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HD 590

**A Tidal Wave of Published Data
More Than 30 Studies in Last Five Years
Show Negative Impact of Abortion on Women
Priscilla Coleman, Ph.D.**

On Sunday, November 7th, the Washington Post published an opinion piece by Dr. Brenda Major, titled *The Big Lie about Abortion and Mental Health*. I would like to offer another perspective on dishonesty permeating the scientific study and dissemination of information pertaining to abortion and mental health.

Dr. Major is absolutely correct: an informed choice regarding abortion must be based on accurate information. For abortion providers to offer an unbiased and valid synopsis of the scientific literature on increased risks of abortion, the information must include depression, substance abuse, and anxiety disorders, including Post Traumatic Stress Disorder (PTSD), as well as suicide ideation and behaviors.

Over 30 studies have been published in just the last five years and they add to a body of literature comprised of hundreds of studies published in major medicine and psychology journals throughout the world. The list is provided below and the conscientious reader is encouraged to check the studies out. No lies ... just scientifically-derived information that individual academics, several major professional organizations, and abortion providers have done their best to hide and distort in recent years.

Like Dr. Major, I too am a tenured, full professor at a well-respected U.S. university, and I too have published peer-reviewed scientific articles in reputable journals. In fact, my publication record far exceeds that of Dr. Major on the topic of abortion and mental health. I am not alone in my opinion, which has been voiced by prominent researchers in Great Britain, Norway, New Zealand, Australia, South Africa, the U.S., and elsewhere.

As a group of researchers who in 2008 published nearly 50 peer-reviewed articles indicating abortion is associated with negative psychological outcomes, six colleagues and I sent a petition letter to the American Psychological Association (APA) criticizing their methods and conclusions as described in their Task Force Report on Abortion and Mental Health.

The opinion piece by Brenda Major following on the heels of the highly-biased APA report is just the latest effort to divert attention from a tidal wave of sound published data on the emotional consequences of abortion. The evidence is accumulating, despite socio-political agendas to keep the truth from the academic journals and ultimately from women to insure that the big business of abortion continues unimpeded. The literature now echoes the voices of millions of women for whom abortion was not a liberating, health promoting "choice." A conservative estimate from the best available data is 20 to 30 percent of women who undergo an abortion will experience serious and/or prolonged negative consequences.

Any interpretation of the available research that does not acknowledge the strong evidence now available in the professional literature represents a conscious choice to ignore basic principles of scientific integrity.

The human fallout to such a choice by the APA and like-minded colleagues is misinformed professionals, millions of women struggling in isolation to make sense of a past abortion, thousands who will undergo an abortion today without the benefit of known risks, and millions who will make this often life-altering decision tomorrow without the basic right of informed consent, which is routinely extended for all other elective surgeries in the U.S.

In publishing Major's opinion without soliciting other voices on the topic, the *Washington Post* has perpetuated a serious injustice.

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Dr. Coleman is an Associate Professor of Human Development and Family Studies at Bowling Green State University. A major concentration of her research has been the psychological outcomes among women who have experienced abortion.

Learn more: For more information on the APA Task Force on abortion and mental health, visit www.abortionrisks.org.

Related Articles:

Telling Women "Post-Abortion Trauma Is A Myth" Is A Form of Coercion

Study: Women Who Use Abortion Drug Experience More Pain, Emotional Distress

by Steven Ertelt

LifeNews.com Editor

October 12, 2010

London, England (LifeNews.com) – The abortion drug mifepristone (more commonly known as RU 486) was supposed to be a panacea for women — allowing them to have safer abortions in the privacy of their own home. But a new study out of England finds women who had the drug-induced abortions preferred the surgical abortion procedure.

They complained of more medical problems and more mental health issues following the use of the abortion drug and the passing of the body of the dead baby.

More than half the women who took the abortion drug (53 percent) told researchers their experience was worse than expected.

Teresa Kelly and colleagues at Newcastle University followed 122 women who had either the surgical abortion or used the mifepristone pill in the second trimester of pregnancy and published their findings in the obstetrics journal BJOG.

They found all of the women in the surgical abortion group would decide to have a surgical abortion again.

The women who used the abortion drug reported more pain and more vaginal bleeding and, two weeks after the abortion, they were much more likely to report "intrusive" psychological symptoms ranging from unwanted thoughts to nightmares of killing their unborn child.

The authors of the study acknowledged its limitations, according to a Reuters report, saying they had a hard time finding women willing to be randomly assigned the abortion drug or having the surgical abortion procedure. And only 60 percent of women returned the follow-up questionnaire.

"The results therefore need confirming in a much larger study before the real clinical impact can be determined," Kelly told Reuters Health in an email.

Still, the results show some interesting information — such as how 37 percent of women taking the abortion drug said they experienced much heavier bleeding than their menstrual period.

Kelly said the research shows the abortion drug should not "replace" the surgical abortion procedure and she noted the study found women who were later in pregnancy were less interested in the abortion drug than those earlier in pregnancy.

The report follows news in the United States that two more women than originally thought had died from using the abortion drug and developing severe infections from it.

The two women died after developing a *Clostridium sordellii* infection after using the abortion drug. Two separate studies — conducted by the University of Michigan and a Brown University researcher — showed that off-label use of the drug caused the infections in the women who took it and the infections led to septic shock that claimed their lives.

The two new cases include the 2008 death of a 29-year-old Hispanic woman and the 2009 death of a 21-year-old Caucasian woman.

Just weeks ago, Americans pro-life advocates were distressed to mark the 10th anniversary of the FDA approval of the abortion drug.

In January 2008, RU 486 maker Danco Laboratories announced approximately 13 percent of all abortions in the United States involve mifepristone — a number that may seem low but it is double the number of women who used the abortion drug in 2001.

The report also showed 57 percent of places that do abortions now have the abortion drug, compared with just 33 percent in 2001.

Ultimately, Danco indicated that 840,000 women in the United States have had abortions with its dangerous drug – a number that is very likely over one million in the two and a half years that have passed. Reuters estimates the number of abortions involving RU 486 has now reached 1.4 million.

Later Abortions More Likely to Be Unwanted,

Are Linked to Psychological Problems

New Study First to Examine Impact of Late-Term Abortion on Women's Mental Health

Springfield, IL (August 27, 2010) -- A study of women who had abortions has found that women undergoing later abortions face increased psychological risks, are more likely to be ambivalent about having an abortion and are more likely to need counseling and support.

The results came from an online survey of 374 women who answered a detailed questionnaire about the circumstances leading to their abortions, their previous mental health history, history of physical or sexual abuse and emotional state following abortion. The small study is the first to compare the experiences of women having early abortions compared to women having later abortions (in the second or third trimester).

The study, lead by Dr. Priscilla Coleman of Bowling Green State University, found that women having abortions after 13 weeks were more likely to report that:

- their partner desired the pregnancy (22.4 percent of women who had later abortions vs. 10.3 percent of women who had early abortions);
- that they were pressured by someone other than their partner to abort (47.8 percent vs. 30.5 percent);
- their partner didn't know about the abortion (23.9 percent vs. 12.5 percent);
- they had left their partner before the abortion (28.3 percent vs. 15.6 percent);
- physical health concerns were a factor in having the abortion (29.8 percent vs. 14.7 percent).

Ambivalence about the abortion, unwanted abortion and poor pre-abortion counseling were also commonly reported in the late-term abortion group. Nearly 40 percent said they desired the pregnancy and only 30 percent said both they and their partner supported the abortion, while less than 14 percent said they received adequate pre-abortion counseling or information on alternatives or physical and emotional risks.

"In general, these results are indicative of more ambivalence and conflict surrounding the decision and the likelihood of less stable partner relationships among women who obtain later abortions," the authors wrote. "Logically, women who are unsure about how to proceed with an unplanned pregnancy are more likely to put off the decision to abort, perhaps hoping their circumstances will improve and enable them to carry to term."

A survey of American and Russian women who had abortions, published in the *Medical Science Monitor* in 2004, found that 64 percent of the American respondents reported feeling pressured to abort, while more than half said they felt rushed or uncertain about the decision and more than 80 percent reported receiving inadequate counseling beforehand.

Emotional Effects of Abortion

The study also found high rates of post-traumatic stress disorder (PTSD) symptoms for women having both early and late abortions, with 52 percent of the early abortion group and 67 percent of the late term abortion group meeting the American Psychological

Association's criteria for post-traumatic stress disorder symptoms (PTSD).

