Planned Parenthood Files Suit to Stop New Abortion Screening Law in South Dakota

Law Based on Elliot Institute Legislation Protects the Rights of Women, Stops Abortions

Planned Parenthood has filed a lawsuit over a new South Dakota law requiring doctors to screen women for coercion and psychological risk factors before abortion, claiming it is unconstitutional.

The law requires a licensed physician to meet with a woman at least 72 hours before an abortion to assess her risk factors and ensure that she is not being coerced into the abortion.

The woman must also receive counseling from a pregnancy center—not a group that performs or refers for abortion—on her options and available resources. An abortion can be scheduled by the physician only after these requirements have been fulfilled.

The law contains elements of the Elliot Institute’s model legislation, which creates legal liability for abortion businesses who fail to screen women for coercion and for risk factors that put them at risk for psychological problems after abortion. Similar legislation was passed in Nebraska last year.

Leslie Unruh, executive director of the Alpha Center, which is raising money to help defend the law, told the Rapid City Journal that “women in South Dakota will be safer because of the law.” She said it allows women to learn about other options and resources instead of “only hearing about abortion” or being pushed into it “out of fear, panic or under duress, as is the case in many abortions.”

Research Shows Need for Law

A survey of American and Russian women who underwent abortions found that 64 percent of American respondents reported being pressured to abort by someone else and more than half said they felt rushed or uncertain before the abortion. However, 84 percent reported that they did not receive adequate counseling before the abortion and 79 percent said they did not receive any information on alternatives to abortion.

A report published by the Elliot Institute, Forced Abortion in America, shows that coerced and forced abortions are not as uncommon as most people think. The report contains stories drawn from news accounts of women and girls who were coerced or forced into abortion or who were assaulted or killed for refusing to abort.

One such case in South Dakota involved a pregnant woman who survived being stabbed in the abdomen by her boyfriend, resulting in the death of her four- to five-month old unborn child. Her boyfriend pleaded guilty to first-degree manslaughter under a plea bargain and was sentenced to 30 years in prison.

Prosecutor Mark McNeary described the attack as “heinous,” saying the man “intentionally stabbed the woman in the stomach, causing the death of the unborn child.”

Numerous studies have also shown that women who are pressured to abort are at much higher risk of experiencing psychological complications following the abortion. In addition, there are a number of statistically significant risk factors that increase a woman’s risk of having psychological problems after abortion. The new law would require a physician to make an assessment of these factors before scheduling an abortion.

“No Questions Asked”

Paula Talley of the Stop Forced Abortions Alliance believes that screening would have helped her avoid an unwanted abortion 30 years ago. Had such a law been in place, she said, she “would have been spared the years of grief, depression, and substance use which followed my own unwanted abortion.”

“My abortion counselor never asked if I was being pressured, nor did she inquire about my psychological history,” Talley said. “If she had, she would have known that I was at higher risk of experiencing post-abortion trauma because I had a history of depression.”

Talley said that she was pressured to abort by her employer, an issue that was never addressed by abortion clinic staff. Although she had moral beliefs against abortion—which is recognized by researchers as a risk factor for psychological problems after abortion—feelings of fear and panic set in and she believed that...
she had to undergo the abortion.

“If the abortion counselor had bothered to ask the right questions, she would have seen that I was more likely to be hurt than helped by the abortion,” Talley added. “But I was never warned. They just took my money, and my baby, no questions asked.”

Protecting the Rights of Women

Elliot Institute director Dr. David Reardon said that the lack of counseling and failure to ask questions at abortion businesses puts women and girls at risk of unwanted and unsafe abortions.

“Too often, abortion clinics and others simply assume that if a woman is coming for an abortion, it is her free choice,” he said. “This ‘no questions asked’ policy is especially harmful to those in abusive situations, including young girls who are victims of sexual predators. Women should not be forced into unwanted abortions and subjected to violence or pressure from others.”

