



ABORTION HURTS WOMEN PSYCHOLOGICALLY AND EMOTIONALLY

(The following information is used with the permission of the Elliot Institute, © 1997, All Rights Reserved.

More studies and current information is also available at www.afterabortion.org.)

A List of Major Psychological Effects of Abortion

In a study of post-abortion patients only 8 weeks after their abortions, researchers found that 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.¹ A 5-year retrospective study in two Canadian provinces found significantly greater use of medical and psychiatric services among women who had abortions. Most significant was the finding that 25% of the women who had abortions made visits to psychiatrists as compared to 3% of the control group.² Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital. At especially high risk are teenagers, separated or divorced women, and women with a history of more than one abortion.³

Since many women who have had abortions use repression as a coping mechanism, there may be a long period of denial before a woman seeks psychiatric care. These repressed feelings may cause psychosomatic illnesses and psychiatric or behavioral issues in other areas of her life. As a result, some counselors report that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems.⁴

Post-Traumatic Stress Disorder (PTSD or PAS)

A major random study found that a minimum of 19% of post-abortion women suffer from diagnosable post-traumatic stress disorder (PTSD). Approximately half had many, but not all, symptoms of PTSD, and 20 to 40 percent showed moderate to high levels of stress and avoidance behavior relative to their abortion experiences.⁵ PTSD is a psychological dysfunction which results from a traumatic experience which overwhelms a person's normal defense mechanisms resulting in intense fear, feelings of helplessness or being trapped, or loss of control. The risk that an experience will be traumatic is increased when the traumatizing event is perceived as including threats of physical injury, sexual violation, or the witnessing of or participation in a violent death.

PTSD results when the traumatic event causes the hyperarousal of "fight or flight" defense mechanisms. This hyperarousal causes these defense mechanisms to become disorganized, disconnected from present circumstances, and take on a life of their own resulting in abnormal behavior and major personality disorders. As an example of this disconnection of mental functions, some PTSD victims may experience intense emotions

but without clear memory of the event; others may remember every detail but without emotion; still others may re-experience both the event and the emotions in intrusive and overwhelming flashback experiences.⁶

Women may experience abortion as a traumatic event for several reasons. Many are forced into an unwanted abortion by husbands, boyfriends, parents, or others. If the woman has repeatedly been a victim of domineering abuse, such an unwanted abortion may be perceived as the ultimate violation in a life characterized by abuse.

Other women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety, pain, and guilt associated with the procedure are mixed into this perception of grotesque and violent death. Still other women, report that the pain of abortion, inflicted upon them by a masked stranger invading their body, feels identical to rape.⁷ Indeed, researchers have found that women with a history of sexual assault may experience greater distress during and after an abortion exactly because of these associations between the two experiences.⁸ When the stressor leading to PTSD is abortion, some clinicians refer to this as Post-Abortion Syndrome. (PAS).

The major symptoms of PTSD are generally classified under three categories: *hyperarousal*, *intrusion*, and *constriction*.

Hyperarousal is a characteristic of inappropriately and chronically aroused “fight or flight” defense mechanisms. The person is seemingly on permanent alert for threats of danger. Symptoms of hyperarousal include: exaggerated startle responses, anxiety attacks, irritability, outbursts of anger or rage, aggressive behavior, difficulty concentrating, hypervigilance, difficulty falling asleep or staying asleep, or physiological reactions upon exposure to situations that symbolize or resemble an aspect of the traumatic experience (e.g. elevated pulse or sweat during a pelvic exam, or upon hearing a vacuum pump sound.)

Intrusion is the re-experience of the traumatic event at unwanted and unexpected times. Symptoms of intrusion in PAS cases include: recurrent and intrusive thoughts about the abortion or aborted child, flashbacks in which the woman momentarily re-experiences an aspect of the abortion experience, nightmares about the abortion or child, or anniversary reactions of intense grief or depression on the due date of the aborted pregnancy or the anniversary date of the abortion.

Constriction is the numbing of emotional resources, or the development of behavioral patterns, so as to avoid stimuli associated with the trauma. It is avoidance behavior; an attempt to deny and avoid negative feelings or people, places, or things which aggravate the negative feelings associated with the trauma. In post-abortion trauma cases, constriction may include: an inability to recall the abortion experience or important parts of it; efforts to avoid activities or situations which may arouse recollections of the abortion; withdrawal from relationships, especially estrangement from those involved in the abortion decision; avoidance of children; efforts to avoid or deny thoughts or feelings

about the abortion; restricted range of loving or tender feelings; a sense of a foreshortened future (e.g., does not expect a career, marriage, or children, or a long life.); diminished interest in previously enjoyed activities; drug or alcohol abuse; suicidal thoughts or acts; and other self-destructive tendencies.

