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Detrimental Effects of Adolescent Abortion

Amy R. Sobie and David C. Reardon, Ph.D.

About 20 percent of all abortions taking place in the U.S. today are performed on teens.¹ Teenage abortion has been linked to a number of physical and psychological problems, including drug and alcohol abuse,² suicide attempts and suicidal ideation,³ and other self-destructive behaviors.

Compared to women who abort at an older age, women who abort as teens are significantly more likely to report more severe emotional injuries related to their abortions.⁴ This finding is supported by the fact that women who aborted as teens participate in disproportionately large numbers in post-abortion counseling programs.⁵ In the WEBA study of post-abortive women, for example, more than 40 percent of the women had been teenagers at the time of their abortions.⁶

The Psychological Risks

Compared to women who have abortions in adulthood, teens who abort:

- Are two to four times more likely to commit suicide.⁷
- Are more likely to develop psychological problems.⁸
- Are more likely to have troubled relationships.⁹
- Are generally in need of more counseling and guidance regarding abortion.¹⁰
- Are nearly three times more likely to be admitted to mental health hospitals than women in general.¹¹

Studies have shown that the major factors in pregnancy decision making among teens are the attitude of the teen's parents, the baby's father, and her peers; the personality of the teen herself; and the cultural and public policy attitudes toward abortion by which she is surrounded.¹² Compared to older women, teens are more likely to abort because of pressure from their parents or sexual partners,¹³ putting them at higher risk for adverse psychological effects after abortion.

Teens are also more likely to report having wanted to keep the baby, higher levels of feeling misinformed in pre-abortion counseling, less satisfaction with abortion services and greater post-abortion stress.¹⁴ They consider the abortion procedure itself to be stressful and associated with feelings of guilt,

depression and a sense of isolation.¹⁵ Researchers have also found that reports of more severe pain during abortion among younger women are linked to greater levels of anxiety and fear prior to the abortion.¹⁶

Younger women have a more difficult time adjusting to their abortions. One study found that teenage aborters were more likely to report severe nightmares following abortion and to score higher on scales measuring antisocial traits, paranoia, drug abuse and psychotic delusions than older aborters. Teens were also more likely to use immature coping strategies such as projection of their problems onto others, denial or "acting out" than older women—strategies researchers speculate might become permanent.¹⁷

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adjusting to abortion.**

Replacement Pregnancies

Another study found that less than one fourth of teens were able to achieve a healthy psychological adaptive process after their abortions, and many continued to reenact their trauma through a cycle of repeat pregnancies and abortions.¹⁸ One study found that on average, 59 percent of teens who had experienced a pregnancy loss—generally due to induced abortion—become pregnant again within 15 months.¹⁹ In another study, 18 percent of teenage abortion patients had become pregnant again within two years.²⁰

Repeat pregnancies are a symptom of young women "acting out" unresolved abortion issues and the desire to "replace" the lost pregnancy with another child. Unfortunately, "replacement babies" are often aborted because the woman faces the same pressures as she did the first time, and sometimes even more. For example, a New York City study found that teens who had one previous abortion were four times more likely to abort their current pregnancy than girls experiencing their first pregnancy.²¹ Another study of teen abortion in Los Angeles found that 38 percent of the teens had undergone an earlier abortion and 18 percent had undergone two abortions in the same year.²²

Sometimes a teen who has been especially traumatized will choose abortion as a form of self-punishment or as an unconscious attempt to resolve her trauma by continually repeating it. In other cases, she may be hoping to continue her pregnancy but will feel pressured by her parents or partner to submit to an abortion as "what is best for everyone." In one

heart-wrenching example, a teenage girl reported that she was forced by her mother to abort four times before she was finally able to insist on keeping her fifth baby.²³

The Physical Risks

Teenage abortion patients are up to twice as likely to experience cervical lacerations during abortion compared to older women.²⁴ This increased risk is thought to be due to the fact that teens have smaller cervixes which are more difficult to dilate or grasp with instruments.

