

The Reality of Abortion – Reflections of My Journey

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Many people look at abortion from a political position but as a woman who has personally experienced one, I look at this issue from a different perspective. For many years I supported a woman's right to choose abortion because of my own choice. However, the reality of my abortion experience and the experiences of other women I've met, have caused me to change my opinion. I feel the last ten years have been a journey into truth behind the abortion rhetoric. This report is really a personal narrative of what I've learned and why I encourage people to reconsider their position on abortion.

On October 4th, 1976, when I was sixteen-years-old, and a junior in high school, I had an abortion in Detroit, Michigan. Afterwards, I went to my sister's house to recover because my parents didn't know about my pregnancy. That night as I lay in bed, I cried until I fell asleep. As I dressed the next morning, I was struggling to make sense of the day before, and I decided: "I'll pretend yesterday never happened." That's how I lived for nineteen years, in denial, pretending I never had an abortion.

In 1994, I was with a small group of women, and we were sharing our struggles with one another. One young woman expressed how she had been struggling to bond with her newborn son. She said she had an abortion in college and felt it was why she couldn't bond with her baby. She said she was going through abortion recovery counseling. I told her I had an abortion when I was 16, and it was no big deal. I said she simply needed to get over it.

About six months later an experience in my basement forced me to recall that conversation. I was cleaning out boxes, and I found my yearbook from my junior year in high school. I picked it up, thinking I'd take a quick stroll down memory lane, but something strange happened. Instead of opening the book and seeing the kids' faces, the yearbook felt like a baby, my baby. I knew instantly it was my child that I had aborted. I knew she was a little girl. I could feel her resting in my hands. And I knew that I had missed out on parenting a wonderful person, who would have brought a lot of joy into the world.

For the first time in nineteen years, as I felt my baby's presence in my arms, I realized the full impact of my abortion. And I began to cry. As I cried, I recalled the conversation from six months earlier and I immediately called the woman who spoke about her abortion. Through my sobs, I said I needed help. She came to my house and sat with me while I wept and began to grieve for my aborted baby.

That day I started a journey that has changed my life. Like my friend, I attended an abortion recovery program. As I went through the program I began to understand what forgiveness and repentance is all about. For the first time I knew God loved me and that through Jesus' death and resurrection, He forgave me, and I was able to forgive myself. I also understood that my child was in Heaven with God, and she forgave me too.

During the abortion recovery program, they encourage you to recall different aspects of the abortion experience to help you heal. One of the strongest memories I have is of driving to the clinic and thinking: "This feels wrong, but because it's legal it must be okay." I share this with you because it's important to recognize that millions of people, especially young people, assume laws are designed to protect us—sometimes even from ourselves.

My opinion about abortion was also affected when I had to explain to my eight-year-daughter what abortion was. I had written out my abortion experience after going through the counseling, and I put a copy of it in my Bible. One day my daughter was playing church and went to my Bible for some Scripture references. She found my testimony and read it. The next night during dinner she asked me if I was married when I was 16. I said, "No, why?" She then asked if I was pregnant when I was 16. I put down my fork, said a prayer and replied, "Yes." She thought for a moment, and then asked, "Where is the baby?"

Trying to explain to an 8-year-old what abortion is and why I had one was extremely difficult. After some discussion, I said it was bedtime, and she said, "Okay, but let me make sure I understand. You were pregnant when you were 16, and you killed your baby?" I had to look her in the eye and answer, "Yes." The look of fear and disappointment in her eyes is something I will never forget.

After my daughter learned of my abortion, I started sharing my story publicly—and took the job as Executive Director of NOEL (now Anglicans for Life), a life-affirming ministry in the worldwide Anglican Communion. Early in my tenure, I was asked to do peer-to-peer on-line counseling with women who had had abortions. I began getting emails from women and girls who had had abortions – some that day, some 10 years prior. Each email expressed pain and regret. Over the course of three years, I received over a thousand emails. I'll never forget the first email I received from a girl who was 16. She had had the abortion on Saturday and Sunday night she emailed saying, "I can't go to school tomorrow and pretend everything is fine, I feel like dying." Others wrote things like: "I just saw a diaper commercial and I can't stop crying." I got emails from women worldwide who shared their abortion pain and how their lives were a mess. They wanted help; they wanted to know they weren't the only ones hurting. They always expressed relief to know help was available and they weren't alone in their pain.

These experiences changed my opinion about a woman's right to choose abortion. What I have learned from personal experience—and from thousands of other women—is that abortion does not solve problems; abortion just creates different problems. I cannot tell you how many women I have sat with as they cried and mourned for their babies. As their pain is released, they begin to see how the abortion has affected their lives. It is so sad. And it is why I say: Women may have the right to choose abortion, but I know abortion is not right for women.

These experiences made me realize that while abortion is wrong because our babies die, abortion is also wrong for women. I knew that women who had been there, done that, needed to speak up and share the truth about abortion. To help the public understand that abortion hurts women more than it helps them, and to let women who are hurting know that help is available, I co-founded the Silent No More Awareness Campaign in partnership with Janet Morana from Priests for Life.

Since developing the campaign, I have learned even more about abortion's affect on women, our families and society. Please consider the following research and information:

Choice or Coercion

Many women are forced or coerced into having an abortion. Jennifer O'Neill, the celebrity spokeswoman for the Silent No More Awareness Campaign, and well-known actress, who starred in the movie "Summer of '42," was forced by her fiancé to abort the baby she wanted. He told her that he would sue for custody of her older daughter if she didn't abort their child. Recently, a woman emailed me and shared her story, which included the fact that her boyfriend took her at gunpoint to the clinic for the abortion. Coercion is a common theme heard in 40%-60% of women's testimonies. Forced abortions also seems to increase the likelihood of long-term emotional problems

In some cases, parents threaten to kick the girl out of the home, boyfriends and husbands threaten to leave, or women are told by well-meaning friends that having a baby will ruin their lives and they simply have to have an abortion. For a woman who is already facing a crisis situation, this kind of manipulation, intimidation and pressure is subtle coercion; it can be the final push towards making a decision that she would not have chosen if someone had offered her support in her pregnancy. One Elliot Institute survey found that more than half of women suffering from post-abortion trauma said they were pressured to abort. Their experiences are haunting: "A homeless woman was denied shelter until she submitted to an unwanted abortion . . . a teen was ridiculed by a school counselor and bussed to the abortion clinic . . . a daughter was pushed into an abortion clinic at gunpoint by her mother . . . a girlfriend was injected with an abortifacient outside a parking garage . . . a 13-year-old was returned to her molester after her abortion . . . three sisters were raped repeatedly by their father and forced into abortions for nearly a decade . . . a wife miscarried after her husband jumped on her stomach to force an abortion . . . a waitress was fired after refusing to have an abortion. Many of these women say they would have carried to term if they had been given support by someone close to them.

