

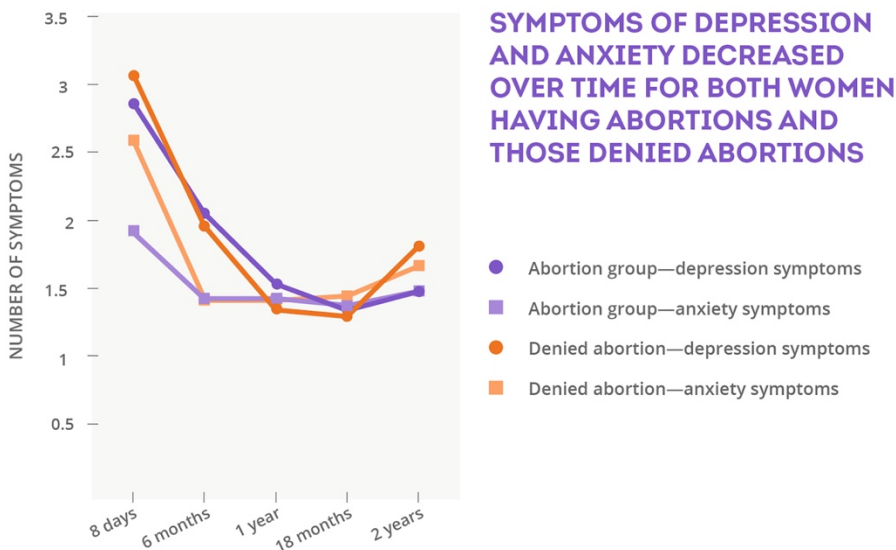
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Post-Abortion Mental and Emotional Health

What's the Issue?

For 95% of women who have had an abortion, feelings of relief outweigh any negative emotions. Studies show that women do not regret their decision to terminate a pregnancy—and these feelings are maintained three years later, per the Bixby Center for Global Reproductive Health at UC San Francisco's School of Medicine. Other research has found that most women express "decisional certainty" about choosing an abortion.

Contrary to the evidence, abortion opponents claim that terminating a pregnancy is an anguished decision that leads to what they call "post-abortion trauma syndrome." The disproven belief that abortion causes women mental distress or adverse emotional and physical outcomes is the basis for legislation mandating medically-inaccurate counseling prior to obtaining an abortion. This policy and other requirements, such as waiting periods and ultrasounds, serve to restrict access to abortion and to reproductive rights.



ANSIRH, Advancing New Standards in Reproductive Health, University of California, San Francisco

Unfortunately, many portrayals of abortion in popular culture are also dramatic and sad. ANSIRH/UCSF research shows that 59.3% of on-screen depictions of abortion involve

complications from the procedure, 15.6% involve death, 11% include suicide or self-harm, and 2.2% involve murder. Actually, complications are rare, accounting for less than a fraction of 1%. A new report, “The Safety and Quality of Abortion Care in the United States,” from the National Academies of Sciences, Engineering and Medicine (NASEM) determined that all methods of legal abortion are safe and effective.



Who is Affected?

The NASEM report scientifically confirms that abortion is safe, but notes that the quality of care can actually be negatively impacted by medically unnecessary state regulations that anti-choice proponents support. Depending on where a woman lives, these restrictions can create barriers to abortion that cause delays and increase risk.

According to the Guttmacher Institute, different state laws mandate unwarranted requirements:

- 27 states require a waiting period of at least 24 hours prior to terminating a pregnancy
- 11 states require a pre-abortion ultrasound

Of the 26 states that require counseling about the risks of abortion, some require providers to include misleading or inaccurate information that is unsupported by medical evidence, such as:

- 8 states claim abortion causes negative emotional responses and psychological harm
- 21 states refer to the potential effect of abortion on future fertility
- 5 states require doctors to tell women of a link between breast cancer and abortion
- 6 states require that personhood begins at conception
- 13 states require information about the ability of a fetus to feel pain
- 3 states claim a medication abortion can be “reversed” after the first dose of pills

Required counseling and a waiting period means making two trips to the clinic, which may be remotely located (i.e.: Mississippi has only one clinic). Some states require abortions be performed in a hospital or that doctors need admitting privileges to a nearby hospital, even though special equipment or emergency arrangements are not necessary.

Crisis Pregnancy Centers that claim to offer counseling are actually anti-choice, non-medically licensed fake clinics. They attempt to dissuade women from having an abortion, provide child-rearing resources and adoption referrals. They give false reproductive information, such as the ineffectiveness of contraception and the dangers of abortion (perforations, infection and death), compared to childbirth. There are thousands of these centers across the country.

