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New Study Finds Abortion/Child Abuse Link

Authors: Post-Abortion Healing Will Increase Likelihood of “Violence Free” Families

A new study published in the medical journal *Acta Paediatrica* has found that women who have had an abortion are 2.4 times more likely to physically abuse their children.

The study, led by Priscilla Coleman of Bowling Green State University, looked at data taken from a survey of 518 low-income women in Baltimore who were receiving Aid to Families with Dependent Children and who had at least one child aged 12 years old or younger. The data compared rates of child abuse and neglect among women who had experienced either an involuntary (miscarriage or stillbirth) or voluntary (induced abortion) pregnancy loss.

The results showed that women with a history of one induced abortion were 2.4 times more likely to physically abuse their children than women who had not had an abortion. In addition, the increase in risk among women who had experienced an abortion was more significant than the increase among women who had experienced a miscarriage or stillbirth.

The authors suggested that “emotional difficulties and unresolved grief responses” from pregnancy loss, whether voluntary or involuntary, could have a negative impact on women’s mental health and lead to unhealthy parenting responses. Past studies have linked pregnancy loss to an increase in grief reactions, anxiety, depression, sleep disturbances, and symptoms of post-traumatic stress disorder, all of which can have a negative impact on parent/child relationships.

In addition, abortion has been linked to an increased risk of substance abuse and suicidal thoughts, and a 2002 study in the *Journal of Child Psychiatry and Psychology* found that children whose mothers had a history of abortion tended to have less supportive home environments and more behavioral difficulties.

The current study showed that although a single involuntary pregnancy loss did not significantly increase the risk of child abuse or neglect, physical abuse was more common among women who had experienced multiple involuntary pregnancy losses. However, women who had repeat abortions were not more likely to abuse their children than women who had one abortion, although abortion increased the risk of physical abuse overall.

Furthermore, neither form of pregnancy loss was linked to child

neglect, leading the authors to speculate that mothers with unresolved losses may be able to “go through the motions” of meeting their children’s basic needs but have difficulty coping with issues such as anger or parent/child conflict.

“Regardless of the specific mechanisms at play, maternal history of one induced abortion does appear to be a marker for increased risk of physical abuse,” the authors wrote.

**Abortion can shape
the future of a family
for years to come.**

They also noted that while emotional difficulties related to miscarriage or stillbirth are usually resolved within a few years, women who have abortions are often not given an opportunity to resolve feelings of grief or other related emotions. Elliot Institute director Dr. David Reardon said that greater

attention needs to be focused on the long-term effects of abortion on women and their families.

“Many people think that abortion solves the immediate problem of a crisis pregnancy and that therefore it must be a positive thing for women,” he said. “However, studies like this show that abortion can have a severe and lasting impact on women’s lives, shaping their futures and the futures of their families for years to come.”

The current study is one of the first to compare rates of child abuse among women who had experienced an involuntary pregnancy loss as opposed to those who experienced a voluntary loss. However, the authors noted that the findings were limited by the size of the study and called for more research to be done using larger groups of women.

“In the event that such a large scale effort yields findings consistent with those described . . . more efforts should be directed toward helping women restore their emotional health following abortion,” the authors wrote. “Investment in such programs is likely to improve the quality of their lives and increase the likelihood that their future families will be violence free.”

Study Citation

Priscilla K. Coleman, Charles D. Maxey, Vincent M. Rue, and Catherine T. Coyle, “Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers,” *Acta Paediatrica* 94, 2005.

Women Are Three Times More Likely to Die After an Abortion: New Study

CDC Admits Its Abortion and Childbirth Mortality Statistics Are Not Comparable

International health experts have published a new study disclosing that 94 percent of maternal deaths associated with abortion are not identifiable from death certificates alone.

Proper tracking of pregnancy-associated deaths, they report, requires the linking of death certificates to the deceased women's medical records. Only in this way, they conclude, can accurate information about recent pregnancies be determined—information that is frequently missing from death certificates and autopsy reports.

The study, completed by researchers from the National Research and Development Center for Welfare and Health in Finland, shows that the long-held presumption that abortion is associated with fewer deaths than childbirth does not hold up once the pregnancy history of women is actually investigated using record linkage.

In the past, it has been widely assumed that the mortality rate associated with abortion was only one-sixth that of childbirth. But those estimates were based primarily on information gathered only from death certificates or other public records. Proper identification of pregnancy history, the researchers found, reveals that the death rate associated with abortion is actually *three times higher* than that of childbirth.