Physical Affect¹

Many women experience physical complications after abortion and women still die from legal abortion. It's obvious that abortion has consequences on women's reproductive health but I believe if in-depth research were done, many of the health problems experienced by women today would also be linked to abortion.

In the U.S., *immediate* medical complications from abortion occur after approximately 10% of the abortions are performed annually, causing about 140,000 women a year² to experience problems such as: infection, uterine perforation, hemorrhaging, cervical trauma, and failed abortion/ongoing pregnancy.³

In the twelve months following an abortion women have a death rate four times greater than women who continued with their pregnancies.⁴ This is a clear sign that women may be dying from abortion-related causes. It also suggests that there is a higher suicide rate for abortion than pregnancy. According to Elizabeth Ring-Cassidy, from the de Veber Institute for Bioethics and Social Research, "Although infrequently, women do die as a result of abortion, yet abortion-related maternal mortality is generally underreported. One reason for this is that codes in hospitals report only the presenting cause of death, not the underlying reason which, for example, in the case of abortion-related death, might be hemorrhage, infection, embolism, or ectopic pregnancy." Often staff may deliberately avoid citing a death as caused by abortion in order to protect the privacy of the woman.⁵ There are other causes of death as well: "Approximately fourteen percent of all deaths from legal abortion in the United States are due to general anesthesia complications."⁶

More than 40 million abortion procedures have been done on women over the last 31 years, and now many long term complications are being exposed as well. For instance, after an abortion there is a higher risk of developing cervical as well as ovarian cancer.⁷ Ironically, childbirth actually protects against cancer of the reproductive system.⁸

Abortion also increases a woman's risk of breast cancer by 30%.⁹ A careful study of international literature indicates a strong correlation between abortion and breast cancer, yet abortion advocates deny these findings. Much like tobacco companies in the past denied that cigarettes endanger the health of smokers, abortion advocates ignore research that indicates abortion increases a woman's risk for breast cancer. According to the National Alliance of Breast Cancer Organizations, a woman's risk for developing breast cancer has increased dramatically since 1960. Back then one in fourteen women would develop breast cancer in their lifetime; currently one in nine women have the chance of developing breast cancer.

- *The Journal of Epidemiology and Community Health stated, "Since 1957, evidence linking induced abortion to the later development of breast cancer has been observed in 27 of 33 studies world-wide."¹⁰ The International Journal of Cancer reported a higher risk of developing cervical and ovarian cancer after abortion.¹¹¹²¹³*
- *The L.A. Daily News quoted pro-choice Dr. Janet Daling stating, "I have three sisters with breast cancer, and I resent people messing around with scientific data to further their own agenda, be they pro-choice or pro-life. I would have loved to have found no association between breast cancer and abortion, but our research is rock solid, and our data is accurate. It's not a matter of believing. It's a matter of what is."¹⁴*

The link between abortion and breast cancer is based on what happens when a woman becomes pregnant. Her body produces large quantities of estrogen, causing breast cells to grow. This intensive process of cell multiplication (proliferation) lasts until about the 32nd week of pregnancy. When multiplication ceases, these cells then begin to differentiate and become milk-producing cells during the final eight weeks of pregnancy. Abortion stops this process, and the phase of differentiation doesn't occur, which is where the link is found. Cancer is directly related to a sizable proliferation of cells which have not undergone differentiation. These cells are highly vulnerable to carcinogens and may give rise to cancerous tumors later in a woman's life.

It should also be noted that a lawsuit against the All Women's Health Services clinic in Portland, Oregon was the second of its kind in the U.S. to be successfully prosecuted and the first to obtain a financial award. The lawsuit was filed on behalf of a 15-year-old girl who was not informed about the psychological risks and the increased risk of breast cancer. The teenager has a family history of breast cancer and indicated a history of cancer on the clinic intake forms. The first case was settled in October 2003, when a Pennsylvania resident sued the doctor because he did not inform her about the physical and emotional risks before performing an abortion on her when she was a 17-year-old teenager.¹⁵

Abortion can lead to infertility, a serious long-term complication that often goes undetected for many years.¹⁶ This is because abortion can lead to infections (such as pelvic inflammatory disease), as well as uterine scarring. The Royal College of Obstetricians and Gynecologists in England found 6% of women are left sterile from abortion.

Abortion often leads to complications in future pregnancies including miscarriage, premature birth, and placenta previa.¹⁷ How does this happen? During an abortion the cervix is artificially dilated; this can weaken the muscle and cause permanent damage leading to miscarriages and premature birth. The uterus may be perforated and sometimes it is scraped out with a knife, both leading to scarring. When a woman gets pregnant the newly fertilized human embryo may have difficulty implanting in the womb because it cannot attach itself to scar tissue. This can lead to placenta previa (when the embryo attaches itself to the lower part of the uterus near or over the cervix).¹⁸

It is minority women who suffer from the greatest number of serious complications and deaths after abortion:¹⁹ "Death from legal abortion is more common among African-American and Hispanic women than white women, women over the age of 35 and those who undergo the procedure during the second trimester."²⁰

But death does still occur; consider a study of pregnancy-associated deaths published in the latest issue of the *American Journal of Obstetrics and Gynecology*. It found that the mortality rate associated with abortion is 2.95 times higher than that associated with pregnancies carried to term. The study included the entire population of women 15 to 49 years of age in Finland between 1987 and 2000. The researchers linked birth and abortion records to death certificates.

The annual death rate of women who had abortion in the previous year was also 46% higher than that of non-pregnant women. Women who carried to term had a significantly lower death rate than non-pregnant women. Non-pregnant women had 57.0 deaths per 100,000, compared to 28.2 for women who carried to term, 51.9 for women who miscarried, and 83.1 for women who had abortions. The authors, led by Mika Gissler of Finland's National Research and Development Centre for Welfare and Health, concluded that pregnancy contributes to a healthy effect on women.