Teens are also at higher risk for post-abortion infections such as pelvic inflammatory disease (PID) and endometritis (inflammation of the uterus), which may be caused either by the spread of an unrecognized sexually transmitted disease into the uterus during the abortion, or by micro-organisms on the surgical instruments which are inserted into the uterus.²⁵ Researchers believe that teens may be more susceptible to infections because their bodies are not yet fully developed and do not produce pathogens that are found in the cervical mucus of older women and which can protect them from infection.²⁶

Other studies have shown that young women who have had PID previously or who have not had a previous full-term birth are more vulnerable to post-abortion infections.²⁷ In addition, because teens are less likely than adults to take prescribed antibiotics or follow other regimens for the treatment of medical problems such as infection, they are at greater risk for infertility, hysterectomy, ectopic pregnancy and other serious complications.²⁸

Because teens are more likely to abort their first pregnancy, they face other risks as well.²⁹ For instance, research has shown that an early full term birth can reduce a woman's risk of breast cancer, but that induced abortion of a first pregnancy carries a 30 to 50 percent increased risk of breast cancer.³⁰ In addition, aborting teens lose the protective effect of having a full-term pregnancy at a younger age, which reduces breast cancer risk.

Complications of Late-Term Abortions

The Centers for Disease Control has reported that 30 percent of teenage abortions occur at or after 13 weeks gestation, compared to only 12 percent of abortions overall.³¹ The high rate of late-term abortions among teens is a symptom of how they feel trapped into abortions that they cannot evade.

Women who undergo late-term abortions often delay having the

abortion precisely because (1) they have mixed feelings about the decision or feel less satisfied with it, (2) they have religious or moral objections to abortion, or (3) they have a more favorable attitude toward the unborn baby than women who have abortions in the first trimester.³² Greater ambivalence about abortion increases the likelihood that women will resist advice and pressure from others to abort for a longer period of time, hoping with each passing week that more support for keeping the baby will materialize.

In this regard, polls have consistently found that more teens have pro-life or anti-abortion attitudes than do older women, which

may help to explain the much higher late-term abortion rate among teens. No doubt another factor is that teens are more likely to conceal their pregnancies, either out of shame or in an effort to avoid being pressured into an unwanted abortion. After all, many teens know well in advance that their

parents or boyfriends will support only one choice: abortion. But teens who conceal their pregnancies are never truly safe from the pressure to abort. Since abortion is legal during all nine months of pregnancy, it's never too late for parents or others to begin pressuring a girl into an abortion once her pregnancy is discovered or revealed.

Late-term abortions, and all of the factors related to ambivalence—such as delay, concealment of the pregnancy, and feeling pressured to abort—are significantly associated with more severe emotional and psychological problems after abortion.³³ Teens who abort in the second and third trimester also face a greater risk of physical complications, including higher rates of endometritis,³⁴ intrauterine adhesions, PID, cervical incompetence, subsequent miscarriages and ectopic pregnancies, rupture of the uterus and death.³⁵ In addition, dilation and extraction abortions, frequently used in the second trimester, are associated with low birth weight in later pregnancies,³⁶ which can cause various health and developmental problems for the baby, including cerebral palsy.³⁷

Conclusion

The pro-abortion Alan Guttmacher Institute estimates that approximately 40 percent of teenage abortions take place without parental involvement.³⁸ As a result, these teens' parents have no advance warning about the physical or emotional complications their children may experience. When the abortion causes subsequent emotional reactions that are not understood—such as depression, anger, and substance abuse—parents may react

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with anger and confusion, exacerbating the problems of the teen and her family.

The cost of such concealment can be dreadfully high. Both 16-year-old Erica Richardson of Maryland and 13-year-old Dawn Ravanell of New York died from complications after they had abortions without telling their parents.³⁹ Sandra Kaiser, a 14-year-old St. Louis girl with a history of psychiatric problems, committed suicide three weeks after her half-sister took her for an abortion without telling Sandra's mother.⁴⁰

Sadly, abortion advocates have continued to fight laws that could help prevent tragedies like these. Most recently, the pro-abortion lobby has vigorously opposed attempts in Congress to pass legislation that would make it a federal offense for anyone to evade a state's parental notice laws by taking a teen for an abortion in another state that does not have such laws. This legislation wouldn't prevent all teen abortions, but at least it would protect the rights of parents and their daughters.

As shown in this brief literature review, numerous studies have found that, compared to older women, younger women—especially adolescents—are at significantly higher risk of physical and psychological complications following abortion. But this information is not generally known by the public, and certainly not by the parents who pressure their daughters into abortions.