He said that screening laws help protect the rights of women who might otherwise be pressured or coerced into abortion without knowing the risks.

“If a woman is pressured or coerced into an abortion or undergoes an abortion without having information about alternatives or the potential physical and psychological impact, her rights have been violated,” he said. “This is coercion, not choice.”

Citations


Former Clinic Director Apologizes to Women

Abby Johnson, a former abortion clinic director from Texas who is now a pro-life activist, has written an apology on her blog to women coerced into or hurt by abortion:

Every day of my life I think about the women I took from. I took away their motherhood, I devalued them, I broke their confidence, I betrayed them. How I wish I could look into every one of their faces and tell them how sorry I am. If I could restore some of what I took from them, I would give my life to make it happen. I wish I could be there to wipe their tears when they mourn for their lost child.

To know that you committed a terrible wrong that you can’t make right is one of the most desperate feelings in the world. And as desperate as I feel, I can’t make those wishes come true. But I do my best everyday to make it up to those women and their children. I failed them once, but I won’t do it again. I know they haven’t forgotten their children, and I haven’t either.

For the lives I have taken, “I’m sorry” just seems hollow to even say. How do you apologize for killing thousands of children and wounding thousands of families? I’m not sure I have an answer. But I am sorry.

I am sorry to the women I coerced into abortion. I am sorry to every woman who has ever had an abortion; you may never hear those words from the person who performed your abortion, but I want you to hear it from me on behalf of that doctor or clinic worker.

I am sorry they betrayed you. I am sorry they broke your spirit and your trust. I am sorry they hurt you. I am sorry they didn’t have the courage to stand up for you and what you really deserved … a chance to be a mother to your child.

We abused and disrespected you in the worst possible way. I am sorry. So many people probably disappointed Continued on page 5
Abortionists and the APA Are Misinforming Women  
Martha Shuping, M.D.

Editor’s Note: The following statement was given by Dr. Martha Shuping before the North Carolina House of Representatives on May 11, 2011, regarding a bill—later vetoed by Gov. Beverly Perdue—requiring that women be given alternatives counseling and offered an ultrasound 24 hours before undergoing an abortion.

I’m a medical doctor specializing in psychiatry, fully licensed in North Carolina for 23 years. I’ve personally treated hundreds of North Carolina women who’ve had psychiatric illness after abortion. I’ve co-authored published research related to women’s mental health after abortion, and I’ve taught accredited continuing education to physicians and nurses on this subject.

The women who come to me say they wish they had received better information about the risks before they made their abortion decision. One North Carolina woman told me that she received better informed consent counseling before her dog had surgery compared to what she received when she had her abortion. This is typical.

In a 2004 study of Russian and American women after abortion, two thirds of the American women reported they had not received any counseling,¹ and this is consistent with what women report to me. In this study, only 17.5 percent of the American women reported receiving counseling on alternatives, and only 10.8 percent believed they had received adequate counseling before their abortion.

The United Nations document, The Beijing Platform for Action,² was adopted by consensus of all nations, and welcomed enthusiastically by feminists and women everywhere. This document expresses concern that women do not always receive full information about the options and services available in regard to reproductive choices. It mandates that all women must be fully informed of their options, including potential side-effects. The document also mandates that women have immediate access to post-abortion counseling. Why would they mandate counseling if there were no problems whatsoever?

A large body of research shows that abortion is associated with increased risk of suicide, depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse and other mental health problems.

A 2007 study of PTSD was conducted at an abortion clinic by Suliman and colleagues.³ Doctors who performed abortions were concerned about the high rate of PTSD in their patients. They compared two types of anesthesia to see if they could reduce the rate of PTSD. The type of anesthesia made no difference. Three months after the abortion, 18 percent of the women had PTSD—almost one in five. The authors considered this high.

By way of comparison, U.S. government studies after Vietnam showed that 15 percent of men with combat experience were diagnosed as having PTSD.⁴ Suliman’s study, and other studies of PTSD after abortion are in this ballpark.