The study also revealed the difficulties involved in identifying direct and indirect effects of pregnancy on subsequent deaths. An examination of deaths from natural causes that were identified as "not pregnancy related" revealed that women who had abortions were significantly more likely (1.7 times) to die from natural causes that were not attributed to pregnancy on the death certificates. They were also 6.3 times more likely to die from violent causes.

This is the second record-based study to be published in the last eighteen months to show that the death rates following abortion are significantly higher than those associated with birth. The other study, published in the *Southern Medical Journal*, Aug. 2002 linked death records to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. In that study, the researchers discovered that women who had abortions were almost twice as likely to die in the following two years and that the elevated mortality rate of aborting women persisted over at least eight years.²¹

Cancers, preterm birth, placenta previa, and future fertility problems are common problems faced many years later by those of us who have abortions. Since changing my opinion about abortion, I have seen the reality of the physical problems in real women's lives. Please consider the health consequences experienced by these women. (These examples are from hearing personal stories, and various media reports.)

- In 1989, 4 women in Maryland, Erica Richardson (16-years-old), Gladys Estanislao, Susanne Logan and Debra Gray died from abortion complications however the state only reported one death for the entire decade, from 1980 to 1989.
- In 1997, a 27 year old woman died because the doctor punctured her uterus and cut into her bowel—she bled to death.
- In 1998, Denise Doe (not her real name) left a Louisiana clinic with a 2-inch gash across her cervix and an infection so severe it sent her into a coma for 14 days. For the next six months, she could not even use the bathroom—she had to rely on a colostomy bag. An emergency hysterectomy at a nearby hospital ultimately saved her life.
- Lou Anne Herron wasn't so lucky. Her 1998 abortion in Phoenix left her bleeding and unattended in a recovery room while Dr. John Biskind ate his lunch. Dr. Biskind then left the clinic while Ms. Herron screamed for help. When an administrator finally called 911—three hours later—the administrator asked emergency workers not to use their sirens and to come in through a side entrance. They did—but Ms. Herron had bled to death already. She left behind two children.
- In 1999, a 22 year old woman bled to death in a Brooklyn clinic.

- In 2000, a woman in Bucks County, Pennsylvania went home from clinic in pain—called back because painful bleeding and the doctor never responded. She went to the ER and had surgery to remove the fetus from the fallopian tube.
- In 2001, a senior at Florida State University had an emergency hysterectomy after complications from her abortion. Not only does she grieve her aborted baby but all the babies she'll never have.
- On April 5th, 2001, Shelly Gillespie committed suicide 5 months after having an abortion, Journals, and notebooks provided insight into her pain.
- In February 2002, 25 year-old Diana Lopez died at a Los Angeles clinic because the staff failed to follow established protocols before and after the abortion. If they had followed protocols, they would have realized she was not a good candidate for abortion because of blood pressure problems, and afterwards when her uterus was punctured during the abortion they should have called for an ambulance.
- In October 2002, Dana Powell went to the Akron City Hospital after taking RU-486 where she was diagnosed with a ruptured ectopic pregnancy, a life-threatening condition when left untreated.
- In September 2003, Holly Peterson died from using RU-486.
- In January 2004, a 15 year old girl died in Southfield MI from "uterine infarction with sepsis due to a second trimester abortion." The Coroner, Dr. Hlavaty told Ann Norton, who is also a nurse, that the "girl's death was normal." The doctor explained: "I rule it normal because these complications are expected with this type of abortion."
- In January 2005, a disabled woman from Texas arrived at the hospital with "severe hemorrhaging" and died "a few days later" from undetermined causes the source said "are very likely to be the result of a botched abortion." at George Tiller's abortion facility in Wichita, Kansas. Less than a month later a second woman was taken by ambulance from the same facility to the hospital, members of Operation Rescue are still trying to find out what happened to her.

Emotional Affect²²

As I noted at the beginning of this reflection, for 19 years I denied my abortion and any feelings about it. If asked about my opinion on abortion I would have said "I'm fine with my choice." However when my walls of denial came down around me as I felt my baby in my arms, my pain and guilt were very real and I have found many women dealing with the emotional consequences of abortion with similar experiences. There is a sub-culture in our society that is dealing with the pain of abortion usually in secrecy. More than 15 books have been published on this issue and at least twenty-one abortion recovery programs exist nationwide.

Abortion doctors fail to warn and prepare women for the psychological damage of abortion. Abortion creates a psychological dysfunction from the traumatic experience resulting in intense fear, the feeling of helplessness or being trapped, and loss of control.

Those who support abortion say that only 5-10% of women have emotional problems after abortion (which equals about 75,000-130,000 women a year). But a study done in the former Soviet Union country of Bucarest, where abortion is legal and religion is illegal found:²³

- 20% of women report their abortion as a none event – expressing no problem
- 35% of women expressed some level of stress but didn't meet PTSD diagnostic levels
- 45% of women qualified as experiencing Post Traumatic Stress Disorder

The study found that women who had become attached to the baby and/or recognized the life a separate had the strongest negative reactions. Many say these feelings are predictors that should signal potential future problems for women.

In 2002, when we started the Silent No More Awareness Campaign, a pro-abortion professor from a California college wrote an article about the campaign. She cited research that disproves any claim that women suffer emotionally after abortion and suggested that: "Ms. Forney was probably unstable before her abortion." As I read the article—I was amazed that this professor would write such a thing—she didn't even know me. But it was my daughter's response that put the issue back into perspective for me. She said, "Mom, while they are talking about research that says women aren't hurting, you're working seven days a week helping the women they say don't exist."

The reality is some women will experience the regret and pain from their abortion immediately afterwards while others, like me, live for a period of years denying it as an event or issue in their life. What I realize now is that my abortion affected my feelings, behavior and choices even though I was unaware for many years. For instance, I married an older man who already had children because I assumed I couldn't after having an abortion.

