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A Generation at Risk

How Pro-Abortionists Manipulate Vulnerable Teens

Gaylene was 14 when she became pregnant. Too embarrassed to go directly to her parents, she turned her high school guidance counselor for advice. She writes:

[The school counselor] was sympathetic and understanding. He felt there was no need to worry my family. He also explained about having a child, how tough it would be on me and that I wouldn't be able to do what I wanted to do. He said that the child would suffer because I was much too young to be a parent. He pointed out that the best thing for me to do was to abort the fetus at this stage so no one would be hurt. No mention was made of talking to my parents about this or carrying the baby to term. He indicated that adoption would be difficult and not an option for me.

... I felt as though I had no control over what was happening to me. I started to question what I was doing, but in my logic I'd refer back to what the counselor had told me, and then I would think he was right. But still today, I feel like I did not decide to have the abortion.¹

Gaylene's traumatic reaction to her abortion experience included suicide attempts, alcoholism, drugs, crime, involvement in a cult and a major break with her family.

Sadly, Gaylene's story is not unique. In the United States, one out of every three abortion patients is a teenager. For teens, the possibility of developing psychological and emotional problems after abortion is substantially higher than for more mature women.²

One reason that teenagers are more vulnerable is because their psychological defense mechanisms are not fully developed. Their emotional immaturity leaves them more susceptible to events and circumstances that can profoundly damage their view of the world, other people, and themselves. Consequently, abortion can be especially harmful for teens because this major, traumatic experience occurs at a critical time in the development of their self-identity.³

Researchers have found that teenagers who have abortions face a number of higher risks. For example, teens are more likely to feel pressured into their abortions, to report being misinformed in pre-abortion counseling and to experience more severe psychological stress after abortion.⁴

They are also more likely to experience more intense feelings of guilt, depression and isolation after an abortion.⁵ In addition, while suicidal tendencies are higher for all women after abortion, teens are at an even greater risk for post-abortion suicide.⁶

Misinformed Consent

Many teens are simply not mature enough to understand the information they need to make such a life-impacting choice. As a result, they are at best only able to provide "misinformed" consent to an abortion.

Even some pro-abortion groups have acknowledged that teenagers need extra guidance when it comes to abortion. For example, Planned Parenthood's counseling guide states that teenagers have few or limited problem solving skills; are more

likely than adults to lack responsibility; are more vulnerable; are more anxious and distrustful; are lacking in knowledge; and have difficulty in communicating. As a result, "counselors need to be aware of and appreciate the fact that pregnancy counseling with teenagers can be very different from counseling adults . . . pregnancy counseling with teens is often a crisis situation."⁷

Unfortunately, while Planned Parenthood counselors recognize the vulnerability of teens, they oppose laws that would guarantee the parents of teens the opportunity to help them understand the risks and alternatives to abortion. For counselors who seek to promote abortion as the preferred option, keeping teens away from loved ones who would counsel against abortion is an important part of maximizing their own influence.

This is why so many teens feel under such immense pressure to abort. Over and over, women who had abortion as teenagers use phrases like the following to explain how they ended up having an unwanted abortion.

My school counselor (Planned Parenthood counselor, teacher, pastor, boyfriend's mom, etc.) told me that if I didn't want my parents to find out, I would have to have an abortion . . .

My boyfriend threatened me if I didn't abort.

Everyone told me I was too young to have a baby and that my only alternative was abortion.

At best, teens can only provide "misinformed" consent for abortion.

In addition, a secret abortion always disrupts family relationships. To protect their secret, teenagers must be constantly on the alert against any evidence or mood that may invite unwanted questions. They must hide feelings of depression, sadness, and even thoughts of suicide that might otherwise alert their parents to the problem. If they cannot repress these feelings, they must be disguised with more lies or transformed into anger and rebellion. This overarching need for secrecy accentuates their feelings of shame and will often lead to withdrawal from family intimacy and excursions into drugs, alcohol and destructive relationships.

Any of these problems can dramatically exacerbate normal family tensions. Kept in the dark, parents cannot know that their child is struggling to cope with his or her abortion experience. With no frame of reference for understanding their child's disturbed behavior, parents are likely to become increasingly frustrated at being held at a distance. In turn, the parents' frustrations are likely to fuel the distrust or rebellious nature of the teen because they "simply don't understand" what he or she is going through.