One possible cause may be a high number of women having unwanted abortions due to the reactions of those around them, the authors said. "Concern regarding reactions of others to having a child" was the mostly frequently cited reason for abortion for both early (69.1 percent) and late (62 percent) abortions. As a result, the authors noted, many women likely had abortions "despite ambivalence or actually desiring to continue the pregnancy." Feelings of ambivalence or having an unwanted abortion are known risk factors for psychological problems after abortion.

When it came to differences between the late and early abortion groups, women having later abortions were more likely to report having disturbing dreams, reliving the abortion, having trouble sleeping and experiencing intrusion, a PTSD symptom that involves having recurring memories, flashbacks or hyperactivity when confronted with reminders of the trauma.

The previously mentioned *Medical Science Monitor* survey found that 65 percent of American women who had abortions reported experiencing symptoms of PTSD, which they attributed to their abortions. Other studies have also linked abortion to increased rates of depression, substance abuse, suicidal thoughts, sleep disorders, anxiety disorders and other mental health problems.

The authors said that their study is best viewed as a "pilot" study on which to base future research on the psychological impact of late-term abortion, and called for more counseling and support for women undergoing later abortions.

Learn more/Educate others: For more research on the impact of abortion on women, visit www.abortionrisks.org. Download and share our free Recent Research fact sheet.

Citations

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Recent Research - Abortion's Harm to Women

1. 3.5 Times Higher Death Rates from Suicide, Accidents, Homicides (Suicide 6 Times Higher)

Researchers examining deaths among the entire population of women in Finland found those who had abortions had a 3.5 times higher death rate from suicide, accidents, or homicides in the following year. Suicide rates among aborting women were 6 times higher compared to those who gave birth and 2 times higher compared to those who miscarried. 1 European Journal of Public Health, 2005

2. Abortion Linked to Wide Range of Mental Health Disorders

A survey of 5,877 women found that women who had abortions were at higher risk for various mental health disorders. Researchers studied 15 different mental health problems, including anxiety disorders (panic disorder, panic attacks, agoraphobia, post-traumatic stress disorder), mood disorders (bipolar disorder, mania, major depression) and substance abuse disorders. Abortion made a significant contribution for 12 out of the 15 disorders studied. 2 Journal of Psychiatric Research, 2008

3. 30% Higher Risk of Mental Health Problems After Abortion; Abortion Offers No Benefits

An ongoing survey of women in New Zealand found that women were 30 percent more likely to experience substance abuse, suicidal thoughts, anxiety disorders and major depression after abortion than after other pregnancy outcomes. No increase in mental health risks was found among women who continued an unplanned pregnancy, and the researchers said there was no evidence abortion offered any mental health benefits to women. 3 British Journal of Psychiatry, 2008

4. Higher Rates of Depression, Substance Abuse, Suicidal Behavior After Abortion

In a New Zealand study, women who had abortions subsequently experienced higher rates of substance abuse, anxiety disorders, and suicidal behavior than women who had not had abortions, even after controlling for pre-existing conditions. Approximately 42% of women with a history of abortion had experienced major depression in the last four years (nearly double the rate of women who had not been pregnant and 35% higher than those who carried to term). 4 Psychiatry, Journal of Child Psychology and Psychiatry, 2006

5. 30% Higher Risk of 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% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term. 5 Journal of Anxiety Disorders, 2005

6. Nearly Twice as Likely to Be Treated for Sleep Disorders, Which Are Often Trauma-Related

In a record based study of nearly 57,000 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. 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. Numerous studies have shown that trauma victims will often experience sleep difficulties. 6 Sleep, 2006

7. Abortion Increases Risk of Domestic Violence, Relationship Problems for Both Women, Men

Compared to those with no history of abortion, both women and men who had an abortion with their current partner were more likely to report domestic violence, arguing about children and feeling that their lives would be better if the relationship ended. Women who had an abortion with their current partner reported more arguments about money and relatives, and were more likely to experience sexual

dysfunction after abortion with a current or previous partner. Men reported more problems with jealousy and drug use after abortion with a current or previous partner. 7 Public Health, 2009

8. Father's Role Significant in Deciding Pregnancy Outcome; Abortion Linked to Later Problems

In a survey of low-income women who had a previous child, women who felt they could not rely on their partner to help in caring for the child were more likely to have an abortion. Women who had an abortion were more likely to report subsequent violence by their partner and to report heavy alcohol abuse (3 times more likely) and cigarette smoking (twice as likely).⁸ International Journal of Mental Health & Addiction, 2008

9. Increased Smoking and Drug 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. 9 Psychology, British Journal of Health Psychology, 2005

10. 95% Want To Be Fully Informed of All Statistically Associated Risks

Women considering elective surgery, such as abortion, consider all information about physical or psychological risks to be very relevant to their decisions. 95% of patients wished to be informed of all risks statistically associated with a procedure, even if the causal connection between the procedure and risk has not been fully proven.¹⁰ Journal of Medical Ethics, 2006

11. Teens Have More Mental Health Problems After Abortion, Even With Unplanned Pregnancies

A nationally representative study found that teen girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry unintended pregnancies to term. Teens who aborted were also three times more likely to report having trouble sleeping and nine times more likely to report subsequent marijuana use. 11 Youth Journal of Youth & Adolescence, 2006

For more information on these and other studies, visit www.TheUnChoice.com

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10/09

New Study Links Abortion to Wide Range of Mental Health Disorders

Abortion More Traumatic Than Are Other Stressful Experiences

Springfield, IL (January 22, 2010) — A new study has found that poor counseling before abortion is more likely to be followed by symptoms of post-traumatic stress disorder and other psychological problems.¹

The results from an online survey of women and men who had been involved in a past abortion, published in the journal *Traumatology*, showed that inadequate counseling and disagreement between the partners about having the abortion were predictors for psychological and relationship problems.

For women, inadequate counseling was linked to relationship problems, psychological problems such as hyperarousal, intrusion or avoidance behaviors; and post-traumatic stress disorder (PTSD). Men, on the other hand, were more likely to experience relationship problems and symptoms of intrusion and avoidance after inadequate pre-abortion counseling.

For both women and men, disagreement about the abortion decision meant they were more likely to meet the diagnostic criteria for PTSD or to experience some PTSD symptoms.

Overall, 54 percent of the women and 43 percent of the men reported all the symptoms for a clinical diagnosis of post-traumatic stress disorder. Approximately 80 percent of women and 77 percent of men had at least one symptom of PTSD, and nearly 80 percent of women and 60 percent of men reported that the abortion experience was highly or overwhelmingly stressful.

The authors noted that the stress surrounding an unplanned or crisis pregnancy tends to lead to psychological vulnerability.

“The emotional strain and crisis and the lack of effectiveness of one’s usual coping mechanisms may result in anxiety and an inability to function,” they wrote. “... Thus, men and women facing a crisis pregnancy may need considerable more counseling than is currently being offered.”

Most Women Don’t Receive Adequate Counseling

Indeed, a previous survey of American and Russian women found that 84 percent of American women reported that they didn’t receive adequate counseling before abortion, with 67 percent reporting that they didn’t receive any counseling before the abortion and more than 50 percent saying they felt rushed or uncertain about the decision. Further, 64 percent said they felt pressured to abort and the same percentage reported that they didn’t feel supported by their partner.

The same study found that 65 percent of American women reported all the symptoms necessary for a clinical diagnosis of PTSD, and that they attributed their symptoms to abortion.

Women themselves have reported that they want proper counseling before abortion. One survey found that 95 percent of women said they wanted to be informed of all the risks before undergoing an elective procedure such as abortion.

Unfortunately, much pre-abortion counseling-when it is offered-gives women and their partners or families deceptive or inadequate information in order to reassure or sell them on abortion, rather than helping them find the the best support and resources possible.

The Need for Legislation to Protect Women’s Rights

Dr. David Reardon, the director of the Elliot Institute, says that the results of this latest survey point to

a need for legislation proposed by the Stop Forced Abortions Alliance, which would hold abortion businesses liable for failing to screen women for coercion or for known factors that put them at risk for post-abortion psychological problems. This legislation was recently introduced in Missouri by state Rep. Cynthia Davis.

Without such legislation, it is nearly impossible for women who suffer psychological injuries from a coerced or unsafe abortion to hold the abortionist liable for even gross negligence in regard to pre-abortion screening and counseling,” Reardon said.

“Proper screening will reduce abortion rates, especially among women being pressured into unwanted abortions or unsafe abortions, and will also reduce the rate of psychological illness associated with abortion,” he added. “But the only way to that goal is remove the barriers which prevent women from holding abortionists liable for negligent screening and counseling.”

Learn more: To learn more about the Elliot Institute’s model legislation, continue reading the article below. More information can also be found here.

