause of infertility. PID also increases the risk of ectopic pregnancies, which can reduce fertility and are potentially fatal.⁸ The risk of placenta previa in subsequent pregnancies, a life-threatening condition for both mother and baby, is 7-15 times higher.⁹ Overall, abortion puts women at a significantly increased risk of subsequent ectopic pregnancies.¹⁰

Teens Face Higher Risk, 10 Times More Likely to Attempt Suicide

Teens 10 times more likely to attempt suicide -- Teenage girls are 10 times more likely to attempt suicide if they have had an abortion in the last 6 months than are teens who have not had an abortion.¹¹

continued ►

Reproductive damage and other complications — Compared to teenagers who give birth, teenagers who abort are generally at higher risk of immediate complications and long-term reproductive damage related to their abortions than are older women.¹²

Higher risk of PID, 2.5 times higher risk of endometritis (a major cause of maternal death in future pregnancies)

— Teens are at higher risk for dangerous infections such as pelvic inflammatory disease and endometritis after abortion. These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.¹³

Overview of reproductive complications and problems with subsequent deliveries

Pelvic Inflammatory Disease — Abortion puts women at risk of Pelvic Inflammatory Disease (PID) is a serious, life-threatening disease and a major direct cause of infertility. PID also increases risk of ectopic pregnancies. Studies have found that approximately one-fourth of women who have a chlamydia infection at the time of their abortion and 5% of women who don't have chlamydia will develop PID within four weeks after the abortion.⁸

Placenta Previa — After abortion, there is a seven- to 15-fold increase in placenta previa in subsequent pregnancies (a life-threatening condition for both the mother and her wanted pregnancy). Abnormal development of the placenta due to uterine damage increases the risk of birth defects, stillbirth, and excessive bleeding during labor.⁹

Ectopic Pregnancy — Post-abortive women have a significantly increased risk of subsequent ectopic pregnancies,¹⁰ which are life threatening and may result in reduced fertility.

Endometritis, a Major Cause of Death — Abortion can result in for endometritis, which can lead to hospitalization and infertility problems. It is a major cause of maternal death during pregnancy.¹⁴

Women who abort twice as likely to have pre-term or post-term deliveries.¹⁵

- Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Pre-term delivery increases the risk of neonatal death and handicaps. The average hospital charge from delivery to discharge for a premature birth is \$58,000, compared to \$4,300 for a full-term birth.
- Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).

Death or disability of newborns in later pregnancies — Cervical and uterine damage may increase the risk of premature delivery, complications of labor, and abnormal development of the placenta in later pregnancies.¹⁶ These complications are the leading causes of disabilities among newborns.

AfterAbortion.org/news

For more information on this research, including links to some of the published studies, visit www.afterabortion.org/news.

Detrimental Effects -- Quick-Reference Summary of Available Research

Additional research summaries are available in the book “Detrimental Effects of Abortion: An Annotated Bibliography with Commentary,” edited by Thomas W. Strahan. To order, call **Acorn Books: 1-888-412-2676**.