Society denies that abortion is a valid root cause for women's problems. It thereby discourages our grieving process and subsequent healing. Bowing to the pro-abortion agenda, the culture declares, "Abortion was the right choice! No need for guilt!" In fact, guilt is not allowed because it will destroy abortion's pro-woman façade. Our personal testimonies of being emotionally numb, suicidal, fearful, promiscuous, bulimic, anorexic, addicted, sleepless, angry, and depressed — confess truth that crumbles the 31 years of Roe versus Wade policy in protection of "woman's health." In the words of Theresa Burke, Ph.D., and David Reardon, Ph.D., "Clearly, if abortion contributes to feelings of depression, self-hatred, anxiety and anger among mothers and fathers, not to mention patterns of substance abuse, their children will pay a price."²⁴

In a recent survey of post-abortive women who were seeking counseling, the researchers found these results: an increased use of drugs and/or alcohol to deaden their pain, reoccurring insomnia and nightmares, eating disorders that began after the abortion, suicidal feelings, and many even attempted suicides.²⁵ Sadly, many in the psychiatric community deny any serious emotional trauma after an abortion. This does not mean that it does not exist. It took years for the medical community to recognize Post Traumatic Stress in Vietnam veterans. Ironically women who have undergone abortion often fit the psychiatric profile for diagnosing someone suffering from Post-Traumatic Stress Disorder.

It is no surprise then that researchers have found a direct correlation between abortion and child abuse.²⁶ That is not to say that every abortion results in child abuse, or that every child abuse instance is rooted in abortion trauma. However, violence begets violence; "Women who become more rage-filled after their abortions are more likely to become the victims of violence."²⁷ By suppressing the grieving process, we become prone to self-destructive behavior, and thereby place those around us also at risk.

Psychiatrist Philip Ney, M.D., the leading researcher in the field of abortion and child abuse, has conducted studies showing the disrupted bonding with later children, the weakening of maternal instincts, the reduced inhibitions against violence—particularly toward children—and the magnified levels of anger, rage, and depression in the wake of abortion.²⁸ His research shows that our unresolved emotions affect the relationships with our family.

There are documented testimonies and studies of women who, unknowingly, reenact the trauma of their abortion. Women try to stuff their traumatic abortion experience in the past, yet at the same time re-live it through another form. In this way, their subconscious efforts try to expose their trauma as well as search for meaning in their abortion experience.²⁹ For instance, Kathy had a saline abortion. A saline solution was injected into her fetus's body, poisoning him to death. Kathy never grieved her abortion, and when she had children she began to experience intrusive thoughts about poisoning them. Very gentle and soft-spoken, Kathy was terrified. She sought counseling, and identified the root: her saline abortion. Her mourning over her abortion had mutated into these intrusive thoughts as a way to re-live her emotional experience. They stopped once she admitted her pain, and grieved her abortion.³⁰ Though most women who have abortions do not act upon these intrusive thoughts, their torment affects their health and their relationship with the living children.

Studies of domestic abuse have found that women are more likely to initiate violence than men.³¹ According to David Reardon, "A woman who is self-destructive or suicidal, but afraid to deliberately harm herself, may be more likely to become involved with a violent man."³²

Women who have aborted sometimes engage in domestic abuse unconsciously reenacting the emotional and physical pain of the abortion through the cycle of rage, violence and regret. Women and men, who are involved in this convoluted pattern, create volatile home environments for themselves and their children. With abortion consequences like these, it is no surprise that wounded children are found in the wreckage.

By aborting "unwanted" babies, we have created a society of abortion survivors. One in three of this generation has been aborted.³³ Dr. Philip Ney illuminates a hazardous effect of this era on our "wanted" children. "'Wanted' children are, by definition, desirable because they fit into some plan of their parents. But the fact that they have been made a part of the plan is confining."³⁴ On the other hand, when children—

planned or unplanned—are simply welcomed as a “gift from God” they face far fewer expectations from their parents and are freer to be themselves.³⁵ The rhetoric of “wantedness” can result in many forms of subtle abuse, ironically leaving a child feeling unwanted, or starving for affirmation. Children are confused when parents abort their siblings—that could have been me if I didn’t fit into the plan. One study shows that a young child may begin to fear his mother if he becomes aware that she actively chose to “get rid” of a sibling.³⁶ (When my daughter sought clarification about the fact that I killed my baby, her face revealed that this is exactly what she was thinking.) Children can become aware that they are “replacement” children for the aborted baby, and can suffer from their mother’s unresolved guilt and grief.³⁷ Furthermore, studies show that women with a history of abortion often report that the birth of a subsequent child acts as a trigger for unresolved guilt and anxiety due to their previous abortions.³⁸ Abortion can break the trust between mother and child, and leave the relationship vulnerable to abuse.

Lack of adequate bonding is one of the most significant risk factors for child abuse. “In 1972, one year before the Roe v. Wade decision, there were 2.05 reported abuse cases per 1,000 children, according to the U.S. Bureau of the Census. The U.S. Department of Health and Human Services reported as of 1997, more than 40 of every 1,000 children under the age of 18 were reported as victims of maltreatment.”³⁹

Aborting “unwanted” children does not prevent abuse; abuse of wanted children proves differently. “The popular assumption that only the unwanted child is subject to abuse is refuted by case studies. Dr. Edward Lenoski, M.D., Professor of Pediatrics and Emergency Medicine at the University Of Southern California School Of Medicine, conducted a comparison of environments of abused and non-abused children. He found that ‘91% of the parents admitted they wanted the child they had abused.’”⁴⁰

Again to fully understand these consequences of choice to abort, it’s helpful to hear from the women, who are the faces of “choice.” These quotes from the Silent No More Awareness Campaign event participants demonstrate how our pain after abortion affects us and spills out on those around us.