In many of these cases, the parents truly believe they are helping to protect their daughter's future. They have no idea that they are subjecting her to a physical and psychological trauma that will forever scar her life. Nor will the abortion clinics, who have a vested interest in keeping the dangers of abortion secret, explain the full range of risks to teenagers, their parents, or—in the case of judicial bypass—the judges who stand in the place of the parents.

Abortion is fraught with dangers and risks, especially for younger women who are at greater risk of suffering both physical and psychological complications. The deceptive business practices of abortion clinics—which conceal these risks from these teenaged girls, their parents, and even judges—are nothing less than criminal.

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British Government Orders Murder of Innocents

Destructive experimentation on human embryos, and even well-developed human fetuses, is now widely practiced in many of the world's most technologically developed (and spiritually senile) nations. Until now, most governments have simply turned a blind eye to the deliberate killing of embryonic human beings.

Until now, all the embryonic children created by in vitro fertilization were created with the intent that at least some of them would survive to maturity. Each new life began with at least some chance (about 2 percent, on average) that he or she would be selected for implantation and survive to birth. It was only the "excess" or "defective" children who were selected to die for the sake of advancing scientific knowledge about embryonic human life.

As dubious as this "normal" practice is, on Dec. 19, 2000, the world slid down another section of the slippery slope toward our own dehumanization. On that day, at the behest of Prime Minister Tony Blair, the British Parliament passed legislation to allow the cloning of human beings under the strict provision that these cloned human beings **MUST** be killed.

This law moves the British government away from being a passive observer of the killing of innocent unborn children to being a direct regulator of the killings. Under the new law, human lives may be created using cloning technology only when the creators agree, under threat of the law, to destroy the embryonic child.

Through this "compromise" legislation, which forbids the carrying to term of cloned children, the government hopes to clear the path for British scientists to be at the forefront of research into eugenic human engineering. In fact, this compromise is a condition that eugenicists gladly embrace—at least for the time being.

The Real Goal Behind Human Cloning

These government-ordered killings are being disguised as regulations for "therapeutic cloning." But exactly for whom is this scientific research "therapeutic?" Not for the cloned human embryo. Not for the donor of the genes that are cloned. Not for anyone. No, the word "therapeutic" is simply being attached to this *dead-end* cloning to suggest that this research has some imminent medical value.

Furthermore, it is most notable that these experiments will contribute little or nothing to our understanding of basic biology that could not be learned equally as well from the use of animal tissues. But then, experiments in human cloning are not really about advancing science at all, though they are being defended under that guise.

The real goal behind the push for human cloning is to further desensitize the public to the manipulation and destruction of

human embryos. This is an important step in the eugenicists' march toward establishing complete "quality control" over human procreation. It is another step, in science and in the law, toward the annihilation of that old Judeo-Christian ethic which regards all human life as sacred.

In passing its "therapeutic cloning" law, the British Parliament has clearly rejected the old ethic and is standing squarely on the side of the eugenicists' "new ethic." According to this new ethic, human life is simply "complex biological matter" that can be manipulated—and discarded—at will. It is an ethic that inevitably leads to a totalitarian mentality that seeks to create a utopian "Brave New World" by controlling who is allowed to be born into the world and how quickly the sick and "unfit" are targeted to leave the world.

**Human cloning isn't
really about advancing
science at all.**

Do not underestimate the historical importance of this event. In clearing the path for human cloning, the British government has become an advocate of the new ethic. This is a major step in defining ourselves as human animals, void of any inherent sacred worth.

Furthermore, in creating the mandate that all human clones shall be used only for experimental purposes that must end in their destruction, the British government has established a new precedent for human segregation. Under British law, genetically engineered human beings do not have the same rights and protections as other human beings. This will be an important precedent as eugenicists begin to pursue the recommendations of Joseph Fletcher, among others, regarding the creation of human-animal hybrids and brainless organ donors.

The Heart of the Matter

G. K. Chesterton, the British wit who was always a thorn in the side of the early eugenics movement, once quipped: "Morality is like art. Somewhere you need to draw a line."