Targeting Teens

Unfortunately school counselors, social workers and others in positions of authority can exert tremendous influence over a vulnerable teenager, steering her into an unwanted abortion.

For example, William Hickey, a high school guidance counselor in Hatboro, Pennsylvania, circumvented the state's parental consent law by arranging for a 16-year-old girl to have a secret abortion in New Jersey. The girl's parents, Howard and Marie Carter, subsequently filed a lawsuit against Hickey and the Hatboro-Horsham school district, charging that Hickey pressured their daughter to have an abortion despite her expressed doubts and beliefs against abortion.

The Carters say that Hickey "engaged in a course of conduct which was inherently coercive, was intended to and did exert undue influence upon [a minor], and ensured that she refrain from discussing with her parents her pregnancy and whether to obtain an abortion." They say that when their daughter told Hickey she had doubts about undergoing an abortion, he told her, "Someday you'll look back on this and laugh."

The lawsuit also states that school officials refused to cooperate when asked to investigate the situation. Instead, the Carters were told that the school district "has deep pockets" to defend itself from a lawsuit.⁸

Other examples of manipulation and coercion abound. In another

court case, the state of Oregon recently settled a lawsuit with three women who were indicted for pressuring an 18-year-old girl into an abortion. Investigators found that in April 1994, Dorothy Carr, Colleen Fettig and Cynthia Frye took Lea Huber for an abortion without her parents' permission. Carr and Fettig were employees at Huber's high school, and Frye is the mother of Huber's boyfriend at the time she became pregnant.

Huber later told investigators that she never wanted the abortion and that Carr "had coerced her into having an abortion by threatening to turn her in for sex abuse" of her teenage boyfriend. Carr and Fettig were indicted by a grand jury for kidnaping, records tampering, and conspiracy, but prosecutors later dropped the charges. The three women then sued the school district, the city, and the state for false arrest and malicious prosecution.⁹

**The counselor told her,
"Someday you'll look
back on this and laugh."**

Yet another recent news story involved a 14-year-old Arizona girl. The furor over this girl's abortion began in late August of 1999, when child welfare officials supposedly acting on her behalf requested a court order allowing her to be transported out of state for a late-term abortion. The girl, who was 24 weeks pregnant, is a ward of the state and had been in and out of foster care since the age of five. The 37-year-old man alleged to be the baby's father has since been charged with statutory rape.

Since abortions after 20 weeks are illegal in Arizona, the Arizona Supreme Court circumvented the state law by ordering the girl to be escorted to Kansas by a "civilian volunteer" for a late-term abortion at George Tiller's infamous partial-birth abortion clinic.

The decision provoked an outcry from pro-life officials demanding that the case be examined to determine if laws were violated or if any state money was used toward the abortion in any way. Even some pro-choice politicians expressed reservations about ignoring Arizona state law to end an unborn child's life so late in the pregnancy.¹⁰

One of the most troubling aspects of this case is the question of just who wanted the abortion. The officials who had charge of the girl said that she wanted the abortion, and in fact, news stories said a request was originally made for an abortion when she was 14 weeks pregnant. But before the abortion could be performed, the girl ran away, which naturally suggests that abortion was not her preferred choice. When she was picked up by the police several weeks later, state social workers immediately began to seek a way to secure a late-term abortion, in or out of state.

Since most of the details involving this girl's case have been kept under wraps by state officials, no one knows much about how this

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girl “chose” to have an abortion or what the impact has been on her. Did she run away in the first place to avoid an abortion, or was she simply coerced, bribed, or browbeaten until she consented to the procedure?

Was she ever fully informed about the risks of abortion to her physical and mental health? Was she told or shown the horrid truth about what a partial birth abortion really involves before she agreed to the late-term abortion? Almost certainly not. Apparently, for teenage wards of the state, misinformed consent is more than adequate.

Conclusion

Unfortunately, there are few safeguards currently in place to protect teenagers from coerced abortions. As we pointed out in a previous issue, in states where parental consent is needed for an abortion, the judicial bypass system is seriously flawed (See “Two Wrongs Won’t Make It Right,” *The Post-Abortion Review*, Summer 1998).