- Susan said: Abortion is a deeply traumatic experience and was so for me back in 1989. When I was in my crisis, my mother was gravely ill. I had no one to turn to, and those I did reach out to all said abortion was the best choice. I chose abortion because I felt it was my *only choice*, which means I had *no choice*. I went against everything that I believed in thinking it would spare my mother in her fragile condition. To this day, I do not remember the actual taking of my child’s life. It was so traumatic that I left my body. Afterward, I remember thinking that now I had to pretend nothing happened and that I was fine, when in reality something horrific had happened and I was not fine. I was forever changed. In order to continue to function and survive this trauma, I did what most all women do--enter the phase of denial. Women literally go through a time of *forgetting the child within her womb*; it was tissue, it was a blood clot and it was not yet a child.
- Melanie said, “I never told anyone in my family for years, and when I did, I was told they did not want to hear about it and I was not to talk about it. I was ‘silenced’ for years. Believe me that only adds to the problem, which only permits it to take even a deeper root and stronghold in a woman’s life. It is much tougher to pull on a deeply rooted weed than one that raises its ugly head and you reach down and pluck it out immediately.”
- Vicki said, “My boyfriend immediately wanted me to have an abortion. It’s a selfish act with consequences. I knew it was wrong. They told me I’d be able to go on with my life as if nothing had happened and that it would be painless. I heard to the machine. I felt a tugging feeling. The reality of what I had done hit me like a sledgehammer. I would never be the same. I felt so much shame. When life got tough, I would entertain thoughts of suicide. I had two miscarriages. I had breast cancer at age 39. I felt betrayed. I needed complete freedom from my nightmare and to tell me family. It was the hardest thing I have ever done. If I could take my abortion back, I’d do it in a heartbeat and choose life.
- Joyce said, “I was a crazy woman with a mask on. To everyone I looked like I had it together. My husband will tell you differently, my children will tell you differently. The warning label of abortion should read ‘caution: abortion can result in years of grief, physical and emotional pain, mood swings, eating disorders, low self-esteem, health and relationship problems with your spouse and children.’”
- Jennifer said, “I knew in my heart of hearts that I had done something radically wrong. That I had left a piece of me on that table.”
- Olivia said, “I was never told about the pain that I would feel when the vacuum machine was turned on as it sucked my baby from my body.”
- Ann said, “I became emotionally numb, I tried to kill myself three times.”

- Janine said, “I represent everyone that thinks ‘I’m fine.’ But every time that you hear something about abortion your stomach turns just a little bit to let you know that you’re not fine.”
- Sylvia said, “Feeling my baby burning in my womb—cannot be forgotten. I don’t know exactly how long it took for my baby to burn to death or how long labor lasted. The memory for me is not in hours and days but in sounds and feelings frozen in time. The haunting screams of the others in the room, crying out for release as they labored to give birth to death. The panicked cries of my own body as my baby was delivered dead, as planned. The tears I cried as I lay with my baby are the tears that have continued for 28 years.”
- Karen said, “Immediately after the abortion, nothing mattered to me, school, or my life. I had very low self-esteem. It was nine years after that first abortion just three years after the second that I began to realize that all the years of substance abuse, low self esteem, suicidal tendencies, and self hatred began after that first abortion.”
- Cathie said, “I was 14 yrs old when I was coerced into having an abortion, the doctor lied to me at Planned Parenthood and told me my 2nd trimester baby was just a mass of flesh floating around my womb and they were going to stick a vacuum up me and suck the baby out! The doctors should also have to tell the patient the method used in the abortion from start to finish. They did not tell me that my baby would feel pain, or that the baby would first be cut up into pieces before the doctor sucks it out. I found this out after the abortion from looking at an abortion booth at the fair. I could not look at myself in the mirror. I had self-loathing after this knowledge. I was addicted to heroin, alcohol and other drugs for the past 30 years. Trying to mask what I had done to my baby. I am clean and sober now, but my life has been hell since that awful abortion ruined my entire life. I cannot have children; I had to have my fallopian tubes removed because of infections caused from the abortion.”

Another woman named Ann, sent this comment; she had not gone through healing yet, “I was too young. I wanted more for me let alone another life. I didn’t even love myself, how could I love something so precious I did not deserve? I wake up from bad dreams today, apologizing to God, to the baby, and beg and beg for forgiveness. I make myself imagine what it could have been like to feel ‘not wanted’. I do it every day. I never want to lose that devastation I feel I have to punish myself for what I did:

Self mutilation, emotional deadening, anger, rage, fear, loneliness, isolation, loss of self-confidence, drug and alcohol abuse, insomnia, nightmares, suicidal feelings, suicide attempts, eating disorders and sexual dysfunction are realities experienced by millions of women everyday.

A recent study underscores the need to fully disclose all the physical and emotional complications noted here. The study published in the Journal of Medical Ethics in July 2006, found that 95% of the women wished to be informed of all the risks of a procedure and 69% wanted to be informed of all alternative treatments, not just the alternatives preferred by their doctor. Moreover, in their ranking of the seriousness of complications, mental health complications ranked as very serious, only slightly below the risk of death or heart disease. This is especially important to the abortion debate since there’s clearly evidence of abortion linked to increase rates of mental health problems such as those described above.

Social Affect⁴¹

The impact of abortion on women’s health was obvious once I read beyond the rhetoric but what about the promises made by those who advocated for legalized abortion? Did the right to control our reproductive life create equality for women in the workplace?

Actually abortion has enabled many employers to discriminate against pregnant women. Since abortion was legalized there have been many cases of employees being pressured to abort or lose their job, even if encouraging abortion is against company regulations or local laws. This reality eliminates much of a “choice” for women. Two recent cases illustrate this point.

- In Washington D.C., March 2001, an Emergency Medical Services supervisor, Chief Samantha Robinson, told a class of emergency medical technician trainees that they could be fired if they got pregnant during their first year on the job. In a class of nine, six were women, three obtained abortions to keep their job. According to the *Washington Times*, the supervisor’s statements actually violated official District government policy. They also reported that Robinson was offered a *choice* between retirement and a demotion to a non-supervisory position. She chose retirement. Jonathan Imbody, a senior policy analyst with the Christian Medical Association pointed out the absurdity in this situation: “An

emergency medical services worker faces an ironic 'choice' of aborting her baby or losing her job as a saver of lives."

- In October 2002 the *Washington Post* ran a story concerning a former head coach of the women's basketball team at the University of California, Berkeley. It turns out that Marianne Stanley, now the head coach of the WNBA's Washington Mystics, gave her assistant coach, Sharron Alexander, a choice to either have an abortion or quit. The university paid Alexander \$115,000 two years ago to settle the pregnancy discrimination lawsuit after she refused to have an abortion and was subsequently fired.

Thomas Strahan, a researcher with the Association of Interdisciplinary Research, reviewed over 26 studies relating to abortion's impact on the socio-economic status of women.⁴² He found that:⁴³ instead of empowerment and equal pay, abortion leads to poverty.

