The Detrimental Effects of Adolescent Abortion
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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 study of post-abortive women in WEBA support groups, 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)

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)

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The Physical Risks

Teenage abortion patients are up to twice as likely to experience cervical lacerations during abortion compared to older women.(1) 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 undiagnosed sexually transmitted disease into the uterus during the abortion, or by micro-organisms on the surgical instruments which are inserted into the uterus.(2) 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.(3)

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.(4) 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.(5)

Because teens are more likely to abort their first pregnancy, they face other risks as well.(6) 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.(7) 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.(8) 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 favorable attitude toward the unborn baby than women who have abortions in the first trimester.(9) 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. Teens who abort in the second and third trimester also face a greater risk of physical complications, including higher rates of endometritis, intrauterine adhesions, PID, cervical incompetence, subsequent miscarriages and ectopic pregnancies, rupture of the uterus and death. In addition, dilation and extraction abortions, frequently used in the second trimester, are associated with low birth weight in later pregnancies, which can cause various health and developmental problems for the baby, including cerebral palsy.

**Conclusion**

The pro-abortion Alan Guttmacher Institute estimates that approximately 40 percent of teenage abortions take place without parental involvement. 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 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. 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.

Sadly, abortion advocates have continued to fight laws that could help prevent tragedies like these. 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.
Citations:


8. Strahan, "Differential Adverse Impact on Teenagers Who Undergo Induced Abortion," op. cit..


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Compared with those who choose childbirth, adolescents who choose abortion tend to come from higher socioeconomic backgrounds, have higher educational aspirations and achievements, have mothers with higher educational levels, have higher self-esteem, have greater feelings of control over life, have lower levels of anxiety, and are better able to conceptualize the future. These findings suggest that young women with a. Judicial bypass is detrimental to emotional well-being, because adolescents perceive