The Post-Abortion Review

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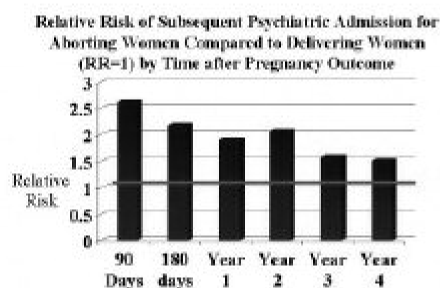
Abortion History Linked to Bipolar Disorders

And the Ongoing Cover-Up

David C. Reardon

Women with a history of abortion are three times more likely to suffer from bipolar disorders, according to a new study published in the *Journal of Affective Disorders*.

The researchers' findings were based on a comparison of reproductive histories of women treated for bipolar disorders with a control group of similar women without a history of bipolar disorders. They found that 42.4 percent of the women with bipolar disorders had a history of abortion compared to only 13.5 percent of the control group. There was no significant difference in pregnancy rates or use of contraceptives.[1]



These findings are consistent with a 2003 record linkage study of 56,741 low income women in California that I conducted with my colleagues.

In that study we found that the rate of first-time psychiatric admissions for bipolar disorders was three times higher after abortion compared to childbirth during the four years following the pregnancy.[2]

Unfortunately, additional research into the link between abortion and bipolar disorders is often obstructed by ideological considerations.

For example, a 2012 recent record linkage study of 120,378 Danish women examining the risk of bipolar disorders following childbirth conspicuously excluded any analyses related to bipolar disorders following other pregnancy outcomes, specifically abortion or miscarriage—even though this data was available to the researchers.[3]

Indeed, when I pointed this omission out in a letter published by the journal and asked for publication of the results of bipolar disorders associated with abortion, the lead author, Trine Munk-Olsen, simply refused my request.

Burying the Truth

Why would she refuse? There are only a few possibilities.

First, she may simply have no academic interest in abortion and mental health. Second, she may desire to avoid any involvement in abortion and mental health research because of its controversial nature. Or, third, she may know or suspect that complying with my request for additional analyses may undermine some belief which she values more than scientific objectivity.

While the first two options may apply to many academics, they don't apply to Munk-Olsen.

Munk-Olsen's bipolar disorders study actually uses the very same records she used for two highly publicized studies she had already published on abortion and mental health. In both studies, she asserted that a single first trimester abortion has few, if any, effects on subsequent mental health.[6,7] (Methodological flaws in these studies are outlined online at http://bit.ly/1Kamszr.)

So there is no lack of interest or fear to enter into this controversial area holding Munk-Olsen back.

In addition, Munk-Olsen has also cited my own studies in this field. Most specifically, she is familiar with our California studies that employed the same record linkage methods she used in her studies.

This means that given her proven interest in the abortion and mental health issue and her knowledge of the research of others, it is hard to imagine that Munk-Olsen did not think of running the analyses I had suggested long before she even published her study on bipolar disorders.

After all, she had all of the reproductive and mental health records compiled and ready at hand and the foreknowledge that others had already identified a link between abortion and bipolar disorders. Because all the data necessary was already linked and prepared, running an additional statistical analysis to identify rates of treatment for bipolar disorders after abortion would be a trivial effort . . . one measured in minutes, not hours, much less days or weeks.

It is so trivial, that even if Munk-Olsen legitimately did simply forget to consider exploring the association between abortion and bipolar disorders before she published her study, it would have been easy for her to do so after I made the request. Indeed, it is a

common practice for researchers to respond to requests for additional analyses after publication of their initial results.

But instead of responding to my request with data that would either confirm or refute my prior findings, she rebuffed my request. Rather than take it as an opportunity to prove me wrong, she responded as if any further scientific inquiries are a waste of everyone's time.

This avoidance behavior was repeated a year later when Munk-Olsen published a study comparing the use of antidepressants twelve months before childbirth and twelve months postpartum.[8]

This ideology presents a threat to academic integrity and the health of women.

In a letter to the editor published by the journal, I again pointed out that Munk-Olsen's analysis was flawed by her failure to examine the effects of prior pregnancy losses (miscarriage or abortion) on antidepressant use before and after childbirth.

