

## Abortion and Women's Mental Health

- The world literature on abortion and women's mental health has grown considerably over the past several decades and the scientific rigor of the published studies has increased substantially.<sup>1,2,3</sup> Identification of risk factors for adverse outcomes and exploration of a wide range of negative psychological consequences have been the focus of most of this research.
- Numerous studies have identified the demographic, individual, relationship, and situational characteristics that place women at risk for psychological disturbance in the aftermath of abortion. Among the most thoroughly substantiated risk factors are the following:
  - Perceptions of the inability to cope with the abortion<sup>4</sup>
  - Low self-esteem<sup>5</sup>
  - Difficulty with the decision<sup>6,7</sup>
  - Emotional investment in the pregnancy<sup>8,9</sup>
  - Perceptions of one's partner, family members, or friends as non-supportive<sup>4</sup>
  - Timing during adolescence or being unmarried<sup>7, 10, 11, 12</sup>
  - Pre-existing emotional problems or unresolved traumatization<sup>13</sup>
  - Involvement in violent relationships<sup>14,15</sup>
  - Traditional sex-role orientations<sup>16</sup>
  - Conservative views of abortion and/or religious affiliation<sup>7,17</sup>
  - Pregnancy is intended<sup>18,19, 20</sup>
  - Second trimester<sup>21</sup>
  - Pre-abortion ambivalence or decision difficulty.<sup>7,12</sup>
  - When women are involved in unstable partner relationships<sup>17,22</sup>
  - Feelings of being forced into abortion by one's partner, others, or by life circumstances<sup>19</sup>
- Studies with nationally representative samples and a variety of controls for personal and situational factors that may differ between women choosing to abort or deliver indicate abortion significantly increases risk for the following mental health problems:
  - Depression<sup>23, 24, 25, 26</sup>
  - Anxiety<sup>24,27</sup>
  - Substance abuse<sup>24,28,29,30</sup>
  - Suicide ideation and behavior <sup>24,31,32</sup>
- Abortion is associated with a higher risk for negative psychological outcomes when compared to other forms of perinatal loss and with unintended pregnancy carried to term.<sup>27,28,30,33,34,35</sup>



- There is consensus among most social and medical science scholars that a minimum of 20 to 30% of women who abort suffer from serious, prolonged negative psychological consequences<sup>1, 12, 36, 37</sup> yielding at least 260,000 new cases of mental health problems each year.
- Adjustment to abortion is a highly individualized experience as Goodwin and Ogden<sup>38</sup> recently noted “women’s responses to their abortion do not always follow the suggested reactions of grief, but are varied and located within the personal and social context.”
- Women who perceived preabortion counseling as being inadequate were more likely to report relationship problems, symptoms of intrusion, avoidance, and hyperarousal and to meet diagnostic criteria for Posttraumatic Stress Disorder (PTSD). Women who disagreed with their partners concerning the decision to abort were more likely to report symptoms of intrusion and to meet the diagnostic criteria for PTSD.<sup>39</sup>
- Women who have abortions after the first trimester may be at greater risk for experiencing trauma symptoms than those who have an abortion during the first 12 weeks of pregnancy.<sup>40</sup>
- Women who suffer from mental health problems associated with abortion may find a path to healing through conventional therapeutic interventions or through faith-based counseling. Unfortunately very little research has been conducted to assess the efficacy of various treatment protocols.

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