PTSD is important because it can last a lifetime and can be very disabling and distressing. Patients have problems falling asleep, but then awaken after having nightmares. Women may find they are distressed by things that remind them of the abortion, even by going in for routine gynecological care, or by being around children.

The Abortion Task Force of the American Psychological Association published a report in 2008 that seemed to indicate that most women don’t have problems after abortion.⁵ But to arrive at their conclusion, they had to ignore or dismiss much of the world literature on abortion. For example, Suliman’s 2007 PTSD study was not even mentioned in the 2008 APA report.

The APA’s carefully worded conclusion also excluded a majority of the real women who have abortions.⁶ The APA conceded that young women under 21 have more negative outcomes after abortion, so [they] specified that the conclusion of “no problem” applies only to adult women. The APA’s conclusion also specifically excluded women who have repeat abortions, since these women do have more problems—though these women account for about half of all abortions.

The APA intended their conclusion to apply only to women aborting an unwanted pregnancy, acknowledging that “women terminating a wanted pregnancy,” and those “who perceived pressure from others to terminate their pregnancy,” had more negative effects. But in the real world many women are in the position of aborting wanted babies and are being pressured into unwanted abortions. The conclusion of “no mental health problems from abortion” does not apply to these women.

Many North Carolina women do experience mental health problems after abortion. The women who come to me wish they have been offered a range of real choices, and real informed consent.

Citations listed on page 5.
One of the many heartbreaking experiences I have had over the years was the afternoon a minister came into our clinic with his teenage daughter,” said one pregnancy resource director. “At that time our center was located next to an abortion mill and he thought that was where he was. When he realized that abortion was something we didn’t do, he didn’t stay, but went next door.”

Catherine Hickem, LCSW, psychotherapist and founder of the mother/daughter ministry Kingdom Princess Ministries in south Florida, regularly counsels post-abortive women. She began to pay particular attention to the question, “What influences a young woman’s decision to have an abortion?”

What she discovered disheartened her. “In women’s decisions to get an abortion, there is an interesting theme that surfaces in the decision-making process—their mothers.”

Numerous research studies have examined the reasons why young women have abortions. Studies indicate that over 52 percent of them surrender to the procedure due to parental or boyfriend pressure.1 [In one more recent survey of American and Russian women who had abortions, 64 percent of American respondents reported being pressured to abort by others.2 —Ed.]

Why would a Christian mother push her daughter to have an abortion? The post-abortive women Hickem counsels indicated that the number one reason they had an abortion was “their mothers’ belief that having a baby would ruin their lives. These young, frightened, hurting women were told two things over and over again—that they would never have the life they had dreamed of and that their mothers would not be around to help raise this child.”

Shame is one reason some mothers push for abortion. “A mother can experience a sense of failure when her daughter finds herself in an out-of-wedlock pregnancy,” Hickem notes. “This is especially true for Christian women. This feeling manifests itself as shame in the mother’s heart. She looks at the pregnancy as a personal affront from the daughter, and there now will be a public display of her failure to teach her daughter morality.”

What about fathers? What is their role in the abortion decision? Hickem says, “Sadly, in most cases we don’t see the fathers. It really depends on the structure of the family—how the family system operates.”

If the family is led by a strong, authoritarian father, who needs to always be right, his daughter may never tell either parents of the pregnancy. She has learned to things while growing up: that there is no ‘wiggle room’ for mistakes as far as her father is concerned, and that her mother is too weak to be supportive of her. The result is an abortion that only one person in the family knows about.

On the flip side of the authoritarian father is the passive father. In this family system the father has already abdicated his parenting role—usually as his daughter enters adolescence. Parenting “duties” are handed over to his wife, so when the pregnancy occurs this father says little or nothing regarding the crisis. His silence sends the message, “whatever.” The end result is an abortion the young woman never wanted, but had no support to do otherwise.

