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Risk Factors Shut Down Abortion Business in South Dakota

Planned Parenthood Closes Rather Than Inform Women of Abortion Complications

Planned Parenthood of South Dakota is refusing to do abortions. As this issue went to press, the state's only abortion business has been closed for several weeks. Why? Because a federal court has upheld a new law that would require them to disclose to women the risk factors of abortion. These are statistically proven risk factors that reliably identify which women are at highest risk of post-abortion psychological problems, including depression and suicidal behavior.

That's not the way the story is being told in the national media, however. Following Planned Parenthood's shutdown, the mainstream media has adopted their spin on the story, focusing on how this "radical" law requires doctors to give women a written statement that:

- "the abortion will terminate the life of a whole, separate, unique, living human being;"
- "the pregnant woman has an existing relationship with that unborn human being and that the relationship enjoys protection under the United States Constitution and under the laws of South Dakota;"
- "by having an abortion, her existing relationship and her existing constitutional rights with regards to that relationship will be terminated."¹

The Constitutional Issue

As will be discussed below, these three statements are unlikely to help many women avoid abortion. But this language may be very important to the next round of Supreme Court rulings on abortion.

In fact, these provisions in the law are carefully designed claims of fact intended to force the federal courts to finally address unanswered legal issues. Pro-life lawyers hope that by litigating the three points raised in this statement, they can get the Supreme Court to affirm that the constitutional right of relationship between a woman and her unborn child (already defined in regard to adoption law) extends to abortion law.

In addition, while previous courts have avoided the question of

when human life begins, this statute would ask the Court to affirm the fact that an unborn child is a "unique, living human being." Such a finding would almost certainly require a reversal of *Roe v. Wade*.

So, the South Dakota law is poised to raise important constitutional questions. But as an informed consent statute, these three requirements will have little, if any, impact on whether or not women have an abortion.

For the vast majority of women, abortion isn't seen as a "choice" — it's what they must do.

The Practical Issues

Research shows that most women believe the child they are carrying is a human being.² Many believe abortion is morally wrong. But most also feel that they must undergo an abortion due to their circumstances or because of pressure,

coercion and, in some cases, violence or threats of violence from others.

Specifically, recent research has found that 64 percent of American women having abortions report they were pressured to do so by others: boyfriends, husbands, parents, employers, counselors or other experts. Most also reported that they were not given adequate counseling or time to make a decision, with many reporting that they received no counseling at all.³ And many women have a desire to keep their child if their circumstances were better or with meaningful support from those around them.⁴

In short, for the vast majority of women, abortion isn't seen as a "choice." It is not even a "preference." For most, it is seen as the only thing they can do, or what they "must do."

Often, what they "must do" is chiefly defined by the expectations and demands of other people whose lives would also be affected by the birth of the baby. As one young girl put it, her firm refusal to consider an abortion collapsed when her mother uttered just four words: "Where will you live?"

Faced with such a dilemma, would hearing a statement about her constitutional right to a relationship with her unborn child save a 14-year-old girl from an unwanted abortion? Would it move her mother to be more supportive of her desire to keep her baby? Not likely.

The Door Closing Provision

So, why has Planned Parenthood shut down its abortion business in South Dakota? Surely they want to spin their closing around this theme of their high-minded refusal to tell women about philosophical, legal or religious views with which the abortion disagrees.

But think about how easy it would be for abortion businesses to comply with this requirement while also undermining it. The law's mandate could easily be met by giving women a statement reprinting the state's view of when human life and relationships begin exactly as worded in the law. And at the same time, the abortionist would be free to tell her that in his opinion the required notice is propaganda.

The abortionist could even go further and exercise his own free speech rights with slick brochures, videos, or even 40-page legal briefs disputing the required disclosure. Or, he could just give her the statement without comment and rightly expect that it would make no difference since she already feels she has no other choice.

In short, there's no reason this disclosure would compel abortion businesses to close shop. So there must be another reason.

That reason may well be the less-discussed requirement that abortion businesses must also disclose the "statistically significant risk factors" for negative reactions to abortion, including those associated with depression and suicidal behavior.

Some of these risk factors are not surprising. For example, women who are pressured, coerced or forced into unwanted abortions are at higher risk of negative reactions. So are those who have moral beliefs against abortion but feel they have no other choice, those with strong maternal desires, and those with a prior history of depression or abuse.

