

The Rhetoric of Choice Hides the Reality of Coercion

- ☒ 64% of women having abortions felt pressured by others.¹ Coercion can escalate to violence or even murder.^{1, 2}
- ☒ 52% felt rushed and 54% were not sure about the decision at the time, yet an astounding 67% received *no* counseling beforehand.¹
- ☒ 84% reported that they did not receive adequate counseling.¹
- ☒ 79% were not informed about available alternatives.¹
- ☒ 31% of women suffered health complications after abortion.¹ 10% suffer immediate complications, one-fifth of which are life-threatening.³
- ☒ Women have a 65% higher risk of clinical depression after abortion compared to women who give birth.⁴
- ☒ 65% suffer multiple symptoms of post-traumatic stress disorder after abortion.¹
- ☒ Death rates from all causes are 3.5 times higher among women who abort, compared to women who give birth.⁵
- ☒ 60% said “part of me died,” according to a survey of women who aborted.¹
- ☒ Suicide rates are 6 times higher compared to women who give birth.⁶

Women are suffering from avoidable physical and psychological complications that may have been prevented or minimized if the proper pre-abortion screening standards had been met. Just as with any other medical procedure, women contemplating abortion deserve an individualized risk profile, not one size fits all counseling.

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Citations

1. 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).
2. See the special report, “Forced Abortion in America,” at www.theunchoice.com/resources.htm.
3. Frank, et.al., “Induced Abortion Operations and Their Early Sequelae,” *Journal of the Royal College of General Practitioners* 35(73):175-180 (April 1985); Grimes and Cates, “Abortion: Methods and Complications”, in *Human Reproduction*, 2nd ed., 796-813; and M.A. Freedman, “Comparison of complication rates in first trimester abortions performed by physician assistants and physicians,” *Am. J. Public Health* 76(5):550-554 (1986).
4. JR Cogle, DC Reardon & PK Coleman, “Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort,” *Medical Science Monitor* 9(4): CR105-112 (2003).
5. M Gissler et. al., “Pregnancy Associated Deaths in Finland 1987-1994 -- definition problems and benefits of record linkage,” *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657 (1997).
6. Mika Gissler, Elina Hemminki, Jouko Lonnqvist, “Suicides after pregnancy in Finland: 1987-94: register linkage study,” *British Medical Journal* 313:1431-4, 1996; and M. Gissler, “Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000,” *European J. Public Health* 15(5):459-63 (2005).

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Reasons women give for having abortions:⁴

- Forced by mother
 - Husband or boyfriend persuaded me
 - Would have been kicked out
 - Lack of support from society
 - Father opposed
 - No other option given
 - Loss of family's support
 - Clinic persuaded me
- In 95% of all cases, the male partner played a central role in the decision.⁵
 - 45% of men interviewed at abortion clinics recalled urging abortion, including 37% of married men.⁶
 - In the above study, men justified being the primary decision maker, regarding the abortion.⁶
 - Many were misinformed by experts about fetal development, abortion alternatives or risks.¹²
 - Many were denied essential personal, family, societal or economic support.¹²

A former abortion clinic security guard testified before the Massachusetts legislature that women were routinely threatened and abused by the boyfriends or husbands who took them to the clinics to make sure they underwent their scheduled abortions.⁷ Many women are also pressured by clinic staff financially rewarded for selling abortions.⁸

The pressure can escalate. Many pregnant women have been killed by partners trying to prevent the birth, and being pregnant places women at higher risk of being attacked.⁹ Murder is the leading cause of death among pregnant women.¹⁰ 92% of women surveyed list domestic violence and assault as the women's issue that is of highest concern to them.¹¹

The Aftermath. Women Pay a High Price.

- 31% had health complications afterwards.¹
- 65% suffer multiple symptoms of post-traumatic stress disorder.¹
- 65% higher risk of clinical depression.¹⁵
- 10% have immediate complications, some are life-threatening.¹⁶
- 3.5x higher risk of death from all causes.¹⁷
- Suicide rates 6 times higher if women abort vs. giving birth.³

Women are suffering from avoidable physical and psychological complications that may have been prevented or minimized if the proper pre-abortion screening standards had been met. Just as with any other medical procedure, women contemplating abortion deserve an individualized risk profile, not one size fits all counseling.