Women who have had abortions encounter many complications that impede their success in the workplace. We often are more likely to require public assistance than those who continue with their pregnancies. The more abortions a woman has had, the greater her odds of receiving public assistance. We often are more likely to use drugs and alcohol to numb the pain, affecting our ability to function in the workplace and form stable family relationships. We often are at greater risk for psychological and physical health problems, just two more factors that interfere with our ability to handle employment and education. We often have greater difficulty establishing permanent relationships with men. This means we are less likely to marry and more likely to divorce.

Conclusion:

As I reflect back on my journey into the choice of abortion, I realize we have culturally come to depend on it to deal with pregnant women and unwanted children. Because abortion is such a polarizing topic, it has become almost exclusively a political and legal issue, to the detriment of women, the very people it was suppose to help. My desire is for us to look at abortion from the woman's perspective and recognize the truth –abortion doesn't happen in a vacuum, but carries short-term and long-term consequences: emotional, physical and social.

The Alan Guttmacher Institute (the research arm of Planned Parenthood) stated in 1994 that 43% of women under the age of 45 have had abortions.⁴⁴ Because there are so many women who have been affected by abortion it is important for everyone to understand the pain we deal with. We are all around you and our pain affects those around us.

How can we as a society of technologically advanced people help women who have had abortions? We must do all we can to raise awareness, support those who do the abortion recovery programs and offer help to all who seek it.

Need for Real Study:

And we need to honestly research abortions affect on women from all sides;for 33 years we've debated the humanity of the baby versus a women's right to choose—but I believe it's time to quit with the politics of abortion and admit that we have conducted a long-term experiment on women. Abortion is the most common medical procedure done on women every year, but there has never been research conducted in the United States without implied bias by either side.

Why can't we agree women's health issues are more important than the politics of abortion? Why not fund an in-depth, long-term study on the impact of abortion on women? States are not even required to report the number of abortions performed annually. Let us at least make that a requirement.

Or consider the lack of enforcement in reporting requirement legislated in Michigan and Minnesota. Michigan lists 26,807 abortions in the year 2000, with 38 reported cases of complications. However, Minnesota, who had only 14,833 abortions in the same year, reported more than 100 serious complications. The inconsistencies should be questioned because we are talking about real women experiencing these complications. We should unapologetically insist on nationwide mandatory reporting of abortion complications for the sake of women's health, and in the interest of preventing a public health crisis *and* we must enforce the laws when they are ignored.

The U.S. National Institute of Mental Health spends only 5.8 percent of it research budget on "clinically relevant" issues. The Treatment Advocacy Center and Public Citizen reports the NIH has spent millions to

study the mental processes of animals. Sadly, they have a 1.3 billion dollar budget – but nothing is allocated to study women’s reproductive health and abortion.

Research may help us identify those who would be at risk for having a severe emotional or physical reaction and by developing some sort of screening procedure we could at least help them make a fully informed choice.

Since December 2001, there have been 18 published studies in leading medical journals that indicate a significant correlation between abortion and later psychological/psychiatric health problems.⁴⁵ These studies and articles support the need for further in-depth, long-term research of abortion and women’s health.

1. “Abortion in young women and subsequent mental health,” **The Journal of Child Psychology and Psychiatry**, David Fergusson et al., **January 2006**, Volume 47. A study from New Zealand found 42 per cent of women in the study group who had had an abortion also experienced major depression at some stage during the past four years. This was nearly double the rate of those who had never been pregnant and 35 per cent higher than those who had chosen to continue a pregnancy.
2. “Psychiatric admissions of low-income women following abortion and childbirth”, Canadian **Medical Association Journal**, **May 13, 2003; 168 (10)**. **Results:** Overall, women who had had an abortion had a 2.6 times higher rate of psychiatric hospitalization compared with women who had delivered for every time period examined.
3. "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study," **British Medical Journal**, 324: 151-152. This study from **December 2001** indicates that married women who abort a first pregnancy are at greater risk of subsequent long term clinical depression compared to women who carry an unintended first pregnancy to term.
4. "State-funded abortions vs. deliveries: A comparison of outpatient mental health claims over five years." **American Journal of Orthopsychiatry**, **2002**, Vol. 72, No. 1, 141–152. In this record-based study of 173,000 California women, women were 63 percent more likely to receive mental care within 90 days of an abortion compared to delivery. In addition, significantly higher rates of subsequent mental health treatment persisted over the entire four years of data examined.
5. “Pregnancy-associated mortality after birth, spontaneous abortion or induced abortion in Finland, 1987-2000.” In the **American Journal of Obstetrics and Gynecology**, **2004**; the mortality rate associated with abortion is 2.95 times higher than that associated with pregnancies carried to term. Non-pregnant women had 57.0 deaths per 100,000, compared to 28.2 for women who carried to term, 51.9 for women who miscarried, and 83.1 for women who had abortions. A 46% higher death rate than non-pregnant women. The study also revealed a seven fold increased rate of deaths from suicide among aborting women. The study included the entire population of women 15 to 49 years of age in Finland between 1987 and 2000. This same study was also published in the **European Journal of Public Health** 15(5):459-63 (2005). Stating that compared to women who have not been pregnant in the prior year, deaths from suicide, accidents and homicide are 428% higher in the year following an abortion. The publication also noted that the majority of extra deaths among post-abortive women were due to suicide. The suicide rate among post-abortive women was six times higher than that of women who had given birth in the prior year and double that of women who had miscarriages. The risk of death was lowest among women who gave birth within the prior year.
6. "History of induced abortion in relation to substance use during pregnancies carried to term." **American Journal of Obstetrics and Gynecology**. **December 2002**; 187(5). Women with a prior history of abortion are twice as likely to use alcohol, five times more likely to use illicit drugs, and ten times more likely to use marijuana during the first pregnancy they carry to term compared to other women delivering their first pregnancies.
7. "Deaths associated with pregnancy outcome: a record linkage study of low income women." **Southern Medical Journal**, **August 2002**, 95(8):834-841. Over the eight year period studied, Women who have abortions versus those who carry to term are almost twice as likely to die in the two years following the pregnancy outcome. Women who aborted had a 154 percent higher risk of death from suicide and an 82 percent higher risk of death from accidents.

