

Citations continued....

17. S.R. Wheeler, "Adolescent Pregnancy Loss," in J.R. Woods, Jr. and J.L. Woods (eds.), *Loss During Pregnancy or the Newborn Period* (Publisher, 1997).
18. H. Cvejic et. al., "Follow-up of 50 adolescent girls 2 years after abortion," *Canadian Medical Assoc. Journal*, 116:44, 1997.
19. R.T. Burkman, et. al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion," *Contraception*, 30(2):99, 1984; and K.F. Schulz, et. al., "Measures to Prevent Cervical Injury During Suction Curettage Abortion," *The Lancet*, 1182-1184, May 28, 1993 .
20. R.T. Burkman, et. al., "Culture and treatment results in endometritis following elective abortion," *American J. Obstet. & Gynecol.*, 128:556, 1997; and D. Avonts and P. Piot, "Genital infections in women undergoing induced abortion," *European J. Obstet. & Gynecol. & Reproductive Biology*, 20:53, 1985.
21. W. Cates, Jr., "Teenagers and Sexual Risk-Taking: The Best of Times and the Worst of Times," *Journal of Adolescent Health*, 12:84, 1991.
22. J.L. Sorenson and I. Thronov, "A double blind randomized study of the effect of erythromycin in preventing pelvic inflammatory disease after first trimester abortion," *British J. Obstet. & Gynecol.*, 99:434, 1992.
23. "Teenage Pregnancy: Overall Trends and State-by-State Information," Report by the Alan Guttmacher Institute.
24. K.D. Kochanck, "Induced Terminations of Pregnancy, Reporting States 1988," *Monthly Vital Statistics Report*, 39(12): Suppl. 1-32, April 30, 1991.
25. J. Brind, et. al., "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and analysis," *J. Epidemiology & Community Health*, 50:481, 1996.
26. T. Strahan, "Differential Adverse Impact on Teenagers Who Undergo Induced Abortion," op. cit..
27. T. Strahan, "Psycho-Social Aspects of Late-Term Abortions," *Assoc. For Interdisciplinary Research Bulletin*, 14(4):1, 2000.
28. D. Reardon, *Making Abortion Rare* (Springfield, IL: Acorn Books, 1996) 162.
29. R. T. Burkman, et. al., "Culture and treatment results in endometritis following elective abortion," op cit..
30. S. Lurie and Z. Shoham, "Induced Midtrimester Abortion and Future Fertility: Where Are We Today?" *International J. of Fertility*, 40(6):311, 1995.
31. H.K. Atrash and C.J. Hogue, "The effect of pregnancy termination on future reproduction," *Baillieres Clinic Obstet. & Gynecol.*, 4(2):391, 1990.
32. B. Rooney, "Is Cerebral Palsy Ever a Choice?" *The Post-Abortion Review*, 8(4):4-5, Oct.- Dec. 2000.

### *Complications of Late Term Abortions continued...*

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.



## Conclusion

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**"...subjecting her to physical and psychological trauma that will forever scar her for life."**

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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. This information is not generally known by the public and certainly not by parents who can pressure their daughters into abortions. In many of these cases, the

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Late-term abortions, and all of the factors related to ambivalence such as delay, concealment of pregnancy, and feeling pressure to abort are significantly associated with more severe emotional and psychological problems after abortion.<sup>28</sup>

Teens who abort in the second and third trimester also face greater risk of physical complications, including higher rates of endometritis,<sup>29</sup> intrauterine adhesions, PID, cervical incompetence, subsequent miscarriages and ectopic pregnancies, rupture of the uterus and death.<sup>30</sup> In addition, dilation and extraction abortions, frequently used in the second trimester, are associated with low birth weight in later pregnancies,<sup>31</sup> which can cause various health and development problems for the baby, including cerebral palsy.<sup>32</sup>

parents, truly believe they are helping to protect their daughter's future. They are not aware that they are subjecting her to physical and psychological trauma that will forever scar her for life.

For more information on the detrimental effects of adolescent abortion go to: [www.afterabortion.org](http://www.afterabortion.org). If you, or someone you know, is suffering from an abortion experience call 1-800-385-3850 or 1-800-665-0570 for a referral or to receive confidential, compassionate help to healing and recovery.



Alliance for Life Ontario

26 Norfolk Street, Guelph, ON N1H4H8  
519.824.7797 • [aflo@mgl.ca](mailto:aflo@mgl.ca) • [www.allianceforlife.org](http://www.allianceforlife.org)

# THE Detrimental Effects of Adolescent Abortion

In both Canada and the United States, about 20 percent of all abortions today are performed on teens.<sup>1&2</sup> Teenage abortion has been linked to a number of physical and psychological problems, including drug and alcohol abuse,<sup>3</sup> suicide attempts and suicidal ideation,<sup>4</sup> and other self-destructive behaviours.

# The Psychological Risks

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

- Are two to four times more likely to commit suicide.<sup>5</sup>
- Are more likely to develop psychological problems.<sup>6</sup>
- Are more likely to have troubled relationships.<sup>7</sup>
- Are generally in need of more counseling and guidance regarding abortion.<sup>8</sup>
- Are nearly three times more likely to be admitted to mental health hospitals than women in general.<sup>9</sup>

Studies have shown that the major factors in pregnancy decision-making among teens are the attitude of the teen's parent, 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.<sup>10</sup>

Compared to older women, teens are more likely to abort because of pressure from their parents or sexual partners,<sup>11</sup> putting them at higher risk for adverse effects after abortion.