Citations

1. M Gissler et al., "Pregnancy Associated Deaths in Finland 1987-1994 -- definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657, 1997; M. Gissler, "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63, 2005 .
2. Kaunitz, "Causes of Maternal Mortality in the United States, *Obstetrics and Gynecology* 65(5), May 1985
3. H.L. Howe, et al., "Early Abortion and Breast Cancer Risk Among Women Under Age 40," *International Journal of Epidemiology* 18(2):300-304, 1989; L.I. Remennick, "Induced Abortion as a Cancer Risk Factor: A Review of Epidemiological Evidence," *Journal of Epidemiological Community Health* 1990; M.C. Pike, "Oral Contraceptive Use and Early Abortion as Risk Factors for Breast Cancer in Young Women," *British Journal of Cancer* 43:72, 1981; M-G, Le, et al., "Oral Contraceptive Use and Breast or Cervical Cancer: Preliminary Results of a French Case- Control Study," *Hormones and Sexual Factors in Human Cancer Etiology* ed. JP Wolff, et al., (New York, Excerpta Medica, 1984) 139-147; F Parazzini, et al., "Reproductive Factors and the Risk of Invasive and Intraepithelial Cervical Neoplasia," *British Journal of Cancer* 59:805-809, 1989; H.L. Stewart, et al., "Epidemiology of Cancers of the Uterine Cervix and Corpus, Breast and Ovary in Israel and New York City," *Journal of the National Cancer Institute* 37(1):1-96; I. Fujimoto, et al., "Epidemiologic Study of Carcinoma in Situ of the Cervix," *Journal of Reproductive Medicine* 30(7):535, July 1985; N. Weiss, "Events of Reproductive Life and the Incidence of Epithelial Ovarian Cancer," *Am. J. of Epidemiology*, 117(2):128-139, 1983; V. Beral, et al., "Does Pregnancy Protect Against Ovarian Cancer," *The Lancet* 1083-7, May 20, 1978; C. LaVecchia, et al., "Reproductive Factors and the Risk of Hepatocellular Carcinoma in Women," *International Journal of Cancer* 52:351, 1992.
4. Frank, et.al., "Induced Abortion Operations and Their Early Sequelae," *Journal of the Royal College of General Practitioners* 35(73):175-180, April 1985; Grimes and Cates, "Abortion: Methods and Complications", in *Human Reproduction*, 2nd ed., 796-813; M.A. Freedman, "Comparison of complication rates in first trimester abortions performed by physician assistants and physicians," *Am. J. Public Health* 76(5):550-554, 1986).
5. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16, 2004.
6. P. Ney, et.al., "The Effects of Pregnancy Loss on Women's Health," *Soc. Sci. Med.* 48(9):1193-1200, 1994; Badgley, Caron, & Powell, *Report of the Committee on the Abortion Law* (Ottawa: Supply and Services, 1997) 319-321.
7. T. Burke with D. Reardon, *Forbidden Grief: The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2002) See ch. 13 and 15.
8. Radberg, et al., "Chlamydia Trachomatis in Relation to Infections Following First Trimester Abortions," *Acta Obstetrica Gynaecologica* (Supp. 93), 54:478, 1980; L. Westergaard, "Significance of Cervical Chlamydia Trachomatis Infection in Post-abortion Pelvic Inflammatory Disease," *Obstetrics and Gynecology* 60(3):322-325, 1982; M. Chacko, et al., "Chlamydia Trachomatis Infection in Sexually Active Adolescents: Prevalence and Risk Factors," *Pediatrics* 73(6), 1984; M. Barbacci, et al., "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology* 68(5):668-690, 1986; S. Duthrie, et al., "Morbidity After Termination of Pregnancy in First-Trimester," *Genitourinary Medicine* 63(3):182-187, 1987.
9. Barrett, et al., "Induced Abortion: A Risk Factor for Placenta Previa", *American Journal of Ob&Gyn.* 141:7, 1981.
10. Daling, et.al., "Ectopic Pregnancy in Relation to Previous Induced Abortion", *J. American Medical Association* 253(7):1005-1008, Feb. 15, 1985; Levin, et.al., "Ectopic Pregnancy and Prior Induced Abortion", *American J. Public Health* 72:253, 1982; C.S. Chung, "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," *American J. Epidemiology* 115(6):879-887 (1982).
11. B. Garfinkle, *Stress, Depression and Suicide: A Study of Adolescents in Minnesota* (Minneapolis: University of Minnesota Extension Service, 1986).
12. Wadhwa, "Legal Abortion Among Teens, 1974-1978", *Canadian Medical Association Journal* 122:1386-1389 June 1980; 13. E. Belanger, et. al., "Pain of First Trimester Abortion: A Study of Psychosocial and Medical Predictors," *Pain*, 36:339; G.M. Smith, et. al., "Pain of first-trimester abortion: Its quantification and relationships with other variables," *American Journal Obstetrics & Gynecology*, 133:489, 1979; R.T. Burkman, et. al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion," *Contraception*, 30(2):99, 1984; and K.F. Schulz, et. al., and "Measures to Prevent Cervical Injury During Suction Curettage Abortion," *The Lancet*, 1182-1184, May 28, 1993 .
13. Burkman, et al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion" *Contraception* 30:99-105, 1984; R.T. Burkman, et. al., "Culture and treatment results in endometritis following elective abortion," *American J. Obstet. & Gynecol.*, 128:556, 1997; and D. Avonts and P. Piot, "Genital infections in women undergoing induced abortion," *European J. Obstet. & Gynecol. & Reproductive Biology*, 20:53, 1985; W. Cates, Jr., "Teenagers and Sexual Risk-Taking: The Best of Times and the Worst of Times," *Journal of Adolescent Health*, 12:84, 1991; and "Teenage Pregnancy: Overall Trends and State-by-State Information," Report by the Alan Guttmacher Institute, Washington, DC, www.agi.org.
14. "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology* 68(5):668- 690, 1986); P. Sykes, "Complications of termination of pregnancy: a retrospective study of admissions to Christchurch Women's Hospital, 1989 and 1990," *New Zealand Medical Journal* 106: 83-85, March 10, 1993; S Osser and K Persson, "Postabortal pelvic infection associated with Chlamydia trachomatis infection and the influence of humoral immunity," *Am J Obstet Gynecol* 150:699, 1984; B. Hamark and L Forssman, "Postabortal Endometritis in Chlamydia-Negative Women- Association with Preoperative Clinical Signs of Infection," *Gynecol Obstet Invest* 31:102-105, 1991; and Strahan, *Detrimental Effects of Abortion: An Annotated Bibliography With Commentary* (Springfield, IL: Acorn Books, 2002) 169.
15. Zhou, Weijin, et. al., "Induced Abortion and Subsequent Pregnancy Duration," *Obstetrics & Gynecology* 94(6):948-953, Dec. 1999.
16. Hogue, Cates and Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review", *Family Planning Perspectives* 15(3), May-June 1983.