Citations

1. Catherine Coyle, Priscilla Coleman and Vincent Rue, “Inadequate Preabortion Counseling and Decision Conflict as Predictors of Subsequent Relationship Difficulties and Psychological Stress in Men and Men,” *Traumatology XX(X)*: 1-15 (2010).

Legal Abortion Doesn't Save Women's Lives, Report Shows

Countries With Permissive Abortion Laws Also Have Highest Maternal Death Rates, Report Shows

Springfield, IL (Dec. 17, 2009) -- Many abortion advocates have long argued that abortion is necessary to protect the health and safety of women, since many would otherwise seek unsafe abortions. But an analysis of data from a new report published by the World Economic Forum (WEF) has found that countries that permit abortion don't have lower maternal death rates.

The Catholic Family and Human Rights Institute (C-Fam) looked at the data on various countries from the WEF's 2009 Gender Gap Report and found that, countries with the most restrictive abortion laws also had the lowest maternal death rates, while countries with more permissive laws tended to have higher maternal death rates.

In Europe, Ireland had the lowest maternal death rate with 1 maternal deaths for every 100,000 live births, while Poland was at 27 with 8 maternal deaths per 100,000 live births. Both countries have very restrictive laws on abortion, while the U.S., which has "virtually no restrictions on abortion" has 11 maternal deaths for every 100,000 live births.

Data from other regions also found that the countries with the most restrictive abortion bans also had the lowest maternal death rates:

In Africa, the country with the lowest maternal death rate (15 per 100,000) is Mauritius, which also has the toughest laws against abortion, while Ethiopia, which recently decriminalized abortion, has a rate 48 times higher (720 per 100,000). The African country with the most liberal abortion laws, South Africa, has a maternal death rate of 400 per 100,000 live births.

In Asia, Nepal has no restrictions on abortion and also has one of the world's highest mortality rates (830 per 100,000) while Sri Lanka had the lowest rates in Asia (58 per 100,000) and one of the strictest abortion bans in the world.

In South America, Chile has constitutional protection for the unborn and a death rate of 16 per 100,000. The highest maternal death rate (430 per 100,000) was found in Guyana, which has almost unrestricted abortion.

Ironically, C-Fam says, "one of two main justifications used for liberalizing Guyana's law was to enhance the 'attainment of safe motherhood' by eliminating deaths and complications associated with unsafe abortion."

Their findings "show that legal abortion does not mean lower maternal mortality rates," C-Fam concluded.

Women Also Have Higher Death Rates After Abortion

Other research that has looked at death rates following abortion vs. childbirth have also found that women are more likely to die after an abortion.

Studies from Finland that examined women's medical records found that women who had an abortion

were 3.5 times more likely to die within the following year compared to women who had given birth. Deaths from suicide were 6 times higher, deaths from natural causes were 1.6 times higher and deaths from homicide were 14 times higher.

And a follow-up study in the U.S., headed by the Elliot Institute, found that, compared to women who gave birth, women who had abortions had a 62 percent higher risk of death for at least eight years later after their pregnancies. Deaths from suicides and accidents were most prominent, with suicides being 2.5 times higher.

Other studies have linked abortion to increased physical and psychological problems such as depression, anxiety disorders, infertility problems, sleep disorders, substance abuse and more.

New Review Links Abortion to Higher Risk of Preterm Birth

Dozens of Studies Find Women With a History of Abortion More Likely to Later Have a Preterm Birth

Springfield, IL (Oct. 28, 2008) -- Researchers studying findings from dozens of studies have concluded that abortion is linked to an increased risk of preterm birth among subsequently born babies.

In a paper recently published in the *British Journal of Obstetrics and Gynaecology*, a Canadian research team examined data from 37 studies and found that having a prior abortion increased the risk of subsequent preterm birth by 35 percent, while having more than one prior abortion increased the risk by 93 percent.¹ (Preterm birth is defined as a birth that takes place before 37 weeks gestation.)

In other words, children whose mothers had a previous abortion were more likely to be born prematurely, putting them at greater risk for problems such as low-birth weight (which has been linked to physical and developmental problems), epilepsy, autism, mental retardation² and cerebral palsy. A research team looking at data from 2002 estimated that prior abortions led to 1,096 cases of cerebral palsy among babies born prematurely that year.³

There are risks to the mother with preterm birth as well, as other studies have found that women who give birth at less than 32 weeks double their lifetime risk of breast cancer.⁴

Evidence linking abortion and preterm birth continues to pile up, researchers and advocates say. Another paper published earlier this year found that having a previous abortion raised a woman's relative odds of having a subsequent birth at less than 32 weeks by 64 percent.⁵

Further, as far back as 2006 the Institute of Medicine included "prior first trimester abortion" on a list of risk factors associated with premature birth.⁶ However, as Brent Rooney, Director of Research for the Reduce Preterm Birth Coalition, has pointed out, abortions continue to be performed despite the strong evidence of risks—and in the absence of any evidence showing the procedure to be harmless.

"In the 'Court of Medicine' a 'defendant' new surgery or new drug is presumed guilty of serious adverse side effects until by strong evidence it is demonstrated to be innocent," Rooney noted in a news release. Yet 50 years after the development of the suction abortion procedure, he said, there has never been a "'study of studies' or systematic review" that has proven that abortion does not cause premature birth. Instead, the evidence seems to be pointing in the opposite direction.

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**Learn more:** Access the world's most extensive online library of studies on the physical and psychological effects of abortion at [www.AbortionRisks.org](http://www.AbortionRisks.org).

Download free fact sheets on the risks of abortion at [www.theunchoice.com/resources.htm](http://www.theunchoice.com/resources.htm).

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# **Study: Abortion Provides No Mental Health Benefits to Women, Even When Pregnancy is Unwanted**

## **Abortion Linked to Increase in Mental Health Disorders**

Springfield, IL (Dec. 11, 2008) -- Abortion provides no mental health benefits to women and increases the odds that they will develop mental health disorders, according to a new study headed by a pro-choice researcher from New Zealand and published in the *British Journal of Psychiatry*.<sup>1</sup>

The study, which found that women were 30 percent more likely to experience mental health disorders after abortion than they were for other pregnancy outcomes, could have serious implications for the legality of abortion in some countries.

The results came from an ongoing survey that tracked women in the Christchurch area of New Zealand from birth to age 30. A subsample of about 530 women were given questions about their pregnancy history and mental health outcomes, including being asked whether the pregnancy was wanted or unwanted, and their initial reaction to the pregnancy at the time.

The researchers compared women who had either given birth, had a miscarriage or had an abortion. They found that, after controlling for other variables that could influence the result, abortion was associated with a subsequent increase a variety of mental health disorders, including alcohol and drug addiction, suicidal thoughts, anxiety disorders and major depression. In contrast, giving birth or having a miscarriage were not "consistently related" to an increase in mental health problems.

Most notably, the study found that women who continued an unwanted or mistimed pregnancy did not experience a significant increase in mental health problems. This challenges pro-abortion arguments that abortion is better for women than carrying an "unwanted" pregnancy to term.

"In general, there is no evidence in the literature on abortion and mental health that suggests that abortion reduces the mental health risks of unwanted or mistimed pregnancy," the authors wrote. "Although some studies have concluded that abortion has neutral effects on mental health, no study has reported that exposure to abortion reduces mental health risks."

While the researchers pointed out that their findings were limited based on the small number of participants who gave birth following an "unwanted" pregnancy, they said their findings did not support the argument that abortion of an unwanted pregnancy benefits women.

"[T]here is nothing in this study that would suggest that termination of pregnancy was associated with lower risks of mental health problems than birth following an unwanted pregnancy," they concluded.

### **Challenging the Status Quo**

In a previous paper published in 2006, the authors were critical of the American Psychological Association's claim that abortion does not pose mental health risks for women.<sup>2</sup> In fact, the lead author, Prof. David Fergusson, who describes himself as pro-choice, has been an outspoken critic of the APA and has called for more research into the safety of abortion.

Earlier this year, Fergusson published an editorial supporting the position of the Royal College of Psychiatrists in the U.K., which said that the evidence suggests that abortion can increase mental health

problems for some women. He also criticized a report released in August by the APA that dismissed post-abortion research and claimed that abortion is generally safe for women.

### **The Legal Implications**

The research team was cautious about their findings, saying that the results seem to lead to a "middle-of-the-road position that, for some women, abortion is likely to be a stressful and traumatic life event which places those exposed to it at modestly increased risk of a range of common mental health problems.