Another reason a parent will pick up the phone and make an appointment for their daughter at an abortion clinic has to do with avoidance of loss. Parents have dreams for their daughter and when the pregnancy happens, all seems lost.

According to Dr. Theresa Burke, founder of Rachel’s Vineyard post-abortion counseling ministries and co-author of Forbidden Grief: The Unspoken Pain of Abortion,

Instead of working through the grief and loss of that dream so something else can come and take the place of it, [parents] take control quickly to get their daughter back on course. Abortion, they feel, will put their daughter back on the road of the dream they had. They are invested in seeing the fulfillment of the dream they had for her life.

A serious communication breakdown is another factor when grandparents participate in their grandchild’s abortion, Burke said.

They may be reading their daughter wrongly. Her fear of disclosure and anxiety over dealing with the initial reality of the pregnancy is misinterpreted as not wanting the child. A father wants to protect his daughter from the reality of what she is facing, so he responds with, ‘You don’t have to do this. We will help you take care of this.’

When faced with her daughter’s pregnancy and watching her struggle, Kathy’s mom, Joanna, said she went to a place she never thought she would.

We were embarrassed, hurt, unsure how to help Kathy or what to do. Over the next few weeks, I did consider abortion in order to stop her hurting and save us from embarrassment. I had walked in pro-life marches and volunteered at our local center. But when all of these realities came raining down on us, it seemed like the only way out. I knew it was
wrong. I knew abortion would only bring about more problems of its own. But in those early frightening and uncertain moments, it seemed like the only answer. Had we done that, we would have lost not one, but two grandchildren, because Kathy was carrying twins.

A young, frightened, pregnant daughter is extremely vulnerable to accepting fault and blame. She is quick to appease the ones who are also touched by the situation, Burke points out. What parents might interpret as agreeing to an abortion is sometimes only a girl's attempt to regain parental favor: "She agrees to an abortion thinking, 'I will sacrifice myself and my baby in order to stop the conflict.' All the while, she is screaming inside, 'Don't kill my baby!'"

"The first words a pregnant girl hears from her parents have a tremendous impact on the future," Deanna Crandall, director of the Pregnancy Resource Center in Evansville, Indiana, asserts. "It is huge." During a retreat held at Rachel’s Vineyard, post-abortive woman were asked what their ideal moment of disclosure to their parents would have been like. One woman wrote of her fantasy:

I imagine that with the telling, they would have come over to me, held me and cried with me. I imagine that they would have assured me that everything would be okay—and that they would have said to me, "You’ll make a great mom."

For this young lady, and thousands like her, the fantasy reaction didn’t happen. She was left feeling like abortion was her only choice.

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Citations


**Special Contributions**

In memory of
Claire Johnson
Lillian Kober

Gifts can be made to the Elliot Institute to honor or remember loved ones, and will be acknowledged in this newsletter unless otherwise requested.

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Get the latest news, information and commentary from the Elliot Institute by joining our free email list or following us on Facebook and Twitter.

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Case Study

“There is Hope” (Suzan Marcy)

I was 20 years old and pregnant. My dad was trying to become a deacon at our church, and it would never do if it was known that his unmarried daughter was pregnant. I had decided to have the baby and raise it on my own, but when I told my mother, she exploded. “How could you do that to our family? What will our church friends think? What about the effect of this on your brothers?” Later, she continued her scolding: “You’re selfish and spoiled to even think of having this baby, much less keeping it.

I became very afraid when I realized that my mother was not willing to help me parent my baby. I felt compelled, forced and coerced … It was as though I was frozen, as she made the appointment for the abortion.

Because my pregnancy was so far along, the abortion procedure took two days. The money had to be paid up front. My mother drove me to the clinic on a cold, blustery day in February. They stuffed laminaria, a dried seaweed, into my cervix and sent me home. My mother drove me back the next day.