These are just a few of over 40 such statistically-validated risk factors that have been published in peer-reviewed medical journals. Yes, over 40 risk factors!

Abortion clinics are in a bind. It's one thing for a woman to ignore three lines about the personhood of her unborn baby and a right to relationship with him or her when she already feels compelled to give up that relationship. It's another thing for her to ignore a list of more than 40 risk factors that indicate the potential devastating and lifelong impact of undergoing a procedure that she probably doesn't want in the first place. Even the coercive

mother who asks, "Where will you live?" may begin to think, "Should I expose my daughter to all of this?"

Also, "statistically significant risk factors" has a very exact meaning in medical texts. If a risk factor is statistically significant, it belongs on the list. Deliberately leaving any off would expose the clinic to liability for violating the law.

On the other hand, if an abortion clinic is later sued for doing an abortion on a woman with any of these factors, the plaintiff's attorney could use the clinic's written list of risk factors as an admission on the part of the clinic that they were aware of the risks.

Even coercive parents might think, "Should we expose our daughter to all of this?"

Another Example

In the past, the abortion industry has been shielded from any liability for failing to screen women or to

disclose the risk factors for emotional complications associated with abortion. This is due to legal provisions that prevent recovery of damages for emotional injuries unless the woman also suffers concurrent physical injuries.

But the South Dakota statute may now expose abortion businesses to a liability risk they have never had before. Indeed, whenever the issue of liability for psychological risk factors is raised, it stirs up virulent opposition.

For example, in the fall of 2007, the Stop Forced Abortions Alliance in Missouri introduced a petition initiative for a measure that would define failing to screen abortion patients for coercion and other statistically validated risk factors as medical negligence.

Unlike the South Dakota law, the Missouri proposal didn't simply require that women be informed of the risk factors, as if women should be responsible for conducting their own medical exams. Instead, it allowed women to hold abortion businesses liable for negligence if the doctor (or another qualified person at the clinic) didn't actively screen for those risk factors, at least by reviewing a checklist of risk factors completed by the woman.

In short, the Missouri initiative actually dared to propose that the abortionist should be held responsible for assessing a woman's risk factors so he can give her informed medical advice about abortion.

One might be excused for thinking this was a reasonable position. After all, even *Roe v. Wade* notes that "the abortion decision in all

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Chair of APA Abortion Report Task Force Violates APA Ethics Rules

Lead Author Refuses to Release Abortion Data Collected Under Federal Grant

David C. Reardon

In mid-August, the American Psychological Association (APA) issued a Task Force report declaring that “there is no credible evidence that a single elective abortion of an unwanted pregnancy in and of itself causes mental health problems for adult women.”

The statement came as little surprise, since the task force was composed only of those who support abortion. But the credibility of the report is further tarnished by the fact that the lead author, Dr. Brenda Major, has violated the APA’s own data sharing rules by consistently refusing to allow her own data on abortion and mental health effects to be reanalyzed by other researchers.

Major, a proponent of abortion rights, has even evaded a request from the Department of Health and Human Services (HHS) to deliver copies of data she collected under a federal grant. Because Major’s study of emotional reactions after abortion was federally funded, the data she collected is actually federal property. But in response to a 2004 HHS request for a copy of the data, Major excused herself from delivering the data, writing, “It would be very difficult to pull this information together.”¹

As a researcher familiar with Major’s work, I have seen portions of Major’s unpublished findings. And I believe Major is withholding the data in order to prevent her findings, which support a link between abortion and subsequent mental health problems, from coming to light.

Major’s last published study using this data set was released in 2000, after she moved to her present facility in 1995. Immediately after the publication of that study, one of my colleagues requested a break down of details which had only been superficially summarized in one her tables. One of her grad students replied on her behalf with the requested statistics within 48 hours.

So it clearly wasn’t at all difficult for her team to access the data for HHS. Plus, with modern electronic data bases and multiple backup procedures that are in place at universities like hers, it is nearly impossible to lose such data.

Major has not responded to any further requests regarding the data since early in 2000. Other experts in the field have requested the data, as recently as within the last six months. But she hasn’t responded to their letters, calls or emails.