But they also pointed out that their findings could have an impact on the the legal status of abortion in some countries. For example, British law only allows abortion when the risks of physical and psychological injury from continuing a pregnancy are greater than if the pregnancy is aborted. And in New Zealand, more than 90 percent of abortions are done under a provision in the law that only allows abortion when "the continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, of the woman or girl."

As the researchers noted, "this evidence clearly poses a challenge to the use of psychiatric reason to justify abortion" in countries where abortion can only be performed when there is evidence that pregnancy poses a risk to the woman's mental health.

In addition, the evidence that even a small group of women might be at risk for mental health providers after abortion is leading some experts—both pro-life and pro-choice—to call for better training and awareness of post-abortion issues among mental health professionals who may be in a position to help those struggling after abortion. Dr. Patricia Casey of Ireland, writing in the pages of the *British Medical Journal*, noted,

"The findings of this study will provoke controversy, but they should not be clouded by ideology. Rather, the focus should be on identifying vulnerable groups of women and providing optimum treatment for them ..."

Further, even a small increase in mental health problems among some women who have had abortions points to the need for health care providers and abortionists to screen women and girls for coercion and other known, statistically-validated factors that put them at risk for mental health problems after abortion. Such screening would help put an end to abortions that are unwanted, unsafe and unnecessary and would help protect the rights of both women and their unborn children.

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Physical Risks

Life-Threatening Risks of Abortion

Higher death risk, 6 times higher suicide rate

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

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

Another study found that, compared to women who gave birth, women who had abortions had a 62% higher risk of death from all causes for at least eight years after their pregnancies. Deaths from suicides and accidents were most prominent, with deaths from suicides being 2.5 times higher.²

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.

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

Immediate complications — About 10% suffer immediate complications; one-fifth of which are life-threatening. These risks include hemorrhage, cervical injury, perforation of the uterus, infection, embolism, chronic pain, and anesthesia complications.

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.

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.

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.

Infertility and life-threatening reproductive risks

Abortion can damage reproductive organs and cause long-term and sometimes permanent problems that can put future pregnancies at risk. Women who have abortions are more likely to experience ectopic pregnancies, infertility, hysterectomies, stillbirths, miscarriages, and premature births than women who have not had abortions.

Reproductive complications and problems with subsequent deliveries

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

Placenta Previa — After abortion, there is a seven- to 15-fold increase in placenta previa in subsequent pregnancies, a life-threatening condition for the mother and baby that increases the risk of birth defects, stillbirth, and excessive bleeding during labor.

Ectopic Pregnancy — Post-abortive women have a significantly increased risk of subsequent ectopic pregnancies, 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. Women who abort twice as likely to have pre-term or post-term deliveries. 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. 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.¹⁵ These complications are the leading causes of disabilities among newborns.

To find out more, including pregnancy and post-abortion resources, visit TheUnChoice.com

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Abortion as a Public Health Issue

In the 1973 the United States Supreme Court struck down every federal, state, and local law regulating or restricting the practice of abortion. This action was based on the premise that the state's no longer had any need to regulate abortion because the advances of modern medicine had now made abortion "relatively safe." Therefore, the Justices concluded, it is unconstitutional to prevent physicians from providing abortions as a "health" service to women.³⁴

National abortion policy is built upon this judicial "fact" that abortion is a "safe" procedure. If this "fact" is found to be false, then national policy toward abortion must be re-evaluated. Indeed, if it is found that abortion may actually be dangerous to health of women, there is just cause for governments to regulate or prohibit abortion in order to protect their citizens. This is especially true since over 1.5 million women undergo abortions each year.

Since the Court's ruling in 1973, there have been many studies into the aftereffects of abortion. Their combined results paint a haunting picture of physical and psychological damage among millions of women who have undergone abortions.

THE PHYSICAL COMPLICATIONS OF ABORTION National statistics on abortion show that 10% of women undergoing induced abortion suffer from immediate complications, of which one-fifth (2%) were considered major.^{9,11}

Over one hundred potential complications have been associated with induced abortion. "Minor" complications include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting, and Rh sensitization. The nine most common "major" complications which are infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock.²³

In a series of 1,182 abortions which occurred under closely regulated hospital conditions, 27 percent of the patients acquired post-abortion infection lasting 3 days or longer.²⁷

While the immediate complications of abortion are usually treatable, these complications frequently lead to long-term reproductive damage of much more serious nature.

For example, one possible outcome of abortion related infections is sterility. Researchers have reported that 3 to 5 percent of aborted women are left inadvertently sterile as a result of the operation's latent morbidity.^{33,23} The risk of sterility is even greater for women who are infected with a venereal disease at the time of the abortion.³⁰

In addition to the risk of sterility, women who acquire post-abortual infections are five to eight times more likely to experience ectopic pregnancies.^{7,20} Between 1970-1983, the rate of ectopic pregnancies in USA has risen 4 fold.⁴ Twelve percent of all maternal deaths due to ectopic pregnancy.² Other countries which have legalized abortion have seen the same dramatic increase in ectopic pregnancies.^{14,30}

Cervical damage is another leading cause of long term complications following abortion. Normally the cervix is rigid and tightly closed. In order to perform an abortion, the cervix must be stretched open with a great deal of force. During this forced dilation there is almost always causes microscopic tearing of the cervix muscles and occasionally severe ripping of the uterine wall, as well.

According to one hospital study, 12.5% of first trimester abortions required stitching for cervical lacerations.³¹ Such attention to detail is not normally provided at an outpatient abortion clinics. Another study found that lacerations occurred in 22 percent of aborted women.¹ Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes

are still "green" and developing.^{26,28}

Whether microscopic or macroscopic in nature, the cervical damage which results during abortion frequently results in a permanent weakening of the cervix. This weakening may result in an "incompetent cervix" which, unable to carry the weight of a later "wanted" pregnancy, opens prematurely, resulting in miscarriage or premature birth. According to one study, symptoms related to cervical incompetence were found among 75% of women who undergo forced dilation for abortion.³²

Cervical damage from previously induced abortions increase the risks of miscarriage, premature birth, and complications of labor during later pregnancies by 300 – 500 percent.^{12,15,19,33} The reproductive risks of abortion are especially acute for women who abort their first pregnancies. A major study of first pregnancy abortions found that 48% of women experienced abortion-related complications in later pregnancies. Women in this group experienced 2.3 miscarriages for every one live birth.¹⁹ Yet another researcher found that among teenagers who aborted their first pregnancies, 66% subsequently experienced miscarriages or premature birth of their second, "wanted" pregnancies.²⁵

When the risks of increased pregnancy loss are projected on the population as a whole, it is estimated that aborted women lose 100,000 "wanted" pregnancies each year because of latent abortion morbidity.²³ In addition, premature births, complications of labor, and abnormal development of the placenta, all of which can result from latent abortion morbidity, are leading causes of handicaps among newborns.¹⁶ Looking at premature deliveries alone, it is estimated that latent abortion morbidity results in 3000 cases of acquired cerebral palsy among newborns each year. ^{23,33} Finally, since these pregnancy problems pose a threat to the health of the mothers too, women who have had abortions face a 58 percent greater risk of dying during a later pregnancy.²³

THE PSYCHOLOGICAL EFFECTS OF ABORTION Researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to "get it over with."^{8,23}

Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness."¹⁸ Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings.

Studies within the first few weeks after the abortion have found that between 40 and 60 percent of women questioned report negative reactions.^{3,23,35} Within 8 weeks after their abortions, 55% expressed guilt, 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.³

In one study of 500 aborted women, researchers found that 50 percent expressed negative feelings, and up to 10 percent were classified as having developed "serious psychiatric complications."¹⁰

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions.^{23,8} 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 life-style.

Up to 33 percent of aborted women develop an intense longing to become pregnant again in order to "make up" for the lost pregnancy, with 18 percent succeeding within one year of the abortion.^{23,22,29} Unfortunately, many women who succeed at obtaining their "wanted" replacement pregnancies discover that the same problems which pressured them into having their first abortion still exist, and so they end up feeling "forced" into yet another abortion.

In a study of teenage abortion patients, half suffered a worsening of psychosocial functioning within 7 months after the abortion. The immediate impact appeared to be greatest on the patients who were under 17 years of age and for those with previous psychosocial problems. Symptoms included: self-reproach, depression, social regression, withdrawal, obsession with need to become pregnant again, and hasty marriages. 29

The best available data indicates that on average there is a five to ten year period of denial during which a woman who was traumatized by her abortion will repress her feelings.^{23,24} During this time, the woman may go to great lengths to avoid people, situations, or events which she associates with her abortion and she may even become vocally defensive of abortion in order to convince others, and herself, that she made the right choice and is satisfied with the outcome. In reality, these women who are subsequently identified as having been severely traumatized, have failed to reach a true state of "closure" with regard to their experiences.