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Citations available at: <http://www.unfairchoice.info/pdf/FactSheets/ForcedAbortionFactSheet.pdf>

For a report on "Forced Abortion in America" go to:
<http://www.unfairchoice.info/pdf/FactSheets/ForcedAbortions.pdf>

Post Abortion Reactions vs. Risk Factors

Abortion advocates usually downplay the reality that some women suffer negative psychological reactions to abortion. However, pro-abortion researchers have frequently identified risk factors that increase a woman's likelihood of suffering negative reactions and have encouraged screening for these risk factors.

The 2008 Report of the American Psychological Association Task Force on Mental Health and Abortion acknowledges these risk factors (pages 17 & 70):

- terminating a pregnancy that is wanted or meaningful
- perceived pressure from others to terminate a pregnancy
- perceived opposition to the abortion from partners, family, and/or friends
- lack of perceived social support from others
- low self-esteem
- a pessimistic outlook
- low-perceived control
- a history of mental health problems prior to the pregnancy
- feelings of stigma
- perceived need for secrecy
- exposure to antiabortion picketing
- use of avoidance and denial coping strategies
- feelings of commitment to the pregnancy
- ambivalence about the abortion decision
- low perceived ability to cope with the abortion prior to the abortion

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In its *Fact Sheet: The Emotional Effects of Induced Abortion (revised 1993)* Planned Parenthood Federation of America acknowledged these risk factors:

- adolescence
- emotional instability
- pressure or coercion to abort
- lack of parental support
- lack of partner support
- unstable living conditions
- diagnosis of a fetal malformation leading to abortion
- late term abortion
- strong religious convictions against abortion
- low expectations for coping well after the abortion
- pregnancy as a result of failed contraception

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In *A Clinician's Guide to Medical and Surgical Abortion* (1999), Anne Baker et al., identifies these risk factors:

- existing or prior mental illness or disorder
- past childhood sexual abuse
- unresolved past losses and perception of abortion as a loss
- low self-esteem
- perceived coercion
- lack of emotional support & receiving criticism from significant people in their lives
- commitment to the pregnancy
- diagnosis of a fetal malformation or other medical indication
- significant ambivalence about decision
- belief that fetus is the same as a 4-year-old and that abortion is murder
- guilt or shame prior to abortion
- expectations of depression, grief, guilt or regret after the abortion
- usual coping style is repression or denial
- experiencing social stigma and anti-abortion demonstrators

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Pre-Abortion Screening Can be Done "Easily and Inexpensively"

- Planned Parenthood's Family Planning Perspectives

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As far back as 1973, research published in Planned Parenthood's *Family Planning Perspectives* had identified the importance of screening for risk factors and noted that such screening could be done "easily and inexpensively."

- ☒ The authors of a study featured in Planned Parenthood's publication, *Family Planning Perspectives* (1973) identified **4 factors** (low self-esteem, low contraception knowledge, high alienation, and delay in seeking abortion) significantly associated to subsequent psychopathology and other negative symptoms.
- ☒ They concluded that computer scored "screening procedures to identify such [higher risk abortion] patients could easily and inexpensively be instituted by hospitals and private physicians" at a cost of less than a dollar each.

--"The short form of the MMPI, for example, can be administered in 45 minutes and scored by a nurse in 10 minutes; interpretation is actuarial. The attitude scales used here can be administered and scored in about 15 minutes. For large populations, the MMPI can be computer scored and analyzed at a cost of about 85 cents per patient."

Athanasiou et al., *Psychiatric Sequelae to Term Birth and Induced Early and Late Abortion: a Longitudinal Study* Fam. Plann. Perspect. (1973)

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Isn't the opportunity to avoid an unwanted, unsafe, or unnecessary abortion worth 45 minutes of her time, ten minutes of a nurse's time, and 85 cents for scoring?

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