

Forget Not Love...

St Maximilian Kolbe's final instruction to his Franciscan Community
as Hitler's armies invaded Poland - September 1939

Abortion Trauma

- **Destroying Lives • Destroying Families •**

The human tragedy of our times

Reaching out with Compassion

In our communities there are women and men grieving and traumatized by their abortion experience.

They are among our families and friends, suffering in silence or acting out their pain in a myriad of unhealthy ways.

Statistics indicate that by the age of forty, one in four women have experienced at least one abortion and for the next generation it will be one in three.

While growing international research is linking induced abortion to increased rates of psychiatric illness, depression, substance abuse, post-traumatic stress disorder and premature death in the categories of suicide, accident, homicide and natural causes.

Jesus himself said 'Whatever you do to the least of mine, you do to me.' As people of life we all know this includes the unborn. But we must never forget that this also includes those who have experienced abortion.

Our actions and words must always give hope and reflect Jesus' deep love for our wounded mothers and fathers.





The Abortion Binge Drinking Link

Tracking 1,122 young women from birth at the Mater Hospital to 21 years, Queensland researcher found: One in three had experienced abortion. Those who had were:

- 3 times more likely to abuse hard drugs
- Twice as likely to be binge drinkers
- 1.5 times more likely to be depressed

World Psychiatric Association Conference
Melbourne November 2007

Pope Benedict speaking on abortion

“Yes the men and women of our day sometimes truly find themselves stripped and wounded on the wayside of the routes we take, often without anyone listening to their cry for help or attending to them to alleviate and heal their suffering. In the often purely ideological debate a sort of conspiracy of silence is created in their regard. Only by assuming an attitude of merciful love is it possible to approach in order to bring help and enable victims to pick themselves up and resume their journey through life.”

Address of his holiness Benedict XVI to participants in an international congress organized by the John Paul II Institute for studies on Marriage and Family. Clementine Hall 05.04.08

A type of post traumatic stress disorder

Abortion trauma is at present understood to be a type of post traumatic stress disorder, and tends to have a delayed onset (years) manifesting in forms such as:

Self destructive behaviours

- suicidal behaviours
- alcohol and drug abuse
- eating disorders
- abusive relationships
- risk taking behaviours

Replacement pregnancies

- repeat abortions
- the atonement child

Triggering Events

The onset of delayed symptoms is often precipitated by a triggering event, such as:

- An anniversary date (abortion date/due date of birth)
- Events associated with children or reproduction
- Failure to conceive
- Birth of a subsequent wanted child
- Miscarriage
- Birth of a relative/friend’s child or grandchild
- Menopause
- Another death experience
- Deterioration or break-up of a relationship
- One of life’s crisis

Cardinal features of abortion trauma are denial and suppression

Most women and men do not connect the problems they are experiencing with the abortion.

Healing and Prevention of Abortion are Interlinked

The reasons for abortion are often very complex. For some, after careful consideration, abortion appeared the most responsible choice. For others, it was a decision made in a state of crisis, panic, confusion or a loss of confidence in self. A decision fueled by fears of rejection, ability to cope or meet the needs of other children. The very nature of women and their expected roles can make them vulnerable to being pressured into abortions for the convenience of other.

International researcher and therapist Professor Philip Ney tells us there is a relationship between ‘dehumanizing’ women and abortion. That in order for a mother to go into an abortion clinic, it is first necessary to dehumanize the baby. He goes on to explain, that this is so much easier to do if the woman herself has been dehumanized as a person. There are many ways to undermine a woman’s dignity and dehumanize her.

It is a fallacy to presume that abortions are done for unwanted babies. Abortion often involves a very much wanted baby.

The fundamental principle in both prevention and the healing of abortion is re-humanization women and men, working to promote their innate dignity.



Blaming those who suffer...

In struggling to heal, it is very difficult for women to speak of their abortion pain. It is even more traumatic when others involved, particularly professionals, refuse to take responsibility for their part in the abortion trauma.

A cliché frequently used when abortion trauma is clearly evident, is that the trauma only occurs when the abortion was ‘not in accordance with the woman’s values and desires’, or she had some pre-existing emotional/psychological problem. There is truth in this statement, however, this makes it all the more important to be aware that certain women are at risk. Responsibility on the part of the professional is even greater. Clearly they have a duty to ensure women in crisis are not exploited.