New Findings Could Change How Roe is Applied

The findings of this epidemiological study may have a profound impact on the abortion debate in the United States, according to some legal analysts.

Walter Weber, an attorney with the American Center for Law and Justice who specializes in abortion law, said that “the claim that abortion was safer than childbirth, at least early in pregnancy, was accepted as a crucial fact in *Roe v. Wade*.”

“In fact, the Court concluded that the states had authority to regulate abortion to protect women's health only at the point at which death rates associated with abortion exceeded those

associated with childbirth—which at that time was assumed to be around 12 weeks of gestation,” he said.

This recent study is just one of a series of studies done among women in Finland and California demonstrating an elevated risk of death following abortion, a risk that exceeds that of both non-pregnant women and women whose pregnancies are allowed to follow their natural course.

According to Weber, these studies provide a new basis for states to regulate abortion even within the judicial reasoning of *Roe*. The argument over

risks of death following abortion versus childbirth won't be settled overnight, however.

Planned Parenthood and the closely-allied Alan Guttmacher Institute (AGI) continue to promote the message that abortion is safer than childbirth. Their argument is based on comparing the nationally reported rates of death for childbirth to the rate of death associated with abortion that is reported by the National Institutes of Health's Centers for Disease Control (CDC). But both sets of numbers are drawn principally from death certificates.

Even before this latest study discrediting the accuracy of accessing pregnancy-associated deaths from death certificates alone, the CDC's reports on abortion-associated deaths had been severely criticized by abortion opponents. One of the chief complaints was that the top physicians in the CDC's abortion surveillance unit had clear conflicts of interest, since they were not only outspoken abortion advocates but also, when not on the government's payroll, practicing abortion providers.

Mark Crutcher, president of the pro-life organization Life Dynamics, has charged that the CDC's abortion surveillance unit was set up by abortion advocates within the CDC not to oversee abortion, but to defend and promote it. “When it comes to abortion, CDC stands for Center for Damage Control,” writes Crutcher.

A recent law review article by Elliot Institute director Dr. David Reardon examining the new data on elevated death rates following

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Publisher: David C. Reardon, Ph.D., Director of the Elliot Institute. Managing Editor: Amy R. Sobie. Relevant submissions will be considered for publication but cannot be returned unless accompanied by a SASE. Submit to: amy@afterabortion.info. Direct requests for permission to reprint to: Elliot Institute, PO Box 7348, Springfield, IL 62791 or amy@afterabortion.info. © 2005 Elliot Institute, unless otherwise noted.

abortion, also criticizes the CDC's resistance to adopting the new record linkage techniques. The CDC's abortion surveillance team has yet to apologize for and repudiate a blatantly misleading study its team authored in 1982, which asserted they were successfully identifying at least 90 percent of deaths associated with abortion. This report was particularly dishonest in that they misappropriated a little known statistical comparison test and violated each of the test's three preconditions for validity simply to dismiss calls for better investigations.

In addition, the work of Kevin Sherlock, a writer and reporter who specializes in public record research, proves that the CDC's abortion mortality statistics are essentially meaningless.

Sherlock's independent review of death certificates, with cause of death verified by autopsies and court records regarding malpractice claims, confirmed at least 140 abortion-related deaths for the decade of the 1980s, which is 30 percent more than the total reported by the CDC. That a single investigator could fully document 30 percent more deaths than the entire CDC abortion surveillance unit should give everyone pause.

CDC Officials Backing Down?

In light of the studies documenting higher death rates associated with abortion, combined with renewed criticism of the CDC abortion surveillance unit itself, top CDC officials appear to be backing away from their past claims.

In response to a letter from Walter Weber questioning the appropriateness of comparing maternal mortality statistics for childbirth with the CDC's reported mortality statistics for abortion, CDC director Dr. Julie Louise Gerberding wrote in July of 2004 that maternal mortality rates and abortion mortality rates "are conceptually different and are used by the CDC for different public health purposes." In other words, the CDC numbers relied upon by Planned Parenthood and AGI are not truly comparable.

This is why the record-linkage studies based on data collected in Finland and California are so important. These studies represent the first time that the measurements of deaths associated with abortion and childbirth have been taken using a consistent and uniform standard. While it is still unclear how this new information will ultimately affect abortion access, there is no doubt that it will intensify the social, legal, and medical debates surrounding it.

Sources:

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Kevin Sherlock, *Victims of Choice* (Akron, OH: Brennyman Books, 1996).