Repressed feelings of any sort can result in psychological and behavioral difficulties which exhibit themselves in other areas of one's life. An increasing number of counselors are reporting 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.^{13,17}

Other women who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home.^{6,21}

Numerous researchers have reported that postabortion crises are often precipitated by the anniversary date of the abortion or the unachieved "due date."^{23,29} These emotional crises may appear to be inexplicable and short-lived, occurring for many years until a connection is finally established during counseling sessions.

A 5 year retrospective study in two Canadian provinces found that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group.⁵

Women who have undergone post-abortion counseling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behavior, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children.^{23,24}

Among the most worrisome of these reactions is the increase of self-destructive behavior among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, fully 80 percent expressed feelings of "self-hatred." In the same study, 49 percent reported drug abuse and 39 percent began to use or increased their use of alcohol. Approximately 14 percent described themselves as having become "addicted" or "alcoholic" after their abortions. In addition, 60 percent reported suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times.²⁴

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Psychological Risks Traumatic After effects of Abortion

Suicide

6 times higher suicide rate. Aborting women were six-seven times more likely to commit suicide in the following year than were delivering women.¹ A study of women for up to eight years after the pregnancy ended found a 2.5 times higher suicide rate after abortion than after giving birth.² thoughts.

Up to 60% have suicidal thoughts In a study in a major scientific journal, 31% of women had thoughts of suicide after undergoing an abortion.³ 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.⁴

Depression

65% higher risk of clinical depression. Women who aborted were 65% more likely than delivering women to be at risk of long-term clinical depression after controlling for age, race, education, marital status, income, and prior psychiatric state.⁵

Depression risk remained high, even when pregnancies were unplanned. Among women with unintended first pregnancies, unplanned aborting women were at significantly higher risk of long-term clinical depression compared to delivering women.⁶

Trauma

65% report symptoms of post-traumatic stress disorder. 65% of U.S. women who had abortions experienced multiple disorder symptoms of PTSD, which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion-induced PTSD.³

60% said they felt "part of me died." In the above study, 60% reported that they felt "part of me died" after their abortions.³

More psychiatric treatment. 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 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 In a study eight weeks after abortion, 36% of women experienced sleep disturbances, 31% regrets. had regrets about the abortion, 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 disorders.

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

pre-existing.

Disorders not pre-existing A New Zealand study found that 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

abuse.

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 5 times more likely to report subsequent drug and alcohol abuse vs. those who give birth.¹⁴

Divorce and chronic relationship problems

Women with a history of abortion are significantly more likely to subsequently have shorter relationships and more divorces.¹⁵

More poverty and single parenthood after repeat abortions. Women who have more than one abortion (nearly half of those seeking abortions each year¹⁶) are more likely to become single parents and to require public assistance.¹⁷

30-50% 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.¹⁸

Studies have identified factors that put women at risk for negative reactions to abortion, including feeling pressured to abort, 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.¹⁹

To find out more, including pregnancy help and post-abortion resources, visit TheUnChoice.com

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A Survey of WEBA Members

The following material is taken from Appendix Two of *Aborted Women: Silent No More* by David C. Reardon (Loyola University Press, 1987) For a more complete discussion of the survey findings, plus a review of other literature on the topic and testimonies from some of the survey participants, see [Aborted Women, Silent No More](#) .

Note, this was a survey of women who had some involvement with Women Exploited By Abortion, a peer support group for women who were experiencing negative post-abortion reaction. Because this is a self-selected sample of the those who had a "bad experience" these findings should not be interpreted as representative of a random sample of all women who have had abortions. What percentage of women have "bad experiences" such as those described herein remains unknown. (See [Limitations on Post-Abortion Research: Why We Know So Little](#) for a description of why post-abortion researchers have been unable to come up with even a crude estimate of how many women experience post-abortion problems.)

Despite the fact that this sample cannot be generalized to the whole population, the results do appear to be representative of the experiences of those women who do have difficulties after an abortion. This is a legitimate reference point in and of itself. This study is analogous to studying a group of patients who all becoming ill from, for example, an artificial sweetener. It is proper scientific method to study the symptoms and experiences of this group of "sick" patients. Only then can their "illness" be cataloged and a hypothesis be developed. Only after identifying the primary symptoms could one then go out and survey all users of the artificial sweetener to determine how widespread these symptoms may be. This latter stage is part of our ongoing work. In referring to the findings of this study, then, it would be most appropriate to say, for example, "Of women who report post-abortion problems, 53% felt 'forced' to abort by one or more other people, and 39% report feeling very much 'forced' to abort by others."

APPENDIX TWO Survey Results

The survey discussed in Chapter One was distributed through WEBA chapters to 252 women in 42 states. It consisted of two sections: background information and the actual survey questions. The instructions read as follows:

ABORTION EXPERIENCE QUESTIONNAIRE

This survey is being conducted to review the decision-making processes of women who have had abortions, and their subsequent satisfaction or dissatisfaction with their decisions. Please answer the questions as honestly as possible. If you wish to elaborate, please feel free to write further explanations or comments on separate sheets of paper. (If possible, please number your explanations according to the number of the question which prompted your comment.) Your written comments may be used in published results of this study. Names and addresses will not be used and will remain confidential unless written permission for use is requested and granted. If you know of anyone else who has had an abortion and may be willing to answer this survey, please make a photocopy of this form for them, or write to the survey address for an additional copy.

Survey Participants

The first section of the survey requested a variety of background information. Tabulation of the background information yielded the following results:

AGE DISTRIBUTIONS

AGE AT TIME OF ABORTION	<15 yrs	15-19	20-24	25-29	>30
	3%	42%	33%	14%	8%

Average age at time of abortion: 21.2 yrs

Low age at time of abortion: 12 yrs

High age at time of abortion: 40 yrs

AGE AT TIME OF SURVEY	<20 yrs	20-24	25-29	30-34	>34
	1%	11%	33%	35%	20%

Average age at time of survey: 31.2 yrs

Low age at time of survey: 16 yrs

High age at time of survey: 64 yrs

Average time since abortion: 10.0 yrs (Survey age minus abortion age)

Greatest time since abortion: 36 yrs

Least time since abortion: 7 months

RACE OR ETHNIC ORIGIN	White	87%
	Other	13%

LEGAL AND ILLEGAL ABORTIONS	Legal	92%
	Illegal	8%

EDUCATION LEVEL Degree Equivalent

No Answer	Under 12 yrs	High School (12 yrs)	Associate or Trade (13-14)	Bachelors (15-16)	Masters (17-18)	Ph.D. (>18)
5%	6%	39%	26%	19%	4%	1%

WEEKS PREGNANT AT TIME OF ABORTION

<5 wks	5-6	7-8	9-10	11-12	13-24	>24
2%	13%	23%	18%	24%	19%	0%

Average gestation at time of abortion: 10.2 wks

Low gestation at time of abortion: 4 wks

High gestation at time of abortion: 23 wks

MARITAL STATUS	Single:	65%
	Engaged:	8%
	Married:	17%
	Separated:	11%

NUMBER OF CHILDREN	0	1	2	3	>3
	73%	14%	9%	4%	1%

INCOME LEVEL	Under \$5,000 per year:	33%
	\$5,000 to \$10,000:	25%
	\$10,000 to \$15,000:	14%
	\$15,000 to \$20,000:	7%
	Over \$20,000:	21%

Though the above figures tend to show that the women surveyed generally had low incomes at the time of their abortions, these numbers should be interpreted with caution. These figures are not necessarily indicative of the general incomes or social classes of these aborters. At the time of their abortions, most of these women were in their early twenties or late teens; many were college students. While some respondents elsewhere indicated that they were from middle- or upper-class families, they considered themselves independent at the time of their abortions (whether working or attending college) and so reported only their personal incomes. Thus, the income potential of many of these aborters may have been significantly higher than the above figures indicate. Moreover, these income levels are not adjusted for inflation.

SUBSIDY OF ABORTION			
<p>“This question was meant to identify government subsidized abortions (i.e. through federal or state Medicare programs). Another frequent response, however, was that insurance (usually the insurance policy of the woman’s parents or college insurance) covered the costs of the abortion. Responses such as ‘paid for by boyfriend,’ or ‘parents’ were tallied as being abortions that were <i>not</i> subsidized.”</p>			
Subsidized:	23%	Government subsidy:	64%
		Insurance subsidy:	36%
Unsubsidized:	77%		

Survey Results

Following the background questions was a list of 58 questions which were to be answered on a scale of 0 to 5. According to the directions for this final section:

Instructions: Unless otherwise indicated, most questions require answers on a scale where 1=Not At All, ranging up to 5=Very Much. Unsure is always indicated by circling 0.