While researchers may differ about how often women are traumatized by abortion, there is remarkable consensus about which women are most at risk.

These include:

- The young
- The traumatized
- Those isolated or dispossessed
- Those who’s coping mechanisms have already been compromised
- The sexually abused
- Those with developmental or psychological limitations
- Those who abort for health reasons
- Those with maternal instincts
- The mentally ill
- Those who abort for health reasons
- Second and third trimester abortions

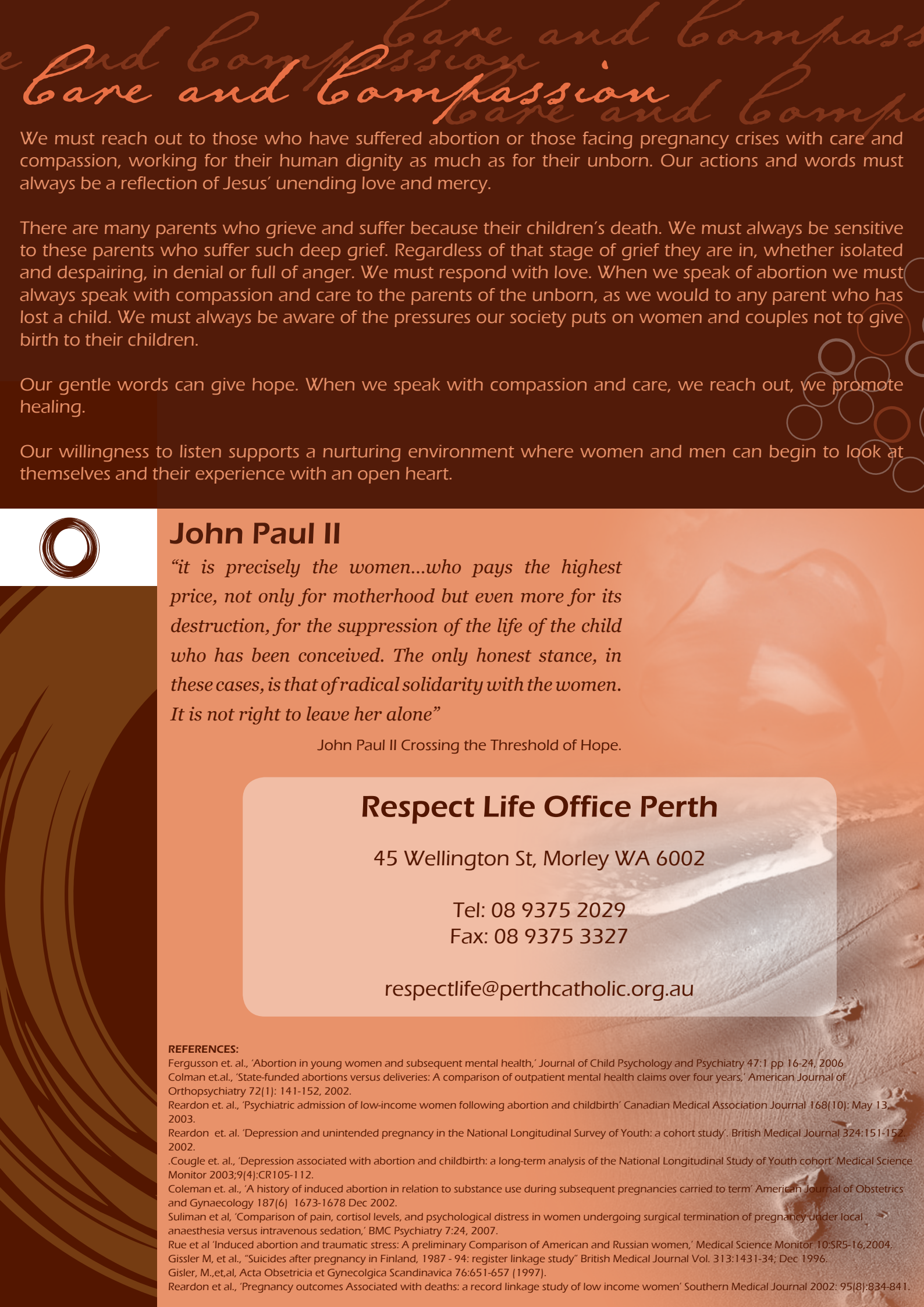
Why isn’t abortion trauma more widely spoken about?