Not Even a Statistic? Some Examples of Uncounted Abortion Deaths in the U.S.

On March 1, 1989, Erica Richardson, a 16-year-old Maryland resident, bled to death from a punctured uterus only hours after undergoing an abortion. During the next five months, two adult women, Gladys Estanislao and Debra Gray, also died from abortion complications. They too were residents of Maryland.

Shockingly, none of these three women was even granted that smallest of recognitions—becoming a statistic. The official statistics issued by Maryland public health officials showed that *there were no deaths* from abortion in 1989. Indeed, Maryland only reported a single abortion-related death for the entire decade of 1980 to 1989.¹

There was actually a fourth maternal death related to a 1989 abortion in Maryland. Susanne Logan fell into a coma during her abortion and awoke four months later as a quadriplegic, unable to talk. She died in 1992, but since her death was not an *immediate* result of her abortion, it has not been counted in any of the official abortion mortality statistics.²

These are four deaths that occurred in one small state that reported no abortion deaths for 1989. For that same year, the Abortion Surveillance Unit of the Centers for Disease Control reported only 12 deaths for the entire country.

In Illinois, following the death of Barbara Lee Davis from hemorrhage after a routine first-trimester abortion, the chief of the Department of Public Health's Division of Hospitals and Clinics admitted, "It's unfortunate, but it's happening every day in Chicago, and you're just not hearing about it."³

One year later, during an investigation of only four Chicago-based abortion clinics, reporters for the *Chicago Sun-Times* identified 12 abortion-related deaths that had not been reported in the state's official statistics.⁴

—DCR

Citations:

1. Kevin Sherlock, *Victims of Choice*, (Akron, OH: Brennyman Books, 1996) 134-135.

2. James A. Miller, "'Safe and Legal'—Back in New York and Maryland," *HLI Reports*, 11(2):8-9, Feb, 1993.

3. Ann Saltenberger, *Every Woman Has a Right to Know the Dangers of Legal Abortion* (Glassboro, NJ: Air-Plus Enterprises, 1982), 27.

4. Pamela Zekman and Pamela Warrick, "The Abortion Profiteers," *Chicago Sun-Times*, special reprint from Dec. 3, 1978 (original publication Nov. 12, 1978)

Abortion Depression Study Flawed and Misleading

Experts Dispute Interpretations of Federal Study

In 2002, an analysis of a nationally representative study of women funded by the U.S. government found that among women with an unintended first pregnancy, those who had abortions had significantly higher depression scores.

But now a new analysis of the same data set, published last week in the *British Medical Journal*, has captured international headlines with the unqualified assertion that “abortion does not raise depression risk.”

Using new definitions for case selection and data coding, the authors of the new study, Sarah Schmiede of the University of Colorado and Nancy Felipe Russo of the University of Arizona, found no statistically significant difference in the depression scores of the two groups of women they studied: women who had aborted a first unwanted pregnancy, and women who had carried a first unwanted pregnancy to term.

In a lengthy rebuttal posted on the *British Medical Journal* web site, Elliot Institute director Dr. David Reardon, the lead author of the original study, takes issue with the methods employed by Schmiede and Russo. He charges that their results have been presented in a fashion that was calculated to mislead the public.

Reardon argues that while the authors’ report tacitly alludes to the fact that his earlier findings were correctly reported, they go to great lengths to imply that his findings have been supplanted by their own analysis. In reality, however, a careful reading of the two studies shows no contradiction in the results.

Manipulating the Data

Reardon notes that his findings clearly showed that elevated rates of depression were most significant among women who were married at the time the depression scores were measured, an average of eight years after their unintended pregnancies.

For these women, the risk of abortion doubled, but the results among single women were less clear, probably because single women who carried to term were facing the struggles of being single mothers. But most notably, he said, the single women who had abortions were not faring better than the single moms.

“Schmiede and Russo have actually avoided replicating our actual analysis,” he said. “Their study doesn’t even attempt to look at the married women among whom we found the greatest differences. They only look at mixed groupings where we already knew the data is too weak to support statistically significant findings.”

Indeed, Reardon says, it is very easy to find statistically insignificant results with this particular data set because women in the sample only reported 40 percent of the expected number of abortions compared to national averages.

In other words, 60 percent of the abortions were concealed from interviewers. Reardon believes that women who hide their abortions are also most likely to experience shame, grief, and depression following an abortion.

His complaint isn’t just that Schmiede and Russo have failed to show results for married women. He also charges that they chose new selection rules that were designed to bias their results and “muddy the waters.”