Despite the legal right to abortion, state lawmakers continue to work on measures to create obstacles to obtaining an abortion, including closing clinics, ending funds for women's healthcare and attempts to criminalize the procedure. Some restrictions include:

- Banning abortion after 20 weeks (In Mississippi after 15 weeks)
- Requiring a sexual partner's permission
- Enabling patients to file malpractice suits against abortion providers for "emotional injury" up to 10 years after the procedure

How can these obstacles be prevented?

An emphasis on a "relief—not regret" narrative as the patient's emotional response to abortion is far more realistic. Reactions vary, but typically terminating a pregnancy does not elicit more long-lasting, complicated feelings than many other medical treatments or reproductive life events. UCSF research concludes that anxiety associated with abortions can be a result of the misinformation given during counseling or the hardship caused by restrictions. The inability to get an abortion and its consequences, such as unemployment and poverty, also causes stress. More women speaking about their abortions and more realistic portrayals of abortion in pop culture would normalize the topic and reduce stigmatization.

Nearly one million abortions are provided each year, for people of all races, incomes, and religions. One in four women of reproductive age will terminate a pregnancy. Approximately 59% of people getting an abortion are already mothers. The number of abortions performed in the U.S. have declined over the past several years, particularly in states with anti-abortion laws and/or a lack of access. Some state restrictions to abortion have been struck down by courts or legislatures for the undue burden they pose to women's right to abortion, but many laws persist.

Bottom Line

Relief is the overwhelming emotional response of most women after an abortion—not regret. Abortion is not the agonizing decision that the pro-life movement claims it to be.

The more likely drivers of a negative post-abortion experience are the misleading and inaccurate information delivered in required counseling sessions about the unproven health risks of abortion, the exposure to anti-abortion picketing at clinics, and the stigma of secrecy, according to the American Psychological Association.

Case Studies

Amanda had an abortion when she was a 19-year-old college freshman. It was a difficult and stressful time in her life. She was involved in an unhealthy relationship, so she knew that terminating the pregnancy was the right decision. While juggling school with a part-time job for only about \$250 a month, the price the clinic quoted seemed astronomical. Though she was glad to have some savings to help pay for it, she'd miss work for the procedure and had to

borrow money to help pay for expenses. Though wary of the stigma that her family and some friends had toward abortion, during the appointment, she was overwhelmed by the kind consideration she received from clinic staff and the provider, who made her feel comfortable and safe. Amanda felt immense relief on the ride home from the clinic and the difficulties in obtaining an abortion melted away. She found the strength to end the abusive relationship and focus on herself, her schooling and future. Today she is married and pregnant. She is inspired to fight for abortion access and to help protect reproductive rights for her daughter and other women.

Yesenia and her husband were both raided in strict orthodox families, so didn't use contraception. Within four years, they had two children and were in the process of divorce after her husband left her. She grew depressed and exhausted, thinking it was due to the breakup. But as her fatigue worsened and other symptoms developed, she realized she was pregnant, again. At the time, she was working two jobs—as a bakery worker and part-time home health helper while caring for two toddlers. She felt panicky about losing her income if she had a new baby. A close friend spoke with her about the possibility of abortion, which Yesenia had never considered. She was raised in a home where they prayed for the unborn children in heaven every night. Her OB/GYN was anti-choice, so Yesenia couldn't talk to her either. With her friend's help, she found a health clinic that would dispense abortion pills, but the price was high. With her tight budget, it meant delaying some bill payments, but that was better than financially struggling for years to raise three young children alone. She was eight weeks along when she took the first pill (Mifepristone), followed by the second set (Misoprostol). It was a bit worrying to do it alone but she “felt so supported and four years later, I am still grateful.”

Resources

- Emotional and Mental Health After Abortion: <https://www.guttmacher.org/perspectives50/emotional-and-mental-health-after-abortion>
- Decision Rightness and Emotional Responses to Abortion in the United States: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128832>
- Measuring decisional certainty among women seeking abortion: [http://www.contraceptionjournal.org/article/S0010-7824\(16\)30410-3/abstract](http://www.contraceptionjournal.org/article/S0010-7824(16)30410-3/abstract)
- The Myth of Abortion Regret: http://www.slate.com/articles/double_x/doublex/2016/10/the_myth_of_abortion_regret.html
- New studies find no evidence of “post-abortion trauma syndrome”: <https://www.ansirh.org/news/new-ansirh-studies-find-no-evidence-post-abortion-trauma-syndrome>
- Abortion On-Screen: <https://www.ansirh.org/research/abortion-onscreen>
- The Safety and Quality of Abortion Care in the United States: <http://www.abortionissafe.com>
- Women's Emotions One Week after Receiving or Being Denied an Abortion in the U.S.: <https://www.guttmacher.org/journals/psrh/2013/08/womens-emotions-one-week-after-receiving-or-being-denied-abortion-united>
- We Testify: <https://wetestify.org/stories>
- Our Abortions. Our Stories. Our Lives. <http://www.1in3campaign.org>