Without a mechanism to provide for cross-examination of witnesses and the introduction of witnesses who would testify that the abortion is not in the girl’s best interests, how can judges make an informed decision? How can we be sure that the adults seeking permission for the young girl to abort without notifying her parents are not themselves manipulating or pressuring the girl to choose abortion?

In addition, as the Carter case discussed above demonstrates, even in states that require parental consent, it is all too easy for those pushing abortion to simply transport the girl across the state line. Fortunately, the Child Custody Protection Act, pending in Congress, would make it a federal crime for anyone except a parent or legal guardian to take a girl out of state for an abortion in order

to avoid involvement in the situation by the girl’s parents.

Even this will only protect a few teens, however. Sadly, in many cases it is the parents who are pressuring or coercing their teenage daughters into abortion. Planned Parenthood, however, is remarkably silent regarding the problem of protecting teens from pressure or manipulation by parents who favor abortion. The only way to protect these teens is to pass laws that will make abortionists liable for failing to protect women, especially teens, from coerced abortions.

-ARS & DCR

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10. See articles in *The Arizona Republic*, Aug. 29 - Sept. 1, 1999.

Who’s Making the Choice?

Women’s Heightened Vulnerability During a Crisis Pregnancy

Abortion advocates speak proudly of “freedom to choose,” conjuring up images of women freely and autonomously making decisions that are “right” for them. But research into abortion decision making presents a far different picture.

Polls show that most women choosing abortion—at least 70 percent—say they believe abortion is immoral.¹ In most cases, women who abort are violating their consciences because of pressure from other people or their own circumstances. More than 80 percent of women who report post-abortion problems say they would have completed their pregnancies under better circumstances or with more support from the people they love.²

The sad truth is that hundreds of thousands of women undergo unwanted abortions every year to please someone else or because of pressure or coercion by their sexual partners, parents, social workers, counselors, employers or school administrators. In a

WEBA survey of 252 post-abortive women, *more than half* said they felt “forced” into the abortion by others.³ How is such widespread coercion possible?

Crisis Induced Vulnerability

Experts on crisis counseling have found that people are more vulnerable to outside influences whenever they are faced with a crisis situation. The more overwhelming the crisis appears to be, the less they trust their own opinions and abilities to make the right decision. As a result, a person in crisis is more likely to feel dependent on the opinions and direction of others.

People in crisis “are often less in touch with reality and more vulnerable to change than they are in non-crisis situations.”⁴ They often experience feelings of tiredness, lethargy, hopelessness, inadequacy, confusion, anxiety and disorganization. Thus, they are

more likely to stand back and let other people make their decisions for them, instead of protecting themselves from decisions that may not be in their best interests.

Fundamentally, a person who is upset and trapped in a crisis wants to reestablish stability in his or her life. This desire to be free of the crisis leaves the individual more susceptible than normal to any influence from others who claim to be able to solve the crisis, especially to the influence of those who appear to have status or authority.⁵ In such periods of heightened psychological accessibility, “A relatively minor force, acting for a relatively short time, can switch the whole balance from one side or to the other—to the side of mental health or to the side of ill health.”⁶

An understanding of this basic crisis theory helps to explain why pregnant women, especially if they are unwed, adolescent, or poor, are so vulnerable to undergoing abortions in violation of their own consciences. Women who would normally be very much in control of their own lives may suddenly feel dependant on the guidance of others when faced with a crisis pregnancy. In such cases, even minimal efforts by family members, their male partners, or medical authorities to encourage abortion may be experienced as the decisive factor.

What women experience as “pressure” to abort may be very subtle, such as withholding love or approval from the woman unless she agrees to an abortion. Or it may be overt, as in an outright threat to abandon or expel the woman from her home if she does not abort her child. In many cases, the pressure is applied intentionally by others. In other cases, the “pressure” is not intended, but simply perceived by the woman. For instance, if her boyfriend exhibits an unenthusiastic response to the news that she is pregnant, she may see this as his way of telling her that he will not help to support her or their child.