In practice, most of the women did not answer any question which they felt was not applicable to their circumstances. If, for example, they had not consulted with their parents before their abortions, they simply did not circle a response to the question as to whether or not their parents influenced their decisions. Since computer tabulation of the results would have been overly complicated by unanswered questions, all unanswered questions were recorded as a “0” response. Therefore, all “0” responses

include those respondents who were unsure of their response to a particular question, as well as those who were sure that the question was "Not Applicable" (N/A) to their particular circumstances.

The following is a complete listing of the questions asked, with answers recorded according to the percentage of respondents falling in each category.

	N/A or Unsure	Not at All				Very Much
1. Were you satisfied with the abortion services you received?	10%	44%	8%	18%	10%	8%
2. Were you satisfied with your choice at the time?	8%	42%	14%	13%	10%	14%
3. Are you satisfied with your choice today?	3%	95%	0%	1%	0%	1%
4. Was the decision made for reasons of:						
mental health?	40%	34%	4%	6%	6%	11%
physical health?	41%	48%	2%	3%	1%	6%
financial limits?	32%	27%	5%	9%	5%	23%
social acceptance?	20%	12%	3%	7%	10%	47%
family size?	42%	48%	1%	2%	1%	6%
career goals?	41%	30%	4%	7%	5%	13%
long-term needs?	43%	22%	4%	7%	6%	18%
short-term needs?	41%	14%	2%	5%	9%	28%
other?	54%	2%	0%	3%	2%	39%
5. Do you feel you were "forced" by outside circumstances to have an abortion?	4%	12%	10%	10%	10%	54%
6. Were you encouraged to have an abortion by:						
parents?	34%	35%	2%	6%	2%	21%
other family members?	41%	39%	3%	3%	2%	12%
husband?	54%	33%	1%	1%	2%	9%
boyfriend?	27%	27%	2%	4%	7%	33%
social worker?	52%	32%	2%	0%	4%	10%
abortion counselor?	39%	20%	2%	4%	8%	27%
doctor?	41%	27%	3%	6%	5%	18%
friends?	38%	28%	2%	7%	6%	18%
other?	77%	5%	0%	2%	3%	13%
7. Would your choice have been different if any or all of the above had encouraged you differently?	8%	4%	2%	3%	7%	76%
8. Do you feel you were "forced" by others to have an abortion?	4%	23%	10%	10%	14%	39%
9. If abortion had not been legally available, would you have sought an illegal abortion?	16%	72%	3%	4%	2%	4%
10. Would you have attempted a self-induced abortion?	4%	87%	2%	2%	2%	3%
11. Did you feel rushed to have an abortion?	3%	8%	3%	5%	12%	69%
12. How long did you take to						
1-4 days			1 wk.			
2-3 wks.			4-6 wks.			
longer						

decide?	51%	24%	12%	6%	6%			
			N/A or Unsure	Not at All		Very Much		
13. Do you feel your decision was well thought out?			1%	74%	8%	9%	2%	6%
14. Do you feel you had all of the necessary information to make the decision?			2%	88%	5%	3%	1%	2%
15. Have you had more than one abortion?			Yes-24% No-76%					
	How many?	1	2	3	>3			
		76%	20%	3%	2%			
			N/A or Unsure	Not at All				Very Much
16. Would you ever have another abortion?			4%	95%	1%	0%	0%	0%
17. Were there any physical complications following the procedure?			Yes 47%, No 44%, Unsure 9%					
18. If so, were they severe or minor? (minor-1; severe-5)			47%	15%	6%	14%	4%	15%
19. Was there any permanent damage?			Yes 18%, No 47%, Unsure 35%					
20. Have any subsequent pregnancies resulted in miscarriage or premature birth?			Yes 23%, No 67%, Unsure 10%					
If so, does your doctor attribute it to your previous abortion?			Yes 5%, No 5%, Unsure 88%					
21. Were there any negative psychological effects you attribute to your abortion?			Yes 94%, No 2%, Unsure 4%					
22. If so, were they minor or severe? (minor-1; severe-5)			6%	4%	3%	14%	19%	54%
23. Did they persist:		1-6 mos.	1-2 yrs	over 3 years ?				
	8%	10%	82%					
			N/A or Unsure	Not at All				Very Much
24. Do they still persist?			7%	25%	23%	19%	8%	18%
25. Was post-abortion counseling available through the clinic or referral agency?			16%	76%	4%	1%	1%	2%
26. Did you require professional counseling and/or treatment?			8%	45%	4%	6%	6%	31%
27. Were you using a form of birth control when you conceived?			Yes 23%, No 74%, Unsure 3%					
28. Were you familiar with the available forms of birth control?			1%	7%	8%	15%	7%	63%
29. Knowing where your life is today, would you still have chosen abortion?			4%	94%	1%	0%	0%	1%
30. Did you discuss your decision with others?			1%	25%	28%	19%	10%	18%
31. When you went to the clinic or counselor, was your decision already firm?			5%	30%	9%	16%	10%	31%
32. Were you still looking for options?			9%	29%	9%	7%	8%	36%
33. Did the clinic, doctor, or counselor help you to explore			2%	84%	7%	3%	1%	3%

your decision?

34. Do you feel their opinions were biased?	23%	6%	3%	3%	7%	59%
If so: for abortion	79%					
or against abortion	1%	n/a	20%			
	N/A or Unsure	Not at All				Very Much
35. Were you adequately informed about the procedure?	4%	49%	17%	15%	10%	6%
36. Were you given information about the biological nature of the fetus?	4%	90%	3%	2%	0%	2%
37. Were you well informed about the procedure and fetus through other sources before seeking an abortion?	1%	83%	7%	5%	0%	4%
38. Was your decision made in consultation with your doctor?	2%	70%	4%	5%	6%	14%
39. Were you encouraged to ask questions?	6%	64%	16%	8%	3%	2%
40. Were your questions thoroughly answered to your satisfaction?	19%	52%	12%	8%	4%	4%
41. Do you believe there was information you were not given, or were misinformed about?	8%	10%	1%	4%	4%	73%
42. Were risks and dangers discussed?	7%	65%	16%	5%	4%	4%

43. What was your opinion about the nature of the fetus?

- no answer 4%
- human 26%
- non-human 30%
- other 40%

What is your opinion about the nature of the fetus?

- no answer 3%
- human 97%
- non-human 0%
- other 0%

	N/A or Unsure	Not at All				Very Much
44. If counseling a friend who was in a situation such as yours, would you encourage her to choose an abortion?	1%	98%	0%	0%	0%	1%
45. Was your self-image improved or worsened by your decision? (worsened-1; improved-5)	2%	89%	4%	3%	1%	1%
46. Is your life today better or worse because of your decision? (worse-1; improved-5)	21%	60%	6%	8%	1%	4%
47. Was the period of your pregnancy before the abortion emotionally traumatic?	4%	11%	6%	10%	11%	60%
48. Did you feel in control of your life when making your decision?	3%	65%	8%	9%	6%	10%
49. Did you feel your life was controlled by others?	4%	16%	8%	12%	14%	47%
50. Did the knowledge that abortion was legal influence your opinion about the morality of choosing abortion?	11%	12%	1%	6%	12%	58%

51. Did you consider carrying the pregnancy to term?	5%	19%	12%	15%	12%	38%
52. Did you consider keeping the baby?	6%	23%	10%	13%	10%	49%
53. Did you consider adoption?	4%	62%	13%	7%	6%	8%
54. Under better circumstances, would you have kept the baby?	10%	1%	2%	3%	3%	81%
55. After your abortion, did you hope to have children at a later time?	6%	6%	1%	2%	1%	84%
56. Were there periods when you felt good or excited about your pregnancy?	9%	23%	8%	6%	10%	43%
57. What were your feelings about abortion prior to becoming pregnant? (negative-1; positive-5)	21%	33%	8%	20%	6%	12%
58. What are your feelings about abortion today? (negative-1; positive-5)	1%	98%	1%	0%	0%	0%

Planned Parenthood Clients

Because Planned Parenthood has a reputation as one of the best, most professional, abortion providers, the researcher separated out those survey respondents who received counseling and/or their abortions at Planned Parenthood clinics. He then tabulated their answers separately. A total of 53 respondents (21% of all respondents) fell into this subgroup. Their answers to the following questions were selected to provide a comparison of Planned Parenthood services to those of abortion providers as a whole.