As previously mentioned, Barnard's study identified a 19% rate of PTSD among women who had abortions three to five years previously. But in reality the actual rate is probably higher. Like most post-abortion studies, Barnard's study was handicapped by a 50% drop out rate. Clinical experience has demonstrated that the women least likely to cooperate in post-abortion research are those for whom the abortion causes the most psychological distress. Research has confirmed this insight, demonstrating that the women who refuse follow-up evaluation most closely match the demographic characteristics of the women who suffer the most post-abortion distress.⁹ The extraordinary high rate of refusal to participate in post-abortion studies may be interpreted as evidence of constriction or avoidance behavior (not wanting to think about the abortion) which is a major symptom of PTSD.

For many women, the onset or accurate identification of PTSD symptoms may be delayed for several years.¹⁰

Sexual Dysfunction

Thirty to fifty percent of women who have had abortions report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortion. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous lifestyle.¹¹

Suicidal Ideation and Suicide Attempts

Approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times. Researchers in Finland have identified a strong statistical association between abortion and suicide in a records based study. They identified 73 suicides associated within one year to a pregnancy ending either naturally or by induced abortion. The mean annual suicide rate for all women was 11.3 per 100,000. The suicide rate associated with birth was significantly lower at 5.9 per 100,000.

Rates for pregnancy loss were significantly higher. For miscarriage, the rate was 18.1 per 100,000, and for abortion the rate was 34.7 per 100,000. The suicide rate within one year after an abortion was three times higher than for all women, seven times higher than for women who carried to term, and nearly twice as high as for women who suffered a miscarriage. Suicide attempts appear to be especially prevalent among post-abortion teenagers.¹²

Increased Smoking with Corresponding Negative Health Effects

Post-abortion stress is linked with increased cigarette smoking. Women who have abortions are twice as likely to become heavy smokers and suffer the corresponding health risks.¹³

Post-abortion women are also more likely to continue smoking during subsequent wanted pregnancies with increased risk of neonatal death or congenital anomalies.¹⁴

Alcohol and Drug Abuse

Abortion is significantly linked with a two-fold increased risk of alcohol abuse among women.¹⁵ Abortion followed by alcohol abuse is linked to violent behavior, divorce or separation, auto accidents, and job loss.¹⁶

Abortion is also significantly linked to subsequent drug abuse. In addition to the psychosocial costs of such abuse, drug abuse is linked with increased exposure to HIV/AIDS infections, congenital malformations, and assaultive behavior.¹⁷

A recent study, available at www.afterabortion.org/drugs.html, found that of the women surveyed, those who aborted their first pregnancy were 3.9 times more likely to engage in subsequent drug or alcohol abuse than those who have never had an abortion.

Eating Disorders

For at least some women, post-abortion stress is associated with eating disorders such as binge eating, bulimia, and anorexia nervosa.¹⁸

Child Abuse or Neglect

Abortion is linked with increased depression, violent behavior, alcohol and drug abuse, replacement pregnancies, and reduced maternal bonding with children born subsequently. These factors are closely associated with child abuse and would appear to confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse.¹⁹

Divorce and Chronic Relationship Problems

For most couples, an abortion causes unforeseen problems in their relationship. Post-abortion couples are more likely to divorce or separate. Many post-abortion women develop a greater difficulty forming lasting bonds with a male partner. This may be due to abortion-related reactions such as lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger.

Women who have more than one abortion (representing about 45% of all abortions) are more likely to require public assistance, in part because they are also more likely to become single parents.²⁰

Repeat Abortions

Women who have one abortion are at an increased risk of having additional abortions in the future. Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history.²¹

This increased risk is associated with the prior abortion due to lowered self-esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity post-abortion. Subsequent abortions may occur because of conflicted desires to become pregnant and have a child, and continued pressures to abort, such as abandonment by the new male partner. Aspects of self-punishment through repeated abortions are also reported.²²

Approximately 45% of all abortions are now repeat abortions. The risk of falling into a repeat abortion pattern should be discussed with a patient considering her first abortion. Furthermore, since women who have more than one abortion are at a significantly increased risk of suffering physical and psychological effects, these heightened risks should be thoroughly discussed with women seeking abortions.

An excellent resource for any attorney involved in abortion malpractice is Detrimental Effects of Abortion: An Annotated Bibliography with Commentary by Thomas W. Strahan, Esq. and available by writing the Elliot Institute, P.O. Box 7348, Springfield, IL 62791-7348, (217) 525-8202, www.afterabortion.org