No matter what form the pressure or manipulation of her situation takes, any attempt to influence a woman toward abortion during this time of crisis when she is most vulnerable can be almost impossible to resist. For example, one WEBA member wrote:

My family would not support my decision to keep my baby. My boyfriend said he would give me no emotional or financial help whatsoever. All the people that mattered told me to abort. When I said I didn't want to, they started listing reasons why I should . . . I started feeling like maybe I was crazy to want to keep it . . .

I finally told everyone I would have the abortion just to get them off my back. But inside I still didn't want to have the abortion. Unfortunately, when the abortion day came I shut off my feelings. I was scared to not do it because of how my family and boyfriend felt. I'm so angry at myself for giving in to the pressure of others. I just felt so alone in my feelings to have my baby.⁷

In cases like this, an abortion is likely to be especially traumatic. (In the above example, the young woman attempted suicide shortly after her abortion.) In such cases, women are violating their

consciences, and often their strong maternal desires, only because they are in crisis and are therefore more vulnerable to the influence of those who insist that abortion is the “best” solution. This is especially true when pregnant women cannot immediately see where they can find the financial resources and social support they will need to care for their children.

This conflict between the heart saying, “don't do it,” and the mind saying, “it's the only thing I can do,” is at the heart of the deep ambivalence that is felt by most women having an abortion. Indeed, many women describe going into the clinic and waiting for someone—their boyfriend or husband, a parent, even the counselor—to burst into the room and stop the abortion from happening. When no one attempts to prevent the abortion, this reaffirms in women's minds that abortion is the only choice that their loved ones will support. One woman described her feelings of powerlessness this way:

I didn't want to kill my child; I just made the decision to be weak and not care about any of it. I made a decision not to make a conscious choice at all. In fact, Planned Parenthood and all the abortion mills tell you that you have NO CHOICE but to get an abortion. This is the irony of the 'pro-choice' rhetoric.⁸

The abortion mills tell you that you have no choice but abortion.

Conclusion

There is no disputing the fact that many, perhaps most, women who have abortions feel pressured into choosing abortion against their conscience. In many cases it is clear that coercion by others is deliberate and blatant. In other cases, the pressure to abort is more subtle, or even unintended.

This is why it is vitally important to develop safeguards that will, at the very least, protect women from unwanted abortions. Unfortunately, abortion clinics generally make no attempt help women resist the pressures they face to undergo an unwanted abortion. Indeed, more than 80 percent of women with post-abortion problems report that their abortion clinic counselors showed no interest in helping them explore other options, and two-thirds of the women said the counselors were strongly biased toward encouraging abortion.⁹

Simply put, abortion counseling is usually designed to “sell” a woman an abortion, not to help her escape the pressure of others who may be pushing her into an unwanted abortion. In essence, rather than taking the side of the woman, abortion counselors often take the side of those pushing for the abortion.

The only solution to this problem is to hold abortion clinics more fully liable for protecting women from coerced abortions. Proper screening for the known risk factors that predict post-abortion psychological problems would necessarily include screening for any evidence that the woman feels pressured or manipulated by others to consent to the abortion. In this case, the clinic should be held liable for failing to refer the woman to resources that can help her resolve her situation without undergoing an unwanted abortion.

In cases where the abortion clinic knew or should have known through proper screening that a woman was being pressured into an unwanted abortion, the abortionist should be held liable not only for her psychological pain and suffering, but also for the wrongful death of her child. Such liability is the only way to ensure that abortion clinics are properly motivated to screen for coercion and to act in the best interests of these women.

-ARS & DCR

1. *Los Angeles Times* Poll, March 19, 1989. See also Zimmerman Mary K., *Passage Through Abortion* (New York: Praeger Publishers, 1977) and

Reardon, David C., *Aborted Women: Silent No More* (Chicago: Loyola University Press, 1987).

2. Reardon, *Aborted Women, Silent No More*, 12.

3. Reardon, 10-11.

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7. Reardon, *Aborted Women*, 31.

8. Reardon, 143.

9. Reardon, 16.

The Many Faces of Coercion

Lorena Rivera, a 21-year-old legal receptionist, disappeared while on her way to work in Oklahoma City in April 1997. More than a month later, her body was found buried in a shallow grave. Rivera, 21 weeks pregnant and the mother of a three-year-old son, had been shot twice and beaten to death.

