Abortion’s Effect on RELATIONSHIPS

A Woman’s Partner
Nearly half of women in one study said abortion had “significantly altered” their relationship with their partner. Breakups are common, even among couples with previously stable relationships.

Her Parents
If a woman’s parents coerce her to abort, the parent-child relationship is likely to be damaged. If kept a secret, abortion can put distance between parent and child.

Her Other Children
Women who have abortions are more likely to abuse their other children. Not surprisingly, children of aborting women have higher rates of behavior problems.

Future Partners
Past abortions may be kept secret from husbands out of fear of judgement or rejection, though hesitancy to discuss the event creates distance. Women may become anxious or uncomfortable with sexual activity. Others may become promiscuous.

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3. Winfried Barnett, et al., “Partnership After Induced Abortion: A Prospective Controlled Study,” Archives of Sexual Behavior, Vol. 21, No. 5 (October 1992), pp. 443-455. Barnett and colleagues found that 20% of the 92 aborting couples, or 22%, in their study group had separated after one year. Among the 2,000 plus cases of post abortion trauma that Theresa Burke worked with, she encountered several women whose marriage dissolved as a consequence of their abortions. See Theresa Burke, Forbidden Grief (Springfield, IL: Acorn Books, 2002), pp. 208, 212, 217.


5. Rue, p. 66. Burke offers an excellent example from a case history in Forbidden Grief, pp. 55-56.


8. See Burke’s example in Forbidden Grief, p. 100.


11. Burke, Forbidden Grief, p. 147; examples, Margie, p. 89.
Other Relationships
Women may become negative or pessimistic about life in general and avoid people and situations that remind them of the abortion.12

REGRET & ABANDONMENT
Abortion advocates will tell you that the most immediate emotional reaction a woman has to her abortion is one of relief — relief that the crisis is over, relief that she can get on with her life.14 While this may reflect her state of mind when others are urging her on and she is struggling to justify her decision in the immediate aftermath, polls and studies indicate many women end up regretting that decision in the weeks, months, or years that follow.15

A 1989 Los Angeles Times survey found 56% of women who admitted having abortions felt guilty about them, and 26% mostly regretted the abortion.16 Studies suggest that these numbers may be low, since negative reactions may be delayed, not surfacing for five or ten years.17

Despite his promises, a woman’s partner often leaves after the abortion.18 The clinic staff which offered its support is gone, and the woman has no desire to return to the place she associates with the event.19 Even friends who know hesitate to bring up the subject.20 This means, however, that a woman often deals with her pain, her doubts, her questions all alone.21

12 See Burke, Forbidden Grief, pp. 112, 115.
14 Planned Parenthood says “Most women feel relief” in its “Risk and Effects” of abortion page at http://www.plannedparenthood.org/birth-control-pregnancy/being-a-parent.htm, accessed 9/15/06. Their Central Texas affiliate says that most experience relief and says abortion “can present an opportunity to reconsider attitudes and relationships. Many are happy to have a fresh start in life and be back to normal” (see “Successful Coping after an Abortion,” accessed 9/15/06 at http://www.gynpages.com/ppt/coping.html).
17 J. Trybulski warns about uncomfortable emotions and thoughts that surfaced months or years later following a woman’s abortion in “Women and abortion: the past reaches into the present,” Journal of Advanced Nursing, Vol. 54, No. 6 (June 2006), pp. 683-90.
18 See Sherman, Shostak, and Barnett above. Linda Bird Francke gives classic accounts on pp. 74 and 97 of The Ambivalence of Abortion. Burke offers examples from cases in Forbidden Grief on pp. 34. Ann Speckhard’s study of thirty high stress aborters in Psychosocial Stress following Abortion (Kansas City, MO: Sheed & Ward, 1987) found 46% of her subjects reporting a subsequent breakup with her impregnating partner, Speckhard observes:

As the male partner was often the only other one who knew of the abortion, ending the relationship left a large void in the subject’s life, which contributed to feelings of loneliness, isolation, and alienation (p. 54).
19 Even forty years after her abortion, “Elsa” tells Linda Bird Francke that “even now I have trouble driving by the 72nd Street entrance to the West Side Highway in New York where his office was.” Linda Bird Francke, The Ambivalence of Abortion (New York: Dell, 1978), p. 313. Burke quotes a woman in Forbidden Grief who says “I just can’t go near that place. It freaks me out. I’d rather drive a hundred miles than have to pass that place. I just can’t do it. It makes me sick” (p. 94; see also pp. 38-39). Also see Magyari, et al., 1987.
20 Burke, Forbidden Grief, p. 55.
21 An example of such isolation is found in Burke’s Forbidden Grief, p. 189.
Abortion’s PSYCHO-SOCIAL Consequences

POST-ABORTION SYNDROME

Professional counselors who have worked with women who have had abortions have recognized a cluster of reactions that fit the model of a post-traumatic stress disorder, a psychological dysfunction resulting from a traumatic experience which overwhelms a person’s normal healthy defense mechanisms.22 Some of the symptoms they have found to be typical are:23,24

FEELINGS EXPERIENCES

<table>
<thead>
<tr>
<th>After abortion, experienced feelings of:</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total Agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>31.3%</td>
<td>61.3%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>35.7%</td>
<td>52.5%</td>
<td>88.2%</td>
</tr>
<tr>
<td>Anger</td>
<td>35.7%</td>
<td>45.1%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Grief</td>
<td>40.8%</td>
<td>43.9%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Regret</td>
<td>32.7%</td>
<td>52.1%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Rage</td>
<td>21.2%</td>
<td>29.0%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>38.4%</td>
<td>45.2%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>32.0%</td>
<td>41.3%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Helplessness</td>
<td>31.5%</td>
<td>40.7%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>43.5%</td>
<td>37.9%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>33.1%</td>
<td>31.8%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Isolation</td>
<td>31.5%</td>
<td>30.3%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Self-Hatred</td>
<td>33.2%</td>
<td>43.6%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Alienation from others</td>
<td>31.9%</td>
<td>25.6%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Having become degraded or debased</td>
<td>37.4%</td>
<td>30.0%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Fear of harm to my other children</td>
<td>25.2%</td>
<td>23.4%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Fear of another pregnancy</td>
<td>25.3%</td>
<td>23.7%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Fear of making decisions</td>
<td>28.2%</td>
<td>20.0%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Nightmares</td>
<td>28.6%</td>
<td>17.8%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Insomnia</td>
<td>25.5%</td>
<td>19.3%</td>
<td>44.8%</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>35.3%</td>
<td>28.1%</td>
<td>63.4%</td>
</tr>
<tr>
<td>Hysterical outbreaks</td>
<td>22.5%</td>
<td>28.3%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Uncontrollable weeping</td>
<td>35.5%</td>
<td>34.3%</td>
<td>69.8%</td>
</tr>
<tr>
<td>Suicidal feelings</td>
<td>24.2%</td>
<td>31.6%</td>
<td>55.8%</td>
</tr>
<tr>
<td>A loss of self-confidence</td>
<td>38.2%</td>
<td>37.3%</td>
<td>75.5%</td>
</tr>
<tr>
<td>A loss of self-esteem</td>
<td>38.2%</td>
<td>44.1%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Hallucinations related to abtn</td>
<td>6.9%</td>
<td>7.7%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Eating disorders such as bulimia, anorexia, or binge eating</td>
<td>20.3%</td>
<td>18.3%</td>
<td>38.6%</td>
</tr>
<tr>
<td>An inability to keep jobs</td>
<td>15.9%</td>
<td>8.6%</td>
<td>24.5%</td>
</tr>
<tr>
<td>A loss of concentration</td>
<td>29.2%</td>
<td>18.2%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Difficulty maintaining and developing personal relationships</td>
<td>30.1%</td>
<td>26.8%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Need to block and stifle feelings</td>
<td>35.2%</td>
<td>44.0%</td>
<td>79.2%</td>
</tr>
<tr>
<td>started losing temper more easily</td>
<td>35.1%</td>
<td>24.1%</td>
<td>59.2%</td>
</tr>
<tr>
<td>became more violent when angered</td>
<td>26.8%</td>
<td>20.7%</td>
<td>47.5%</td>
</tr>
<tr>
<td>began to drink more heavily</td>
<td>19.3%</td>
<td>17.2%</td>
<td>36.5%</td>
</tr>
<tr>
<td>began to use, or increase use of drugs</td>
<td>21.4%</td>
<td>19.2%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