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**"Teens who have abortions were more likely to report severe nightmares following abortion and to score higher on scales measuring anti-social traits, paranoia, drug abuse and psychotic delusions."**

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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.<sup>12</sup> They consider the abortion procedure itself to be stressful and associated with feelings of guilt, depression and a sense of isolation.<sup>13</sup> 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.<sup>14</sup>

Younger women have a more difficult time adjusting to their abortions. One study found that teenagers who had abortions were more likely to report severe nightmares following abortion and to score higher on scales measuring anti-social 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, and denial or "acting out" than older women's strategies. Researchers speculate this might become permanent.<sup>15</sup>



## Replacement Pregnancies

Another study found 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.<sup>16</sup> One study found that, on average, 59% of teens who had experienced a pregnancy loss, generally due to induced abortion, became pregnant again within 15 months.<sup>17</sup> In

another study, 18% of teenage abortion patients had become pregnant again within two years.<sup>18</sup>

One study found that, on average, 59% of teens who have 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 pressure as she did the first time, and sometimes even more.

Sometimes a teen who has been especially traumatized will choose abortion as a form of self-punishment or as an unconscious

## The Physical Risks

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**"...they are at greater risk for infertility, ectopic pregnancy and other serious complications."**

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Teenage abortion patients are twice as likely to experience cervical lacerations during abortion compared to older women.<sup>19</sup> This increased risk is thought to be due to the fact that teens have smaller cervixes which are more likely to dilate or grasp instruments.

Teens are also at higher risk for post-abortive infections such as pelvic inflammatory disease (PID) and endometritis (inflammation of the uterus), which may be caused either by the spread of an undiagnosed sexually-transmitted disease into the uterus during abortion, or by micro-organisms on the surgical instruments which are inserted into the uterus.<sup>20</sup> 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

attempt to resolve 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."

older women and which can protect them from infection.<sup>21</sup>

Other studies have shown that young women who have had PID previously or who had a previous full-term birth are more vulnerable to post-abortion infections.<sup>22</sup> 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.<sup>23</sup>

Because teens are more likely to abort their first pregnancy, they face other risks as well.<sup>24</sup> For instance, research has shown 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.<sup>25</sup> 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 have reported that 30% of teenage abortions occur at 13 week gestation, compared to 12% of abortions overall.<sup>26</sup> 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: a) they have mixed feelings about the decision or feel less satisfied with it;

(b) they have religious or moral objections to abortion; or, (c) they have a more favourable attitude toward the unborn baby than women who have abortion in the first trimester.<sup>27</sup> Greater ambivalence about abortion increases the likelihood that women will resist advise 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.

### CITATIONS:

1. L.M. Koonin et al., "Abortion Surveillance United States, 1996, Centers for Disease Control," MMWR, 48(SS4):1, July 30, 1999.
2. Therapeutic Abortion Survey, 2002 - A Health Statistics Canada Source: Therapeutic Survey, Canadian Institute for Health Information
3. H. Amaro, et al., "Drug use among adolescent mothers: profile of risk," Pediatrics, 84:144- 150, 1989.
4. B. Garfinkel, et al., "Stress, Depression and Suicide: A Study of Adolescents in Minnesota," Responding to High Risk Youth (University of Minnesota: Minnesota Extension Service, 1986)
5. M. Gissler, et al., "Suicides after pregnancy in Finland: 1987-94: register linkage study," British Medical Journal, 313:1431-1434, 1996; and N. Campbell, et al., "Abortion in Adolescence," Adolescence, 23:813-823, 1988.
6. W. Franz and D. Reardon, op. cit.
7. J. Marecek, "Consequences of Adolescent Childbearing and Abortion," in G. Melton (ed.), Adolescent Abortion: Psychological & Legal Issues (Lincoln, NE: University of Nebraska Press 1986) 96-115.
8. J. Gold, "Adolescents and Abortion," in N. Stotland (ed.), Psychiatric Aspects of Abortion (Washington, DC: American Psychiatric Press, 1989) 187-195.
9. R. Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women who Experienced Induced Abortion: An Analysis Based on National Report Linkage," (Ph.D. Dissertation, Los Angeles: University of California, 1979. Dissertation Abstracts International, Public Health 2621-B, Order No. 7926066)
10. T. Strahan, "Factors in Pregnancy Decision Making by Teenagers," Assoc. for Interdisciplinary Research Newsletter, 7(4):1, Jan./Feb. 1995.
11. P. Barglow and S. Weinstein, "Therapeutic Abortion During Adolescence: Psychiatric Observations," J. of Youth and Adolescence, 2(4):33,1973.
12. W. Franz and D. Reardon, op. cit.
13. F. Biro, et al., "Acute and Long-Term Consequences of Adolescents Who Choose Abortions," Pediatric Annals, 15(10):667-672, 1986.
14. E. Belanger, et al., "Pain of First Trimester Abortion: A Study of Psychosocial and Medical Predictors," Pain, 36:339; and G.M. Smith, et al., "Pain of first-trimester abortion: Its quantification and relationships with other variables," American Journal Obstetrics & Gynecology, 133:489, 1979.
15. N. Campbell, op. cit.
16. Horowitz, "Adolescent Mourning Reactions to Infant and Fetal Loss," Soc. Casework, 59:551, 558-559, 1978.