Rivera's friends testified at her killer's trial that Rivera was delighted to be having a baby. Apparently her 20-year-old boyfriend, Nathaniel Dee Smith, was not. Police say Smith murdered Rivera because she refused to have an abortion and he didn't want to pay child support. He was convicted and sentenced to life in prison. (*The Oklahoman*, 6/2/99)

Sadly, women who resist the pressure of others to abort often face violent, and even deadly, reprisals. It is not uncommon for attacks on reluctant women to take place even on the doorstep of an abortion clinic. In one incident that led to prosecution for assault and battery, a man began to beat his girlfriend when she balked at the clinic door and refused to enter. (*The Washington Times*, 8/18/97)

According to the sworn testimony of Richard Seron, a security guard wounded during an abortion clinic shooting in 1994, such conduct is not uncommon. According to Seron, the greatest threat to women near abortion clinics is not from pro-life protestors, but rather from the men who are accompanying their wives or girlfriends to the clinic. (*Boston Globe*, 4/16/99)

Examples of murder stemming from women's refusal to abort are shockingly common. Here are a few examples from recent news reports.

- Sonya Hayes of Toledo, Ohio, refused to abort because of her religious convictions. Her boyfriend, Terrance Davis, 27, allegedly shot her in the stomach, killing her and her unborn son. Prosecutors have said it was obvious that the gunman was aiming for the unborn child when he fired the gun. (*Associated Press*, 2/8/00)

- In California, Alfred E. Smith was convicted of second-degree murder for killing his pregnant girlfriend in 1997, then burning

her car in an attempt to hide the body. Prosecutors said Smith killed his girlfriend, Deborah Moody, for refusing to have an abortion because of her religious beliefs. (*Los Angeles Times*, 5/21/98)

- In Wyoming, 38-year-old Kevin Robinson was convicted for killing 15-year-old Daphne Sulk because she refused to get an abortion. Defense attorneys countered that Robinson and the victim did not know each other well. (*Village Voice*, 10/3/98)

- In Great Britain, Brian Smith repeatedly stabbed Amanda Hunter in the stomach, planning to kill her and her seven-month-old baby. Both survived, however, and Smith was sentenced to life in prison. (*Electronic Telegraph*, 11/23/99)

Where Mothers Survive

Other examples of brutal or blatant coercion of women are also frequently found in news reports. Here are some recent examples.

- In Arkansas, four men have been charged with capital murder under the state's new Fetal Protection Act for beating a woman who was due to give birth any day, resulting in the death of her baby daughter. Police say one of the men, Eric Bullock, was the woman's boyfriend and that he hired the other men to attack her after she refused to have an abortion. Shawana Pace told police that she pleaded for her baby's life as she was beaten, and that one of the men told her, "Your baby is dying tonight." (*Arkansas Democrat-Gazette*, 11/9/99)

- In New York, a 32-year-old medical resident was charged with assault and unauthorized practice of medicine for performing an unwanted abortion on his girlfriend. Police said that Mark Redeker blindfolded his girlfriend, tied her up, and injected her with a drug that caused her to miscarry. (*Pro-Life Infonet*, 9/3/98)

- Nicholas Griffin, a Florida law school graduate, was sentenced to five years probation and 250 hours of community service for trying to force his ex-girlfriend to abort their daughter. Griffin

had hired friends to blackmail his girlfriend by threatening to mail copies of a videotape the couple had made of themselves having sex to the woman's family, friends and employer unless she had the abortion. (*Miami Herald*, 2/7/99)

- A female inmate is suing the Hawaii state corrections system after a nurse injected the birth control drug Depo-Provera into her abdomen when she was processed into prison, causing the death of her unborn child. The lawsuit alleges that the nurse knew of the pregnancy and that the inmate was told she would be put in solitary confinement if the intake process did not go smoothly. (*Honolulu Star-Bulletin*, 8/3/99)