This omission, I noted, was especially significant since numerous studies had previously shown that a history of pregnancy losses increase the risk of psychological issues during and after subsequent pregnancies. In her response, Munk-Olsen refused to give any additional results and instead argued that her two previous studies on abortion and mental health had already proven that there are "no links between abortion procedures and increased risk of psychiatric episodes."[9]

The File Drawer Problem and Publication Bias

The problem of researchers burying results that do not support their preferred hypotheses is often called the "file drawer problem."

The decision of researchers to not publish some findings contributes to "publication bias," which is actually relatively common.[10] One study to investigate how common such research bias is examined 57 meta-analyses (studies that are themselves reviews of scores or hundreds of papers in a particular field). In this review of reviews, the investigators found that 41 percent of the meta-analyses identified evidence of such publication bias in their respective fields.[11]

So the problem is widespread. And clearly, the risk of publication bias is higher in fields where researchers have professional, personal, or cultural biases.

The pursuit of scientific truth is obviously hampered by self-censorship, when researchers voluntarily choose not to publish results. It is further set back when editors and reviewers choose to block publication of studies based on ideological concerns. But perhaps most concerning is when scientists refuse to undertake or allow reanalysis of their data when such concerns are raised.

This is one reason why many science organizations have ethical policies requiring data sharing.

For example, the American Psychological Association's code of conduct and ethical principles states that researchers "do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis" (section 8.14).

Unfortunately, as reported previously, this policy has been ignored by the APA's own task force leader on abortion and mental health, Brenda Major, who has refused to allow her own data on women receiving abortion to be subject to reanalysis.

The takeaway message is that evidence-based studies consistently show that abortion is associated with higher rates of psychological disorders.[12] But studies using deceptive methodology can be constructed to minimize or ignore the effects associated with abortion.

Moreover, even when additional analyses are requested or recommended, ideologically driven researchers are simply refusing to publish analyses that might undermine the claim that abortion has no mental health risks.

This ideology presents a threat to both academic integrity and to the health of women.

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The Planned Parenthood Videos and the Exploitation of Women

As most pro-life advocates have almost certainly heard, Planned Parenthood is embroiled in a scandal related to their role in the harvesting and sale of fetal organs and tissues obtained through abortions.

Since July, the Center for Medical Progress has released 10 undercover videos of Planned Parenthood officials and others discussing these practices, and are promising that more vidoes—including some involving the National Abortion Federation—are still to come. As of this writing, six states have cut funding for Planned Parenthood and federal and state investigations are ongoing, with pro-life advocates also calling for criminal penalties.

The videos are disturbing on many levels. But one seldom-mentioned aspect of the scandal is the exploitation of the pregnant women who are being pressued to "donate" tissue from their aborted children.

For example, the videos include Planned Parenthood officials admitting that they alter abortion techniques to obtain fetal tissue, which is illegal and possibly dangerous to the mothers as well.

Even more disturbingly, Holly O'Donnell, a former procurement technician for Planned Parenthood partner StemExpress, claims that technicans harvested blood and fetal tissue without the consent of the mother—which is also illegal.

Even if consent is obtained, documents posted on CMP's web site show that the process for obtaining that consent is clearly manipulative. The consent form says that the tissue from abortion is being used to "treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disorder, cancer and AIDS."

In fact, fetal tissue has been used in experiments but has not resulted in any cures. Telling women that it is being used to "find a cure" is dishonest and manipulative.

As Elliot Institute director Dr. David Reardon has pointed out,

> Women presented with the "opportunity" to "give to charity at no cost" except their signature undoubtedly feel social pressure to consent. An immediate decision is called for. Is the woman given the time and space to stop and engage in a thoughtful moral contemplation of the ethics of fetal tissue donation—especially if, like most women undergoing abortion, she believes she has "no choice" but to submit to an abortion she doesn't really want?
>
> To even consider withholding consent for this "act of charity" would feel blatantly rude and selfish. To allow women to question exactly what might be collected and how it might be used risks opening a Pandora's box of questions about fetal development.

Further, O'Donnell claimed that the consent form stated that the woman had already agreed to an abortion, even if that wasn't true. Federal law prohibits asking a woman to donate before she gives her consent to an abortion, as this could put pressure on her to have the abortion.