The results have been presented in a fashion that is calculated to mislead the media and the public.

First, they omitted women who had abortions and who, up to ten years later, reported that the pregnancies they had aborted had been wanted. Schmiede and Russo insist this exclusion was appropriate because women

who abort wanted pregnancies are not the same as women who abort unwanted pregnancies.

But Reardon argues that since aborting women who have mixed feelings about their pregnancies are most likely to have depression, this selection rule biased their sample by throwing out depression cases among the abortion group simply because they were predictably likely to have depression.

Second, to limit their study to the effects of a *first unwanted pregnancy*, Schmiede and Russo argue that women who have subsequent abortions should be included in the control group. Reardon objects to this selection rule, saying that the women aborting a first pregnancy should be compared only to women who do not report any abortions.

“What they are doing is comparing women who have depression following abortion of a first pregnancy with a group that includes women who are having depression after abortions of second or third pregnancies,” he said. “This only serves to muddy the statistical analysis. Of course there will be less significant differences between the two groups, precisely because you are adding women who have had abortions to the wrong side of the equation.

“Our original results were already diluted once because the high concealment rate caused many women who actually had abortions to be classified as not having had abortions. But now these researchers are deliberately putting more women who have had abortions into the control group.”

Schmiege and Russo also misled the readers, Reardon says, in the portions of their discussion that would lead uninformed readers to believe that his previous study is the only study linking abortion to depression.

In his rebuttal, Reardon cites over a dozen studies linking abortion to higher rates of depression. One, a study of 2,525 women showing significantly higher rates of depression and suicidal thoughts among women who had abortions, was actually written by Nancy Felipe Russo, co-author of the current study.

Putting Headlines Before Science

Reardon believes the body of research linking abortion to depression is so definitive that there is no longer any question about whether or not the two are truly associated. While more research is needed to understand what other factors may help explain the connection to abortion, he writes, there is no debate among nonpartisan researchers about the existence of the association.

The decision by Russo and Schmiege to avoid any mention of this body of research in their current study, Reardon worries, effectively

put headlines before science. Leaving these citations out, he suggests, cleared the way for them to assert in their conclusion that “well-designed studies have not found that abortion contributes to an increased risk of depression.” It was that claim which many journalists translated into unqualified assurances that “abortion does not cause depression.”

Reardon concludes his rebuttal with an appeal to Schmiege and Russo to join him in a call for federal funding of a major longitudinal study examining the associations between women’s reproductive history and their physical and emotional well-being.

“Former Surgeon General C. Everett Koop recommended such a study over 16 years ago, but it has never been done,” he said. “With the proper data, we could finally get conclusive answers to these important questions.”

* * *

Schmiege and Russo’s study can be viewed at <http://bmj.bmjournals.com/cgi/content/abstract/mj.38623.532384.55v1>

Reardon’s rebuttal is also posted at <http://bmj.bmjournals.com/cgi/eletters/bmj.38623.532384.55v1#1204555>

News Briefs

Family Sues Over Woman’s Death from RU-486

RU-486 manufacturer Danco Laboratories is facing a lawsuit filed by the family of a 21-year-old California woman who died after taking the abortion drug last year.

Hoa Thuy Tran collapsed and died on Dec. 29, 2003, after taking the two-part drug regimen. The lawsuit, filed on behalf of her husband and five-year-old daughter, charges that Tran was not warned that the drug, sold under the brand name Mifeprex, could increase her risk of infection or death. The Population Council, which holds the U.S. patent and conducted the clinical trials for RU-486, and Planned Parenthood of Orange and San Bernardino Counties, which dispensed the drug, are also named in the suit.

* * *

Jury Will Decide Planned Parenthood Parental Notification Case, Minnesota Judge Rules

A Minnesota judge has rescinded a ruling that a Planned Parenthood abortion business broke the state’s parental notification law and is leaving it to a jury to decide the case.

Judge David Higgs had ruled in October that Planned Parenthood violated the law by failing to notify the parents of a 17-year-old girl before performing an abortion on her. After Planned Parenthood appealed, Higgs rescinded his earlier ruling and now says that a jury will determine if the abortion business broke the law. Planned Parenthood says that in their definition, the girl was a legal adult because she had previously given birth to a child.

Medics Win Pregnancy Discrimination Lawsuit

Three female medics who were pressured into aborting to keep their jobs have settled a pregnancy discrimination lawsuit with the District of Columbia.