I don’t remember too much, other than I was scared. I asked if I could change my mind and the doctor explained, “Since we’ve already inserted laminaria, the fetus is dead. We’re going to do something similar to a D&C … no problem; don’t worry.” I believed the fetus was dead and wouldn’t feel a thing.

On a table next to where I lay, they covered two large glass jars with a small cloth and began the suctioning. The cover slipped off the jars, and I saw the color red. That’s all I remember until I was walking out and was told to go out a different door than the one where I came in. I felt numb.

Afterward, my mom took me to a restaurant. I wasn’t hungry. I made the abortion appointment and flew home. My mother agreed that abortion was an option and was okay.

I couldn’t believe it. Early on when I told him about my abortion, he was sympathetic and wanted to give me child. Now he was totally different. He didn’t want another child, and he made my choice perfectly clear. It was him or the baby, his living children or the baby. I fought him, I begged and I cried—to no avail. My mother agreed that abortion was an option and was okay.

I made the abortion appointment and Glenn drove me. He waited outside as I went into the doctor’s office alone. When I came out, he didn’t even ask me how I was. This was our weekend to have his kids, and I cooked and cleaned and cared for his children … all the while dying inside. There was no time for weeping, no one to talk to. I wanted to die, but I was too scared to take my own life. I kept picturing how the children would feel if I committed suicide. I couldn’t do that to them. I was already packing enough guilt for all of us.

Glenn and I never spoke of that abortion … ever. He never once asked how I was or if I was okay. I didn’t go for the follow-up appointment with the doctor. I shoved all the feelings and pain as far away as I could. I started smoking marijuana daily and continued the drug use for ten years.

Finally, I decided it was time to quit using marijuana as a crutch, and after years of living a life of drugs, I was clean. I eventually left Glenn; the hardest part about leaving was telling his children. They were angry with me for leaving their dad, and I haven’t heard from them since then.

I still hadn’t talked with anyone about my abortions. I didn’t think about them, but I avoided pregnant women whenever possible.

I later met my husband, Bruce Marcy. Bruce had been married before and had two lovely daughters, Nancy and Lesa. Lesa gave birth to a son, and I became an instant grandma. What a joy! Bruce had previously had a vasectomy and since we both wanted children, we began looking into having his vasectomy reversed.

One night, I began hemorrhaging. The next month when I confirmed my pregnancy, he was furious. He gave me an ultimatum. I could have this child and be on my own with no help from him. Or I could have an abortion and help him raise my children as my own. “They are already here,” he said, “and they need both of us.”

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uterus, ovaries and bladder were all involved; they looked like one big black blob on the ultrasound screen. He said, “You have no choice, you must have a hysterectomy.” My dreams of motherhood ended that day in the doctor’s office.

This is when I realized I needed more in my life, and I began my journey to God. One Sunday, a friend asked me to attend church with her, and I said, “Sure, why not?” We went to her Catholic church and I witnessed the True Presence of Christ. I continued to go to her church, and I was overjoyed and filled with awe. Not only did Jesus Christ die on the cross for me, I felt His presence at every Mass!

My husband and I are like the prodigal son talked about the Bible, and thanks be to God, both of us were welcomed with open arms to a true feast and to rejoicing, the likes of which I had never experienced. But before I could enter the Church, I knew I had to speak with Fr. Terry. I had to know if God, and the Church, would welcome me. The walk to the rectory for my appointment was the longest walk I have ever made.

Fr. Terry was saddened because I thought I wasn’t worthy to be a child of God. Reconciliation was my first step in a long journey to healing, and thanks be to God, I took that first step under the guidance of this understanding priest. My husband I have traveled together on this road to peace with God, and the journey has been one of the most joy-filled times of my entire life.

Before my mother died, she asked me to forgive her for pushing me into that first abortion I hadn’t wanted. She said she knew that decision had led me to make a second bad “choice.” My mother died knowing that I had forgiven her. She also forgave me for my anger toward her. I know that our Heavenly Father loved my mother and also forgave her … long before she knew to ask. She is united with her grandchildren in heaven, and they are waiting for my arrival, when we will rejoice together.

