



TALKING POINTS: BIASED APA REPORT IGNORES ABORTION RISKS

Moira Gaul, M.P.H.

- I. The American Psychological Association's (APA) report from its Task Force on Mental Health and Abortion is fundamentally flawed and biased to support a pro-abortion agenda.
 - A. Consultation with two of the 20 expert reviewers for the report has revealed the following criticisms (cited from analysis by Priscilla Coleman, Ph.D. and Rachel MacNair, Ph.D.):
 - **The conclusion drawn does not follow the literature reviewed.** The report conclusion that "the best scientific evidence published indicates that among adult women who have an unplanned pregnancy the relative risk of mental health problems is not greater if they have a single elective first-trimester abortion than if they deliver that pregnancy," is based solely upon one study by Gilchrist et al. (1) The reliance upon a single study's results on which to base a sweeping position statement from the organization not only defies established scientific standards, but it violates the organization's own code of guidelines and expectations as stated below:

"Do not interpret a single study's results as having importance independent of the effects reported elsewhere in the relevant literature. The thinking presented in a single study may turn the movement of the literature, but the results in a single study are important primarily as one contribution to a mosaic of study effects."(2)
- Additionally, the Gilchrist et al. study lacked strength in the following areas: a response rate was not provided; high and differential attrition rates of groups in study; general practitioners, not psychiatrists, evaluated patients without standardized measures for mental health diagnosis, and no attempt was made to control for selection bias from the group of volunteer general practitioners.
- **Shifting standards of evaluation were applied to studies with no negative effects and those with adverse effect results.** The same standards and criteria

were not applied uniformly and objectively through the review process. (Coleman comments extensively on this aspect in her critique).

- **Biased selection criteria resulted in the exclusion of many studies showing negative effects from abortion.** The report evaluated peer-reviewed studies published in English, post 1989 that compared the mental health of women who had an induced abortion to mental health of women in comparison groups or that examined factors that predict mental health among women who have had an elective abortion in the U.S. This second type of study criteria resulted in the exclusion of a minimum of 40 studies. Cultural variation was insufficient rationale for exclusively focusing on U.S. studies.
- **Methodological based selection criteria was not employed - rather geographic criteria was chosen from above.** Consistent application of methodological based selection criteria is a standard procedure in evaluation (including criteria such as the type of design, sample size, and use of control techniques).
- **Selective reporting from reviews of literature.** Negative effect results reviewed in abstracts and within conclusions were ignored.
- **Biased selection of Task Force members and reviewers.** The report lacked a statement concerning the selection process of the Task Force and reviewers, as well as a protocol for reviewer participation. This undermines the credibility of the report.
- **Avoided quantifying numbers of women likely to be adversely affected by abortion.** Given the large numbers of women who abort, one in three by age 45 years, this summary information would aid in estimating women's mental health morbidity from abortion. "Consensus exists among many social and medical science scholars that a minimum of 10 to 30 percent of women who abort suffer from serious, prolonged, negative psychological consequences."

B. Other Criticisms

- **Response from David Fergusson, Ph.D., one of the 20 reviewers for the APA report, pro-choice researcher, and author of a landmark 2006 study in New Zealand showing abortion in young women to be associated with negative mental health effects.** "...the response of the APA committee to this situation appears to follow the type of logic used by the tobacco industry to defend cigarettes: since, in our opinion, there is no conclusive evidence of harm then the product may be treated as safe. A better logic is that used by the critics of the industry: since there is suggestive evidence of harmful effects it behooves us to err on the side of caution and commission more and better research before drawing strong conclusions. History showed which side had the better

arguments.” ... “The moral of all of this is very simple: In science drawing strong conclusions on the basis of weak evidence is bad practice. The APA report on abortion and mental health falls into this error.” (3)

- **In 1969 the APA adopted a resolution to recognize abortion as a civil right.** Since 1969, the APA has supported and advocated for abortion and denied the existence of mental health effects resulting from abortion without scientific evidence to validate this position. (4) Dr. Nancy Russo, the APA’s abortion spokesperson stated that, “To pro-choice advocates, effects are not relevant to the legal context of arguing for policies to restrict access to abortion.” (5) Given the political position held by the organization, it should not be viewed as unbiased towards scientific research review.
- **Failure to adequately address the psychological effects of repeat abortion when a high prevalence exists.** According to a 2005 Alan Guttmacher Institute report, 48 percent of American women currently seeking an abortion have already had one abortion. (6) The high prevalence of women affected by repeat abortion is ignored from a public health perspective.
- **Failure to adequately discuss implications for coerced abortion morbidity.** While the report indicated an increased risk of psychological harm following abortion of a wanted pregnancy when pressure to abort exists, no mention was made of clinical obligation to better identify women at risk for coerced abortion. The findings here, in addition to the existence of studies showing high percentages of women feel “pressured” to abort, warrant discussion of clinical “duty to screen” for risk factors surrounding coercive abortion.

In addition, pregnancy “wantedness” as termed in the report, can be greatly influenced by factors such as levels of social support and intensities of pressure a woman experiences surrounding the pregnancy. For example, the father’s participation or his desire/pressuring for the abortion to occur can greatly affect a woman’s response. In this respect, the report headlines and conclusion are nebulous and fail to fully take into account the various levels and range of internal and external pressures women are influenced by or experience.