This is very troubling on two counts. First, the APA’s own ethics rule (Rule 8.14) requires research psychologists to share their data

for verification of findings.²

Second, Major is the chair of the APA’s Abortion Task Force, which is, at least in theory, supposed to shed full and clear light to this issue. But how can we trust the objectivity of a report prepared by a task force composed exclusively of psychologists who support abortion, especially when the chair and lead author has a history

of withholding data and findings that may undermine her ideological preferences?

Further, the additional details from Major’s published 2000 study actually revealed that a significant number of women she interviewed did attribute

negative reactions to their abortions, but those findings have never been published.

Those findings can be found in the unpublished tables from the study, but in the published report, the details about specific negative reactions were obscured by combing them with three to eight other reactions to create watered down composite scores.

For example, the study found that a number of women reported that they tried to cope with negative feelings about their abortions by drinking more or taking drugs. But Major has never fully shared the details on these reactions in any of her published studies, and by refusing to share her data for reanalysis by others, she has prevented anyone else from reporting these findings either.

Obscuring the Truth: What the Task Force Reported

The APA’s newly released Abortion Task Force report is also flawed by a pattern of wording and reporting which tends to obscure, rather than clarify, what researchers have found about the mental health effects associated with abortion. The primary conclusion of the report, as quoted above and highlighted in the APA’s news release, is that “[t]here is no credible evidence that a single elective abortion of an unwanted pregnancy in and of itself causes mental health problems for adult women . . .”

This nuanced statement is intended to convey a message that abortion has no mental health risks, but those familiar with the literature will see that the report itself actually admits that there is compelling evidence of negative effects for:

- women who have multiple abortions, which account for about half of all abortions;
- women who abort a wanted pregnancy because of coercion

The APA Task Force has allowed ideology to trump appropriate care.

or pressure to abort from third parties, which may account for *at least* 20-60 percent of all abortions;

- minors who have abortions; and
- women with preexisting mental health problems (in which case abortion may not “in and of itself” be the sole cause of mental health problems, but may instead trigger or aggravate preexisting problems).

Even the modifier that there is “no credible evidence” of mental health risks for low-risk abortion patients is an admission that there is indeed at least some evidence that a single abortion can pose a risk to the mental health of an emotionally stable adult woman. In fact, the report identifies a whole host of studies providing such evidence. Unfortunately, the authors of the report muted a clear presentation of the findings of these studies by focusing on the limitations of each study’s methodology—and all studies have limitations—in order to justify ignoring their clear implications.

While the body of the report includes admissions that abortion does negatively impact some women, the summary, introduction and conclusion, and the news releases about the report all fail to emphasize five key points that are clear in the literature, and even explicitly or implicitly stated within the 91-page report. At the very least, these five points could be made without controversy:

- Some women suffer emotional harm from abortion.
- Some women feel pressured into unwanted abortions.
- There are well established risk factors identifying which women are most likely to suffer psychological problems after abortion, including being pressured into an abortion. Therefore, it is incumbent on abortion clinics and mental health professionals to screen women for these risk factors and to give appropriate counseling in light of any identified risk factors.
- A nationally funded longitudinal prospective study of psychological factors related to reproductive health, including abortion (as was recommended by then-Surgeon General C. Everett Koop in 1989) is long overdue and should be undertaken as soon as possible.
- Mental health professionals should be alert to unresolved issues associated with a past abortion and should sensitively give women the opportunity to discuss such issues, and provide appropriate care or referrals whenever such issues are raised.

By failing to call on therapists and counselors to be alert and sensitive to the negative emotional experiences women attribute to their abortions, the Task Force has allowed ideology to trump appropriate care. They are ignoring the reality of how and why abortions take place and are instead focused on drawing conclusions regarding the safety of abortion in an “ideal” case—that of an emotionally stable, pro-choice adult woman who is freely choosing a wanted abortion without any moral qualms. But that doesn’t reflect the reality of most abortion situations.

The fact is that coerced abortions are more common than wanted

News Briefs

Athlete Who Refused Abortion Wins Bronze Medal

A British runner who refused to abort after becoming pregnant has won a bronze medal at the Olympics in Beijing.

Tasha Danvers had been one of Britain’s top hopes for an Olympic medal for the 2004 Olympics when she became pregnant. She continued the pregnancy despite even though it meant giving up the Olympics and the financial security winning would entail. Danvers, who is married to her coach and now has a three-year-old son, won the bronze medal after running a personal best time in the 400 meter hurdles in Beijing on Aug. 20.