According to the lawsuit, the women were told by a supervisor that they would be fired if they became pregnant their first year on the job, and all three ended up aborting when they became pregnant. The Bush administration intervened to help arrange the settlement, which compensates each woman \$101,000 and requires the District of Columbia to follow nondiscriminatory policies set by the Justice Department.

* * *

Teen in Baseball Bat Abortion Case Gets Probation, Community Service at CPC

A Michigan teen who pleaded guilty to using a miniature toy baseball bat to beat his pregnant girlfriend’s abdomen at her request was given probation and community service for causing the death of the unborn child.

The couple said they initially planned to have an abortion without telling their parents but decided to use the toy bat to cause an abortion instead. The teen was sentenced to two years’ probation and 200 hours community service at a local crisis pregnancy center. State law allows charges to be filed against perpetrators who kill or injure an unborn child in an attack on the mother, but prosecutors could not find a law with which to charge the mother.

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At the time I was a nursing assistant and I was paying our son's daycare and our rent (if it got paid.) We didn't have a phone; we were hardly getting by.

I called my dad the morning before my appointment. His words I remember to this day: "You get down to that abortion clinic and get an abortion before you are another ---- welfare case. You are just starting to get your life somewhat in order and you can't even take care of the child you have."

You see, from 17 to 21 years of age I had suffered, struggled, and hardened my heart to the pain of that first abortion, which left me crying in the night more often than I care to think about. I felt no one cared.

Now that I have gone public with my story, I have come to understand that a lot of people do not care about my pain. They are only concerned about my choice, not the pain and loss after the fact. I believe this is mostly due to ignorance, selfishness, or their own convictions about abortion.

I spent three years hardening my heart to the pain I felt from the first abortion. In fact, I decided to buy the lie completely. If I could make myself believe it wasn't a baby, the pain would go away.

The second abortion I was almost arrogant about. I truly believed it wasn't a baby and that it was my choice. I went through with the second abortion. My dad was pleased that for once in my life I listened to his advice.

The second abortion was and still is a mental blackout. I don't even remember what season of the year it was. I only remember that I was approximately six to eight weeks pregnant. I was determined to get rid of this one immediately because of the circumstances in my life and the lateness of my first abortion. I figured this was more humane and justifiable.

I only remember one of the nurses saying to me quite desperately, "You cannot use this as a form of birth control." It was very confusing for me to hear her say this, because I had justified it and worked so hard at believing nothing was wrong with it.

I thought, "Why would you say this? Does this mean it is okay to do this once but not twice?" If you believe it is wrong twice you must look at why. If it is okay once it should be okay 100 times.

My abortions affected every person in my life. I believe the abortions caused me to hate myself. I didn't realize this before I was healed; I never connected the bad emotions with the killing of my children.

I subconsciously blamed my ex-husband and now I believe that the killing of our children became the root of our hatred toward each other and the cause of our divorce. The anger that I carried is hard to even describe.

My second husband has seen the pain and suffered the

consequences of my emotional damage, which has interfered with our relationship. I cannot tell you how many nights he has held me while I cried. Even though he is loving and trusting, there was still a mistrust of men from my past that has barred our relationship.

It has taken a lot of healing and ministering from the Holy Spirit to overcome all this. The choices we make about abortion are not made in a vacuum. The act of taking the lives of my children has affected every person around me.

It has taken me a long time to deal with these brutal acts that ended my children's lives. The truth of the matter is so distorted by society. It is very hard to sort through and understand.

The act of taking the lives of my children has affected every person around me.

Once you have taken the life of the child within you, how can you accept the truth that you really killed your baby? It is not easy! We can run, but we can't hide from ourselves.

God has brought me to a place of accountability, responsibility, and reconciliation with my children. It is a process that I can only give credit to the Holy Spirit for.

I am so amazed at the same process of healing that other women and men have gone through. If we are listening, God guides us on the way to forgiveness and healing with ourselves, our children, and others.

I have gone through a post-abortion ministry called P.A.T.H. I was delivered from shame and grief in this ministry. I also met my aborted children; we named them and held a memorial service for them. I have asked my children to forgive me and the peace in my soul tells me that they have.

God has made my past a blessing by the works of my future. Spiritually these losses are what has given me such an enthusiasm for the Lord. What an awesome God to be able to heal us and bring joy to us from something so awful.

God can truly take any situation, no matter how bad, and turn it into glory. Even though it has been extremely painful, God has met me every step of the way and carried me through. I live for the Lord and my family and that's where I keep my focus.

