

Your Voice for Choice

Canada's only national political pro-choice advocacy group

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Position Paper #77

Psychological After-effects of Abortion

High-quality studies show that women and transgender people who have abortions are not at increased risk of negative psychological effects due to having an abortion. Anti-choice propaganda to the contrary is based on B.A.D science (biased, agenda-driven).

Being pro-choice does not mean believing an abortion is a decision made lightly. People have abortions for many reasons and have different reactions to it. Some can have an abortion and have little emotional response to it, while others might ruminate on their decision for years or even decades. In the immediate aftermath of abortion, most women feel a range of emotions, primarily relief and gratitude, but often mixed with sadness or guilt. Every person is different and every situation is different.

But anti-choice people argue that abortion can leave lasting long-term psychological scars for many women. They claim that most women who have abortions will suffer to some degree from a variant of post-traumatic stress called "post-abortion syndrome," characterized by severe and long-lasting guilt, depression, rage, and social and sexual dysfunction.¹

Fortunately, there are new studies, such as the recent Turnaway Study¹ and a major 2018 study in *JAMA Psychiatry*, ² that lay these fears to rest.

Where Do These Misconceptions Come From?

A major reason is flawed and conflicting studies.³ Women's psychological response to abortion has been studied since the 1950s, but most of the studies that found significant psychological responses to abortion had serious methodological flaws. For example, some studies measured trauma in women who had undergone an illegal abortion but did not take illegality into account (which could be the main factor causing trauma). Other studies based their research on women who were forced to prove a psychiatric disorder in order to get an abortion, while some studies consisted only of anecdotal evidence. In short, many studies that seem to support anti-choice

¹ A fact that anti-choice advocates never mention is that full-term pregnancy creates a major risk of depression. In developed countries, 10-15% of new mothers are affected by major postpartum depression syndrome (PPDS). In Canada, a 2011 study showed the prevalence of major PPDS was about 8.7%, and about 17% for both minor and major PPDS combined. (https://www.ncbi.nlm.nih.gov/pubmed/21569372)

beliefs are flawed because of small sample sizes, unrepresentative samples, poor data analysis, lack of control groups, and unreliable or invalid research questions.

An example of a B.A.D. study is a meta-analysis published by anti-choice researcher Priscilla K. Coleman in 2011.⁴ A meta-analysis combines the findings of a number of independent studies on the same topic. Coleman's study pooled the results of 23 studies and concluded that abortion increased women's risk of mental health problems by 81%, and that 10% of mental health problems are attributable to abortions. (Coleman is one of *Rewire's* False Witnesses,⁵ best known for the "Signature Falsehood" that abortion causes mental illness and drug abuse.)

A comprehensive critique of Coleman's meta-analysis was published in May 2012 in the journal *Contraception*. The study was found to suffer from at least 10 major methodological errors and shortcomings, which completely invalidated its findings. Perhaps Coleman's worst error was selecting seriously flawed studies to include in her meta-analysis. Of the 23 studies she selected, 13 had a rated quality lower than "very poor", according to the Royal College of Psychiatrists. Seven of these were Coleman's own previous studies. As the authors of the critique noted: "A meta-analysis cannot produce good science out of (mostly) bad science."

Most Women Don't Suffer Regret or Depression After Abortion

Anti-choice advocates argue that women who undergo an abortion will deeply regret it for the rest of her life. But a 2015 study showed that 99% who had abortions believed it was the right decision for them,⁸ shortly after the abortion and three years later. Interestingly, higher perceived community abortion stigma and lower social support were associated with more negative emotions, which means that anti-choice stigma contributes to abortion regret.

In May 2018, *JAMA Psychiatry* published a study of 400,000 Danish women who had an abortion according to a government registry that records all health interventions for the population including drug prescriptions.² The study looked at whether antidepressant use increased after abortion, as a proxy for depression. Compared to women who did not have an abortion, those who had a termination did have a higher risk of antidepressant use. However, this higher risk was the same for both the year before and the year after the abortion, indicating that the higher risk was not due to the abortion but to other factors, such as pre-existing mental health problems and other adverse experiences. The study concluded that having an abortion did not increase the risk of depression.

The above finding brings attention to a key error that anti-choice people invariably make: confusing correlation with causation. For example, when a study shows that women who have abortions experience more mental health issues compared to women who gave birth, anti-choice people assume it means that abortion *caused* the mental health issues. That is false, as many other factors could be responsible. The most common predictor of psychological problems after an abortion is psychological problems *before* the abortion. This means abortion was either not the cause of subsequent problems or it was a compounding factor.

Second, compared to women who give birth, women who have abortions have a greater tendency to be (on average) in poorer health, single, lower income, younger or older, in a dysfunctional or abusive situation, or in some other adverse circumstance – any of which may have resulted in the unintended pregnancy in the first place, as well as the decision to have an abortion. But crucially,

it is those circumstances – not the abortion itself – that may produce the apparent association between abortion and mental health issues.

To overcome the methodological flaw of comparing women who had abortions with women who chose to give birth (who tend to be healthier overall), the Turnaway study was initiated in 2008.

What is the Turnaway Study?

"Advancing New Standards in Reproductive Health" is a program at the University of California in San Diego. Researchers with ANSIRH have been conducting a comprehensive study since 2008, with over two dozen peer-reviewed studies published so far based on data found. They recruited 1,000 women from 30 abortion facilities around the United States: women who sought abortions, some who received abortions, and some who tried to get an abortion but were "turned away" and forced to carry to term because they were past the gestational limit of the clinic. The goal was to assess the effects of abortion on women's lives. The interviewers conducted over 8,000 phone interviews over five years with the subjects – starting one week after they received their abortion or were turned away and again every six months for five years. Women were interviewed on a range of outcomes from physical and mental health to relationships and life plans.

Overall, the study found that participants who had an abortion did not experience more depression, anxiety, low self-esteem, or dissatisfaction with life than those who were denied an abortion. In fact, psychological symptoms increased only in women who sought abortions but were not allowed to have the procedure (due to gestational limits). But even their mental distress was temporary. After six months, their mental health resembled that of women who were not turned away and had abortions.

Another intriguing finding was that women receiving first-trimester abortions were no more or less affected than those ending pregnancies later.

The Turnaway study has also found that women who were denied abortions and carried to term were more likely to remain in an abusive relationship and three times more likely to be living below the poverty line, compared to women who had abortions.¹⁰

Conclusion: Abortion does not cause an increased risk of mental health issues. Anti-choice advocates who claim otherwise rely on flawed studies or misinterpret the research.

¹ https://www.ansirh.org/research/turnaway-study

² https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2681170

³ http://www.prochoiceactionnetwork-canada.org/articles/psych.shtml

⁴ https://www.ncbi.nlm.nih.gov/pubmed/21881096

⁵ https://rewire.news/false-witnesses/#priscilla-coleman

⁶ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3646711/

⁷ https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced Abortion Mental Health 1211.pdf

⁸ http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128832

⁹ https://www.nytimes.com/2016/12/14/health/abortion-mental-health.html

¹⁰ https://io9.gizmodo.com/5958187/what-happens-to-women-denied-abortions-this-is-the-first-scientific-study-to-find-out