	N/A or Unsure	Not at All				Very Much
1. Were you satisfied with the abortion services you received?	11%	45%	11%	13%	8%	11%
6f. Were you encouraged to have an abortion by (your) abortion counselor?	26%	10%	2%	2%	12%	48%
28. Would your choice have been different if any or all of the above had encouraged you differently?	8%	0%	0%	0%	13%	80%
31. When you went to the clinic or counselor, was your decision to abort already firm?	26%	36%	11%	23%	4%	25%
32. Were you still looking for options?	11%	19%	6%	9%	9%	45%
33. Did the clinic, doctor, or counselor help you to explore your decision?	2%	85%	13%	0%	0%	0%
34. Do you feel their opinions were biased?	19%	4%	2%	4%	6%	66%

If so: for abortion 89% or against abortion 0% n/a 12%

35. Were you adequately informed about the procedure?	2%	43%	15%	23%	11%	6%
36. Were you given information about the biological nature of the fetus?	2%	85%	8%	4%	0%	2%
37. Were you well informed about the procedure and fetus through other sources before seeking an abortion?	2%	81%	4%	6%	0%	8%
38. Was your decision made in consultation with your doctor?	2%	89%	2%	2%	0%	6%
39. Were you encouraged to ask questions?	4%	60%	19%	11%	4%	2%

40. Were your questions thoroughly answered to your satisfaction?	17%	53%	11%	13%	2%	4%
41. Do you believe there was information you were not given or were misinformed about?	4%	13%	0%	4%	6%	74%
42. Were risks and dangers discussed?	6%	62%	19%	8%	4%	2%

Abortion Nearly Four Times Deadlier Than Childbirth

New Government Study In Finland Ignored by Abortion Providers

Springfield, IL (May 4, 2000)— A recent government funded study in Finland shows that women who abort are approximately four times more likely to die in the following year than women who carry their pregnancies to term. In addition, women who carry to term are only half as likely to die as women who were not pregnant.

“This is an impeccable, record-based study,” said David C. Reardon, Ph.D., who authored a review of the Finland study and other related studies in the latest issue of *The Post-Abortion Review*. “It proves beyond a shadow of a doubt that abortion is not safer than childbirth.”

Researchers from the statistical analysis unit of Finland’s National Research and Development Center for Welfare and Health (STAKES) examined death certificate records for all women of reproductive age (15-49) who died between 1987 and 1994 — a total of 9,129 women. They then examined the national health care database to identify any pregnancy-related events for the women in the 12 months prior to their deaths.

The researchers found that compared to women who carried to term, women who aborted in the year prior to their deaths were 60 percent more likely to die of natural causes, seven times more likely to die of suicide, four times more likely to die of injuries related to accidents, and 14 times more likely to die from homicide. Researchers believe the higher rate of deaths related to accidents and homicide may be linked to higher rates of suicidal or risk-taking behavior.

“Even though this important study was published in the top Scandinavian obstetrics journal, it has been completely ignored by the American press,” Reardon said. “Even worse, abortion counselors continue to lie to American women. They are telling women that abortion is safer than childbirth, when this and other irrefutable studies prove exactly the opposite. The entire body of medical literature clearly shows that abortion contributes to a decline in women’s physical and mental health. Women aren’t hearing this. Nor are they being told that giving birth actually contributes to women’s overall health, not only in comparison to those who abort but also in comparison to women who have not been pregnant.”

Reardon believes that abortion providers are collaborating with population control zealots to conceal the risks of abortion in order to advance their own financial and social engineering agendas. “If they were really pro-choice, they would want women to know about abortion’s true risks,” he said. “Instead, they are offering women a bundle of half-truths and complete fabrications.”

A link to a full text copy of *The Post-Abortion Review* article can be found at <http://www.afterabortion.org/PAR/V8/n2/finland.html>.

Abortion Increases Women's Mortality Rates

New Study Shows Women's Death Rate Following Abortion Much Higher than Previously Known

Springfield, IL — A study published in the August edition of the *Southern Medical Journal* reveals that women who have abortions are at significantly higher risk of near and long term death than women who give birth. This contradicts the widely accepted opinion that abortion is safer than childbirth.

Researchers examined death records linked to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. They discovered that women who had abortions were almost twice as likely to die in the following two years. They also discovered that the elevated mortality rate of aborting women persisted over at least eight years. Over the eight year period studied, women who aborted had a 154 percent higher risk of death from suicide, an 82 percent higher risk of death from accidents, and a 44 percent higher risk of death from natural causes.

This is the second large record based study to find elevated mortality rates among women following an abortion. In 1997, a government funded study of maternal deaths in Finland sent a tremor of worry through family planning agencies when it revealed that in the first year following an abortion, aborting women were 252 percent more likely to die compared to women who delivered and 76 percent more likely to die compared to women who had not been pregnant. Many of the extra deaths were due to suicide.

The new study confirms the trend found in Finland using a large sample of American women. In addition, where the Finland study was limited to a one year follow-up, the new study reveals higher mortality rates persist over at least eight years.

According to the study's lead author, David Reardon, Ph.D., director of the Elliot Institute based in Springfield, IL, the causes of death shifted during the period studied.

"During the first four years, higher rates of death from suicide and heightened risk taking behavior were the most pronounced area of difference," Reardon said. "In later years, deaths due to natural causes rose. This may reflect longer term damage that increased rates of depression, anxiety, and self-neglect can inflict on women's cardiovascular and immune systems."

New Approach Eliminates Uncertainties

Critics of abortion have long complained about the widely acknowledged inaccuracies of abortion mortality figures. There are no federal or state regulations requiring abortion complications. Indeed, the international classification codes for identifying cause of death do not even provide a means for identifying surgical abortion as a cause of death.

Even if there was a method for reporting abortion related deaths, the accuracy of such reports would still be limited by the judgment of coroners regarding the underlying cause of

death. Deaths from suicide or protracted infections, for example, may be difficult to attribute to a specific underlying cause.

"Government researchers in Finland paved the way out of this quagmire of uncertainty," Reardon said. "By linking death certificates directly to payment records for births and abortions, we can finally get an accurate picture of what is really going on. This is the first American study to use a uniform and objective standard for comparing deaths associated with abortion and birth."

Asked if these findings will lead to general recognition that mortality rates associated with abortion are higher than those for childbirth, Reardon expressed a fear that the new findings will be ignored by abortion advocates.

"Five years ago, when Finland published the one impeccable record-based study of death rates, the results were completely ignored by abortion advocates," he said. "If the results had been the opposite, they would have been shouted from the rooftops. But since the population control lobby is anxious to see abortion legalized in developing countries, they have a vested interest in promoting the myth that abortion is safer than childbirth, so the results were ignored."

Reardon said that the various claims that abortion is six, twelve, or even twenty times safer than childbirth were all constructed by combining a "hodgepodge of studies" that rely on incomplete data. He noted that these prior estimates are "at best, educated guesses. At worst, they are examples of propaganda dressed up as science. In either case, these favorite estimates are deeply entrenched in family planning literature and have not been corrected in light of the Finland research. It is likely many abortion advocates will continue to hold to them despite our findings as well."

Depression Over Abortion May Explain Increased Suicide Rates

Reardon is especially concerned about the higher risk of deaths from suicides. The Finland study revealed a seven fold increased rate of deaths from suicide among aborting women. Suicide is a leading cause of death among young women. In an Elliot Institute survey of women complaining of post-abortion distress, 56 percent reported suicidal feelings and 28 percent actually attempted suicide, with over half of these attempting suicide more than once.

The explanation for higher suicide rates, Reardon believes, can be found in another Elliot Institute study of 1,076 women faced with unplanned pregnancies that was published earlier this year in the *British Medical Journal*. It revealed that subsequent long-term clinical depression was more common among those who had abortions.

Yet another Elliot Institute study published in the American Journal of Orthopsychiatry this year revealed that aborting women are significantly more likely to require subsequent psychiatric treatments compared to delivering women. This study examined Medi-Cal payments for outpatient psychiatric care over a four year period. Abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions, and schizophrenic disorders.

Since all three of the recently published Elliot Institute studies control for prior psychiatric state, Reardon says the differences between aborting and delivering women cannot be explained simply on differences in prior psychological health.

"We have been looking at large samples of women who are have similar in socioeconomic and psychological profiles," he said. "Abortion is clearly associated with a worsening of mental health and higher mortality rates. By contrast, giving birth appears to protect mental health and lower mortality rates. The latter is especially evident in the Finland studies."