* * *

WIC Program Has Ties to Planned Parenthood

Pro-life advocates are criticizing the federal Women, Infants and Children (WIC) program—designed to provide food and health care for poor pregnant and parenting women and their young children—for ties to Planned Parenthood.

Dawn Eden, a pro-life blogger and author, reports that Planned Parenthood receives federal money from WIC and there is also a link to Planned Parenthood on WIC’s Learning Center web site. Eden says the money, which doesn’t directly fund abortions, frees up money for Planned Parenthood to promote abortion. There is also concern that women who feel pressured to undergo abortions because of poverty will be referred to Planned Parenthood rather than being given meaningful support.

abortions. Studies show that over 60 percent of American women are having abortions, often against their moral beliefs, because they feel pressured into it by third parties; and that over 70 percent do not receive the appropriate counseling to make a free decision.

These women need counselors and family members to be open to and responsive to their pain, not dismissive of it as an anomaly. Women facing unplanned pregnancies need professionals who will be aware of the risks of abortion and the realities that the women might be facing, and help them find meaningful resources and support. Sadly, the APA report is an ideological report that simply ignores the concerns and needs of those women for whom abortion is or has been a heartache rather than a real choice.

* * *

Citations

1. See a copy of the HHS letter and Brenda Major’s response at www.afterabortion.org/news/BrendaMajorHHSletters.pdf.
2. APA’s “Ethical Principles Of Psychologists And Code Of Conduct” regarding Sharing Research Data for Verification,” posted at www.apa.org/ethics/code2002.html#8_14.

Editor's Note: The following testimony is from the book Giving Sorrow Words: Women's Stories of Grief After Abortion, by Melinda Tankard Reist. For ordering information and a special sale offer, see the next page.

I remember the events surrounding my abortions clearly. There are some things that are so utterly terrible, so devastating, they never fade from the mind or heart.

I idolized my boyfriend, whom I met when I was 17. I was 23 when I first became pregnant by him. We had been living together on and off for several years. Despite his treatment of me, which at times could be very cruel, and his vicious temper, I truly loved him. I just had to try harder, or be better, or take more care to avoid upsetting him. I dreaded his temper and would put up with just about anything to avoid a scene.

I think that he became aware of this gradually, because over the years his dominion over me increased to a point where he became a tyrant. I had to wear what he said, do my hair the way he wanted, never have friends of my own over unless he was out of town. I really never stopped to analyze any of this. I guess I was too young and besotted with him to realize that ours was not a normal relationship. I believed that if only I could please him more, everything would be all right.

When I found out I was pregnant, I was thrilled. It had not been planned, but I was truly happy. I spent most of the day working out the baby's due date, who it would look like, and thoughts of that nature, but when my boyfriend arrived home and I broke the news, he flew into a terrifying rage. I wept, begged and cajoled, but to no avail. He was adamant that I have an abortion.

A week later I was in the abortion clinic with him, supposedly to receive "counseling" from a clinic staff member. She was aged around 40, and wore glasses and a white coat. She seemed so motherly and sympathetic at first; she even told us that she had four children of her own. I was crying my eyes out, saying over and over that I did not want the abortion. I was desperate; I knew it was impossible for me to stand up to my boyfriend on my own, but I thought that this "counselor" could support me and perhaps help him see reason.

Instead, she sided with him. I now had two people haranguing me. I was saying over and over that I wanted to have the baby, but the two of them just bulldozed over me completely. I felt cornered. I was sitting down, and they were both standing over me. I had once received training in how to close a sale, and I felt that this "counselor" must have been to the same sales training seminars.

There was a momentary lull in the bulldozing, when I almost blurted out, "What sort of commission do you get?" but of course I didn't. I just sat there and wept. I was never asked how I felt, or what I

wanted. Nor was I offered any advice as to what resources were available to single mothers. The option of adoption was also never mentioned. I was simply told, over and over, that I could not possibly survive on my own with a baby, that sooner or later I would fall in a heap, that my boyfriend would never see me again, that my parents would never forgive me—and so it went on.

One memory which stands out very strongly from this episode is the false information given to me by both the "counselor" and the doctor who was to perform the abortion. This was, that at that stage of my pregnancy the baby was not in any way human; it was merely a "collection of cells, no bigger than a match-head."