Psychological Risks

Traumatic Aftereffects of Abortion

Suicide

- **6-7 times higher suicide rate.** Two national from Finland based on medical records revealed that aborting women were six-seven times more likely to commit suicide in the following year than were delivering women.¹
- **Up to 60% have suicidal thoughts.** According to a recent study in a major scientific journal, 31% had thoughts of suicide after abortion. In another survey, approximately 60% of women with post-abortion problems reported suicidal thoughts, with 28% attempting suicide and half of those attempting suicide two or more times.²
- **154% higher risk of suicide.** Another study of more than 173,000 American women who had abortions or carried to term found that, during the eight years after the pregnancy ended, women who aborted had a 154% higher risk of suicide than women who carried to term.³

Depression

- **65% higher risk of clinical depression.** A longitudinal study of American women revealed that those who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.⁴
- **Depression risk remained high, even when pregnancies were unplanned.** Among a national sample of women with unintended first pregnancies, aborting women were at significantly higher risk of long-term clinical depression compared to delivering women.⁵

Trauma

- **65% report symptoms of post-traumatic stress.** In a study of U.S. and Russian women who had abortions, 65% of U.S. women experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion-induced PTSD, and 25% said they did not receive adequate counseling. 64% said they felt pressured by others to abort.⁶
- **60% said they felt “part of me died.”** In the above study, 60% of American women reported that they felt “part of me died” after their abortions.⁶
- **Twice as likely to be hospitalized.** Compared to women who deliver, women who abort are more than twice as likely to be subsequently hospitalized for psychiatric illness within six months.⁷
- **More outpatient psychiatric care.** Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.⁸
- **Multiple disorders and regrets.** A study of post-abortion patients only 8 weeks after their abortions found that 44% reported nervous disorders, 36% experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.⁹
- **Generalized anxiety disorder.** Among women with no previous history of anxiety, women who aborted a first, unplanned pregnancy were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.¹⁰

continued ►

- **Sleep disorders.** In a study of women with no known history of sleep disorders, women were more likely to be treated for sleep disorders after having an abortion compared to giving birth (nearly twice as likely in the first 180 days afterwards). Numerous studies have shown that trauma victims often experience sleep difficulties.¹¹
- **Disorders not pre-existing.** In a New Zealand study, women had higher rates of suicidal behavior, depression, anxiety, substance abuse, and other disorders after abortion. The study found that these were not pre-existing problems.¹²

Eating disorders & substance abuse

- **39% had eating disorders.** In a survey of women with post-abortion problems, 39% reported subsequent eating disorders.¹³
- **Five-fold higher risk of drug and alcohol abuse.** Excluding women with a prior history of substance abuse, those who abort their first pregnancy are five times more likely to report subsequent drug and alcohol abuse vs. those who give birth.¹⁴
- **Substance abuse during subsequent pregnancies.** Among women giving birth for the first time, women with a history of abortion are five times more likely to use drugs, twice as likely to use alcohol, and ten times more likely to use marijuana *during* their pregnancy, compared to women who have not had an abortion.¹⁵
- **Alcohol abuse linked to other problems.** Alcohol abuse after abortion has been linked to violent behavior, divorce or separation, auto accidents, and job loss.¹⁶