22 In the American Psychiatric Association’s DSM-III-R (The Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised) (Washington, DC: American Psychiatric Association, 1987), the section on “Post-traumatic Stress Disorder” (pp. 247 ff) outlines the cluster of symptoms listed in the following text. In Chapter 2, laying out “Use of This Manual,” abortion is specifically identified as one of the “psycho-social stressors to be considered” (p. 20).

23 Due to a demonstrated tendency of aborting women to conceal or even deny abortions (E.F. Jones and J.D. Forrest, “Under reporting of Abortion in Surveys of U.S. Women: 1976-1988,” *Demography*, Vol. 29, no. 1 (1992) pp. 113-126), broad studies of the overall incidence post-abortion syndrome are hard to obtain. A study by Catherine Barnard that looked at 80 women in Baltimore who had abortions three to five years earlier found 19% meeting the criteria for diagnosable post-traumatic stress disorder (*The Long Term Psychosocial Effects of Abortion* (Portsmouth, NH: Institute for Pregnancy Loss, 1990). Burke in *Forbidden Grief* (p. 318) says this establishes a baseline of about one in five, but says the actual rate may be much higher, owing to a high rate of refusal in Barnard’s interview (half of those contacted refused to participate). A study of 260 women by the Elliott Institute (*The Post-Abortion Review*, Vol. 2, No. 3 (Fall 1994), pp. 4-8) who self-identified as those experiencing negative emotional reactions to their abortion, however, helps profile the sorts of experiences and reactions such women might face, found on the list in the text and on the chart below.

24 Different individuals experience different clusters of reactions. Examples of most of these can be found in case histories recorded in Theresa Burke’s *Forbidden Grief* (Springfield, IL: Acorn Books, 2002). For reference, these will be identified in following footnotes by Burke, *FG* (*Forbidden Grief*) pseudonym case name and page number. Where there are studies dealing with particular symptoms, these will cited.
Abortion’s PSYCHO-SOCIAL Consequences

- intense fear,
- anxiety,
- sense of helplessness
- feeling of loss of control
- emotional numbness
- difficulty recalling event
- guilt, pain, grief, depression
- irritability, angry outbursts, aggressive behavior
- sleep difficulties
- sexual dysfunction
- flashbacks, nightmares, anniversary reactions
- withdrawal from relationships, avoidance of children
- pessimism regarding future
- drug, alcohol abuse, suicidal thoughts

