

## Recent Research

### Abortion's Harm to Women

- 1. 62% Higher Risk of Death from All Causes, 2.5 Times Higher Risk of Suicide**

Compared to women who give birth, women who abort have an elevated risk of death from all causes, which persists for at least eight years. Higher risk of death from suicide and accidents were most prominent. Projected on the national population, this effect may contribute to 2,000 - 5,000 more deaths among women each year.<sup>1</sup>

**Southern Medical Journal, 2002**
- 2. 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 that 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 six times higher compared to women who gave birth and two times higher compared to women who miscarried.<sup>2</sup>

**European Journal of Public Health, 2005**
- 3. Abortion Deaths Underreported on Death Certificates**

A study of medical records in Finland found that 94 % of maternal deaths associated with abortion are not identifiable from death certificates alone. The researchers found that linking death certificates to medical records showed that the death rate associated with abortion is three times higher than that associated with childbirth.<sup>3</sup>

**Paediatric Perinatal Epidemiology, 2004**
- 4. 65% Suffered Trauma, 31% Had Health Complications**

In this study comparing American and Russian women who had experienced abortion, 65% of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD, and 84% said they did not receive adequate counseling. 31% had health complications afterwards.<sup>4</sup>

**Medical Science Monitor, 2004**
- 5. 64% Involve Coercion, 84% Not Fully Informed**

In the above study comparing American and Russian women who had experienced abortion, 64% of American women reported that they felt pressured by others to abort. 84% said they did not receive adequate counseling.<sup>5</sup>

**Medical Science Monitor, 2004**
- 6. 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.<sup>6</sup>

**Journal of Psychiatric Research, 2008**
- 7. 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.<sup>7</sup>

**British Journal of Psychiatry, 2008**

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8. **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).<sup>8</sup>

**Journal of Child Psychology and Psychiatry, 2006**
9. **Significantly Higher Risk of Clinical Depression**

Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.<sup>9</sup>

**British Medical Journal, 2002**
10. **65% Higher Risk of Clinical Depression**

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

**Medical Science Monitor, 2003**
11. **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.<sup>11</sup>

**Journal of Anxiety Disorders, 2005**
12. **Five Times Higher Risk of Substance Abuse**

Women who abort are five times more likely to report subsequent drug or alcohol abuse than women who deliver.<sup>12</sup>

**American Journal of Drug and Alcohol Abuse, 2000**
13. **Unintended First Pregnancies: Increased Substance Abuse if Women Abort**

Among women who had unintended first pregnancies, those who had abortions were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine than women who gave birth. This is the first study to compare substance abuse rates among women who had unintended pregnancies.<sup>13</sup>

**American Journal of Drug and Alcohol Abuse, 2004**
14. **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.<sup>14</sup>

**Sleep, 2006**
15. **Records-Based Study Indicates More Outpatient Psychiatric Care**

Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.<sup>15</sup>

**American Journal of Orthopsychiatry, 2002**
16. **160% More Likely to be Hospitalized for Psychiatric Treatment**

A review of the medical records of 56,741 California Medicaid patients revealed that women who had abortions were 160% more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Psychiatric treatment rates remained significantly higher for at least four years.<sup>16</sup>

**Canadian Medical Association Journal, 2003**

17. **Abortion Increases Risk of Domestic Violence, Relationship Problems for Both Women and 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.<sup>17</sup>  
**Public Health, 2009**
18. **Father's Role Significant in Deciding Pregnancy Outcome; Abortion Linked to Later Problems**  
A survey of low-income women who had a previous child found that 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 (three times more likely) and cigarette smoking (twice as likely).<sup>18</sup>  
**International Journal of Mental Health & Addiction, 2008**
19. **Screening for Known Risk Factors Would Dramatically Reduce Abortions**  
This study is an analysis of 63 medical studies that identify risk factors that predict negative psychological reactions to abortion. The review concludes that the number of women suffering from negative emotional reactions to abortion could be dramatically reduced if abortion clinics screened women for these risk factors.<sup>19</sup>  
**The Journal of Contemporary Health Law and Policy, 2004**
20. **Subsequent Children Are Negatively Affected**  
The children of women who had abortions have less supportive home environments and more behavioral problems than children of women without a history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability.<sup>20</sup>  
**Journal of Child Psychology and Psychiatry, 2002**
21. **Drug Abuse During Subsequent Pregnancies Five Times More Likely**  
Among women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their pregnancies. This substance use places their unborn children at risk of birth defects, low birth weight, and death.<sup>21</sup>  
**American Journal of Obstetrics and Gynecology, Dec. 2002**
22. **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.<sup>22</sup>  
**British Journal of Health Psychology, 2005**
23. **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.<sup>23</sup>  
**Journal of Medical Ethics, 2006**
24. **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.<sup>24</sup>  
**Journal of Youth & Adolescence, 2006**

## 25. Abortion Increases Risk of Later Miscarriage by 60%

Researchers in the U.K. surveyed women ages 18 to 55 about their reproductive histories, life-styles and relationships and found that women who had a previous abortion had a 60% higher risk of miscarriage during a later pregnancy.<sup>25</sup>

**BJOG: An International Journal of Obstetrics & Gynecology, 2006**

**The Elliot Institute** was involved in many of the studies listed above. For more information, visit [www.TheUnChoice.com](http://www.TheUnChoice.com).