- Shontrese Otrej won a \$25,000 settlement from Emergency Shelters, Inc., of Richmond, Va., after she was pressured by staff members to get an abortion. Otrej said she was told that the shelter did not provide services for pregnant homeless women. She stated that a staff member drove her to the bank to withdraw money for the abortion, then took her to the abortion clinic. (*Richmond Times Dispatch*, 10/29/99)

- Nicole Bergstrom Ek of Minnesota won an out-of-court settlement for an undisclosed amount from her employer, Duluth Little Stores, after her boss tried to pressure her to abort. Ek said her boss mistreated her while she was pregnant and threatened to push her down the stairs during her sixth month of pregnancy. (*Pro-Life Infonet*, 8/2/99)

- A federal judge in Florida has dismissed a lawsuit against an abortion clinic brought by a woman who says she was held down by staff members when she tried to leave in the middle of an abortion. The woman said she experienced severe pain during the abortion and made repeated requests to be taken to the emergency room. The lawsuit contended that actions by staff members at Aware Woman Center for Choice in Melbourne violated the Freedom of Access to Clinic Entrances (FACE) Act, but the judge disagreed and dismissed the case. He also ruled the woman could not pursue the case under an alias. (*Associated Press*, 1/8/00)

How much more of this goes on that we never hear about?

“Freedom to Choose” Around the World

Canada

In August, a Montreal judge ordered Cassandra Lavoie, a 34-year-old mental patient with paranoid schizophrenia, to undergo a second-trimester abortion and tubal ligation.

Lavoie did not request an abortion; a psychiatrist testified that she did not have the mental capacity (or inclination) to ask for one. Nonetheless, the hospital argued that it would be less traumatic for Lavoie to undergo a second-trimester abortion and sterilization than to give birth and have to give up her baby.

The judge accepted the hospital's argument, presumably without any cross examination of witnesses or presentation of testimony reflecting the opposing view that abortion would be more dangerous than childbirth, both physically and psychologically. (*National Post*, 8/30/99)

Australia

In 1999, legislators in Western Australia passed a bill allowing doctors to perform abortions without the woman's consent when “it is impracticable” to obtain consent and the pregnancy “causes serious danger to her physical or mental health.”

Despite protests from pro-life and post-abortion groups that the bill was clearly aimed at women with mental disorders and those “deemed unfit for motherhood,” the sponsors of the bill refused to include a clause protecting women from being coerced into abortion for the convenience of others.

China

In April of last year, a pregnant Chinese refugee living in Australia

was deported back to China by immigration officials. The woman pleaded to be allowed to stay in Australia, telling officials that since she already had one child, she would be forced to undergo an abortion if she went back to China. Despite “reassurances” by Chinese officials that the woman would be allowed to have her child, her baby was aborted just ten days before the due date. The Australian government, led by pro-life Senator Brian Harradine, is investigating the case. (Australian Broadcasting Corporation, 5/4/99)

In related news, the United Nations Population Fund (UNFPA) has tacitly admitted that China “has used and continued to use population control targets, quotas and birth permits,” although such practices have been officially rejected by the UN because of “the inevitability of abuse.”

To address this public relations problem, UNFPA has announced plans to conduct a \$20 million, four-year initiative in 32 counties in China that would eliminate the use of birth permits and, at least in theory, allow couples “to have as many children as they want.” Under this proposal, couples who have more than the “recommended” number of children would have to pay “social compensation fees” that might equal half of their annual salaries.

This plan will replace published quotas with an expanded system of economic blackmail. The families of Chinese women who evade government authorities and give birth to a child without a birth permit have long been subject to huge fines and job demotions. The new system will simply expand this mechanism by which couples will be pressured to “voluntarily” accept abortion and other “family planning” measures recommended by UNFPA's population control advisors. (*Life Insight*, April 1999)

“Hope and Healing” Goes to Washington

Nearly one and a half million copies of *Hope and Healing*, the Elliot Institute’s educational insert on post-abortion grief and healing were inserted as paid advertising in the February 27th issue of *The Washington Post*, and five community newspapers in California, Florida, North Carolina, and Illinois. This will nearly triple the total circulation of *Hope and Healing* since it was first published in 1998.