Burke, FG, cases of Molly, p. 112, Lisa, p. 123.
Burke, FG, case of Barbara, p. 123.
Burke, cases of Jennifer, Julie Anne, p. 131, Barbara, p. 232.
Burke, FG, cases of Beverly, p. 34, Hanna, p. 61, Lee, 235-6, Michelle, 245.
Burke, FG, cases of Kimberly, p. 53, Sonnie, p. 117, Tasha, 203. See also the case of “Mona” in Nancy Michael’s Helping Women Recover from Abortion (Minneapolis: Bethany House, 1988), p. 32.
Burke, FG, cases of Diane, p. 86, Betty, Varan, Katie, Jennifer, pp. 128-130.
Burke, FG, cases of another client, p. 75, Elizabeth, p. 78, Molly, p. 111, Lee, 235-6, Bianca, 257.
Burke, FG, cases of Michelle, p. 36, Anna Mae, 143, Sandra, 191, Connie, 260.
Burke, FG, cases of unnamed, p. 76, Heather, p. 115, Rebecca, 258.
Burke, FG, cases of Carla, p. 85, Cindy, 228.
Burke, FG, cases of Lee Ann (anger/rage), p. 121.
Burke, FG, cases of Judy, SaBy, Micki, Marge, pp. 210-212.
Burke, FG, cases of Jeanette, p. 96, Cecilia, p. 126.
Burke, FG, cases of Ginny, Tanya, Janet, Corrie, Bernice, Kyra, Valerie, pp. 216-218.
Burke, FG, cases of Suzanne, Evelyn, Carol, pp. 122-3.
Burke, FG, cases of Julie, p. 101, Olivia, Rebecca, Helaine Vivian, Ellen, pp. 124-5.
Burke, FG, cases of Rosetta, Bonnie, Carol, Rachel, pp. 97-99.
Burke, FG, case of Janet, p. 79.
Burke, FG, cases of Carol, Peggy, Maryelke, p. 71.
Burke, FG, cases of Mel, p. 76, Kari, p. 115, Karissa, p. 195.
Burke, FG, cases of Monica, Jennifer, Amanda, Mary, Heidi, others, pp. 167-170.
Burke, FG, cases of Gretta, p. 58, Janet, p. 173, Paulette, 174-175, Eleanor, 175, Jill, 176.
REAL HUMAN COST: Studies examining the records of over 50,000 California Medicaid patients from 1989-1994 found women who aborted having 2.6 times more psychiatric admissions in the first 90 days following pregnancy than women giving birth and 17% higher mental health claims over the following four years.  

Self Abuse & SUICIDE

Self Destructive Acts

For some, abortion appears to be associated with eating disorders such as binge eating, bulimia, and anorexia. Others become reckless, or attempt to cut or injure themselves.

Smoking

Women who have abortions are twice as likely to be or become heavy smokers and are more likely to continue smoking during subsequent pregnancies, increasing the risk of developmental malformations or fetal death.

Substance Abuse

Greater alcohol abuse has been found among women having abortions, bringing with it greater risk of violent behavior, divorce, auto accidents, and job loss. After their abortions, women are also more likely to abuse drugs, exposing them to other health and safety risks.

48 Priscilla Coleman, et al., “State-Funded Abortions vs. Deliveries: A Comparison of Outpatient Mental Health Claims Over 4 Years,” American Journal of Orthopsychiatry Vol. 72, No. 1 (2002), pp. 141-152 compared claims for first time outpatient mental health treatment in California between 12,497 aborting women and 40,122 women who gave birth four years after the event and found the rate of care 17% higher among the aborting group. Another study by P. Coleman and colleagues, “Psychiatric admissions of low-income women following abortion and childbirth,” Canadian Medical Association Journal, Vol. 168, No. 10 (May 13, 2003), available at www.cmaj.ca/cgi/content/full/168/10/1253 found reduced reductions in birth weight and an increased rate of neonatal death among those smoking at least a pack a day. Martin also found a possible increase in congenital anomalies and compromised cognitive function in early and middle childhood.


50 Burke accounts one case of a post abortive woman regularly attempting to cut or burn herself (p. 131), another who regularly tried to cut herself with knives, paperclips, sharp edges, “anything I could find” (p. 143). Burke gives another example of a woman who began to regularly drive at reckless speeds, getting in a series of accidents (p. 140).


55 A 1981 random survey of 917 women in the U.S. found significantly higher rates of moderate (13%) or heavy (13%) A study of inner city adolescent mothers by H. Amaaro, et al., “Drug Use Among Adolescent Mothers: Profile of Risk,” Pediatrics, Vol. 8, No. 1 (July 1989) found those with a history of induced abortion twice as likely to be involved with alcohol, marijuana, and cocaines (p. 144-150).


57 A good review of the scientific literature may be found in Priscilla Coleman’s “Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence,” Current Women’s Health, Vol. 1, No. 1 (2005), pp. 21-34.

Suicide

More than half of women reporting post abortion problems in a study said they had thought of suicide, with 28% actually attempting it. Government researchers in Finland found the suicide rate for women having abortions was three times the national average and nearly six times what it was for women giving birth.\(^{61}\)