## Citations

1. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95(8):834-41, Aug. 2002.
2. M. Gissler et. al., "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63, 2005.
3. M. Gissler, et. al., "Methods for identifying pregnancy-associated deaths: population-based data from Finland 1987-2000," *Paediatric Perinatal Epidemiology* 18(6): 448-55, Nov. 2004.
4. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16, 2004.
5. Ibid.
6. PK Coleman et. al., "Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity survey," *Journal of Psychiatric Research* doi:10.1016/j.psychires.2008.10.009, 2008.
7. DM Fergusson et. al., "Abortion and mental health disorders: evidence from a 30-year longitudinal study," *The British Journal of Psychiatry*, 193: 444-451, 2008.
8. DM Fergusson, et. al., "Abortion in young women and subsequent mental health," *Journal of Child Psychology and Psychiatry* 47(1):16-24, 2006.
9. DC Reardon, JR Cogle, "Depression and Unintended Pregnancy in the National Longitudinal Survey of Youth: A Cohort Study," *British Medical Journal* 324:151-2, 2002.
10. JR Cogle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
11. JR Cogle, DC Reardon, PK Coleman, "Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth," *Journal of Anxiety Disorders* 19:137-142, 2005.
12. DC Reardon, PG Ney, "Abortion and Subsequent Substance Abuse," *American Journal of Drug and Alcohol Abuse* 26(1):61-75, 2000.
13. D.C. Reardon, P.K. Coleman, and J.R. Cogle, "Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth," *American Journal of Drug and Alcohol Abuse* 26(1):369-383, 2004.
14. DC Reardon and PK Coleman, "Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record Based-Study," *Sleep* 29(1):105-106, 2006.
15. PK Coleman et. al., "State-Funded Abortions Versus Deliveries: A Comparison of Outpatient Mental Health Claims Over Four Years," *American Journal of Orthopsychiatry* 72(1):141-152, 2002.
16. DC Reardon et. al., "Psychiatric Admissions of Low-Income Women Following Abortions and Childbirth," *Canadian Medical Association Journal* 168(10), 2003.
17. PK Coleman et. al., "Predictors and Correlates of Abortion in the Fragile Families and Well-Being Study: Paternal Behavior, Substance Abuse and Partner Violence," *International Journal of Mental Health and Addiction*, DOI 10.1007/s11469-008-9188-7, 2008.
18. P.K. Coleman, V.M. Rue, C.T. Coyle, "Induced abortion and intimate relationship quality in the Chicago Health and Social Life Survey," *Public Health* (2009), doi:10.1016/j.puhe.2009.01.005.
19. DC Reardon, "The Duty to Screen: Clinical, Legal, and Ethical Implications of Predictive Risk Factors of Post-Abortion Maladjustment," *The Journal of Contemporary Health Law and Policy* 20(2):33-114, Spring 2004.
20. PK Coleman, DC Reardon, & JR Cogle, "The Quality of the Caregiving Environment and Child Developmental Outcomes Associated with Maternal History of Abortion Using the NLSY Data," *Journal of Child Psychology and Psychiatry* 43(6):743-57, 2002.
21. PK Coleman et. al., "A History of Induced Abortion in Relation to Substance Abuse During Subsequent Pregnancies Carried to Term," *American Journal of Obstetrics and Gynecology* 167:3-8, Dec. 2002.
22. PK Coleman, DC Reardon, JR Cogle, "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," *British Journal of Health Psychology* 10, 255-268, 2005.
23. PK Coleman, DC Reardon, MB Lee, "Women's preferences for information and complication seriousness ratings related to elective medical procedures," *Journal of Medical Ethics*, 32:435-438, 2006.
24. PK Coleman, "Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences," *Journal of Youth and Adolescence* (2006).
25. N. Maconochie, P. Doyle, S. Prior, R. Simmons, "Risk factors for first trimester miscarriage—results from a UK-population-based case-control study," *BJOG: An International Journal of Obstetrics & Gynaecology*, Dec 2006. Abstract available at [www.blackwell-synergy.com](http://www.blackwell-synergy.com).