Chesterton saw to the heart of the matter. In the last fifty years, in vitro fertilization, contraception, abortion, mercy killing, managed health care, and genetic engineering have all blurred the boundaries that once defined society's understanding of procreation and death. Now, with the acceptance of "therapeutic cloning," another line defending a sacred view of human life is being erased. Soon, nothing will stand in the way of the eugenicists' new ethic.

But there is still hope. The old ethic, the view that life is sacred, is still held by the vast majority of "normal" folk. It is long past time for those who believe in the sacredness of life to speak up, to act, and to vigorously resist the advances of this new ethic.

God save us all. The eugenicists won't—they will only save the "best."

-DCR

Ban on Human Engineering Needed

The Elliot Institute has renewed its call for a presumptive criminal ban against human cloning and genetic engineering of human beings. This appeal was first issued in 1997 following the cloning of Dolly the sheep. Now as the British government has legalized the cloning of human beings—on the condition that they are killed—the need for state, federal, and international laws banning this and similar Frankensteinian manipulations of human life is greater than ever.

“Clearly the cloning issue has attracted public attention and there is a widespread public sentiment to ban this practice,” said Dr. David Reardon, director of the Elliot Institute. “Because of our failure to immediately capture the support of public sentiment, human cloning is now allowed in Britain. Many other countries may soon follow suit in an effort to keep up with the ‘cutting edge’ of biotechnology.”

Reardon believes that the window of opportunity is rapidly closing for opponents of human engineering. “Now is the time to act, before the public grows accustomed to the thought of ‘therapeutic cloning’ and the inevitability of custom-engineered human embryos. Once the common sense of the masses is dulled, it will become increasingly difficult to muster the political will to reverse the current trend,” he said. “It is also essential that we not limit ourselves to a ban on cloning. We need laws that anticipate what scientists may yet envision before they act.”

The advocates of human engineering have proposed ideas that would drastically alter both our species and our society. Among other ideas, eugenicists have proposed (a) the cloning of organ donors who would be mutilated or destroyed for the benefit of others, (b) the genetic creation of a human-animal hybrid race that could serve as a slave race, (c) the custom design of specialized human beings with gene sequences that make them better suited for combat situations or dangerous environments, (d) the design of a genetically “superior” super-race, and (e) the elimination of genetically distinct groups of human beings who are genetically “inferior”—at least as defined by committees of eugenicists.

“Unlike Hitler,” Reardon said, “these people are not seeking military domination of the world, but they are all believers in the eugenicists’ dream: the creation of a ‘Master Race,’ an improved human species. All others must, in time, be either weeded out or genetically altered to serve the ‘greater good.’ It’s time for people to remember that Aldous Huxley’s ‘Brave New World’ is an anti-utopia. The perfect world that eugenicists hope to create can lead to nothing other than a totalitarian nightmare.”

Reardon believes that pro-life Christians must make a presumptive ban on human engineering a top legislative priority before the public becomes too accustomed to allowing scientists to establish their own rules.

“Each year that passes without a ban, public apathy will increase and the eugenicists will solidify their gains,” he said. “The promise of future medical advances will become accepted as truth and the ethical quagmire that these experiments involve will be less and less considered. Now is the time to force the issue into the legislative arena. The issues at hand are far too important to be left to the confines of obscure academic journals that have no binding force on the eugenicists’ grand schemes for reshaping humanity.”

To provide a basis for engaging in the legislative debate, the Elliot Institute has published model legislation for states called The Human Engineering Prohibition Act. The proposed law would ban all forms of “human engineering,” defined as “the genetic

alteration of human gamete material, or the non-therapeutic manipulation of nascent human life after cell division has begun and prior to birth.” This definition is broad enough to include not only cloning but also most forms of experimentation on human embryos.

However, Reardon stresses that the ban is not a “total and permanent ban” on genetic engineering—something legislators have been hesitant to approve. Instead, while erecting a presumptive ban on all such experimental procedures, the legislation provides a mechanism for legislators to add exceptions for certain technologies in the future, on a case by case basis, if scientists can convince the legislature that the technology would benefit society and will be used in a way that respects human dignity.

“This means that scientists who claim to have perfected a new technique of human engineering, as demonstrated in experiments with animals, are invited to approach the legislature for request approval of this technology,” Reardon said.