Amazing Grace, how sweet the sound that saved a wretch like me. I once was lost, but now am found; was blind but now I see.



I have set before you life and death, blessings and curses. Choose life so that you and your descendants may live. Love the Lord your God, obey Him, and hold fast to Him; for that means life to you and your descendants. (Deut. 30:19-20)

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New Zealand Study Finds More Abuse Among Aborting Women

Half of Women in Abortion Clinic Survey Reported Physical or Sexual Abuse

A survey of women seeking abortions at a New Zealand abortion business found that half had been physically or sexually abused, and were more likely to have suffered abuse than women in the general population.

The New Zealand Herald reported that of the 62 women surveyed, half reported having been physically or sexually abused, with 13 percent reporting they had been physically abused and 8.5 percent reporting they had been sexually abused in the previous 12 months.

A larger study of 2,855 women in the general population found that less than 40 percent of women reported having been physically or sexually abused, with 5 percent having been abused in the previous 12 months.

In the abortion clinic survey, published in the *Australian and New Zealand Journal of Obstetrics and Gynaecology*, women seeking abortions were asked if they had been “hit, slapped, or otherwise physically hurt by someone,” and asked if they had been pressured or forced to have sex.

Eighteen percent of the physically abused women said they had been abused by their partner or the baby’s father, and 11 percent by a family member. One woman reported that she had become

pregnant as a result of sexual abuse, and three women said they had been physically abused while pregnant.

A Scottish study published in October found that one-third of women reported having been physically abused during pregnancy. In addition, studies in the U.S. have found that women are at greater risk for violence if they are pregnant and that homicide is the leading cause of death among pregnant women.

The authors of the New Zealand abortion clinic survey called on health care professionals to ask women seeking abortions if they were experiencing physical or sexual abuse and if so, to refer them to resources to help them leave abusive situations.

“Health professionals must be well trained in issues including cultural competency, increasing safety and respecting autonomy of abused women, and issues related to abused children,” they wrote. “Health professionals should also have established working relationships and referral pathways with local family violence agencies.”

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For more on violence and abortion, download our special report, “Forced Abortion in America,” at www.afterabortion.info/vault.

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My first abortion was when I was 17 years old. My parents were divorced when I was 13 and my world turned upside down. I turned to men, drugs, and alcohol to fill my needs. I got pregnant and my boyfriend and I didn't know what to do.

I was a high school dropout and obviously had many problems. I felt I couldn't go to my parents because I was already such a problem. One of my girlfriends told me how to make a case for myself so that a judge would say I was mature enough to have an abortion without my parents' consent.

I really didn't want to do it. I knew it was wrong. Unfortunately, abortion was the only counsel I received. I truly did not have one person tell me not to do it, or that it was my baby.

The abortion was awful. I was 17 and scared to death. I heard someone describe their abortion as surgical rape and believe that this is the most accurate description. I still become somewhat anxious when having a Pap smear or any kind of female exam.

It was a suction abortion and the abortionist seemed to struggle with it. I remember the abortionist saying, "That was pretty difficult; I think she was a little farther along than we thought." They had told me I was 11 to 12 weeks along. It still nauseates me to think of my child being older than that in my womb.

I continued to date my boyfriend and I got pregnant again. I had the baby this time because our relationship was more stable. I seriously did not even think of an abortion. We had the child and got married.

Our marriage was awful: drugs, alcohol, lying, cheating, fighting,

verbal and physical abuse, poverty and welfare—you name it. We were married two years and we brought each other down in every way. We had no idea how to support or respect each other or ourselves.

When my son was approximately two years old, my husband and I got pregnant for the third time. At this time we were obviously having a very hard time. I had been in counseling for the pain of the first abortion, and I am still amazed at how I did it again considering the pain I endured the first time.

I did not get the proper counseling; no one said it was wrong or validated my feelings of loss, regret, etc. I believe this is where I decided that if you can't beat the pain, give into it and ride along. I hardened my heart, thinking, "It's not a baby. It's my choice. What's my problem? Just get on with your life and take care of the child you have."

When I became pregnant this time it was if the spirit of hate and murder came upon me. I had justified my first abortion by saying it wasn't a child. I immediately called the abortion clinic. I justified my decision by saying that I was only six weeks pregnant; I figured I would not even notice what I did.

My husband didn't want me to do it, but I figured what did he know? Our relationship was so terrible and we had grown to hate each other. I thought, "He has never taken care of me before. Why should I start listening to him now of all times?"

Unfortunately, abortion was the only counsel I received.

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