II. What scientific studies have shown:

- A. A large number of studies published in peer-reviewed journals have shown abortion in women to be associated with increased risks of major depression, anxiety disorders, substance abuse, and suicidal behaviors. (7)
- B. Abortion in women has also been associated with an increased risk of post-traumatic stress disorder. (8)

C. These studies constitute a strong body of scientific evidence showing a causal association between abortion and subsequent mental health problems.

III. Additional evidence of psychological harm from abortion

- A. **Testimonies of women’s real life experiences as cited by the Supreme Court in *Gonzales v. Carhart* decision in 2007 which upheld the federal ban on partial-birth abortion.** This substantial and growing body of evidence in the form of individually sworn affidavits is being compiled by the Justice Foundation in Austin, Texas, in conjunction with Operation Outcry. Thousands of these testimonies cite detailed psychological harms, including “severe depression and loss of esteem,” as experienced by women from across the nation following their abortions.(9)
- B. **“Predisposing Risk Factors for Negative Psychological Reactions” are cited in actual clinician guide to medical and surgical abortion publications.** Factors such as low self-esteem, perceived coercion, lack of emotional support and receiving criticism from significant people in their lives, significant ambivalence about decision, and guilt or shame prior to abortion are just some of the identifiable risk factors for subsequent psychological sequelae following abortion listed in a clinician’s guide. (10)
- C. **A multitude of women and men seek post-abortion recovery and therapy.** Women and men – 13,000 in 2006 alone - visited Care Net pregnancy resource centers (formerly known as crisis pregnancy centers) a network of over 1,100 centers in the U.S., seeking help from a past abortion. (11) Heartbeat International, another pregnancy resource center affiliate organization, estimates that it serves 8,000 to 10,000 men and women annually through post-abortion ministry. (12)

Summary: The APA has made a broad sweeping pro-abortion conclusion based upon one solitary study to the detriment of American women’s health. In recklessly dismissing a body of scientific research which establishes negative mental health effects to be associated with abortion, the APA has shown itself to be blind to the scientific evidence and callous towards the well-being of women.

Moirra Gaul is director of women’s and reproductive health at the Family Research Council. She has a Master of Public Health degree with an emphasis in maternal and child health.

Notes

1. Gilchrist, A.C. et al. "Termination of pregnancy and psychiatric morbidity" *British Journal of Psychiatry*. 1995; 167: 243-248.
2. Wilkison, L. & Task Force on Statistical Inference, APA Board of Scientific Affairs (1999). Statistical methods in psychology journals: Guidelines and expectations. *American Psychologist*, page 602.
3. Throckmorton, Warren. "David Fergusson reacts to the APA Mental Health and Abortion task force report" Blogpost Aug. 13, 2008. <http://wthrockmorton.com/2008/08/13/david-fergusson-reacts-to-the-apa-mental-health-and-abortion-task-force-report/> Accessed 08/15/2008.
4. "Gold Medal Award for life achievement in psychology in the public interest." *American Psychologist*. 2001; 56(8): 576-678.
5. Throckmorton, Warren. "Does Abortion Impact the Mental Health of Women?" Jan. 10, 2006. <http://www.drthrockmorton.com/article.asp?id=177> Accessed 08/15/2006.
6. Jones, R.K., et al. "Repeat Abortion in the United States." Alan Guttmacher Institute. Occasional Report No. 29. Nov. 2006.
7. Thorp, J.M., Hartmann, K.E., and Shadigian, E., "Long-term physical and psychological health consequences of induced abortion: review of evidence." *Obstetrical and Gynecological Survey*. 2002; 58: 67-79; Coleman, P.K. "Induced abortion and increased risk of substance abuse: a review of the evidence." *Current Women's Health Review*. 2005; 1:21-34; Coleman, P.K., "Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: individual and family predictors and psychological consequences." *Journal of Youth and Adolescence*. 2005; 35:903-911. Fergusson, D.M. et al. "Abortion in young women and subsequent mental health." *Journal of Child Psychology and Psychiatry*. 2006; 47:16-24; Rees, D.I. and Sbia, J.J. "The relationship between abortion and depression: new evidence from the fragile families and child wellbeing study." *Medical Science Monitor*. 2007; 13(10):CR430-436; Pedersen, W. "Abortion and depression: A population-based longitudinal study of young women." *Scandinavian Journal of Public Health*. 2008; 36:424-428; Fergusson, D.M. et al., "Abortion and mental health disorders: evidence from a 30-year longitudinal study." *The British Journal of Psychiatry*. 2008; 193:444-451.
8. Rue, V.M. et al. "Induced abortion and traumatic stress: a preliminary comparison of American and Russian women." *Medical Science Monitor*. 2004; 10(10):SR5-16; Kersting, A., et al. "Trauma and grief 2-7 years after termination of pregnancy because of fetal anomalies – a pilot study." *Journal of Psychosomatic Obstetrics & Gynecology*. 2005; 26(1):9-14.
9. *Gonzales v. Carhart*, 550 U.S. 124 (2007).
10. Anne Baker et al., *Informed Consent, Counseling, and Patient Preparation*, in *A CLINICIAN'S GUIDE TO MEDICAL AND SURGICAL ABORTION*, Maureen Paul, et al., editors (1999).
11. Care Net Annual Statistics: Measuring Progress in Care-Net Affiliated Pregnancy Centers, (Care Net, 2007)
12. Statement received from Heartbeat International national office, dated August 26, 2008.