"[The consent form] states that I've already consented that I'm going to get an abortion," O'Donnell said in a video inteview. "Yeah, no. Didn't happen all the time. Some of these women don't know if they're going to get an abortion. ... They're not 100 percent sure they're going to get it done."

O'Donnell also described patients being asked for consent while in deep emotional distress about having an abortion, sometimes while crying or vomiting from medication.

"Half these women are already on edge as it is," she said.

That Planned Parenthood and the procurement companies who partner with them are exploiting women at their most vulnerable to obtain their consent—or failing to seek it at all—is not much of a surprise. But it should be a centerpiece of any investigations of these groups going forward.

Expose Healing and Hope

Theresa Burke, Ph.D.

I started my career 30 years ago as a psychotherapist facilitating a support group for anorexics and bulimics. As it turned out, most of the women in my group developed eating disorders after having abortions.

My supervisor, a psychiatrist, told me I had no business prying into people's abortions. He claimed that Debbie's flashbacks to her aborted baby screaming were a psychotic reaction caused by the medication he prescribed.

I did not pry; I listened as I watched my patients engage in self destructive rituals of mourning and sabotaging their lives in ways that were excruciating to observe. I write about these and other patients and their subsequent traumatic reenactments in the book *Forbidden Grief: The Unspoken Pain of Abortion,* in a chapter entitled "What's Eating you?"

I left that group and started the first therapeutic support group for healing after abortion. I quickly saw that talk therapy

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Abortion Won't Help Trafficking Victims

How Abortion Leads to Further Exploitation and Abuse of Victims

Amy Sobie

This past spring, Congressional Democrats blocked a bill to help victims of sex trafficking because it contained a provision that prohibited funding for abortions.

Although a compromise was eventually worked out and the bill was passed with the prohibition in place, abortion advocates insist that abortion is necessary to help women and girls who are being trafficked. But a look below the surface shows that abortion is likely to harm, not help, victims of trafficking—and, in the words of one expert, could even be a death sentence.

Even a cursory look at research on abortion shows that a prior history of sexual assault or abuse is actually a risk factor for psychological problems after abortion. Other risk factors include low self-esteem, few friends, lack of support, feelings of alienation, prior emotional problems, previous abortion or miscarriage, and being coerced or pressured to abort or feeling that abortion is their only option.

A U.S. study of women who survived sex trafficking found forced abortion was common.

Further, the Elliot Institute's survey of nearly 200 women who became pregnant as a result of rape or incest—one of the only studies on sexual assault pregnancy ever done—found that nearly 80 percent of the women who aborted a pregnancy conceived in sexual assault reported that abortion had been the wrong solution, and most said it only increased the trauma they had experienced.

Forced Abortion and Sex Trafficking

The survey also found that in many cases, the victim faced strong pressure or demands to abort. This was especially true for victims of incest or ongoing sexual abuse. In almost every case where the victim had an abortion, it was the girl's parents or the perpetrator who made the decision and arrangements for the abortion, not the girl herself. These included cases where the perpetrator arranged for abortion in order to hide the situation and continue abusing the victim.

Further, a U.S. study of women who survived sex trafficking found that forced abortion was common among victims who became pregnant, calling it an "especially disturbing trend."

Laura Lederer, one the authors of the study, testified about the findings at a congressional hearing on on sex trafficking and health care on this past September.

The paper, published in the *Annals of Health Law*, was based on surveys of 66 women who had been trafficked for sex in the U.S. Fifty-five percent of the respondents reported undergoing at least one abortion while they were being trafficked, and 30 percent reported multiple abortions.

From the paper:

> The prevalence of forced abortions is an especially disturbing trend in sex trafficking. Prior research noted that forced abortions were a reality for many victims of sex trafficking outside the United States and at least one study noted forced abortions in domestic trafficking. The survivors in this study similarly reported that they often did not freely choose the abortions they had while being trafficked. While only thirty-four respondents answered the question whether their abortions were of their own volition or forced upon them, more than half (18) of that group indicated that one or more of their abortions was at least partly forced upon them.
>
> One victim noted that "in most of [my six abortions,] I was under serious pressure from my pimps to abort the babies." Another survivor, whose abuse at the hands of her traffickers was particularly brutal, reported 17 abortions and indicated that at least some of them were forced on her.