“We are not seeking to ban legitimate and ethical scientific advances. But in this field of biology, which involves human lives, the presumption must be that scientists are not free to do whatever comes into their minds. Their actions have social consequences and they must therefore be responsible to civil authority. The main point is that the question of whether any specific technology using human DNA or nascent human life shall be allowed must always be subject to public investigation and debate at the level of the legislature.”

The Elliot Institute is asking pro-life leaders and religious groups to introduce and support passage of this or similar legislation in the various state legislatures and to encourage President Bush to negotiate for such a ban in international treaties.

A copy of the model legislation may be found at www.afterabortion.org/cloning.htm.

There is widespread public sentiment to ban human cloning.

News Briefs

Babysitter Sentenced in Abortion Trauma Death

An Iowa babysitter who claimed that post-abortion trauma led her to kill a toddler by slamming him on the floor has been sentenced to 50 years in prison.

Tiffany Meyers, 19, pled guilty in October to second-degree murder in the death of 21-month-old Joel Vasquez. She later asked for a new trial on the grounds that her depression over an abortion she had only days before Vasquez's death prevented her from understanding her constitutional rights. The judge denied the request for a new trial.

* * *

Doctor Pleads Guilty in Abortion Injection Case

A New York doctor has pled guilty to attacking his pregnant girlfriend outside a Bronx hospital and injecting her with methotrexate, an abortion-inducing drug, in an attempt to end her pregnancy.

As part of a plea agreement, Dr. Stephen Pack admitted attacking Joy Schepis last April and injecting her with the drug, but he will serve no more than three years in prison for the incident. Schepis gave birth to a healthy baby boy in late November.

* * *

Woman Will Serve No Jail Time in Forced Abortion Case

A Florida woman who forced her 15-year-old daughter to go to an abortion clinic at gunpoint will not serve any time in jail or have a criminal record. Glenda Dowis, 42, was sentenced to two years' community service and three years' probation as part of a plea agreement.

Dowis was arrested after telling an employee at a Fort Pierce abortion clinic she was going to "blow her [daughter's] brains out" if she did not abort, and her daughter wrote on a form that her mother was forcing her to have an abortion. Abortion facility workers called police, who later found a gun in Dowis' car. Prosecutors say they accepted Dowis' plea agreement because her daughter, who did not have an abortion but no longer lives with her mother, refused to testify against her.

* * *

Ex-Football Player Convicted in Abortion-Murder Case

A former NFL football player must serve at least 18 years in prison for hiring someone to murder his pregnant girlfriend in November 1999 after she refused to have an abortion.

Rae Carruth, a former wide receiver for the Carolina Panthers, was convicted of conspiracy to commit murder for helping kill his girlfriend, Cherica Adams, by blocking her car so another man could pull up and shoot her. Prosecutors say he planned the shooting to avoid paying child support for his unborn son, who survived. Adams died of massive injuries about a month after

the shooting.

* * *

Abortionist Accused of Doing Nonconsensual Abortion

The Kansas state medical board has filed a petition against an abortionist for performing an abortion without the patient's consent. Kristin Neuhaus of Lawrence is under investigation for sedating a woman and performing an abortion on her after the woman had withdrawn her consent on June 7.

Neuhaus had earlier been temporarily banned from giving anesthesia pending an investigation into whether anesthesia and sedatives were properly administered and the abortion clinic was adequately equipped to handle emergencies. The current investigation could result in fines and/or the suspension or loss of Neuhaus' medical license.

* * *

Abortionist Convicted of Extortion, Sued for Malpractice

An abortionist was convicted Jan. 30 of attempting to extort millions of dollars from a Florida county by falsely accusing a county official of making bomb threats against his abortion clinic.

James Scott Pendergraft, the owner of several abortion facilities, faces up to 30 years in federal prison. His real estate advisor, Michael Spielvogel, who admitted in court that he lied about the threats to the FBI, could serve 40 years. Pendergraft is also facing a lawsuit filed by a former patient accusing him of botching an abortion on her and perforating her uterus, resulting in an emergency hysterectomy. The abortion took place at the Orlando Women's Center, also owned by Pendergraft.

* * *

Arizona Court to Rule on Abortionist's Lawsuit

The Arizona Supreme Court will rule on whether a pro-life lawyer abused the legal system by filing abortion malpractice cases.