Coercion, guilt, repressed grief

- **Coerced to violate their beliefs, values and conscience.** The “decision” to abort is often based on the demands or threats of others — even when it violates the woman’s own moral beliefs and desire to keep the baby.¹⁷ This is a known risk factor for psychological complications after abortion.¹⁸
- **64% of abortions involve coercion.** A recent study of women who had abortions found that 64% of American women reported that they felt pressured by others to abort.⁶
- **Common negative reactions.** In a survey of women reporting post-abortion problems, 80% experienced guilt, 83% regret, 79% loss, 62% anger and 70% depression.²
- **Forbidden grief.** After abortion, societal expectation, personal shame and public and professional denial result in repressed grief, causing serious consequences including clinical depression, eating disorders, self-destructive lifestyles and suicide.¹⁹

Divorce and chronic relationship problems

- **Women with a history of abortion are significantly more likely to subsequently have shorter relationships and more divorces.** This may be due to lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger.²⁰
- **More poverty and single parenthood after repeat abortions.** Women who have more than one abortion (nearly half of those seeking abortions each year)²¹ are more likely to become single parents and to require public assistance.²⁰
- **30 to 50% of post-abortive women report experiencing sexual dysfunctions** such as promiscuity, loss of pleasure from intercourse, increased pain, and aversion to sex and/or men.²²

Not counseled before or after the abortion, many wanted alternatives

In a study of American and Russian women who experienced abortion:

- 67% of American women reported that they received no counseling beforehand

- 84% reported they received inadequate counseling beforehand
- 79% were not counseled about alternatives
- 54% were not sure about their decision at the time.⁶

Unresolved trauma and child abuse

- **144 % more likely to abuse their children.** One study found that women with a history of induced abortion were 144% more likely to physically abuse their children than women who had not had an abortion.²³
- **Child abuse linked to unresolved trauma.** Abortion is linked with increased violent behavior, alcohol and drug abuse, replacement pregnancies, depression, and poor maternal bonding with later children. These factors are closely associated with child abuse and would appear to confirm a link between unresolved post-abortion trauma and subsequent child abuse.²⁴

Repeat abortions, self-punishment and risk factors

- **48% of aborting women have had a previous abortion.**²¹ Women who have had an abortion are 4 times more likely to abort a current pregnancy than those with no prior abortion history.²⁰ This may reflect aspects of self-punishment.²⁵
- **Studies have identified factors that put women at risk for negative reactions to abortion,** including feeling pressured into unwanted abortions, lack of support, being more religious, prior emotional or psychological problems, adolescence, being unsure of her decision, and receiving little or no counseling prior to abortion. An analysis of 63 medical studies that identify risk factors concluded that the number of women suffering from negative emotional reactions could be dramatically reduced if abortion clinics screened women for these risk factors.¹⁸

To learn more, see **Forbidden Grief: The Unspoken Pain of Abortion.** To order, call: **Acorn Books: 1-888-412-2676.**

Citations

1. Gissler, Hemminki & Lonnqvist, "Suicides after pregnancy in Finland, 1987-94: register linkage study," *British Journal of Medicine* 313:1431-4, 1996; and M. Gissler, "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63, 2005 .
2. D. Reardon, *Aborted Women, Silent No More* (Springfield, IL: Acorn Books, 2002).
3. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95(8):834-41, Aug. 2002.
4. JR Cogle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
5. DC Reardon, JR Cogle, "Depression and unintended pregnancy in the National Longitudinal Study of Youth: a cohort study," *British Medical Journal* 324:151-2, 2002.
6. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16, 2004.
7. DC Reardon et. al., "Psychiatric admissions of low-income women following abortions and childbirth," *Canadian Medical Association Journal* 168(10): May 13, 2003.