"Notably, the phenomenon of forced abortion as it occurs in sex trafficking transcends the political boundaries of the abortion debate, violating both the pro-life belief that abortion takes innocent life and the pro-choice ideal of women's freedom to make their own reproductive choices," the authors wrote.

Don't Ask, Don't Tell

Disturbingly, the study also found that while 88 percent of the women reported having contact with health care workers—including at abortion clinics and Planned Parenthood—most were not offered help:

> … These opportunities [to offer help] have largely been missed as even those healthcare professionals who recognized that victims might have been "on the street" rarely understood that they had a pimp/trafficker. Just over half (51.9 percent) of respondents who answered (N=81) said that at least some of the time the doctor knew they were "on the street," while the remaining respondents did not believe doctors were aware of their situations. Almost half of survivors (43.1 percent) (N=58) said the doctor asked them something about their lives, but only 19.5 percent of those who answered (N=41) reported that the doctor knew

they had a pimp. At least two prior studies have demonstrated that medical care providers are woefully unprepared to identify trafficking victims.

One survivor, "Lauren," reported:

> During the time I was on the street, I went to hospitals, urgent care clinics, women's health clinics, and private doctors. No one ever asked me anything anytime I ever went to a clinic. . . . I was on birth control during the 10 years I was on the streets—mostly Depo-Provera shots which I got at the Planned Parenthood and other neighborhood clinics. I also got the morning-after pill from them. I was young and so I had to have a waiver signed in order to get these—one of the doctors (a private doctor I think) signed this waiver when my uncle took me to see him.

Another survivor who underwent six abortions, including forced abortions, answered "yes" to the question: "Did the doctor, nurse, health provider know you were 'on the street'," but reported that none of them asked her anything about her life. To the next question, "Did the health provider know you had a pimp," she wrote, "Yes—only the one private doctor. Not the health clinics—but they never asked."

Further, undercover investigations of abortion facilities by Live Action and Life Dynamics have found that abortion clinic staff are often enabling and even facilitating the sexual abuse of women and girls. When Live Action sent undercover investigators posing as sex traffickers into clinics, they filmed staffers advising the supposed traffickers on how to get abortions for underage victims while avoiding the law.

There have also been lawsuits and criminal cases in a number of states in which girls and teens were taken for abortions by their abusers, given abortions with no questions asked and then returned to the abusive situation. In Arizona, the Pinal County Sheriff's Office alleged that a Planned Parenthood counselor deliberately falsified a pregnant teen's record because "they did not want the hassle of having to report the assault to law enforcement as they were a mandatory reporter." The alleged perpetrator, an 18-year-old student, is accused of raping or molesting at least 18 girls, many fellow classmates.

Federal investigators report that sex trafficking in the U.S. likely generates more than $9.5 billion a year and that it goes on in "nearly every American city and town." A State Department report released in 2008 said that most victims of human trafficking are women and girls and that 70 percent of them are trafficked for sexual purposes.

"A Death Sentence"

Steven Wagner, former director of HHS and the creator of U.S. Conference of Catholic Bishops' program to help trafficking victims, says that HHS's policy is exploitative and could be deadly for women.

In a piece at the National Catholic Register, he wrote that "to provide abortions or regimes of contraception to a person currently being exploited for commercial sex might very well be a death sentence." Further:

> … If someone is being trafficked—which is to say, under the domination of a pimp/trafficker—she is by definition unable to provide informed consent to an abortion or to a regime of contraception. The victim has no voice in this decision. Indeed, providing such services to a victim of sexual trafficking benefits only the trafficker by getting the victim back out on the street and making money sooner.
>
> The average age of entry into commercial sex exploitation is about 14. The average life expectancy of someone in commercial sexual exploitation is seven years. Start at 14, dead by 21. The mortality rate for someone in commercial sexual exploitation is 40 times higher than for a non-exploited person of the same age. Helping a victim return to exploitation more quickly by terminating a pregnancy increases the odds of death.

Kristy Childs is a survivor of commercial sexual exploitation and the founder of Veronica's Voice, an organization in Kansas City that rescues victims. She tells me there have been many live births among her clients over the past 12 years, but she has yet to be asked for help getting an abortion. "Pregnancy often leads a woman to seek rescue and a new life," she said.