More Outreach, Counseling, and Research Recommended

Reardon believes the results these recent studies underscore a key message of a new book, *Forbidden Grief: The Unspoken Pain of Abortion*, which he co-authored with Dr. Theresa Burke, an expert in post-abortion counseling.

"We need to expand outreach and referrals into post-abortion counseling programs," he said. "There are many women who have great difficulty coping with the emotional stress following an abortion. Without help, and especially the understanding of loved ones, they will be more vulnerable to self-destructive behavior and other psychological disorders."

Public interest in the health effects of abortion was last raised in 1989 when Surgeon General C. Everett Koop reviewed the research on abortion at the request of President Ronald Reagan. Koop concluded that all the studies done up to that point was so methodologically flawed that no firm conclusions could be drawn about abortion's risks or benefits.

In a letter to the outgoing president, Koop recommended that a major federally funded longitudinal study of abortions health risks was the only way to secure definitive answers. His proposal for a major study died in the Democratically controlled congress, however, when abortion advocates argued that the appeal for such research was politically motivated and a waste of taxpayer dollars.

Reardon hopes the results of recent studies will rekindle the effort to make the investigation of abortion's health effects a priority of the government's National Institutes of Health.

"The government has ignored this problem for decades, largely at the behest of population control groups which are more concerned about protecting abortion than protecting women," Reardon said. "I believe women deserve better. They deserve to know the true relative risk associated with abortion. If the government had acted on Koop's recommendation, we would have had definitive answers by now."

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Citation and link to full original article:

Reardon DC, Ney PG , Scheuren FJ, Cogle JR, Coleman, PK, Strahan T. "Deaths associated with pregnancy outcome: a record linkage study of low income women." *Southern Medical Journal*, August 2002, 95(8):834-841.

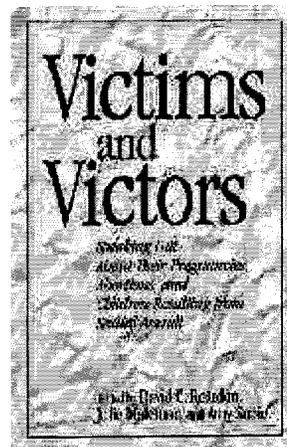
Rape and Incest Victims Reject and Regret Abortions: New Book Surveys 192 Victims

Springfield, IL (June 4, 2000) — A woman becomes pregnant during a rape. Elsewhere, a 12-year-old incest victim is six months pregnant. Is abortion in such cases necessary or even helpful?

Not according to a new survey of 192 women who became pregnant through sexual assault and either had abortions or carried term. Instead, the consensus opinion of these women who have actually been in this situation is that abortion in their circumstances was injurious. Indeed, the results of this new study suggest that most women who become pregnant through sexual assault do not even want abortions.

The results of this study are included in *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault*, edited by Dr. David C. Reardon, Julie Makimaa and Amy Sobie. In addition to reporting on this survey of sexual assault victims, the new book also includes the powerful personal testimonies of twenty women and helpful background information on this complex issue. "Many of the women in our sample aborted only because they were pressured to do so, and most reported that the abortion only increased their experience of grief and trauma," said Reardon. "In contrast, none of the women who carried to term said they wished they had not given birth or that they had chosen abortion instead.

Many of these women said that their children had brought peace and healing to their lives." Most women who aborted stated that abortion increased the sense of guilt and shame they felt after sexual assault. They often reported problems such as depression, substance abuse, broken and abusive relationships, and suicide attempts after their abortions. "Abortion increases the woman's sense of isolation and shame by allowing others to pretend the problem doesn't exist," Reardon said. "By getting rid of the pregnancy, which is a reminder of the sexual assault, it allows other people to ignore the woman's need for understanding and honest exploration and resolution of what she has been through." A major point raised in the book is an appeal to allow women who have become pregnant through sexual assault to testify at congressional hearings. "We feel that legislative hearings would provide a forum for women who have experienced sexual assault pregnancies to share their insights and dispel misconceptions," Reardon said. "These women deserve the right to speak for themselves." *Victims and Victors* challenges readers to develop a more caring and compassionate attitude for women who are experiencing rape or incest pregnancies. It asks: how can we best meet the needs of these women and their children? What should their loved ones, doctors, pastors and counselors be doing to lend their support in this time of crisis? How should lawmakers react when faced with legislation regarding abortion in cases of sexual assault? "For too long, pro-lifers have been backed into a corner on this issue," Reardon explained. "Population controllers have exploited people's compassion for rape and incest victims to weaken abortion laws and gain acceptance for abortion on demand. It's time to give these women a chance to speak out for themselves and let the truth be known."



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Victims and Victors: Speaking Out About their Pregnancies, Abortions and Children Conceived in Sexual Assault, Edited by David C. Reardon, Julie Makimaa, and Amy Sobie / Available from Acorn Books, June 2000.

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Pro-choice Researchers Acknowledge Existence of “Postabortion Syndrome” — Half a Million Affected

Springfield, IL (August 24, 2000) — Pro-choice researchers writing in the August issue of the Archives of General Psychiatry have acknowledged that some women experience post-abortion syndrome (PAS). The research team, led by Dr. Brenda Major, diagnosed PAS among 1.4 percent of a sample of women who had abortions two years previously. Critics of abortion are elated by this admission but insist the researchers have only spotted the “tip of the iceberg.”

“Even at the low rate identified in this study, the impact is tremendous,” said Dr. Vincent Rue, who first proposed PAS as a variant of posttraumatic stress disorder (PTSD) in 1981. “With 40 million abortions since 1972, this would translate into 560,000 cases of PAS.”

Rue also notes that many women in the study reported psychiatric disorders that are less severe than full-blown PAS. Twenty percent of the women in the Major’s study experienced clinical depression. Also, when asked if they would do it all over again, 31 percent reported that they would not have chosen abortion or were uncertain. “Since ambivalence is a good predictor of postabortion problems,” said Rue, “it is likely that many of these women are having post-abortion symptoms that simply fall short of full-blown PAS.”

Unlike Rue, the Major’s research team focused on the absence of problems among the majority of post-abortive women. They concluded that “most women do not experience psychological problems or regret about their abortion two years post-abortion, but some do. Those who do tend to be women with a prior history of depression.”

Dr. David Reardon, who directs a post-abortion research and education organization known as the Elliot Institute, sees this association with prior depression as evidence of the need for abortion providers to provide better screening and counseling. “Clearly, this study shows that abortionists should be screening for a history of depression,” he said. “It also confirms a large body of earlier research that shows that prior psychological problems are more likely to be made worse by abortion, not better.”

Reardon says that Major’s study has merit, but he insists that it is inappropriate to conclude that abortion is a benign experience for most women. “The biggest shortcomings of this study are the high dropout and refusal rates,” he said. “Even though women were offered payment to participate, 15 percent of the women who were initially approached refused to participate, and 50 percent of those who originally participated refused to participate in follow-up interviews. Research has found that those women who are most likely to experience negative post-abortion reactions are also least likely to participate in post-abortion research.”

This criticism is supported by a recent study which found that women who declined to participate in post-abortion follow-up interviews most closely matched the characteristics of those women who experienced the most post-abortion distress. Dr. Hanna SÅ¶derberg, the lead author of that study, reported that “for many of the women, the reason for non-participation seemed to be a sense of guilt and remorse that they did not wish to discuss. An answer very often given was: ‘I do not want to talk about it. I just want to forget.’”

Conducting interviews one year after the abortions, SÅ¶derberg’s research team found that approximately 60 percent of the women in their sample of 854 women had experienced emotional distress after their abortions. This distress was classified as “severe,” warranting professional psychiatric attention, among 16 percent of the women. In addition, over 70 percent stated that they would never consider an abortion again if they faced an unwanted pregnancy.

Reardon and Rue agree that several other findings reported by Major’s team also deserve greater attention. “Major’s study clearly demonstrates the presence of delayed reactions,” Reardon said. “She

found that negative feelings and dissatisfaction with the abortion decision increased with time“even among her final, lower-risk population. In addition, only a minority of women reported positive emotions, and on average the women reported no beneficial effect from their abortions. This general ambivalence about their abortions, combined with a trend toward increasing negative reactions, contradicts the claim that abortion is generally beneficial to women.”

Though Major and her colleagues focused mostly on the psychological effects of abortion, they also found that 17 percent of women experienced physical problems such as bleeding or pelvic infection associated with the abortion. “This rate is much higher than abortion providers admit,” Rue said. “Clinic counselors rarely inform women of this rate of physical complications.”

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