‘It is professional suicide to speak of abortion trauma’.
Queensland Doctor

There are doctors throughout Australia working to address the issue of abortion trauma, but they lack support from within their own profession. In part this is due to the publication in the medical literature over the years, of researchers adamant that abortion does not cause problems. For example the often quoted statement, ‘The unanimous consensus is that abortion does not cause deleterious psychological effects.’ Australian and New Zealand Journal of Psychiatry 1989. Further, questioning the safety of abortion is perceived as being ‘anti-abortion’, a label synonymous with fanatical, unbalanced, harsh or judgmental, making rational discussion of abortion trauma very difficult. Significantly, there is a lack of political will among health and government authorities to address the problem of abortion trauma.

While the mainstream media has kept the issue of abortion polarized, presenting it superficially as a women versus unborn rights issue and distorting the human reality surrounding abortion. This has effectively isolated those suffering and undermined exploring the deeper needs of pregnant women and their families in crisis.





We must reach out to those who have suffered abortion or those facing pregnancy crises with care and compassion, working for their human dignity as much as for their unborn. Our actions and words must always be a reflection of Jesus' unending love and mercy.

There are many parents who grieve and suffer because their children's death. We must always be sensitive to these parents who suffer such deep grief. Regardless of that stage of grief they are in, whether isolated and despairing, in denial or full of anger. We must respond with love. When we speak of abortion we must always speak with compassion and care to the parents of the unborn, as we would to any parent who has lost a child. We must always be aware of the pressures our society puts on women and couples not to give birth to their children.

Our gentle words can give hope. When we speak with compassion and care, we reach out, we promote healing.

Our willingness to listen supports a nurturing environment where women and men can begin to look at themselves and their experience with an open heart.



John Paul II

"it is precisely the women...who pays the highest price, not only for motherhood but even more for its destruction, for the suppression of the life of the child who has been conceived. The only honest stance, in these cases, is that of radical solidarity with the women. It is not right to leave her alone"

John Paul II Crossing the Threshold of Hope.

Respect Life Office Perth

45 Wellington St, Morley WA 6002

Tel: 08 9375 2029

Fax: 08 9375 3327

respectlife@perthcatholic.org.au

REFERENCES:

- Fergusson et. al., 'Abortion in young women and subsequent mental health,' Journal of Child Psychology and Psychiatry 47:1 pp 16-24, 2006
- Colman et.al., 'State-funded abortions versus deliveries: A comparison of outpatient mental health claims over four years,' American Journal of Orthopsychiatry 72(1): 141-152, 2002.
- Reardon et. al., 'Psychiatric admission of low-income women following abortion and childbirth' Canadian Medical Association Journal 168(10): May 13, 2003.
- Reardon et. al. 'Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study'. British Medical Journal 324:151-152, 2002.
- .Cougle et. al., 'Depression associated with abortion and childbirth: a long-term analysis of the National Longitudinal Study of Youth cohort' Medical Science Monitor 2003;9(4):CR105-112.
- Coleman et. al., 'A history of induced abortion in relation to substance use during subsequent pregnancies carried to term' American Journal of Obstetrics and Gynaecology 187(6) 1673-1678 Dec 2002.
- Suliman et al, 'Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation,' BMC Psychiatry 7:24, 2007.
- Rue et al 'Induced abortion and traumatic stress: A preliminary Comparison of American and Russian women,' Medical Science Monitor 10:SR5-16,2004.
- Gissler M, et al, "Suicides after pregnancy in Finland, 1987 - 94: register linkage study" British Medical Journal Vol. 313:1431-34; Dec 1996.
- Gisler, M.,et.al, Acta Obsetrica et Gynecologica Scandinavica 76:651-657 (1997).
- Reardon et al., 'Pregnancy outcomes Associated with deaths: a record linkage study of low income women' Southern Medical Journal 2002: 95(8):834-841.