I have since learned, of course, that by eight weeks my baby's heart had already been beating for more than a month, and that many other organs had begun forming. The baby had already grown far bigger than I was led to believe.

While I was still crying my eyes out, an appointment was made for my abortion to be carried out the following week. I will never forget that abortion, or the week leading up to it. I have tried very hard to bury the memories and go on as if life were normal, but how can it ever be normal again when I have to live with the knowledge that my baby was killed and dismembered inside my own body? It is a fact too horrible and repulsive to cope with.

After the abortion, my boyfriend's treatment of me grew worse. He seemed to enjoy being cruel to me, and would either laugh or storm out in a rage when I cried, which I did often. He had always had affairs before, but now he didn't seem to care if I knew about them.

I put up with it all. It must seem incredibly stupid, but I suppose my reasoning was that after what I had done for him, there was no way I could let our relationship fail now—otherwise my baby's murder would have been for nothing. I had done it to keep him; I couldn't give up on him after that.

And so it went on, he becoming more and more sadistic and me taking more and more without complaining. By the time I became pregnant a second time, there was no question as to what would be done. By now I was so conditioned to being under his control that I booked myself into the clinic and had the abortion, after seeing the same "counselor" and being perfunctorily reassured that, of course, I was doing the right thing.

As with the previous abortion, I felt that I had nowhere and no one to turn to, so it was easier to go along with everyone. Besides, so much of me had died with my first baby, there just wasn't any fight left.

Unbelievably, I became pregnant a third time. This time I knew I couldn't go through with another abortion. I would have a nervous breakdown or commit suicide. My work took me out of town for

I was told over and over that I could not survive on my own with a baby.

two months at this time, so I waited until I was safely in another city before I rang him and told him of the pregnancy. His reaction was, as before, absolute fury. He must have called me nearly every night I was away—but never to say he loved me or missed me, just to yell into the phone that the first thing I'd be doing when I got home would be to have an abortion.

I had a lot of free time while I was away, and I spent most of it resting and daydreaming about the baby. I felt certain it was a boy, and I talked to him, saying how precious and loved he was. I felt strong enough, when I returned home three months pregnant, to break away from the relationship and raise my child alone. Two days later, however, this treasured baby was aborted too, at the same clinic, amid tears and indescribable anguish. My boyfriend and the counselor shared a coffee nearby.

A few weeks later he had to literally drag me by the wrists to visit his sister and her newborn baby boy. It was the hardest thing I ever had to do. My heart and my spirit were utterly broken. I was so grief-stricken that I thought I could never go on living.

Eventually I did manage to stand up to him. I had a family—his children—and despite not being married to him when our first child was born, my parents were loving and supportive. We divorced when our third child was born, as he had again tried very hard to persuade me to have her aborted and I refused.

My children are wonderful and I am truly happy. I love them more than I ever thought possible. The children who were taken from me, however, will always live in my heart. There is no way of conveying the enormity of my pain, or of saying how desperately I still yearn for them. What keeps me sane are my children; what keeps me going is the thought that we will all be reunited one day.

Giving Sorrow Words Women's Stories of Grief After Abortion

Abortion has been presented to the public as a simple procedure that allows women to put the crisis of an unintended pregnancy behind them. These women were told they'd be able to get on with their lives after abortion. But their lives would never be the same.



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Giving Sorrow Words examines women's experiences—including the lack of resources and support, the misinformation and lack of informed consent, and the intense pressure and coercion applied by partners, families, and society in general to force women into unwanted abortions.

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Study Gives Further Proof of Abortion-Depression Link

A study published in the *Scandinavian Journal of Public Health* has shown further evidence that women who undergo abortions are at increased risk of depression afterwards.

The findings came from a survey of 768 women in Norway who were tracked between the ages of 15 and 27. The women answered questions about their reproductive history and depression and were also surveyed about their family relationships and other characteristics that could also cause depression.

Women who had an abortion in their twenties were more likely to score above the cut-off point for depression, leading the author to conclude that "[y]oung adult women who undergo induced abortion may be at increased risk for depression."¹

Other published studies have found that women who had an abortion were more likely to suffer subsequent clinical depression than women who carried to term, even when the

pregnancy was unintended.