When one of my daughters, by marriage, was pregnant with our twin granddaughters, she invited me to her doctor’s appointments where I actually heard the girls’ heartbeats and saw them moving on ultrasound. Both of “our” daughters asked me to be present when they gave birth. I don’t know which was better—seeing and hearing these grandbabies in the womb or holding them at birth. But in both, I witnessed grace.

Many friends came to our home to witness the blessing by Fr. Karl of the children’s garden that Bruce so lovingly built, not only as a memorial to my children, but also for all the victims of abortion … and their mothers. Fr. Karl offered the most consoling prayer for my children, Sarah and Michael, and for the other children of abortion. Then he prayed for those who had lost their children.

It has been thirty years since my first abortion, and there hasn’t been a day that I haven’t thought about Sarah and Michael. It is in their memory and for them that I prayerfully offer “our” story of love and forgiveness. Being able to tell this story has been a long time in coming. Because of the healing that came from God, now I can remember my children with love, not shame.

My prayer is that those who read my story will understand that it isn’t just babies that are killed by abortion, but a part of every woman dies too. A pregnant woman should not be forced to choose between the conflicting wants and needs of herself and those around her, and the life of her children. A woman’s rights should and must include the right to bear children in a safe, loving and welcoming environment.

There is hope! Hope in the name of God.

* * *

A Spanish-language translation of the book Forbidden Grief: The Unspoken Pain of Abortion, by Theresa Burke and David Reardon, is now available. The new book is entitled Duelo Prohibido: El dolor no expresado del Aborto.

This is the first time that the Spanish language version of this book has been available outside of Spain. It is based on personal insights from Burke, the founder of Rachel's Vineyard post-abortion ministry, and the experiences of women whom she counseled who were struggling after abortion. It describes various ways in which the often traumatic experiences surrounding abortion can manifest themselves in women's lives.

Burke and Reardon describe the enormous pressures many women face before abortion, in which they are often abandoned by those from whom they need support and pushed, pressured, coerced or even forced into abortion. Indeed, one survey of women who had abortions found that 64 percent reported being pressured to abort and 79 percent did not receive counseling about alternatives to abortion, even though more than half reported feeling rushed or uncertain beforehand.

For example, Paula was pushed into an abortion by mental health workers whom she was seeing after being raped six years before she became pregnant. Maureen’s mother insisted on abortion when the teen became pregnant “because she didn’t want me to ruin my life by having a baby.” Mary described how her husband trashed their apartment and called her names when she told him she was pregnant, insisting that she “get rid of it, NOW!”

Pre-abortion isolation abandonment, and betrayal are frequently compounded after abortion, when many women—including those who may have been traumatized by the experience—are left to deal with the aftermath on their own, Burke and Reardon note.

They point out that most people feel uncomfortable talking with someone who is struggling after abortion, either because they don’t know what to say or are unwilling to confront the issues a woman or man might be facing after abortion.

“There is no social norm for dealing with an abortion ...” they write. “The silence and isolation that typically surround the abortion experience leave women and men with no place to process their grief.”

As one woman wrote, “Friends who appeared to know what was best for me at the time of my unplanned pregnancy now appear afraid and unsure of the person the abortion has made me. If I bring up the subject they avoid me like the plague.”

The goal of the book is to help readers—whether professional counselors, pro-life activists, or those who have had abortions or their loved ones—gain a better understanding of the dynamics and trauma surrounding pregnancy and abortion issues and to take the first steps toward helping themselves or others heal.

The book can be ordered from the Elliot Institute for $21.95 plus $3.00 shipping. To order, call 1-888-412-2676 or send a check to Acorn Books, PO Box 7348, Springfield, IL 62791. For orders outside the U.S., information on bulk discounts, or other questions, call us or send an email to elliotinstitute@gmail.com.