Notes

- ¹ Ashton, "The Psychosocial Outcome of Induced Abortion," *British Journal of Ob&Gyn.*, 87:1115-1122, (1980).
- ² Badgley, et al., *Report of the Committee on the Operation of the Abortion Law* (Ottawa: Supply and Services, 1977) pp. 313-321.
- ³ R. Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women who Experienced Induced Abortion: An Analysis on National Record Linkage," *Dissertation Abstracts International, Public Health* 2621-B, Order No. 7926066 (19779); H. David, et al., "Postpartum and Postabortion Psychotic Reactions," *Family Planning Perspectives* 13:88-91 (1981).
- ⁴ Kent, et al., "Bereavement in Post-Abortive Women: A Clinical Report," *World Journal of Psychosynthesis* (Autumn-Winter 1981), vol. 13, nos. 3-4.
- ⁵ Catherine Barnard, *The Long-Term Psychological Effects of Abortion*, Portsmouth, NH: Institute for Pregnancy Loss, (1990).
- ⁶ Herman, *Trauma and Recovery*, (New York: Basic Books, 1992) 34.
- ⁷ Francke, *The Ambivalence of Abortion* (New York: Random House, 1978) 84-95.
- ⁸ Zakus, "Adolescent Abortion Option," *Social Work in Health Care*, 12(4):87 (1987); Makhorn, "Sexual Assault & Pregnancy," *New Perspectives on Human Abortion*, Mall & Watts, eds., (Washington, DC: University Publications of America, 1981).
- ⁹ Adler, "Sample Attrition in Studies of Psycho-social Sequelae of Abortion: How great a problem." *Journal of Social Issues*, 1979, 35, 100-110.
- ¹⁰ Speckhard, "Postabortion Syndrome: An Emerging Public Health Concern," *Journal of Social Issues*, 48(3):95-119.
- ¹¹ Speckhard, *Psycho-social Stress Following Abortion*, Sheed & Ward, Kansas City: MO, 1987; and Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study – IV," *Soc. Sci. & Med.*, 11:71-82 (1977).
- ¹² Speckhard, *Psycho-social Stress Following Abortion*, Sheed & Ward, Kansas City: MO, 1987; Gissler, Hemminki & Lonnqvist, "Suicides after pregnancy in Finland, 1987-94: register linkage study," *British Journal of Medicine* 313: 1431-4, 1996. C. Haignere, et al., "HIV/AIDS Prevention and Multiple Risk Behaviors of Gay Male and Runaway Adolescents," *Sixth International Conference on AIDS: San Francisco*, June 1990; N. Campbell, et al., "Abortion in Adolescence," *Adolescence*, 23(92): 813-823 (1988); H. Vaughan, *Canonical Variates of Post-Abortion Syndrome*, Portsmouth, NH: Institute for Pregnancy Loss, 1991; B. Garfinkel, "Stress, Depression and Suicide: A Study of Adolescents in Minnesota," *Responding to High Risk Youth*, Minnesota Extension Service, University of Minnesota (1986).
- ¹³ Harlap, "Characteristics of Pregnant Women Reporting Previous Induced Abortions," *Bulletin World Health Organization*, 52:149 (1975), N. Meirik, "Outcomes of First Delivery After 2nd Trimester Two Stage Induced Abortion: A Controlled Cohort Study," *Acta Obstetrica et Gynecologica Scandinavia* 63(1): 45-50(1984); Levin, et al., "Association of Induced Abortion with Subsequent Pregnancy Loss," *JAMA*, 243:2495-2499, June 27, 1980.
- ¹⁴ Obel, "Pregnancy Complications Following Legally Induced Abortion: An Analysis of the Population with Special Reference to Prematurity," *Danish medical Bulletin*, 26:192-199 (1979); Martin, "An Overview: Maternal Nicotine and Caffeine Consumption and Offspring Outcome," *Neurobehavioral Toxicology and Teratology*, 4(4): 421-427,

(1982).

- ¹⁵ Klassen, "Sexual Experience and Drinking Among Women in a U.S. National Survey," *Archives of Sexual Behavior*, 15(5):363-39; M. Plant, *Women, Drinking and Pregnancy*, Tavistock Pub, London (1985); Kuzma & Kissinger, "Patterns of Alcohol and Cigarette Use in Pregnancy," *Neurobehavioral Toxicology and Teratology*, 3:211-221 (1981).
- ¹⁶ Morrissey, et al., "Stressful Life Events and Alcohol Problems Among Women Seen at a Detoxification Center," *Journal of Studies on Alcohol*, 39(9):1159 (1978).
- ¹⁷ Oro, et al., "Perinatal Cocaine and Methamphetamine Exposure maternal and Neo-Natal Correlates," *J. Pediatrics*, 111:571-578 (1978); D.A. Frank, et al., "Cocaine Use During Pregnancy Prevalence and Correlates," *Pediatrics*, 82(6):888 (1988); H. Amaro, et al., "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics* 84:144-150, (1989).
- ¹⁸ Speckhard, *Psycho-social Stress Following Abortion*, Sheed Ward, Kansas City: MO, 1987; J. Spaulding, et al., "Psychoses Following Therapeutic Abortion," *Am J. of Psychiatry* 125(3):364 (1978); R.K. McAll, et al., "Ritual Mourning in Anorexia Nervosa," *The Lancet*, August 16, 1980, p. 368.
- ¹⁹ 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; Reardon, *Aborted Women – Silent No More* (Chicago: Loyola University Press, 1987), 129-30, 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.
- 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 Publ. 1985), pp. 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 Joyce, "The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in New York by Race and Ethnicity: A Multivariate Analysis," *Am. J. of Public Health*, 78(6):626-631 (1988); C. Tietze, "Repeat Abortions – Why More?" *Family Planning Perspectives* 10(5):286-288, (1978).
- ²² 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).