8. PK Coleman et. al., "State-Funded Abortions Versus Deliveries: A Comparison of Outpatient Mental Health Claims Over Four Years," *American Journal of Orthopsychiatry* 72(1):141-152, 2002.
9. Ashton, "The Psychosocial Outcome of Induced Abortion", *British Journal of Ob & Gyn.* 87:1115-1122, 1980.
10. JR Cogle, DC Reardon, PK Coleman, "Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth," *Journal of Anxiety Disorders* 19:137-142 (2005).
11. DC Reardon and PK Coleman, "Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record Based-Study," *Sleep* 29(1):105-106, 2006.
12. DM Fergusson et. al., "Abortion in young women and subsequent mental health," *Journal of Child Psychology and Psychiatry* 47(1): 16-24, 2006.
13. T. Burke with D. Reardon, *Forbidden Grief: The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2002) 189, 293
14. DC Reardon, PG Ney, "Abortion and Subsequent Substance Abuse," *American Journal of Drug and Alcohol Abuse* 26(1):61-75, 2000.
15. PK Coleman et. al., "A history of induced abortion in relation to substance abuse during subsequent pregnancies carried to term," *American Journal of Obstetrics and Gynecology* 167:3-8, Dec. 2002.
16. Benedict, et al., "Maternal Perinatal Risk Factors and Child Abuse," *Child Abuse and Neglect* 9:217-224, 1985; P.G. Ney, "Relationship between Abortion and Child Abuse," *Canadian Journal of Psychiatry*, 24:610-620, 1979; Shepard, et al., "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," *J. Biosocial Science* 11:289-302, 1979; M. Bracken, "First and Repeated Abortions: A Study of Decision-Making and Delay," *J. Biosocial Science* 7:473-491, 1975; S. Henshaw, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," *Family Planning Perspectives*, 20(4):158-168, 1988; D. Sherman, et al., "The Abortion Experience in Private Practice," *Women and Loss: Psychobiological Perspectives*, ed. W.F. Finn, et al., (New York: Praeger Publishers, 1985) 98-107; E.M. Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study - IV," *Social Science and Medicine* 11:71-82, 1977; E. Freeman, et al., "Emotional Distress Patterns Among Women Having First or Repeat Abortions," *Obstetrics and Gynecology* 55(5):630-636, 1980; C. Berger, et al., "Repeat Abortion: Is it a Problem?" *Family Planning Perspectives* 16(2):70-75 (1984).
17. George Skelton, "Many in Survey Who Had Abortion Cite Guilt Feelings," *Los Angeles Times*, March 19, 1989, p. 28 (question 76). See also Mary K. Zimmerman, *Passage Through Abortion* (New York, Praeger Publishers, 1977).
18. David C. Reardon, "The Duty to Screen: Clinical, Legal, and Ethical Implications of Predictive Risk Factors of Post-Abortion Maladjustment," *The Journal of Contemporary Health Law and Policy* 20(2):33-114, Spring 2004.
19. For more on this topic, see T. Burke, *Forbidden Grief: The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2002).
20. Shepard, et al., "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," *J. Biosocial Science* 11:289-302, 1979; M. Bracken, "First and Repeated Abortions: A Study of Decision-Making and Delay," *J. Biosocial Science* 7:473-491, 1975; S. Henshaw, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," *Family Planning Perspectives*, 20(4):158-168, 1988; D. Sherman, et al., "The Abortion Experience in Private Practice," *Women and Loss: Psychobiological Perspectives*, ed. W.F. Finn, et al., (New York: Praeger Publishers, 1985) 98-107; E.M. Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study - IV," *Social Science and Medicine* 11:71-82, 1977; E. Freeman, et al., "Emotional Distress Patterns Among Women Having First or Repeat Abortions," *Obstetrics and Gynecology* 55(5):630-636, 1980; C. Berger, et al., "Repeat Abortion: Is it a Problem?" *Family Planning Perspectives* 16(2):70-75 (1984).
21. "Facts in Brief: Induced Abortion," The Alan Guttmacher Institute (www.agi-usa.org), 2002.
22. Speckhard, *Psycho-social Stress Following Abortion*, (Kansas City, MO: Sheed & Ward, 1987); and Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study - IV," *Social Science & Medicine* 11:71-82, 1977.
23. Priscilla K. Coleman, et. al., "Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers," *Acta Paediatrica* 94, 2005.
24. Benedict, et al., "Maternal Perinatal Risk Factors and Child Abuse," *Child Abuse and Neglect* 9:217-224, 1985; P.G. Ney, "Relationship between Abortion and Child Abuse," *Canadian Journal of Psychiatry*, 24:610-620, 1979. See also Reardon, *Aborted Women, Silent No More* (Springfield, IL: Acorn Books, 2002) 129-30, which describes a case of woman who beat her three year old son to death shortly after an abortion which triggered a "psychotic episode" of grief, guilt, and misplaced anger.
25. Leach, "The Repeat Abortion Patient," *Family Planning Perspectives* 9(1):37-39, 1977; S. Fischer, "Reflection on Repeated Abortions: The meanings and motivations," *Journal of Social Work Practice* 2(2):70-87, 1986; B. Howe, et al., "Repeat Abortion, Blaming the Victims," *Am. J. of Public Health* 69(12):1242-1246, 1979.