The distribution of *Hope and Healing* in Washington, D.C., is being underwritten by the Archdiocese of Washington to supplement a major post-abortion outreach campaign they began in early February. Along with the dioceses of Baltimore and Arlington, the Archdiocese of Washington is the first in the country to implement a new outreach campaign developed by the Catholic Church’s post-abortion healing ministry, Project Rachel.

Over at least an eight week period, “The Beltway” will be exposed to nearly a thousand bus and subway placards, eight billboards, and 200 radio ads per week offering post-abortion counseling and raising public awareness of the great emotional loss that follows abortion. The theme of the campaign is “Something inside dies after an abortion.” In the months to come, the Project Rachel outreach materials will be used in numerous other dioceses around the country as part of the Catholic Church’s Jubilee Year effort to promote post-abortion healing.

While the Project Rachel outreach effort is separate from the Elliot Institute’s nondenominational *Hope and Healing* campaign, Elliot Institute director Dr. David Reardon says they convey a similar message: “We’re not here to judge or condemn those who have had abortions. We understand the troubles that drive people to choose abortion and the feelings of loss and alienation that follow. If you or your loved ones are experiencing grief or guilt, you’re not alone. We can help.”

Reardon believes the Project Rachel campaign by the Catholic Church will encourage more post-abortion outreach by other Christian denominations. “Many denominations have already begun to pay greater attention to the need to minister to women and men in their churches—and outside their churches—who feel excluded or hurt because of a past abortion,” he said. “Project Rachel has raised the standard for outreach efforts. We pray that other denominations will expand their programs, too.”

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15th Study Links Abortion, Substance Abuse

Women who have an abortion are five times more likely to report subsequent substance abuse compared to women who carry to term, according to a study published in the latest issue of the *American Journal of Drug and Alcohol Abuse*.

The study was authored by Elliot Institute director Dr. David Reardon and Dr. Philip Ney, a British Columbia psychiatrist who specializes in post-abortion counseling. This is at least the 15th published study connecting abortion to subsequent drug or alcohol abuse.

This latest study was drawn from a national reproductive history survey of a random sample of 700 women, from 24 to 44 years of age. "Even if we assume the lowest statistical range for the relative risk, our results would indicate that there are between 150,000 and 500,000 new cases of abortion-related substance abuse per year," Reardon said.

Ney notes that these findings are especially disturbing since substance abuse is a leading cause of neonatal death and malformation in subsequent planned pregnancies.

"I have found that women with unresolved grief or trauma related to a prior abortion are more likely to feel anxiety, fear, and depression during subsequent pregnancies," Ney said. "If they are unable to legally obtain mood-altering drugs with a prescription, many of these women resort to alcohol or illegal drugs as a means of suppressing unwanted feelings about their past abortions."

Ney's clinical experience treating women is confirmed by several published studies that have documented higher rates of drug and alcohol abuse among pregnant women who have a history of abortion. However, substance abuse appears to be just one of several self-destructive tendencies related to abortion.

A recent major study of death certificates and government medical records in Finland has shown that the risk of death from suicide is six times higher for women who have had an abortion compared to

women who gave birth. The researchers also found that the risk of dying from accidents and homicide was four and twelve times higher, respectively.

The increase in accidental or homicide-related deaths among post-abortive women is most likely due to risk-taking behavior that masks self-destructive or suicidal tendencies. It is still unclear whether abortion causes self-destructive behavior or whether it simply aggravates previously existing self-destructive tendencies, but the researchers believe that both of these factors are involved.

"Clearly, women with a propensity to risk-taking are more likely to become pregnant and perhaps more likely to choose abortion," Reardon said. "In such cases, while abortion may not be the underlying cause of their problems, it may contribute to their psychological deterioration. On the other hand, it is also clear that some women who were not previously self-destructive have become so as a direct result of their traumatic abortion experiences. At this time, however, we have no way of knowing how many women fall into each of these two categories."

While many proponents of abortion dispute a causal link between abortion and substance abuse, Ney insists that his own experience in successfully treating abortion trauma proves that this connection is far more than a statistical fluke.

"I have treated women with a long history of self-destructive behavior who have had only made progress in overcoming these tendencies after they have completed counseling for abortion trauma," says Ney. "Many other therapists have had the same experience. Consistently good results can only come from the right diagnosis and the right treatment."



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