8. **Medical Science Monitor, 2003, 9(4).** Finding: Women whose first pregnancies ended in abortion were 65% more likely to score in the 'high-risk' range for clinical depression
9. "The quality of care giving environment and child development outcomes associated with maternal history of abortion using the NLSY data." **Journal of Child Psychology and Psychiatry. 2002;** 43(6):743-757. Among first-born children, maternal history of abortion was associated with lower emotional support in the home among children ages one to four, and more behavioral problems among five- to nine-year-olds
10. **Journal of Psychosomatic Medicine, Volume 66, 2004.** "Psychological Impact on Women of Miscarriage versus Induced Abortion: A 2-Year Follow-up Study." Finding: Women who had induced abortion reported significantly more avoidance of thoughts and feelings related to the event than women who had a miscarriage.
11. "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women." **Medical Science Monitor, 2004** 10:SR5-16. Sixty-five percent of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD. The study also found 23% of the women reported sleep difficulties and 30% reported nightmares.
12. **Archives of General Psychiatry, August 2000, Volume 57.** Two years post abortion, 28% of 418 women were dissatisfied with their decision; 31% of 441 said they would not have the abortion again; 28% reported more harm than benefit their abortion; 20% were depressed. Negative emotions increased and decision satisfaction decreased over time.
13. "Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence", **Obstetrical & Gynecological Survey, January 2003;** 58(1):67-79. Induced abortion increased the risks for both a subsequent preterm delivery and mood disorders substantial enough to provoke attempts of self-harm.
14. Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," **British Journal of Health Psychology** (2005), 10:255-268. This study found that women with a history of abortion are 3 times more likely to use illegal drugs during a subsequent pregnancy.
15. "Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record Based-Study," **Sleep Journal** 29(1):105-106, 2006. The researchers examined medical records for 56,284 low-income women in California who gave birth or underwent an abortion in the first six months of 1989. The findings showed that, up to four years following abortion or delivery, women who underwent abortions were more likely to be treated for sleep disorders following an induced abortion compared to a birth.
16. "Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth," **Journal of Anxiety Disorders**, 2005, 19:137-142. Using data collected from the National Survey of Family Growth, researchers examined a nationally representative sample of 10, 847 women ages 15-34 who had experienced an unintended first pregnancy and had no prior history of anxiety. Women who aborted were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder.
17. "Resolution of Unwanted Pregnancy During Adolescence Through Abortion versus Childbirth: Individual and Family Predictors and Psychological Consequences," **Journal of Youth and Adolescence** (2006) Researchers report that adolescent girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry 'unwanted pregnancies' to term. They also found that adolescents who had abortions were also over three times more likely to report subsequent trouble sleeping, and nine times more likely to report subsequent marijuana use.
18. "Associations Between Voluntary and Involuntary Forms of Perinatal Loss and Child Maltreatment Among Low-income Mothers," **Acta Paediatrica** 94, 2005. This study found that women who have had abortions are 2.4 times more likely to physically abuse their children. The research 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 or younger. The data compared rates of child abuse and neglect among women who had experienced a miscarriage, stillbirth or abortion.

Need for Real Choices: IS ABORTION THE BEST WE CAN DO FOR WOMEN?

We must also begin to help pregnant women so they do not feel their only choice is abortion.

We must give pregnant women *real* choices instead of directions to an abortion facility. We must seek to understand the pain felt by women who regret their abortion. We must understand that helping women before they choose abortion is less expensive and easier than dealing with the aftermath.

As people realize that legal or illegal, abortion is bad for women, they will reconsider acceptance of it. Ultimately I believe that abortion will become unthinkable and unnecessary. As a society the United States must begin to envision life without abortion and work towards that goal. We must ask, "Why does a woman feel she must choose abortion to handle an unexpected pregnancy?" The answers will provide a blueprint for us to help women so they will have real choices. Did you know that when pregnant women are asked that question, they usually respond that they feel they have no choice but abortion? They say they don't have the emotional support, and/or the financial resources they need to care for their baby. I believe no woman should feel she has to choose between her life and her baby's.

Churches and their members who are mandated by Scripture to look after widows and orphans, should also be doing more to help mothers. If the Church is serious about upholding the value of life, it needs to get busy networking, recruiting, and developing the emotional and financial resources mothers need. The Church cannot simply say to a woman, "Don't have an abortion." They must also be willing to help her. In other words, local community churches need to focus on helping pregnant moms so they are equipped to care for their babies. They cannot save the child without addressing the needs of the mother.

We as a society must help pregnant women see adoption as a noble choice. We must help a young couple see when marriage is a good choice and then mentor them along the way. We must think about practical problems faced by pregnant women and help address their needs, such as:

- Can a single pregnant woman in your community find reasonable housing? *Many pregnant women are told they can't live in their present home if they choose to keep their baby.*
- Where does a 19-year-old turn to find health care coverage for herself and her baby? *Most young girls fear they can't pay hospital costs and aren't familiar with CHIP (Children's Health Insurance Programs) or Medicaid.*
- How can a young mother learn about her right to collect child support? *Women often aren't aware of child support laws, or where to go for assistance in collecting support.*
- Where does a pregnant girl go when her parents, boyfriend, and siblings all tell her to abort? *Finding and trusting complete strangers to support and help her through the pregnancy and motherhood seem impossible and unlikely.*

You may think that helping women is what pregnancy resource centers do. They take care of the mothers. Yes, but will they be able to help the 1.3 million pregnant women who annually have abortions without your help? Churches, employers, universities, pregnancy resource centers and all the social service agencies available must revise their thinking and increase services to succeed in supporting pregnant women.

We need to realize that 94% of abortion providers are in metropolitan areas with over 70% in minority communities. But less than 2% of pregnancy resource centers are located in these same communities. In some cities, women in urban areas are having abortions at a 1 to 1 ratio with live births. We must partner with existing urban ministries to launch centers – or – plant a satellite pregnancy resource centers in urban areas.

As a society, if we continue to only offer abortion as the solution for women, we must then be prepared for millions and millions of women who will need help in other ways.

Some other practical steps include:

1. Making a commitment to be pro-active about the needs and concerns of pregnant women.
2. Promote and educate the public about better options than abortion like;
 - Adoption – explaining the different types of adoption options a pregnant mother really has such as open adoption, and in-family adoption.