In one of the most recent studies, a New Zealand research team headed by a pro-choice researcher found that women with a history of abortion were nearly twice as likely to suffer major depression than women who carried to term, and had higher rates of substance abuse, anxiety disorders and suicidal behavior—even after ruling out women who had mental health problems before abortion.²

* * *

Citations

1. W. Pederson, "Abortion and depression: A population-based longitudinal study of young women," *Scandinavian Journal of Public Health*, 36(4): 424-428, 2008.
2. For information on these studies, see the "Recent Research" fact sheet at www.theunchoice.com/resources.htm.

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its aspects is inherently, and primarily, a medical decision, and basic responsibility for it must rest with the physician.”

So, while one might also expect Planned Parenthood to merely object to the proposal as unnecessary and argue that they are already doing such screening, surely they wouldn't deny the principle. But in fact, instead of offering assurances that they are doing adequate pre-abortion screening, Planned Parenthood filed suit to delay the referendum, describing it as a “ban” on most abortions.

A ban? If most abortions are as safe and beneficial as Planned Parenthood has been claiming for more than three decades, how could screening for risk factors to identify cases in which high risk women may need more counseling (cases that Planned Parenthood claims are rare anyway), constitute a “ban”?

But looking to South Dakota, where Planned Parenthood has closed shop at least temporarily rather than disclose to women a list of risk factors and complications associated with abortion, it now seems clear that the abortion business has concluded that they will only provide abortions in states where they are protected from proper liability for screening and counseling.

Conclusion

So consider these two facts: (1) Planned Parenthood of Missouri calls exposure to liability for pre-abortion screening for known risk factors a ban, and (2) Planned Parenthood of South Dakota closes its doors rather than accepting liability for informing women about statistically proven risk factors so they can do their own risk-benefit analyses.

What does this tell us? In short, it tells us that Planned Parenthood would rather close its doors than face any liability for making even

a minimal effort to avoid doing abortions that are unwanted, unsafe, or unnecessary. Perhaps it is because unwanted, unsafe, and unnecessary abortions provide the bulk of their business.

Citations

1. To see the text of the statute, visit <http://legis.state.sd.us/statutes/DisplayStatute.aspx?Statute=34-23A-10.1&Type=Statute>
2. DC, Reardon,, *Making Abortion Rare: A Healing Strategy for a Divided Nation* (Springfield, IL: Acorn Books, 1996).
3. 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.
4. Reardon DC, *Aborted Women, Silent No More* (Springfield, IL: Acorn Books, 2002) 11, 333.

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New Website to Serve As Clearinghouse for Post-Abortion Information

AbortionRisks.org Includes World's Most Extensive Bibliography on Abortion Complications

If you're seeking information about post-abortion issues, or if you have information to share about your own post-abortion experience, your ministry, or your opinions, you need to check out the latest collaborative clearinghouse on abortion information, www.AbortionRisks.org.

AbortionRisks.org is a Web 2.0 site designed to allow anyone in the world to find or contribute information related to post-abortion issues. Using the same software platform that underlies popular websites like Wikipedia, AbortionRisks.org allows registered users to add their own information and pages to the site, as well as to edit information that is already there.

The site includes sections for:

- post-abortion ministries to add information about their work and materials, plus links and notices about upcoming events;
- women and men who have been involved in an abortion to post their stories;
- organizations that are not necessarily pro-life but who share a common desire to help those struggling after abortion to share information;
- users to add original articles, commentary, or information about new research;
- users to add information and links to other resources related to post-abortion healing research and healing; and
- users to simply discuss or comment on the articles and information posted on the website.

AbortionRisks.org is also the home of the Thomas W. Strahan

Memorial Library, the most extensive bibliography ever compiled of published studies, books, and articles on post-abortion problems.

Tom Strahan was a lawyer and civil rights activist who was probably the world's leading expert on published studies on abortion. His bibliography was published in the form of a book, *Detrimental Effects of Abortion*, which is now a featured section of AbortionRisks.org and is available for reference by visitors and for updating by the contributing editors of the new website.

Volunteer editors are also needed to help improve site organization and monitor the site for vandalism. The wiki structure makes it easy to protect pages, reverse vandalism and block vandals, but volunteers are needed to help with this. If you are interested in being a volunteer, or wish to contribute any material, just create a registered account at www.abortionrisks.org.

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