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Help for Victims of Trafficking

The U.S. Conference of Catholic Bishop's Anti-Trafficking Program offers online information about identifying and helping people who may be victims of trafficking. Learn more at www.usccb.org/about/anti-trafficking-program.

If you suspect someone is a victim of human trafficking:

- Ask the person if you can help him/her find a safe place to go immediately.
- If the person needs time, create an action plan with him/her to get to a safe place when he/she is ready.
- Call and make a report to the human trafficking hotline at 1-888-373-7888. The hotline has language capabilities, so any individual can call directly. If you need more guidance, call the USCCB Anti-Trafficking Program at 202-541-3357.

The Center Against Forced Abortions was created by the Justice Foundation to provide legal resources to mothers who are being forced or coerced into an unwanted abortion.

Learn more at http://thejusticefoundation.org/cafa/. For more help or to talk to a lawyer, call (210) 614-7157 or email info@txjf.org.

Healing and Hope, from page 3

did not really help and developed a trauma-sensitive treatment model entitled Rachel's Vineyard.

The program was not set up as a business to make any money, but a mission to save the living dead. It's now offered as weekend retreats in over 80 countries and 37 languages.

Rachel's Vineyard has been spread by those whose lives were resuscitated through the healing they received. We estimate there are over 300,000 Rachel's Vineyard volunteers around the world working to save the living dead.

I know the women and men I serve never bargained for the assaultive flashbacks and nightmares they suffer as fragments of trauma shear into their consciousness. The images that constitute their waking and sleeping hours are like prisons of depression, anxiety, avoidance, numbing behaviors, and grief.

This is what I have witnessed from a lifetime of listening to stories of abortion from all over the world, as women and men, grandparents and siblings grieve the members of their family who are not here anymore.

But that kind of emotional grazing takes courage and guts. Let's be brave. Let's be sober regarding the colossal loss of human potential.

We must not be afraid of the truth or cherish the need to defend choice to the point that we become hard-hearted, self-protective and willfully ignorant. It's critical when making policies and encouraging practices that have the potential to destroy more lives, marriages, relationships, and the physical and emotional health of traumatized parents.

Our society also needs permission to grieve the loss of the irreplaceable precious children whose lives and dignity should matter ... even in their death. Let us work to save just one and not be punished for the effort!

If you or someone you love has suffered the loss of a child because of abortion, I invite you to attend a Rachel's Vineyard Retreat for psychological and spiritual healing. At each retreat you will be able to share your unique history and circumstances in a way that will allow you to move forward and find closure from the heartache of the past.

You will have an opportunity to bestow dignity on the memory of your baby's life. You deserve a safe and non-judgmental response to soul-shattering pain and a unique journey to find peace, freedom and joy.

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Theresa Burke, Ph.D. is the founder of Rachel's Vineyard, the world's largest post-abortion ministry. Learn more at rachelsvineyard.org or 1-877-467-3463. She is also the author of Forbidden Grief: The Unspoken Pain of Abortion (available from the Elliot Institute at 1-888-412-2676 or afterabortion.org).

Trafficking, from page 4

Abortion, on the other hand, is usually unwanted and often traumatic, used as a tool by sex traffickers and other sexual predators, puts women and girls at further risk for more trauma and continued abuse. Health care workers and rescue organizations need to work for solutions that will actually help women, instead of further endangering and abandoning them to abortion.

This is also why the "don't ask, don't tell" policy at abortion clinics needs to come to an end. The Elliot Institute's model bill would hold abortion businesses liable for failing to screen for coercion and for performing abortions when there is evidence that the woman or girl is being forced or coerced into abortion. This could help identify women and girls who are victims of sexual predators or human trafficking and would stop providing perpetrators with an easy way to cover up and continue their crimes.

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Case Study, from page 8

If I had never had an abortion, I wouldn't be alone today. I am estranged from my family of origin, which is by my own choice and for my own good, but I would have children of my own now. I would have family. I would be somebody's "mom." Or *more than one* somebodies' "mom!"

I know that I will be with my children again one day, but I am rather demanding when it comes to them. I want to be with them, to know them, and to hold them, *now*.

Women do have a legal right to choose, but perhaps they should know about *everything* that they are "choosing" when they abort. No one ever told me. I may not have listened, that's true, but then again—I may have. At least, I would have been able to say that I had made an informed decision.