- Parenting, either as a single parent with family or community support, or as a married couple.
3. Inventory support systems for pregnancy in every community, so women will be able to find the parenting resources they will need such as healthcare coverage access or legal expertise for information about custody and child support rights.
 4. Develop clear screening procedures for women considering abortion. By assessing a woman's risk factors that can lead to negative psychological reactions, we can help them understand the emotional or physical consequences thereby allowing them to make an informed choice.

Finally I think we need to carefully examine the various concepts that the pro-abortion industry reports as fact such as:

The idea that abortion is a decision between a woman and her doctor – the reality is that the vast majority women having abortions never meet with a doctor about their abortion choice. Most women will tell you they met the doctor when he walked into the room to perform the abortion procedure.

Also the claim that abortion is a safe alternative to childbirth needs to be honestly characterized as an unsubstantiated opinion. Jennifer O'Neill, the spokeswoman for the Silent No More Awareness Campaign summarizes the facts when she says, "experience overrides theory" when it comes to abortion. The experience of women being silent no more is making it clear that while abortion may be legal it is certainly not safe or without consequence.

As I said at the beginning personal experience has changed my perspective on abortion. I hope that as you read this, your perspective has also been affected. As a woman who has been there- done that, I can honestly say I don't want others to live with the regret and pain I feel everyday.

My hope is that this reflection will cause you to ask yourself: How can I share what I've learned with others? How can I include this information in my discussions with others? I believe women deserve better than abortion because abortion hurts women. I believe women deserve real choices and unconditional love and support. I invite you to consider how you can help us change our culture with this information.

Thank you for reading this, I pray it will help us all understand the impact our choices have on ourselves and society.

GF – March 2006

*If you or someone you know needs help with an unwanted pregnancy,
Call: 800-395-Help.*

*If you or someone you know is hurting after an abortion, visit:
www.SilentNoMoreAwareness.org for an extensive list of helpful resources*

¹ The data presented was originally published in the August 2002, edition of the NOEL NEWS, in an article entitled: "After 30 Years of Abortion – Are Women Better Off?" written by Kristen Panico. Visit www.AnglicansforLife.org for the full text.

² This is based on a complication rate of 11% and assuming the yearly abortion rate is 1.3 million US women a year. Most abortion advocates claim the complication rate is only 1%, but this is inaccurate when the data is analyzed. According to the Royal College of Obstetricians and Gynecologists in the UK, the immediate physical complication rate from abortions is at least 11%, primarily infections that can lead to a host of other problems including pain and infertility. The UK statistics have been recently published in January of 2001. See: Royal College of Obstetricians and Gynecologists (UK). The care of women requesting induced abortion: 4. Information for women. 2000. You can quickly find the data at: www.rcog.org.uk/guidelines.asp?PageID=108&GuidelinesID=31. On the web page click on Induced Abortion—Care of Women.*

³ These are included in the web site for n. 2, but for an extended list of research studies documenting these health risks and many others, please see Detrimental Effects of Abortion: An Annotated Bibliography With Commentary Ed. Thomas W. Strahan, published by Acorn Books, Springfield IL, © 2001.

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⁶ Atrach HK, Cheek TG, Hogue CJ. Legal abortion mortality and general anesthesia. *American Journal of Obstetrics and Gynecology* 1988 February; 158(2):420-4, see Ring-Cassidy p. 423 and 420.*

⁷ La Vecchia C, Negri E, Franceschi S, Parazzini F. Long-term impact of reproductive factors on cancer risk, *International Journal of Cancer* 1993 January 21; 53(2):215-9, see Ring-Cassidy p. 217. * Albrektsen G, Heuch I, Tretli S, Kvale G. Is the risk of cancer of the corpus uteri reduced by a recent pregnancy? A prospective study of 765,756 Norwegian women. *International Journal of Cancer* 1995 May 16; 61(4):485-90, see Ring-Cassidy p.485.* Kvale G, Heuch I. Is the incidence of colorectal cancer related to reproduction? A prospective study of 63,000 women. *International Journal of Cancer* 1991 February 1; 47(3):390-5, see Ring-Cassidy p. 392.*

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¹³ Kvale G, Heuch I. "Is the Incidence of Colorectal Cancer Related to Reproduction? A Prospective Study of 63,000 Women," *International Journal of Cancer*, February 1991, 1; 47(3):390-5.

¹⁴ Joe Gelman, *L.A. Daily News*, 28 September 1997, 3.

¹⁵ *FB vs. All Women's Health Service and Dr. John Doe*, Multnomah County Circuit Court, Case #0307-07422.

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¹⁷ Barrett JM, Boehm FH, Killam AP. Induced abortion: a risk factor for placenta previa. *American Journal of Obstetrics and Gynecology* 1981 December 1; 141(7):769-72.* Rose GL, Chapman MG. Aetiological factors in placenta previa—a case controlled study. *British Journal of Obstetrics and Gynecology* 1986 June; 93(6):586-8.* Taylor VM, Kramer MD, Vaughan TL, Peacock S. Placenta previa in relation to induced and spontaneous abortion: a population-based study. *Obstetrics and Gynecology* 1993 July; 82(10):88-91; p. 91.* Michalas S, Minaretzis D, Tsionou C, Maos G, Kioses E, Aravantinos D. Pelvic surgery, reproductive factors and risk of ectopic pregnancy: A case controlled study. *International Journal of Gynecology and Obstetrics* 1992 June; 38(2):101-5, pp.101, 103.* Luke B. *Every Pregnant Woman's Guide to Preventing Premature Birth*. 1995 [foreword by Emile Papiernik], New York: Times Books; see Ring-Cassidy p.32.*

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²⁴ Burke and Reardon (<http://www.afterabortion.org/PAR/V6/n1/ChildAbuseReenactment.htm>).

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- ²⁹ Burke and Reardon (<http://www.afterabortion.org/PAR/V6/n1/ChildAbuseReenactment.htm>).
- ³⁰ Burke and Reardon (<http://www.afterabortion.org/PAR/V6/n1/ChildAbuseReenactment.htm>).
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- ³⁵ Thorn (<http://www.afterabortion.org/PAR/V5/n1/wounded.htm>).
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- ⁴⁴ Alan Guttmacher Institute 1994 study entitled: "Unintended Pregnancy in the United States." http://www.agi-usa.org/pubs/fb_induced_abortion.html
- ⁴⁵ *This list was compiled by Emily Peterson, who writes the After Abortion blog at <http://afterabortion.blogspot.com>.*

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