The case stems from two malpractice suits filed by John Jakubczyk against Brian Finkel, a Phoenix abortionist. Finkel claims that Jakubczyk's lawsuits were intended to raise his insurance premiums and put him out of business, making it harder for women to get abortions in Arizona. A lower court ruled that Finkel failed to prove that Jakubczyk did something more abusive than file lawsuits on behalf of clients.

* * *

Australian Killed Husband After Forced Abortions

An Australian woman will serve at least 18 months in prison for killing her husband, whom she says raped her and used threats to force her to have two abortions.

Yun Young Ko, a Korean native, told police she could "hear a baby crying" when she stabbed her husband, Shin Woong Ha, to

death in August 1999. In setting a maximum sentence of four years in prison, the judge ruled that Ko was "substantially impaired" by severe depression and that Ha's brutal treatment of her had caused her to lose control.

Notes, continued from page 3

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Case Study, continued from page 8

Bible. God was pointing me in the right direction, because I wasn't in the habit of reading the Bible.

Instead of turning from God because of the terrible things I had done, God showed me that I needed Him and the forgiveness He offers through His Son, Jesus Christ. Two days after the abortion, I trusted Jesus to cleanse me of my sins.

It was a while until I realized exactly what I had done at the abortion clinic. I knew that abortion was wrong, but the more I learned the facts of abortion, I realized I had murdered my baby. Abortion is the murder of a human life.

The "mass of cells" that was sucked away was a six-week-old, pre-born baby. My baby had arms, legs, and a beating heart. The suction was so powerful that the baby was torn to bits in the process.

I have learned that it is normal to grieve for my aborted child. I'll never have the joy of nurturing him (or her). But I know that God has forgiven me and has given me a real peace that my child is with Him in Heaven.

Abortion is not something you do and then just forget; it is something I will always remember. For almost seven years I tried to hide that I had an abortion. Only through God's complete healing can I now tell people of my experience.

I am not proud of what I did. Choosing abortion was a sin. But I know that God can use my experience to keep other girls from making the same mistake, and to reveal His love for them.

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It was June 1977 when I found myself pregnant. I felt like my whole life was crashing in. Nice girls like me don't get pregnant! I had just finished my junior year in high school and had made the Honor Roll. I had started looking into different colleges. I was making big plans for my life.

What would everyone say when they found out I was pregnant? They would know what I had been doing in the first place. I had seen the shame and ridicule other girls had taken when they found themselves pregnant. I couldn't stand the thought of being publicly humiliated.

When I told my parents, they "solved" the problem of embarrassment for me. They knew of a friend at work who was also a nurse. She would make arrangements for me to have an abortion.

I wasn't given any other options except abortion. I reasoned that I had already disappointed my parents once by getting pregnant, so I didn't want to disappoint them again by having the baby.

By this time I was in such an emotional state that I turned off all logical thinking processes. I let my parents take over; it was so easy to have them make the decisions for me. I gave no consideration for the baby that was growing inside me. I only thought of myself and what others would think of me.

I gave no consideration for my boyfriend, who was actually happy that I was pregnant, and said he wanted the baby. He felt it was a sure way for us to get married now. He was crushed when I aborted. He called my parents and accused them of murder. I

haven't seen or talked to him since.

On the day of the abortion, my mother drove me to the clinic. First I was given a pregnancy test. It was positive. Then I was taken into a small room for counseling. I was told that a tube would suck away a "mass of cells" lying on the uterus wall. It would take only five minutes and I wouldn't feel much pain. She made it sound so easy. One minute I'm pregnant, the next I'm not.

I was taken into the examination room. The abortionist came in and another girl was there to hold my hand. I remember her as being very jolly. She had previously had an abortion, so I'm sure

she thought she was helping other girls in the same situation. At the time, I thought she was wonderful; now I know better.

The abortion started. I have never felt such great pain in my whole life than what I felt in those few minutes. It was as if my whole insides were being ripped out by the suction machine. I cried through the entire ordeal.

The first feelings I had afterwards were those of relief. My problem was gone and no one would have to know. My mother and I went home. I was to continue my life as though this had never happened.

I had to spend the next three days in bed. I had plenty of time to think things over. I don't remember much of what happened or exactly how I felt, but my mother said I cried a lot and read the

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