As it is, I made a decision helped along by a clinic that needed my boyfriend's, and my, money. Out of pure, unadulterated fear, I let my boyfriend take me to the clinic to get what *he* so desperately wanted done, and then I kicked him to the curb. That was the smartest thing I did that day!

I hope that my story will help at least one other woman who finds herself in the unenviable position of having to choose. There are times when a "right" is far less freeing than one might think. All too often, fear can be allowed to make decisions for us when those decisions are too difficult for us to make on our own.

Only truth can conquer fear of such magnitude. The truth is that our choices have consequences, and in the case of abortion, those consequences are usually overlooked and undermined. It's high time they were addressed properly.

What's Happening at the Elliot Institute?

Here are just a few of the projects we've been busy with in the past few months:

- **Kara had her baby!** In our last issue we mentioned Kara, a young woman from the Philippines who was being pressured to have an abortion. Her baby daughter, Artheia, was born on April 16. Kara (and we) are so grateful for the prayers and support she received!
- Dr. Reardon spent seven days in Washington D.C. in October. The trip included hosting a table at the Values Voter Summit and and meeting with legislators, policy leaders and lobbyists about our research and legislation. He also met with pro-life leaders interested in collaborating on research and education projects, which should help us get our research out to a broader audience, including state and federal policy makers.
- Our annual Church Awareness Project came to a close with Coerced Abortion Awareness Week on April 12-19. The number of people downloading, sharing, and using our resources for churches and church leaders continues to grow. Please continue to pray for this effort to help end the silence on abortion in so many churches.

* * *

Be a partner in our work! *Your tax-deductible donation will help support projects like those mentioned above. To make a donation, see the form below.*

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Case Study

I Was Still A Child

"Rose"

I have spent the majority of my life alone, but I have felt *most* alone when remembering—with shudders of shame and pangs of pain—my abortion. It was my first pregnancy. And it was my last.

I was not unconscious during the procedure, nor was I sedated, nor given pain medication during or afterwards. And I assure you, it was painful, in more ways than one. I can still vividly recall that day; that room; that cold and uncaring doctor; that horrific, partially-full and uncovered bucket on the floor at my feet . . . . Is it any wonder I felt grievously ill?

Infection set in afterwards, as did antipathy and disdain. I'd had a "choice," yes, but I was told by my boyfriend, the father, that he would stand by me for an abortion, but if I chose not to abort, I was on my own. I would have been, too.

I later discovered that I was scarred in more ways than one as well. I was rendered infertile, yet when my sisters had children, I was expected to be all smiles and nothing but joyful. No consideration was ever given to that person, about to dissolve in tears, who'd had an abortion while in her late teens, and was never able to have children of her own.

Every August, which is when that pregnancy would have come to term, I can't help but remember my children (the doctor casually told me that I had aborted twins—whatever happened to "first do no harm?") who would have been nearly 22 by now. Twenty-two! When I was 22, I thought I knew absolutely everything, and I was already hardened by an abortion that I thought I had put behind me.

I've since discovered that I can never completely put the abortion, or those children, behind me. My twins remain a part of my life, just as sure as my sisters' children remain a part of theirs. Not in quite the same way, no doubt, but they are part of me and always will be.

Women have a right to abortions by federal law, and I'm not suggesting that their choice be taken from them. However, sometimes above-board clinics are not much more sanitary than a back alley-way.

I know that I will be with my children again, but I want to know them *now*.

And while we were "counseled" prior to having our abortions, said "counseling" consisted of watching a Planned Parenthood-produced film, the precise subject matter of which I no longer recall. It was all extremely legal and above-board and constitutional, but its after-effects have been devastating, to the point of being nearly lethal.

Perhaps some women have stronger constitutions than I. Hopefully, they do. I wouldn't wish the pain and anguish that I've endured for the past 22 years on anyone. I don't have my twins; I don't have any children at all, and I still am looked down on with disdain by my own family. It's apparent that the thought of my personal suffering has never once entered their collective minds.

I was still a child when I aborted my own two babies. I never imagined that the impact of that horrible winter day would stay with me, and haunt me, far longer than the couple of hours I spent in that torturous clinic.

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